Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), Cullwick (Vice-Chair), Derbyshire, S Barnes, Craghill and Richardson

Date: Wednesday, 30 November 2016

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

A G E N D A

1. Declarations of Interest (Pages 1 - 2)
At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 3 - 10)
To approve and sign the minutes of the meeting held on 18 October 2016.

3. Public Participation
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 29 November 2016** at **5:00 pm**.

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The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

4. 2016/17 Second Quarter Finance and Performance Monitoring Report - Health & Adult Social Care
(Pages 11 - 30)
This report analyses the latest performance for 2016/17 and forecasts the financial outturn position by reference to the service plans and budgets for the relevant services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care and the Director of Public Health.

5. Briefing report on Ambulance Cover in York
(Pages 31 - 34)
This briefing report will be accompanied by a Powerpoint presentation at the meeting by Yorkshire Ambulance Service Officers.

6. Healthwatch Six Monthly Performance Update Report
(Pages 35 - 62)
This report sets out the performance of Healthwatch over the past six months.

7. Update Report on Progress of Humber, Coast and Vale Sustainability and Transformation Plan (STP)
(Pages 63 - 130)
This item includes;

a) NHS Vale of York Clinical Commissioning Group (CCG) plans within its area footprint to provide better health, better patient care and improved efficiency.

b) An update report on the scope and objectives of the Humber, Coast and Vale Sustainability and Transformation Plan (STP) to provide an overview of the approach that is being taken to the development and implementation of the plan.

c) Humber, Coast and Vale STP Executive summary.

NB: Please note that the full Humber, Coast and Vale Sustainability and Transformation Plan is also attached online only due to its size. If you wish to receive a hard copy, please contact the Democracy Officer responsible for servicing this meeting.

8. NHS Vale of York Clinical Commissioning Group (CCG) Improvement Plan - Update Report (Pages 131 - 144)
This report presents an update on the NHS Vale of York Clinical Commissioning Group (CCG) Improvement Plan.

9. Work Plan (Pages 145 - 148)
Members are asked to consider the Committee's work plan for the municipal year.

10. Urgent Business
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts
Telephone – 01904 551078
E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

Agenda Item 1

Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor S Barnes	Works for Leeds North Clinical Commissioning Group
Councillor Craghill	Member of Health and Wellbeing Board
Councillor Doughty	Member of York NHS Foundation Teaching Trust.
Councillor Richardson	Niece is a district nurse. Undergoing treatment at York Pain clinic and ongoing treatment for knee operation.

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City of York Council	Committee Minutes
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	18 October 2016
Present	Councillors Doughty (Chair), S Barnes, Craghill and Richardson
Apologies	Councillor Derbyshire

26. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests, not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests they may have in respect of business on the agenda.

Councillor Richardson requested that his standing personal interest be amended so that it now read “Undergoing treatment at York Pain clinic and *ongoing* treatment for knee operation”.

No other interests were declared.

27. Minutes

Resolved: That the minutes of the last meeting held on 28 September 2016 were approved and then signed by the Chair as a correct record subject to the following amendment;

Paragraph 23: Update Report on the NHS Vale of York Clinical Commissioning Group Turnaround and Recovery Plans

The Chair thanked the Chief Financial Officer for *her attendance.*

In relation to a comment in Paragraph 21 (2016/17 First Quarter and Performance Monitoring Report- Adult Social Care) it was confirmed that data of all those who remained substance free in York would be included within the next Health and Adult Social Care Quarter Finance and Performance Monitoring Update.

28. Public Participation

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

29. York Teaching Hospital NHS Foundation Trust Annual Report 2015/16

Members considered the Annual Report of the Chief Executive of York Teaching Hospital NHS Foundation Trust. The report detailed the performance and challenges faced by the hospital during the financial period 2015/16.

The Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust was in attendance to present the report and answer Members' questions.

He informed Members that;

- Although the hospital had predicted a deficit of £12m last year, against a planned deficit of £7m.
- Costs were mainly due to spending on agency staff, which last year totalled £24m.
- In addition £4m fines had been issued to the hospital from the CCG on the failure to meet A&E targets and ambulance turnaround times.
- Trying to achieve a 4 hour minimum waiting time in A&E still remained an issue.
- The hospital would have a £10m surplus the financial year 2016/17 through £13.5m sustainability funding and demanded savings of £10m.
- Partnership working had improved through the establishment of the Provider Alliance Board, where health and care services, and voluntary services could come together.
- The dedication of hospital staff needed to be reported.

Members commented on a number of aspects of the report and asked the following questions;

- The consistency of the cancer performance figures
- The limiting factors to the expansion of GPs surgeries
- What had been put in place to retain staff, particularly those from EU countries?

- Whether plans been put in place to engage staff at an earlier stage in decision making?
- What measures could be put in place to alleviate waiting times in A&E?

It was noted that some of the cancer targets were based on small numbers of patients, some of whom were referred on to other hospitals. Therefore if there was a failure in treating the patient within the deadline at that hospital, the failure would still be attributable to York Hospital.

The Hospital did not own large amounts of property for GP surgery expansion therefore it welcomed GP practice mergers and their plans to develop Urgent Care Centres.

Methods for retention of staff used included benefits, good terms and conditions and opportunities to progress. Following the EU referendum, staff from EU countries had been reassured that they had a job for as long as they wished.

In reference to the recent decision to close the Archways Intermediate Care Unit, the Deputy Chief Executive apologised and accepted that the consultation had not been carried out in the most appropriate way. He explained that he had been preparing a briefing, Moving Care Into People's Homes, which he would share with Healthwatch York and the wider public to explain the rationale behind the decision. He added that there would be a patient led reference group in the development of the new model of care.

The Deputy Chief Executive felt that to alleviate waiting times in A&E more support was needed for minor care and there also had to be an acceptance that patients were less tolerant of waiting to be seen than previously.

Resolved: That the report be received and noted.

Reason: To inform the Committee of the work of the Trust.

30. Update Report on Implementation of Care Quality Commission (CQC) Recommendations to York Teaching Hospital NHS Foundation Trust

Members received a report informing them of the implementation of CQC recommendations following their inspection of York Teaching Hospital NHS Foundation Trust.

The Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust informed Members that although there were four targets that remained partially completed under the CQC recommendations, that the CQC now had a new inspection regime and no longer sought action plans.

He suggested to the Committee that a report could be produced and presented in spring on how the hospital was coping over winter. One Member felt this should be considered in December to ensure that transition plans were in place and a report could be circulated by email. The report would also include how the community services had developed in light of the closure of the Archways Intermediate Care Unit.

Resolved: (i) That the contents of the update report and the annex be received and noted.

(ii) That there be no further updates on the implementations of the CQC recommendations to York Teaching Hospital NHS Foundation Trust.

(iii) That a report be received on how the hospital is coping with winter experiences and how community services have developed in light of the closure of the Archways Intermediate Care Unit.

Reason: (i) As the inspection model is no longer used, there is no need for an action plan.

(ii) To keep the Committee updated on the performance of York Teaching Hospital NHS Foundation Trust.

31. Tees, Esk and Wear Valleys NHS Foundation Trust - One year on

Members received a report which updated them on mental health and learning disability services in York since Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) took on services for the Vale of York from 1st October 2015.

The TEWV Director of Operations for York and Selby gave a short update to Members on the current state of Older People's Services in the city. It was reported that issues had arisen over the year such as staff and patients being brought in from outside of York. In addition, practical steps needed to be taken on the estate of buildings used by the Trust and a number of public meetings had been arranged. The Trust would also be having a CQC inspection focusing on York within the coming year.

Questions and comments from Members included;

- How would the IAPT service model change?
- Would the move to Acomb Gables be disruptive and when would it take place?
- What was the current capacity for rehabilitation and recovery services offered?
- The biggest reduction in beds was for dementia patients, how would the provision continue to be provided?
- What information had been provided to the public for the criteria regarding the sites under consideration for the new Mental Health hospital?

In response to questions from Members, it was reported that;

- A number of changes had been made to the IAPT service model, such as self referral via the telephone. Waiting times were decreasing, 75% of patient were being seen with 6-8 weeks of referral. The model was more about early prevention and intervention and the Trust were also working with a number of partners including GPs (in particular to understand numbers being referred), students and Local Authorities.
- Building works would be complete at Acomb Gables at New Year.
- Although there were currently no beds for recovery and rehabilitation, intensive support had been provided for service users in the community.
- The provision for dementia patients would continue through a Care Home Liaison Service which would operate seven days a week, this would help to prevent admissions to care homes.

Further questions related to the public consultation and development of a new mental health hospital for York. It was noted that the public consultation date had been extended to 16 February and that the eventual aim was to have a new mental hospital in York by 2019. In regards to financing the hospital, discussions were still ongoing with

NHS Property Services as the Trust leased an estate of buildings. An outcome and analysis report of the public consultation would be received at a CCG Board meeting.

The Chair suggested that representatives from the CCG and TEWV present the outcome and analysis report of the public consultation into the new mental health hospital for York at the Committee's meeting in February. He added that it would also be useful to see the Trust's CQC report at a future meeting.

Resolved: (i) That the update report be received and noted.

(ii) That representatives from Tees, Esk and Wear Valleys NHS Foundation Trust and NHS Vale of York Clinical Commissioning Group present a report on the outcome and analysis of the public consultation into the new mental health hospital for York.

(iii) That the Care Quality Commission's report into Tees, Esk and Wear Valleys NHS Foundation Trust be received by the Committee.

Reason: (i) To update Members on the work of Tees, Esk and Wear Valleys NHS Foundation Trust over the last twelve months.

(ii) To inform the Committee of the outcome of the public consultation.

(iii) To assess the performance of Tees, Esk and Wear Valleys NHS Foundation Trust.

32. Work Plan

Consideration was given to the Committee's work plan for the municipal year 2016/17.

It was suggested by the Chair that the Draft Mental Health Strategy be removed from the November meeting, as he had been informed that it would form part of the Draft Health and Wellbeing Strategy itself. Following further discussion, it was agreed that the Draft Health and Wellbeing Strategy would be considered by the Committee in December.

Discussion took place on whether to receive the quarter finance and performance monitoring reports by email. Officers pointed out that the information had already been discussed by Executive by the time it came to the scrutiny committee, and so was in the public domain. Some Members felt however that scrutiny should continue to receive these reports.

Resolved: That the work plan be received and noted with the following amendments;

- An update report from York Teaching Hospital NHS Foundation Trust on winter experiences and how community services have developed in light of the closure of Archways Intermediate Care Unit be received in the early Spring.

- That the CQC report for Tees, Esk and Wear Valleys NHS Foundation Trust be received by the Committee.

- That Tees, Esk and Wear Valleys NHS Foundation Trust be invited to a future meeting to present a report on the outcome of the public consultation on the mental health hospital for York.

- That the Draft Mental Health Strategy be removed from the workplan for November.

- That the Draft Health and Wellbeing Board Strategy be considered in December.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor P Doughty, Chair
[The meeting started at 5.30 pm and finished at 7.20 pm].

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Health and Adult Social Care Policy and Scrutiny Committee **30 November 2016**

Report of the Corporate Director of Health, Housing & Adult Social Care

2016/17 Second Quarter Finance and Performance Monitoring Report – Health & Adult Social Care

Summary

1 This report analyses the latest performance for 2016/17 and forecasts the financial outturn position by reference to the service plans and budgets for the relevant services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care and the Director of Public Health.

Financial Analysis

2 A summary of the service plan variations is shown at table 1 below, with the following sections providing more details of the significant potential outturn variations and any mitigating actions that are proposed.

Table 1: Health & Adult Social Care Financial Summary 2016/17 – Quarter 2

2016/17 Quarter 1 Variation £000		2016/17 Latest Approved Budget			2016/17 Projected Outturn Variation	
		Gross Expen-diture £000	Income £000	Net Expen-diture £000	£000	%
+122	ASC Prevent	7,429	1,299	6,130	+147	+2.4%
+188	ASC Reduce	9,908	2,874	7,034	+258	+3.7%
+52	ASC Delay	12,739	7,618	5,121	+161	+3.1%
+1,922	ASC Manage	42,424	14,229	28,196	+1,169	+4.1%
-2.000	ASC Mitigation Options	-	-	-	-1,500	-
+57	Public Health	9,094	8,717	377	+19	+5.0%
+341	**Health & Adult Social Care Total**	**81,594**	**34,737**	**46,857**	**+254**	**+0.5%**

+ indicates increased expenditure or reduced income **-** indicates reduced expenditure or increased income

3 The first quarter report for 2016/17 showed a projected net overspend of £341k. The latest position at table 1 is now showing a projected net overspend of £254k, an improvement of £87k. The following sections provide more details of the significant projected outturn variations, and any mitigating actions that are proposed

Adult Social Care Prevent Budgets (+£147k / 2.4%)

4 There is a net projected overspend of £96k on staffing budgets mainly due to additional senior practitioner hours within the Occupational Therapy service and additional hours in the Commissioning Team. A number of other more minor variations produce a net overspend of £51k.

Adult Social Care Reduce Budgets (+£258k / 3.7%)

5 A £245k pressure within direct payment budgets is forecast due to a higher number of customers than budgeted for, along with some short term delays in initiating the reclaiming of unspent direct payments. Work on reconciling personal budgets is being undertaken to significantly reduce this overspend. There is always some slippage in the resources allocated to support individuals, and actual spend, hence the reclaiming any monies not used. A number of other more minor variations produce a net overspend of £13k.

Adult Social Care Delay Budgets (+£161k / 3.1%)

6 There has been an increase in the number of customers on exception contracts within community support budgets and also an increase in the number of hours being commissioned through the framework contracts since quarter 1, to mitigate the rising demand for home care.

Adult Social Care Manage Budgets (+£1,169k / 4.1%)

7 There is a net projected overspend of £765k within external residential and nursing care placement budgets as a result of increased residential placements (+£651k) and delays in transferring some learning disability customers to supported living schemes (+£282k), partly offset by fewer than expected nursing placements (-£168k). In addition, the on-going negotiations with external providers to establish a 'fair price for care' from 1 April 2016 are expected to result in fee increases of £624k. The projection now assumes that this pressure is being met in full from growth allocated in the 2016/17 budget process and additional funding from corporate contingency agreed by the Executive on 13 October.

8 Older Peoples Homes' (OPH) budgets are projecting a net overspend of £219k, an improvement of £200k compared to quarter 1.
The current overspend is mainly in respect of under recovery of income (£29k) and staffing (£161k).

Income has been affected by a higher than budgeted number of vacant beds. Use of casual staff continues in the homes as permanent posts are kept vacant in order to allow flexibility within the reprovision programme, but the service is now increasing the use of additional hours as a more cost effective alternative. Staff sickness has also significantly reduced (from 604 hours in May to 325 hours in September) and the service continues in its commitment to bring spend back within budget by year end.

9 There is a net projected underspend of £469k in supported living budgets. A number of places are being kept vacant in advance of the anticipated transfers of learning disability customers from external residential placements, but the service has also been successful in securing £347k of Continuing Health Care income for 3 customers.

10 Staffing budgets are projected to overspend by £74k due mainly to the temporary need for two group managers for the first half of the year. There are several vacancies in the social work teams which have been difficult to recruit to which may require the use of agency staff in the coming period, potentially increasing this overspend.

11 The directorate's budget for 2016/17 included a requirement to deliver savings totalling £3m from the on-going work being undertaken on service transformation. To date savings of £1,942k have been identified and implemented, leaving a shortfall of £1,058k. Plans are in place to deliver almost the entire shortfall from 2017/18, so this is a short term pressure.

12 The council's former £1,023k care act grant was transferred to mainstream funding from 2016/17. £532k is committed against this budget leaving £491k available to contribute towards other directorate pressures. A number of other more minor variations produce a net overspend of £13k.

Adult Social Care Mitigations (-£1,500k)

13 ASC DMT committed at quarter 1 to look at several areas to bring down the projected overspend. Dealing with the budget pressures is a regular item at DMT meetings with all options available to further mitigate the current overspend projection being explored.

The table below shows the areas that have been investigated and what progress has been made since quarter 1:

Actions and Options	**Progress to Date**
Bring the existing OPH budget back into line by the end of the year by making full use of vacant beds to reduce requirements for external long-term and respite placements.	The overspend has been brought down significantly since Q1. Weekly meetings are now held to review the use of agency staff, and the service is working with care managers to encourage the use of beds in the short term to improve the income position.
Increase in Continuing Health Care (CHC) applications.	Successful applications have been made in respect of Supported Living customers, but more needs to be done for other customer groups. A joint meeting with health colleagues is planned to review, streamline and speed up the CHC process.
Review direct payment values in light of the new Resource Allocation System and consider reductions where unspent balances have already been reclaimed.	Recovery of unspent direct payments has been delayed by the transfer of support functions to a new provider. However a reconciliation of accounts is due at end of October which should inform whether there is potential to recover more unused payments than are currently budgeted for.
Ensure top up contributions are secured when customers choose a placement above the council's agreed standard rate.	Guidance has been re-issued to care managers to confirm the necessity to secure top up payments from third parties.
Review our fairer charging rates to customers.	To review the fair Charging policy to ensure it is equitable in particular in respect of charging for those with resources to pay the full fee
Continue the restrictions on all discretionary spend and hold recruitment to vacant posts wherever possible and safe to do so.	All vacancies have to be signed off by Assistant Directors, and are only filled where the operational risk is too great to leave vacant. In addition, budget managers have been asked to withhold any non-essential spend for the remainder of the financial year.

Review any potential to charge costs against capital schemes or reserves.	Managers have been asked to consider any areas which may fall under this area. The Older Persons Accommodation Programme is already making use of new powers to use capital receipts to fund reform in order to minimise any pressure from the project on the revenue budget. In addition the costs of implementing the new operating model are being charged to the Care Act reserve.

Public Health (+£19k / 5.0% or 0.2% of gross expenditure budget)

14 Within Public Health there are net projected overspends on sexual health contracts (+£16k), substance misuse contracts (+£33k) and the healthy child programme (+£53k) due to one-off transition costs relating to the transfer of the school nurse and health visitor staff from York Hospital. These are offset by a projected underspend on staffing of £83k due to vacancies which were held prior to the implementation of the public health restructure.

Better Care Fund

15 The Better Care Fund has been agreed and the formal Section 75 agreement, setting out the legal basis for the operation of the pooled budget, has been signed by the council and Vale of York Clinical Commissioning Group. Within the document is an agreement to share risk on a 50:50 basis between the two organisations on schemes that are expected to deliver savings of £1.2m. The directorate is working with health colleagues to ensure the success of these schemes to prevent the council being exposed to a £600k budget pressure.

Performance Analysis

Adult Social Care

16 Proportion of adults with a learning disability in paid employment:
We want to drive up employment for adults with a learning disability, because there is a strong link between employment and enhanced quality of life. Having a job also reduces the risk of being lonely and isolated, and has real benefits for people's health and wellbeing. As at Q2**,** Our performance level is on track to hit the 10% target. The indicator will remain a focus of the monthly performance clinics. When people reach a review stage, we will look at their employment status. We are working with colleagues to improve opportunities for people who wish to work to have access to employment opportunities.

17 Long-term support needs met by admission to residential and nursing care homes, per 100,000 of population (18-65). Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. As at Q2**,** Our performance is on track and equates to a year end position of 6.08, achieving the required target of 10.0. A Residential Care Panel sits monthly and scrutinises new requests for Residential Care. The key is to ensure that this is the most appropriate option for the individual. Monthly targets are in place and exception reports will be taken to performance clinics where targets are exceeded. It is important that even with lower numbers going into Residential Care, we can balance the system through ensuring that equal or greater numbers are moved on. This means offering alternatives such as Supported Living for people who would otherwise stay in Residential Care for long periods.

18 Self Directed Support: Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. As at Q2, the indicator is above benchmarks but below target. Both the Indicators for Service Users and Carers in receipt of Self-Directed Support levels are in excess of the National, Region and Family averages, but represent a fall from the end of 2015-16 position. The offer of Self Directed Support, the appropriate information and support as well a variety of options to make peoples care personalised is being rolled out across Adult Social Care. This includes increasing the availability and use of Individual Service Funds (ISFs), and support to manage Direct Payments.

19 Proportion of adults with a learning disability who live in their own home or with family: Evidence shows that the nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion. *As at Q2,* the current outturn, while just short of the year end target represents an improved position from end of year 2015/16. The indicator, as with LD in Employment, will remain a focus of the monthly performance clinics. When people reach a review stage, we will look at their accommodation status and examine options for people who wish to live more independently within the community.

20 Long-term support needs met by admission to residential and nursing care homes (Actual numbers and per 100,000 population) (older people). Avoidable admissions into Residential Care are undesirable for the customer and expensive for the funder. In the first Quarter 2016/17 have improved and are lower than the same position last year. Despite this, the rates are higher than planned in Q2 and push the trend over the target of 238 new placements or less (a rate of 620 per 100k or less) by end of year.

The Residential Care Panel sits monthly and scrutinises all new requests for Residential Care. The key is to ensure that this is the most appropriate option for the individual. Monthly targets are in place and exception reports will be taken to performance clinics where targets are exceeded. The offer of supported living or alternatives to Residential Care will continue to be made for those where this is the best option.

21 Direct Payments: Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation, giving people direct control over their care. At Q2 we remain under target and a lower position than at Q1. Our performance is lower than that of the National, Regional and Family averages. Along side our other offers of Self Directed Support, we are offering Direct Payments as Standard offer which is built into new systems and business processes. We are also working with an organisation which will help to support people with Direct Payment, to manage, plan and utilise their direct payment for the best possible support. We will bring together a workshop of the key stakeholders in the Direct Payment process from Care Management, Commissioning and Supporting Organisations to have a joint plan on the delivery and support of people choosing to directly manage and pay for their own care.

22 Proportion of adults in Secondary Mental Health Services in paid employment: This measure is intended to improve employment outcomes for adults with mental health problem and accommodation status are link to reducing risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. As at Q2, this indicator is on target for end of year performance. We have requested sight of data from out partners in TEWV about the individuals who they have in employment to cross check with our records and support people who are able to be employed but are not yet in employment into work.

23 Proportion of adults in Secondary Mental Health Services who live in their own home or with family: This measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion. As at Q2, the indicator is improving, however remains off target for 2016/17 end of year target. The issue has been raised with our provider and we are attempting to access their records to bring ongoing monitoring of the data within monthly performance clinics. To date this has not been provided. We intend to actively engage with the provider is designed to drive out any recording and practice issues. Data access, and performance reporting is being escalated at a senior level.

24 Delayed Transfers of Care: This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Discharges are made from Acute and Non Acute Care Pathways. Discharges from Acute Care: Performance has shown a steady improvement over the end of 2015-16 and into the first half of this year and performance has been maintained as positive. Discharges from Non-Acute Care: Indicators here are not on Target. Performance had shown an improvement in the first quarter, however, from June 2016, an increase in Non Acute Delays, particularly in Mental Health has pushed the numbers back up and off target for the year. While the delays reported by Mental Health for the first months have been disputed, and there are still issues with the quality of information. Since June an agreed process has been put in place to monitor delays with Mental Health to mirror that of our Acute and Non Acute Hospital processes. Consequently the performance has improved, albeit there are still queries with the data In addition a workshop of stakeholders involved in the Non Acute Discharge Pathways is being convened to work though process and issues delaying discharges.

Public Health

25 Smoking Status at the time of Delivery: Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contained a national ambition to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015. In the year to September 2016, 12% of mothers giving birth in York were smokers at the time of delivery (227 smokers out of 1,887 live deliveries). This rate is below the regional average (14.24%) but higher than the national average (10.21%). York would need to have 19 fewer mothers per year smoking at the time of delivery in order to achieve the national target of 11% and 35 fewer in order to match the current national average. There is a wide variation in smoking rates at the time of delivery across the City. Rates are over 4 times higher in some areas compared with others. Pregnant smokers are able to access specialist stop smoking support through the Council's stop smoking service. Local data shows that an average of 47 pregnant women in York quit smoking each year between maternity booking and time of delivery (with or without the help of cessation services). Referral and engagement rates will be monitored to ensure the service is being accessed by mothers living in areas with the highest smoking rates.

26 Childhood Obesity - National Child Measurement Programme (NCMP) Why is this a Key Indicator? There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Under the NCMP, Local Authorities are required to weigh and measure all children in Reception and Year 6.At Q2, In York 8.6% of children in reception and 15.1% of children in Year 6 are obese. These figures are lower (better) than the national averages (9.3% and 19.8% respectively). Significantly fewer children in Year 6 in York have excess weight (overweight or obese) compared with the national average (28% v 34.2%). The NCMP programme has been running for 10 years now. Over this period, excess weight in year 6 children increased nationally from 31.7% to 34.2% but in York it fell from 29.5% to 28%. Whilst the overall picture for childhood obesity in York is positive, we know that there are inequalities within the City. For Year 6 children, rates are higher for boys and there is a clear inequality 'gradient' i.e. the prevalence of obesity rises as the level of deprivation increases. Obesity rates are higher for children from Black and Asian ethnic groups, for both reception and year 6. Healthy weight is addressed as part of the multifaceted approach to health and wellbeing delivered by the CYC Healthy Child Service (0-19 universal offer). The service offers advice on healthy choices and the importance of being active and works closely with schools across the city to promote a healthy lifestyle.

27 Successful Completions from Drug / Alcohol Treatment Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. In the latest monitoring period (to September 2016) York is above the national average for the % of people in treatment who completed substance free without representation within 6 months (opiate users 8% v 6.6% nationally; non opiate users 37.9% v 36.9% nationally and alcohol users 39.3% v 38.2% nationally). Representations are monitored separately. In the latest monitoring year (to August 2016), 11.4% of people who successfully completed treatment re-presented to services within 6 months (20 people out of 176). This is slightly higher than the national average of 10.2%. Representation rates vary by substance use with opiate users being three times more likely to represent than non opiate users. To promote sustained recovery from substance misuse and to prevent representation to services a number of community initiatives are in place in York including peer support, mutual aid, recovery support and aftercare. The emphasis is on helping people to increase their social capital, build their resilience and develop links with abstinent communities in order that they become less reliant on treatment services.

28 Mortality Rate from Suicide and Injury of Undetermined intent. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. The latest published rates are for the three year period 2013-2015. The rate in York is 14 suicides per 100,000 of population and this is significantly higher than the national and regional rates (10.1 and 10.7 per 100,000 respectively). In 2013-15 York had the highest suicide rate when compared to other local authority areas that have similar levels of deprivation. There were peaks in the numbers of suicides in York in 2013 (30 deaths) and 2015 (28 deaths) including a 'cluster' of suicides amongst students. A suicide audit has been conducted reviewing 60 deaths in York which took place between 2010 and 2014. The findings will inform suicide prevention plans and activities to be used to develop the local aspiration for York to become an accredited 'Suicide-Safer Community'. Further audit work will be carried out to include deaths by 'accident or poisoning of undetermined intent' which are included in the wider definition of suicide by ONS. A student health needs assessment is also being undertaken with a key focus on mental health.

29 Health Visitor Service Delivery Metrics: Evidence shows that what happens in pregnancy and the early years in life impacts throughout the course of life. Therefore a healthy start for all our children is vital for individuals, families, communities and ultimately society. The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years. The health visitor service delivery metrics currently cover the antenatal check, new birth visit, the 6-8 week review, the 12-month review and the 2-2½ year assessment. Performance remains below the national average, although there has been an improvement in the percentage of timely new birth visits (74%) and 6-8 week reviews (75%) carried out in York. The percentage of timely 12 month and 2.5 year visits carried out remains low (24% and 22% respectively). The service is currently being reviewed following the TUPE transfer from York Teaching Hospital NHS Trust to the Council on 1 April 2016.

30 Excess Winter Deaths: To monitor how many more people die in the winter months (December to March) compared with the number we would expect to die based on average mortality rates in the non winter months. The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature.

Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population, Local Mortality data shows that in 2015/16 there were 149 excess winter deaths in York. This is an increase of over 50% on the 2014/15 figure of 97 excess deaths. (Regional and National comparisons are not currently available). City of York Council is preparing a media campaign around staying well in winter and preventing avoidable harm to health by alerting people to the negative health effects of cold weather. Publicity campaigns have already been carried out in relation to flu vaccinations. City of York Council is also working with Better Homes Yorkshire to provide energy efficiency improvements to private sector domestic dwellings including a grant programme aimed at fuel poor households.

Council Plan

31 The information included in this report is linked to the council plan priority of "A focus on frontline services to ensure all residents, particularly the least advantaged, can access reliable services and community facilities."

Implications

31 The financial implications are covered within the main body of the report. There are no other direct implications arising from this report.

Recommendations

32 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the latest financial and performance position for 2016/17.

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Report Approved	X	**Date**	15 November 2016

Specialist Implications Officer(s) None

Wards Affected: **All** *Y*

For further information please contact the author of the report

Background Papers

2016/17 Finance and Performance Monitor 2 Report, Executive 24 November 2016 http://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=9307

Annexes

Annex A: 2016/17 Quarter 2 Performance Scorecard

Health & Adult Social Care Policy & Scrutiny 2016/2017

No of Indicators = 62 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Strategic Business Intelligence Hub November 2016

				Previous Years			2016/2017						
			Collection Frequency	2013/14	2014/15	2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT
Adult Social Care	PVP01	People supported through personal budgets or direct payments receiving community-based services (%) (ADASS Survey definition)	Monthly	84.13%	91.29%	93.88%	90.69%	88.35%	-	-	-	Up is Good	Neutral
	PVP02	Number of permanent admissions to residential & nursing care homes for older people (65+)	Monthly	-	241	260	68	58	-	-	-	Up is Bad	Neutral
Adult Social Care	ASCOF1E	Proportion of adults with a learning disability in paid employment	Monthly	7.7	13.7	9.7	7.12	7.28	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	6.7	6.0	5.8	-	-	-	-	-		
		Benchmark - Regional Data	Annual	6.2	6.6	6.3	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	9	30	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	1	4	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	1	4	-	-	-	-	-		
	ASCOF1G	Proportion of adults with a learning disability who live in their own home or with family	Monthly	82.6	91.8	82.6	84.30	84.32	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	74.9	73.3	75.4	-	-	-	-	-		
		Benchmark - Regional Data	Annual	79.2	81.4	78.6	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	5	48	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	1	7	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	1	6	-	-	-	-	-		
	ASCOF2A1	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (YTD Cumulative) (New definition for 2015/16)	Monthly	11.5	9.9	11.3	1.52	2.28	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	14.4	14.2	13.3	-	-	-	-	-		
		Benchmark - Regional Data	Annual	11.0	11.5	13.9	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	50	64	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	7	5	7	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	11	5	-	-	-	-	-		
	ASCOF2A2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	Monthly	767.5	630.8	683.1	186.51	345.59	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	650.6	668.8	628.2	-	-	-	-	-		
		Benchmark - Regional Data	Annual	644.1	726.9	699.5	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	72	92	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	13	6	7	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	8	13	-	-	-	-	-		
Adult Social Care	ASCOF2C1	Delayed transfers of care from hospital- All Delays ACUTE CARE	Quarterly	-	-	-	7.55	6.06	-	-	11	Up is Bad	Good

Outcomes Framework	ASCOF2C2	Delayed transfers of care from hospital- Social Care Delays - ACUTE CARE	Quarterly	-	-	-	3.7	2.83	-	-	4	Up is Bad	Good
	ASCOF2C1	Delayed transfers of care from hospital- All Delays NON-ACUTE CARE	Quarterly	-	-	-	10.33	12.41	-	-	11	Up is Bad	Neutral
	ASCOF2C2	Delayed transfers of care from hospital- Social Care Delays - NON-ACUTE CARE	Quarterly	-	-	-	14.17	15.67	-	-	4	Up is Bad	Bad
	ASCOF2C1	Delayed transfers of care from hospital, per 100,000 population (YTD Average)	Monthly	17.6	11.6	13.2	17.88	18.27	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	9.6	11.1	12.1	-	-	-	-	-		
		Benchmark - Regional Data	Annual	9.1	9.6	10.2	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	102	103	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	11	12	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	11	8	-	-	-	-	-		
	ASCOF2C2	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (YTD Average)	Monthly	11.1	6.3	6.9	10.13	9.43	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	3.1	3.7	4.7	-	-	-	-	-		
		Benchmark - Regional Data	Annual	2.5	3	3.4	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	133	123	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	15	14	14	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	5	12	-	-	-	-	-		
	ASCOF3A	Overall satisfaction of people who use services with their care and support	Annual	67.4	67.1	64.0	-	-	-	-	-	Up is Good	Bad
		Benchmark - National Data	Annual	64.8	64.7	64.4	-	-	-	-	-		
		Benchmark - Regional Data	Annual	65.8	65.9	63.8	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	44	82	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	7	10	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	5	13	-	-	-	-	-		
	ASCOF4A	Proportion of people who use services who feel safe	Annual	63.4	62.3	66.9	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Annual	66	68.5	69.2	-	-	-	-	-		
		Benchmark - Regional Data	Annual	66.2	67.7	69.9	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	131	101	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	11	13	13	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	16	13	-	-	-	-	-		
Adults and Older People	PHOF15	% of adult social care users who have as much social contact as they would like	Annual	43	46.6	-	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Annual	44.5	44.8	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	44.2	45.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	7	-	-	-	-	-	-		
Alcohol	LAPE03	Alcohol-specific mortality: Males, all ages (per 100,000 population)	Annual	14.60	11.3	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	16.61	16.1	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	18.13	17.6	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	2	-	-	-	-	-	-		
	LAPE04	Alcohol-specific mortality: Females, all ages (per 100,000 population)	Annual	7.86	7.6	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	7.47	7.4	-	-	-	-	-	-		

		Benchmark - Regional Data	Annual	8.73	8.1	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	5	-	-	-	-	-	-		
	LAPE22	% successful completions from alcohol treatment	Quarterly	31.40%	31.60%	40.00%	40.00%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	38.4	39.17%	39.48%	-	-	-	-		
Employment	PHOF40	Gap in employment rate for mental health clients and the overall employment rate	Annual	62.9	63.2	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	64.7	66.1	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	62.2	62.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	8	8	-	-	-	-	-	-		
Health	EH2	Proportion of population aged 15 to 24 screened for chlamydia	Annual	19.60%	23.60%	22.30%	-	-	-	-	-		
Life Expectancy	PHOF36	Life Expectancy at birth - Male	Annual	79.4	80.1	-	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	79.41	79.55	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	78.5	78.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	PHOF16	Life Expectancy at birth - Female	Annual	83.5	83.5	-	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	83.12	83.2	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	82.2	82.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	2	-	-	-	-	-	-		
	PHOF37	Slope index of inequality in life expectancy at birth - Male - (Three year period)	Annual	7.4	6.5	-	-	-	-	-	-	Up is Bad	Good
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	PHOF17	Slope index of inequality in life expectancy at birth - Female - (Three year period)	Annual	5.82	5.1	-	-	-	-	-	-	Up is Bad	Good
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
Mental Health	POPPI01	Total population aged 65 and over predicted to have dementia	Annual	2,623	2,680	2,717	-	-	-	-	-	Up is Bad	Bad
	CMHD02	IAPT Referrals (18+), per 100,000 population - (VoY CCG)	Quarterly	153.23	307.08	468.52	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	707.60	838.72	860.60	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	701.69	909.29	897.15	-	-	-	-	-		
	CMHD03	% of people who have completed IAPT treatment who achieved "reliable improvement" - (VoY CCG)	Quarterly	55.88%	61.40%	63.64%	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	61.92%	61.62%	63.70%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	63.29%	60.17%	63.11%	-	-	-	-	-		
	CMHP15A	Number of bed days in secondary mental health care hospitals, per 100,000 population - (VoY CCG)	Quarterly	4786.44	8285.59	4989.34	-	-	-	-	-	Up is Bad	Good
	PHOF32	Suicide rate (per 100,000 population)	Annual	10.13	9.94	13.98	-	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	8.77	8.94	10.15	-	-	-	-	-		
		Benchmark - Regional Data	Annual	9.33	9.26	10.72	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	10	11	14	-	-	-	-	-		
	PHOF33	Excess Winter Deaths Index (all ages single year)	Annual	14.71	16.84	27.7 (Prov)	-	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	11.63	27.67	-	-	-	-	-	-		

		Benchmark - Regional Data	Annual	12.25	11.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	11	1	-	-	-	-	-	-		
	PHOF46	Mortality rate from causes considered preventable (per 100,000 population)	Annual	189.04	173.77	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	185.13	182.7	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	201.39	197.82	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	3	-	-	-	-	-	-		
	PHOF50	Under 75 mortality rate from all cardiovascular diseases (per 100,000 population) - Male	Annual	115.63	101.94	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	109.55	106.21	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	122.93	119.56	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	PHOF56	Under 75 mortality rate from cancer (per 100,000 population) - Male	Annual	171.06	163.27	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	160.87	157.67	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	173.71	169.88	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	4	-	-	-	-	-	-		
	PHOF62	Under 75 mortality rate from liver disease (per 100,000 population) - Male	Annual	16.16	16.45	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	23.57	23.39	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	23.94	23.72	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
	PHOF67	Under 75 mortality rate from respiratory disease (per 100,000 population) - Male	Annual	38.3	36.24	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	39.1	38.25	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	44.9	43.8	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	4	-	-	-	-	-	-		
	CHP02	Child mortality rate (1-17 years), per 100,000 population	Annual	10.8	10.3	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	11.9	12.0	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	13.3	13.3	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	4	-	-	-	-	-	-		
Mortality	PHOF72	Mortality from communicable diseases (per 100,000 population)	Annual	60.81	54.49	-	-	-	-	-	-	Up is Bad	Good
	NCMP01	% of reception year children recorded as being obese (single year)	Annual	7.82%	7.03%	8.59%	-	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	9.48%	9.08%	9.31%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	9.20%	8.83%	9.42%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	2	-	-	-	-	-		
	NCMP02	% of children in Year 6 recorded as being obese (single year)	Annual	15.35%	14.97%	15.14%	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	19.09%	19.08%	19.82%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	19.22%	19.19%	20.29%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	1	-	-	-	-	-		
Obesity	PHOF44	% of adults classified as overweight or obese	Annual	-	56.88	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	-	64.59	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	-	67.09	-	-	-	-	-	-		

		Regional Rank (Rank out of 15)	Annual	-		-	-	-	-	-	-		
Physical Activity	PHOF01	% of physically active and inactive adults - active adults	Annual	66.16%	62.18%	69.83%	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	56.03%	57.04%	57.05%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	55.28%	56.08%	56.35%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	2	1	-	-	-	-	-		
	PHOF02	% of active and inactive adults - inactive adults	Annual	21.09%	21.57%	17.54%	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	28.34%	27.73%	28.65%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	28.73%	29.21%	29.12%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	1	-	-	-	-	-		
Public Health and Wellbeing	EH1	Chlamydia diagnoses (15-24 year olds), per 100,000 population	Annual	1728.26	1525.92	-	-	-	-	-	-	Up is Bad	Good
	HV01	% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	Quarterly	-	-	74.40%	74.32%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	87.80%	87.60%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	86.80%	87.40%	-	-	-	-		
	HV02	% of face-to-face NBVs undertaken by a health visitor after 14 days	Quarterly	-	-	21.70%	21.21%	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Quarterly	-	-	9.50%	10.00%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	10.80%	10.70%	-	-	-	-		
	HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	Quarterly	-	-	70.80%	75.22%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	82.70%	81.60%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	86.40%	86.10%	-	-	-	-		
	HV04	% of infants being breastfed at 6-8wks	Quarterly	-	-	30.10%	34.03%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	43.70%	43.87%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	36.60%	37.96%	-	-	-	-		
	HV05	% of children who received a 12 month review by the time they turned 12 months	Quarterly	-	-	16.77%	23.98%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	73.60%	74.30%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	82.50%	81.10%	-	-	-	-		
	HV06	% of children who received a 12 month review by the time they turned 15 months	Quarterly	-	-	70.00%	68.94%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	82.50%	82.05%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	88.50%	89.06%	-	-	-	-		
	HV07	% of children who received a 2-2½ year review	Quarterly	-	-	11.60%	22.39%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	74.70%	76.27%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	81.30%	82.74%	-	-	-	-		
	PHOF11	Cumulative % of eligible population aged 40-74 offered an NHS Health Check	Quarterly	20.93%	38.11%	70.67%	71.91%	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	18.42%	37.94%	56.44%	61.51%	-	-	-	-		
		Benchmark - Regional Data	Annual	14.41%	31.33%	49.80%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Quarterly	2	4	2	-	-	-	-	-		

	PHOF11b	Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Quarterly	41.54%	39.35%	37.57%	37.47%	-	-	-	-	Up is Good	Bad
		Benchmark - National Data	Quarterly	49.04%	48.93%	48.59%	48.37%	-	-	-	-		
		Benchmark - Regional Data	Annual	57.14%	52.23%	48.80%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Quarterly	13	12	12	-	-	-	-	-		
	PHOF12	Cumulative % of eligible population aged 40-74 who received an NHS Health Check	Quarterly	8.69%	14.99%	26.55%	26.95%	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	9.03%	18.56%	27.42%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	8.24%	16.36%	24.30%	29.75%	-	-	-	-		
		Regional Rank (Rank out of 15)	Quarterly	6	7	5	-	-	-	-	-		
	PHOF31	% of eligible population aged 40-74 who received an NHS Health Check	Quarterly	8.69%	7.32%	9.81%	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	9.03%	9.62%	8.99%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	8.24%	-	-	-	-	-	-	-		
	PHOF79	HIV late diagnosis	Annual	44.00%	56.30%	-	-	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	45.00%	42.20%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	50.50%	49.70%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	3	-	-	-	-	-	-		
Safeguarding (Young People)	CHP32	Hospital admissions as a result of self harm (10-24 years), per 100,000 population	Annual	401.21	552.96	-	-	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	412.07	398.80	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	394.68	367.90	-	-	-	-	-	-		
	PHOF06	Under 18 conceptions (per 1,000 females aged 15-17) (Calendar Year)	Quarterly	21.59	15.71	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Quarterly	24.35	22.8	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	28.53	26.35	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	1	-	-	-	-	-	-		
	PHOF27	Under 18 conceptions: conceptions in those aged under 16 (per 1,000 females aged 13-15) (Calendar Year)	Annual	2.83	2.13	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	4.81	4.38	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	6.02	5.49	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
Smoking	PHOF10	% of women who smoke at the time of delivery	Quarterly	10.63%	10.80%	12.06%	11.96%	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	11.99%	11.38%	10.65%	10.21%	-	-	-	-		
		Benchmark - Regional Data	Annual	16.22%	15.56%	14.53%	14.24%	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	4	-	-	-	-	-		
	PHOF20	% of population smoking (routine and manual workers) (APS)	Annual	32.39%	32.48%	27.82%	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	30.64%	30.79%	28.22%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	28.51%	27.97%	26.51%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	10	10	6	-	-	-	-	-		
	PHOF45	% of population smoking (APS)	Annual	18.72%	17.24%	14.63%	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	20.48%	19.86%	18.63%	-	-	-	-	-		

		Benchmark - Regional Data	Annual	18.39%	17.45%	16.93%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	4	2	-	-	-	-	-		
	NGPP01	Gap in smoking prevalence rate between adult general population and adults in routine and manual occupations	Annual	13.66%	15.24%	13.19%	-	-	-	-	-	Neutral	Neutral
		Benchmark - National Data	Annual	10.16%	10.93%	9.59%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	10.12%	10.12%	9.58%	-	-	-	-	-		
Sport	SSN004	Adult participation in 30 minutes, moderate intensity sport	Annual	42.37%	41.65%	45.54%	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	36.09%	35.55%	36.20%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	35.07%	34.90%	35.15%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	2	1	-	-	-	-	-		
Substance Misuse	CSB17	Number of mothers recorded by Midwifery Services in regard to alcohol or substance misuse (by Estimated Delivery Date)	Quarterly	-	26	33	1	-	-	-	-	Up is Bad	Neutral
	PHOF76	% of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	7.00%	5.20%	5.50%	6.07%	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	7.76%	7.38%	6.80%	6.97%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	6.91%	6.24%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	11	9	-	-	-	-	-	-		
	PHOF77	% of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	34.60%	40.10%	31.10%	32.51%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	37.66%	39.19%	37.30%	37.17%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	36.33%	40.19%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	9	-	-	-	-	-	-		

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Yorkshire Ambulance Service NHS
NHS Trust

October 2016

Briefing for York Health and Adult Social Care Policy and Scrutiny Committee

This briefing outlines our proposals in respect of how the Trust intends to implement A&E improvement initiatives for a sustainable A&E delivery model that will meet the quality and performance standards (aligned to Commissioner intentions) and will provide a platform for Yorkshire Ambulance Service NHS Trust to achieve its strategic aims and provide the very best care for patients.

The information has been prepared to help fully understand the context and scope of the proposals in relation to the new A&E Operations delivery structure.

In summary we need to:

- have the right number of people with the right skills
- deploy resource in the right place at the right time to meet patients' needs
- ensure our service remains safe and effective
- adopt modern technology where services for patients and efficiency can be enhanced.

Background

Around eighteen months ago, Yorkshire Ambulance Service commissioned a well-respected research organisation ORH (http://www.orhltd.com) to conduct a review of its operations using historical incident data to find out how it could improve performance in regard to key targets.

In essence, the report said that in order to achieve organisational objectives, the Trust needs to continue to place patient care at the forefront of all that it does as well as making the most efficient use of resources and meeting the needs of staff.

Consequently, during the last 12 months, we have been working hard to set out a very clear strategic vision on how we intend to achieve sustainable operational excellence. Key to our strategic intent is to transform our A&E Operations so that we provide a platform for innovation while supporting the national and local Urgent and Emergency Care Strategy and, at the same time, providing a safer and less stressful environment for our staff.

In practical terms, this means:

- **Recruiting and training more staff –** up to an additional 242 operational frontline staff across the region (this is well underway).
- **Investing in and developing our existing staff** – as a result of discussion and feedback from staff and as part of our continuing commitment to our people, we have introduced a Career Framework for Paramedics providing clarity of career progression.

- **Changing rotas to better align emergency ambulance resource to the needs of our patients** – this has already been communicated via roadshows and by managers to staff at a local level. Consultation with staff is underway and we aim to introduce new rotas from autumn 2016 onwards.
- **Changing our operating model** to increase the number of transporting resources (ambulances).
- **Continuing to explore innovative ways of working** to include strategic partnerships with co-responders as well as providing different pathways for patient care.
- **Introducing a new management organisational structure** which will better support frontline staff with a fundamental change to the availability of clinical supervisors making them additional to frontline resources.

Benefits
We believe that by implementing the above changes we will deliver the following benefits:

- A sustainable performance against national standards for patients in a life-threating condition.
- Excellent clinical outcomes and improved patient safety.
- An enhanced quality of service to patients and the wider population e.g. an appropriate response to all emergency calls.
- A positive impact on the well-being of staff, their morale and their development.
- Alignment with innovation elements of the Trust's strategic objectives e.g. Urgent and Emergency Care Vanguard.
- Improved 'value for money' and greater efficiencies.

Media Statement (October 2016)
"We are always looking to improve the services we provide to patients and are constantly reviewing our resources to ensure that our staff and vehicles are in the right place at the right time to respond to patients needing our assistance.

"We are currently making a significant investment in frontline services which will see over 200 extra staff across the region. As part of this we are also reviewing where our staff are based to ensure we provide the best service for our patients and any proposed changes to our services will always follow appropriate engagement and consultation with staff, local communities, commissioners and our partners.

"The Trust is currently reviewing rotas and no decisions have been made at this stage.

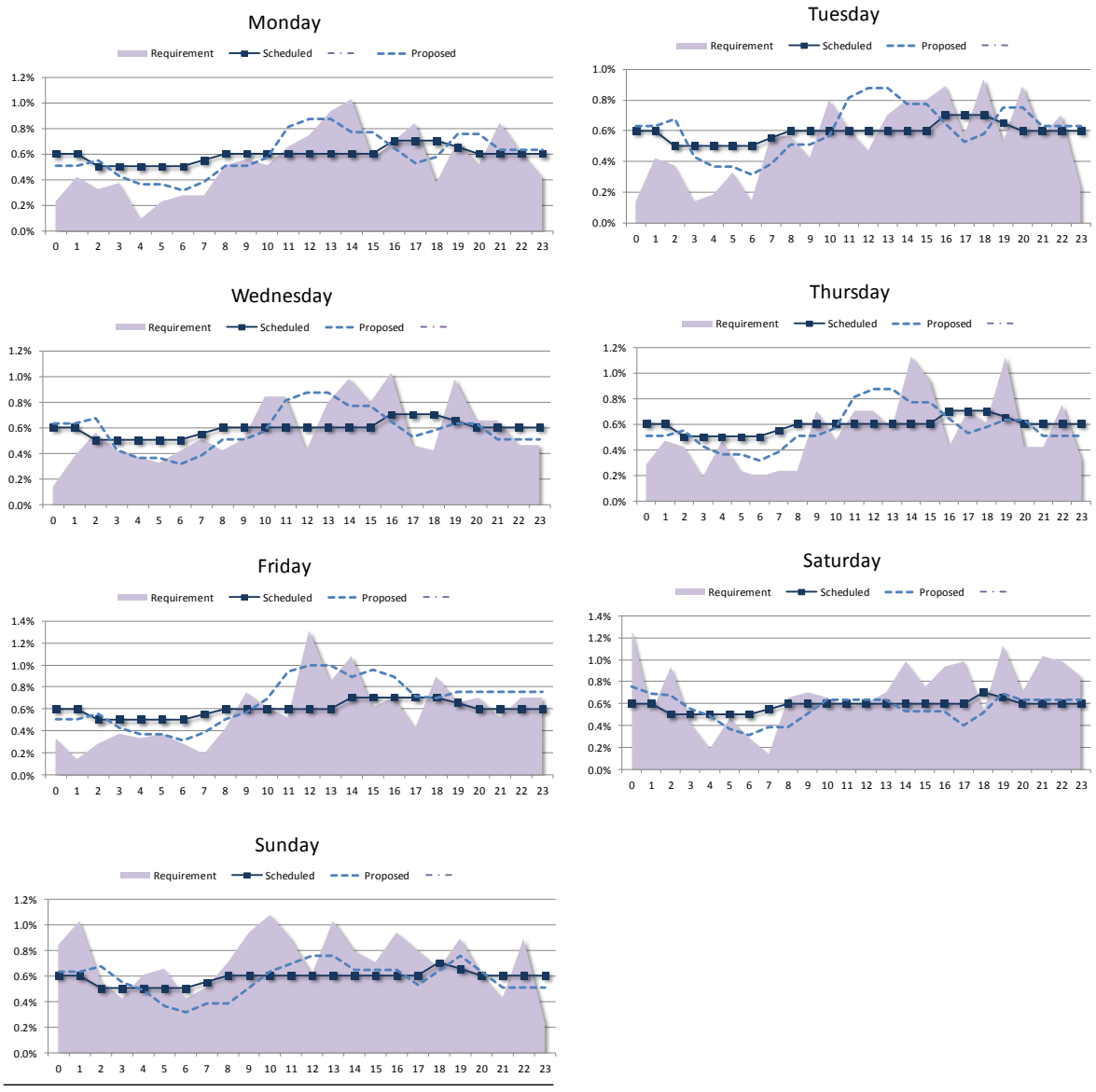
"We remain committed to providing a safe, high quality service for the people of Yorkshire."

York and Haxby
The matching of the resource profile to the demand profile will rise from 76.9% to 93.5% scheduled fit in the proposed rotas.

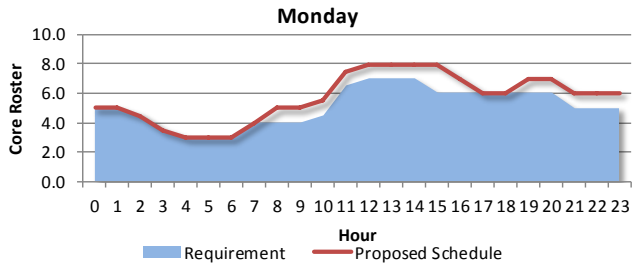
The current 'peak hour' of double-crewed ambulance resource is seven vehicles and this increases to nine vehicles in the new rotas.

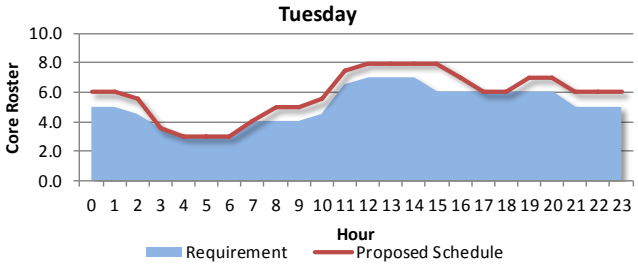
The graphs below and overleaf show scheduled versus demand comparisons.

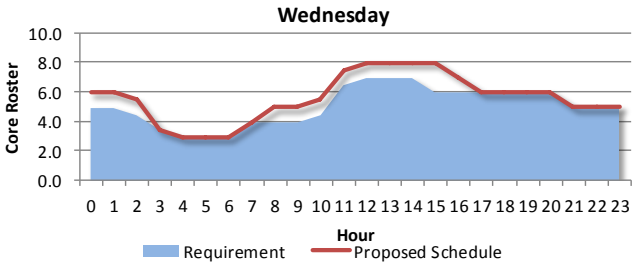
Demand profile plotted against staffing currently scheduled and proposed

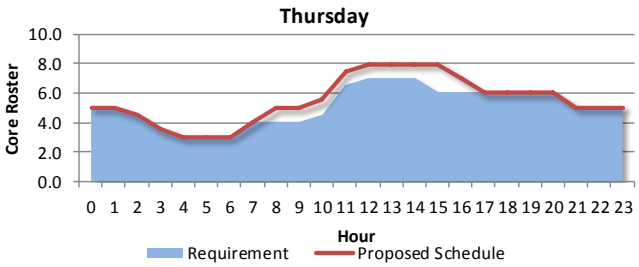


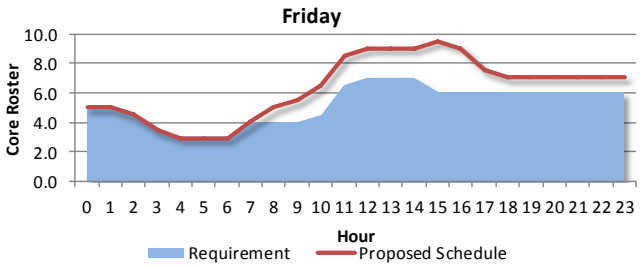
Required number of ambulances to meet demand plotted against the proposed resource

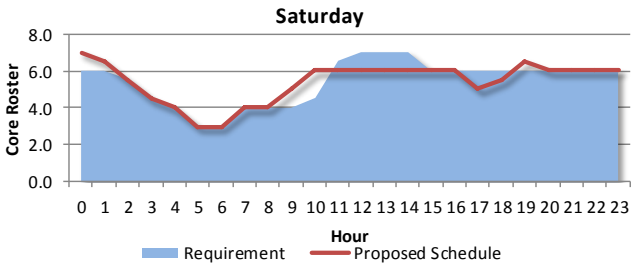


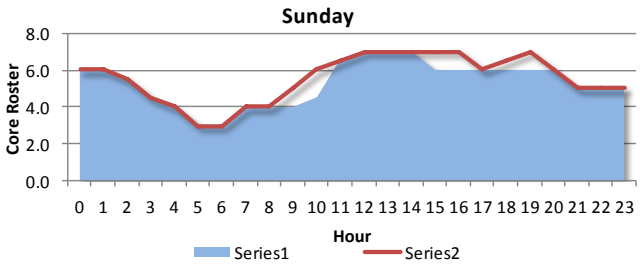












Healthwatch York: Performance Monitoring / Six Monthly Review Template

Name of Provider	York CVS
Service Provided	Healthwatch York
Contract Start Date (Service Commencement Date)	01 April 2015
Contract Finish Date (Expiry Date)	31 March 2017

The aims of the performance monitoring / six monthly review process are to:

- *Review the achievements of the Service in delivering the agreed outcomes*
- *Consider how the Service might be developed going forward*
- *Identify how beneficiary needs are being delivered*
- *Establish that the Service is being managed in accordance with the Agreement*

The information contained in this report will be used as a basis for the Annual Service Review, in conjunction with that information provided on a regular basis during each year of the Term.

Six monthly performance monitoring reports will include a mixture of qualitative and quantitative data to ensure that the process is not simply a mechanistic one, but feeds into a continuous cycle of improved performance. Six monthly reports will be presented to Performance Management Group meetings on dates to be agreed.

In addition, a six monthly performance management meeting will be held between representatives of the Council and Healthwatch York. The performance management group meetings will:

- *Agree additional Key Performance Indicators that will constitute six monthly performance summaries*
- *Set annual milestones for each Key Performance Indicator as appropriate*
- *Receive six monthly performance summaries, define any gaps in performance and discuss how these might be rectified.*

In addition to the six monthly reporting process it is proposed that 360 degree feedback on Healthwatch York activity is invited from all key stakeholders annually.

INDEX

Signature on behalf of Provider		
Signature *Siân Balsom*	Name Siân Balsom	Date 17/11/16

SECTION 1: Service Provided (Quarterly Updates) 01/03/16-30/09/16

What have been the main focus areas of Healthwatch York during the last six months?

Qtr 1

- Presented our Bootham Park Hospital report to Health Scrutiny as part of a wider meeting focussed on its closure, providing feedback from 66 individuals
- Completed the induction of a new member of staff, to lead on the Community Equipment & Wheelchair Services Forum funded by NHS Vale of York Clinical Commissioning Group
- Attended a Roundtable meeting in Westminster with Alistair Burt (then Communities and Social Care Minister), Rachael Maskell, with Ruth Hill and Stephen Wright of TEWV and received an apology to York regarding how Bootham Park Hospital was closed
- Completed and published our 3rd Annual Report, sent to 253 organisations and 923 individuals by post and email
- Published our Access to GP Services report
- Took part in an initial workshop about the Humber Coast and Vale Sustainability and Transformation Plan
- Supported TEWV's informal events about the new mental health hospital in York

Qtr 2

- Held our third Annual Meeting, attended by over 100 people
- Wrote and submitted a tender to keep the Healthwatch York contract at York CVS
- Encouraged people to share their concerns following the announcement of the decision to close Archways, resulting in a report to the September Health Scrutiny meeting
- Held a volunteer development day, including human bingo, a workshop with City of York Council regarding the city's public health offer, and a SWOT analysis to inform our strategic planning
- Held an information stall at 10 one-off public events, including Pride, Fulford Show, York 50+ Festival

- Responded to 14 readability requests, collating responses from our 10 readability volunteers to improve the accessibility of information for the public
- Worked jointly with local Healthwatch across Yorkshire and the Humber completing visits to Community Dental services, speaking to over 60 individuals

Key Performance Indicators to include:

- *The impact of Healthwatch activity on community / commissioners / service providers – including progress towards Public Engagement Reports, involvement in key strategic meetings.*
- *Feedback mechanisms used by Healthwatch to inform participants and the wider public on the outcomes of the issues covered by Healthwatch.*
- *Communication and Reach - evidence of public, patient, carer and user-group engagement with / participation in Healthwatch*
- *Financial / Spend monitoring*
- *e.g. The number, frequency and type of methods used by the Host to engage with individuals, organisations and groups. (captured in quarterly Information and Signposting Reports)*
- *The outcomes of any visit to Health and Social Care premises in York.*

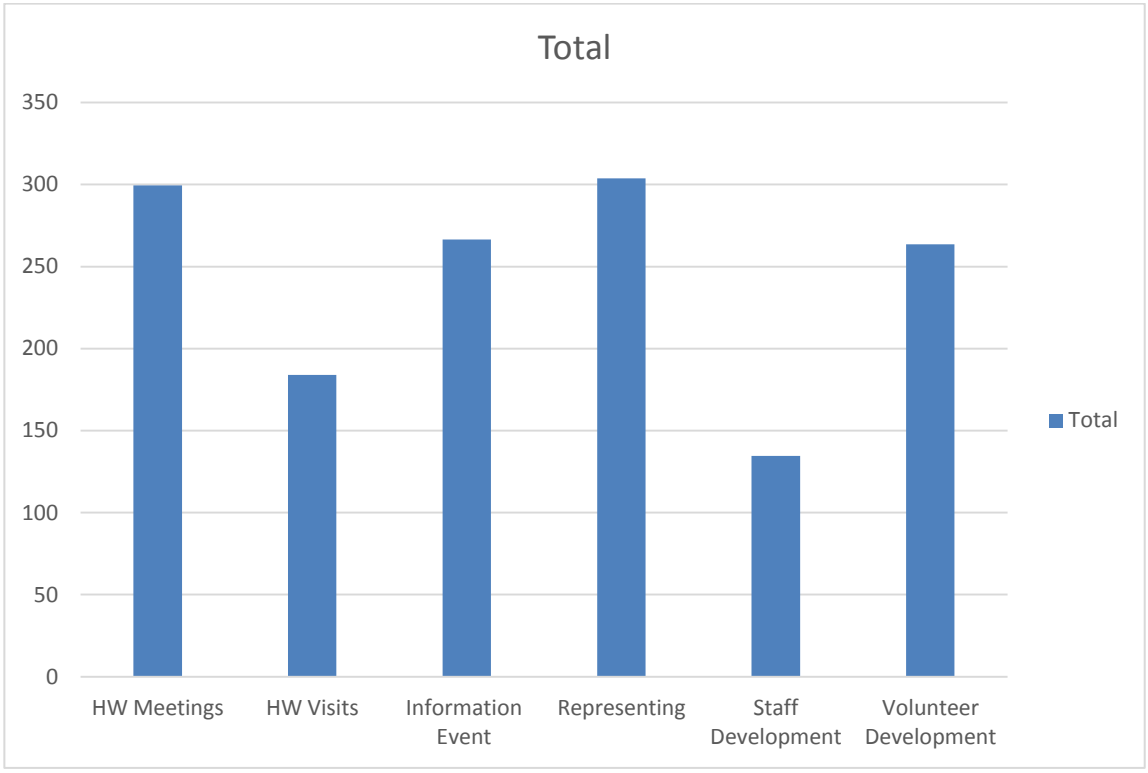
What progress has been made during the last quarter in respect of the above? Have you identified any barriers to achievement of agreed outcomes?

Impact of Activity / Public Engagement Reports

Following the Archways report we have been working closely with Gillian Younger from York Teaching Hospital NHS Foundation Trust and Chris Weeks of City of York Council. We attended a workshop for staff working across the different intermediate care services to join in discussions about what this work will look like. We then arranged 3 focus groups, in Acomb, Tang Hall, and Haxby, bringing together people using intermediate care services, to hear their views. As part of the meetings, we captured details of people who wish to be involved in this work on a regular basis.

York Teaching Hospital NHS Foundation Trust have confirmed that our Accident & Emergency report has been considered as they have been working on redesigning the Emergency Department (ED) waiting area. We have also provided feedback about proposed patient information for people coming to ED.

Communication, Engagement & Reach
Staff and volunteer hours by meeting type



For more details regarding our engagement work, we are happy to share our engagement calendar, giving details of all events we have held and participated in.

During strategic meetings, both Healthwatch York staff and volunteer representatives complete Reps Reports. These, along with information about Healthwatch York activity, and wider health and care issues form a monthly bulletin for partners and volunteers which is also publicly available. For more details on these bulletins (monthly) please follow these links;

- http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/April-2016-bulletin.pdf
- http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/June-2016-bulletin.pdf
- http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/July-2016-bulletin.pdf
- http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/August-2016-bulletin.pdf
- http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/September-2016-bulletin.pdf

Outcomes of visits to Health and Social Care premises in York
Our care home visits contributed to and enhanced 17 City of York Council care home reports, having engaged with 81 residents in total.
Our Enter & View volunteers and staff team supported work for NHS England, co-ordinated by Healthwatch Leeds, to gather views on community dental services. We undertook 16 sessions with 32 staff and volunteers between 12th and 22nd July, following a request on 4th July. We would like to thank Shaun Raval and his team for making everyone welcome at such short notice.

Partner Programme
We have 36 voluntary and community sector organisations who are signed up as Healthwatch York partners, and 2 pharmacy partner organisations. We invite our partners to our quarterly Assembly, to get involved in conversations about what is happening locally in health and social care. We also work closely with them to progress our work plan reports. For example, we worked with York People First and YREN when completing our Access to GP Services report, to make sure the particular concerns of people they work with were included. We continue to encourage organisations working with seldom heard groups to apply.

Volunteers
We currently have 39 volunteers covering a range of volunteer roles. These include Representatives, Community Champions, Enter & View, Care Home Assessor, Research, Marketing and Communications, Readability Panel, and Leadership Group members.

Engagement
Community engagement has taken place at a variety of events throughout the city.

We have maintained our regular outreach posts, with monthly drop-ins at Lidgett Grove, St Sampsons, Sainsbury's Monks Cross and Spurriergate Centre, and regular participation with Food and Fun at Clements Hall. This means our volunteers have established a presence within community venues, becoming a familiar, welcome presence. We have also responded to volunteer feedback regarding visibility of our volunteers, providing t-shirts and sashes with Healthwatch York branding, as well as posters to help advertise these sessions. We are continuing to look at new ways of increasing awareness of Healthwatch York.

1 quarterly magazine produced and distributed by post to 42 organisations and 312 individuals and by email to 212 organisations and 616 individuals, as well as being available through our website, and distributed at our information stands at community venues

@healthwatchyork had 1,767 followers as at 30 September 2016, continuing a steady increase.

Logging issues

- 107 new issues were logged in this half year. This includes 19 comments received following our call for information regarding Archways closure. The majority are still received either direct from the public or via a third party, relating to individual's experiences in health and care.

Place of issue	Comment	Complaint	Compliment	Concern	Signposting	Grand Total
Care home		1		2		3
CCG	1	6		2	3	12
Children		2		1	1	4
Dentist				1		1
GP	5	4		7	4	20
MH	2	2		8	4	16
Not York				2	1	3
Other				4	8	12
Pharmacy				1		1
Social care		2		1	4	7
YAS	1		1	1		3
YTH	1	10	1	8	5	25
Total	**10**	**27**	**2**	**38**	**30**	**107**

Key themes from the reported issues

Barriers/ Communication

This includes a number of comments on staff attitudes, use of language and clarity, failure to provide accessible information, language difficulties and failure to communicate in required ways, for example BSL interpreter not booked, text reminder not sent, using a relative to convey messages for deaf client. Lack of communication/ information sharing among professions leads to lots of form filling.

There were 5 comments about difficulties making or cancelling appointments. These included a new phone system where you have to choose an option, rather than speaking to person; not able to book an appointment in advance, or far in advance for chiropody appointments.

There were issues about physical access, including provision for those with wheeled walking frames and scooters in a GP surgery where it was impossible to move around easily once inside the building.

Care

There were several records of good and bad care received. There were a number of reports of inconsistent treatment, and problems caused by earlier misdiagnosis. Relative of resident in a care home reported no care staff were available to travel with the resident to A&E, and they were left waiting outside in the cold.

Waiting times

There were 9 comments about long waiting times for appointments including GP, blood taking, mental health support and an urgent foetal scan which should have been done within 72 hours.

There were difficulties in getting an appointment with an NHS dentist and the need for persistence in getting an appointment with the community dentist. Long waits for appointments at the Wheelchair Centre were also reported for young people and for an initial assessment for an elderly lady. One client reported regular cancellation of hospital appointments.

Social

In a number of cases there was a social impact even if this was not the main issue. These included alterations to the bus service and use of bus passes, access to housing, and lack of activities in care home leading to isolation. There was a report of difficulty recruiting a Personal Assistant, and signposting to a care agency for respite care. There was a comment about the problems of being able to obtain prescriptions at convenient times.

Discharge/ aftercare

There were a number of issues relating to problems with discharge from care environments. These included lack of information on what to expect after surgery, effects of medication and who to contact if concerned, which left people worried or confused. A family member reported feeling under pressure to choose a care home as the relative needed to be discharged from hospital due bed shortages.

There was a report of a lack of support after leaving prison, and people who come out of mental health services.

Changes in provision

Problems or concerns arising from changes to provision were common (more than 10). This included changes to medication due to NICE guidance, advice to move to non-branded items from pharmacist; changes to internal systems (e.g. phones); changes to continuing healthcare; closure of care homes. We had reports of the impact on families and communities of the changes to collections of sharps bins.

Signposting and advice

We continue to record signposting activity through the issues log where this is received in the office. We also keep a full log of all signposting contact through community activities and events, much of which is through our Community Champion volunteers.

They have been at events attended by over 7,000 people, speaking with 955 individuals. The combined number of logged signposting contacts over the past 6 months is as follows:

Signposting / info / advice	Apr	May	Jun	Jul	Aug	Sep	total
in person	34	31	27	29	43	64	228
by telephone	0	3	1	0	3	4	11
by email	0	1	0	0	4	1	6

We have also given out 15 leaflets for the Big 5 signposting agencies (First Call 50+, Family Information Service, York CAB, York Carers Centre, York Advocacy), 590 copies of our major publications (the Directory, Mental Health Guide, Magazine and our leaflets), and 142 other leaflets covering mental health, dementia, older people's services, caring, young people and public health.
We continue to find that both our Directory and our guide to mental health and wellbeing are very popular. We understand these are being used by a number of GP practices, pharmacies, and City of York Council staff, schools, and other voluntary groups to signpost customers to support.

We are also working on a guide to dementia support services as part of our JRF funded project working with people living with dementia.

Barriers
One of the barriers to progressing the recommendations in our reports remains the lack of a firm sub structure under the Health and Wellbeing Board to take forward some of the recommendations made. For example, without a Board overseeing work around "Making York a great place to live for older people" or the health inequalities agenda there is no obvious place for our recommendations around Loneliness to go. There was to be a new working group on loneliness, in line with the Health and Wellbeing Strategy commitment to this area of work, but due to a number of key personnel changes this has not met since its initial formation. Similarly there has been no straight forward mechanism for progressing the recommendations made in our reports on discrimination against disabled people, or around discharge from health and care settings. However, we are hopeful that the JSNA / Health and Wellbeing Strategy meeting, and the refreshed focus on the Health and Wellbeing Board substructures will provide additional clarity.

Strategic Impact

What future improvements or developments do you expect/hope to implement in the next six months?
- We will publish our report on making York work for people with dementia, as well as reports on Continuing Healthcare and Home Care services

- We will continue to hold monthly Community Equipment and Wheelchair Services, funded by NHS Vale of York Clinical Commissioning Group

- We will continue to move our data onto the Healthwatch England developed CRM system, improving reporting at national level and streamlining our reporting processes in time for our new contract starting in April 2017

- We will be releasing a 3rd edition of our Health and Social Care Directory

- We will be publishing the second edition of our Mental health and wellbeing guide, with printing costs being met by Tees Esk and Wear Valleys NHS Foundation Trust

- We will publish our guide to dementia support in York

- We will continue to raise awareness of Sustainability and Transformation Plans, and encourage people to get involved in work to shape local change

SECTION 2: Staff training and development / Healthwatch Volunteers			
Details of all training courses undertaken in the last six months:			
Course title	No's Of Staff / volunteers Attended	Refresher Yes	No
• Volunteer Induction	5		✓
• Enter & View	2		✓
• Disability Awareness Training	8		✓
• Care home assessor training	2		

- *Please provide a brief update on the roles / achievements of staff and Healthwatch Board members during the last quarter.*

  Carol Pack, Information Officer, has led on our information work, including our third Annual Report, our quarterly magazine, and our monthly volunteer and partner bulletin. This involves significant amounts of work to very tight deadlines. Carol also leads our Care Home Assessor programme, including training volunteers and accompanying them on their first visits. She has established quarterly meetings for this role, increasing information sharing, and helping resolve any issues or concerns volunteers have.

In addition over this period she has developed and delivered 3 half day Enter & View training sessions for Healthwatch North Yorkshire volunteers (2 in May, 1 in August), and responded to Quality Accounts from six local service providers (during May and June).

Helen Patching, Project Support Officer, continues to lead our work on issues log reports to partners. She has continued to look at how we gain more detailed feedback from commissioners and providers regarding action taken following our sharing of issues. Helen provides administrative support for the monthly volunteer meetings, quarterly assembly, and the Annual Meeting in July. She leads the Readability programme, sending out documents to volunteers and collating responses. In Quarter 2 she set up the first meeting for the Readability volunteers, who normally work remotely. This will be held in October. She also provides administrative support around the care home assessment programme.

Barbara Hilton, Project & Volunteer Development Officer, has led on recruitment and interviewing of new volunteers. She has managed events' logging and providing information stands at community events and venues, both regular and one-offs and also ran a number of stands. This involves being the key contact and support for our Community Champions. Barbara has been the contact for organisations who wish to join the Partner Programme. She has been involved with readability work, sending out leaflets to the panel and also collating the responses. With the upcoming 2nd edition of the HWY Mental Health & Wellbeing Guide, Barbara has been in touch with all of the local organisations listed in the 1st edition to check on their entries, has updated these where necessary and found and added relevant new organisations. She has dealt with and logged issues that have come into the office via phone, email or in person and signposted where ever possible.

Siân Balsom, Director, has led our work around the closures of Bootham Park and Archways, and our involvement in developing future plans for mental health services and intermediate care. She attends a wide range of strategic meetings, maintaining the Healthwatch presence at Health and Wellbeing Board and other partnership boards within the City of York area, and representing patient voice on the Vale of York CCG Governing Body. She has also attended a number of meetings about the Sustainability and Transformation Plans for Humber Coast and Vale.

Carole Money, Project Support Officer has set up and facilitates a Community Equipment and Wheelchair Forum. It meets monthly and supports the recent re-procurement of the two services involving service users as part of the commissioning process. Carole is also involved with the Healthwatch England CIVI CRM database system. She is working with all Healthwatch York records and data; ensuring the information is clean and functional to use the new system fully when the new contract begins on 1st April 2017.

John Clark, our Chair, has continued to chair our Leadership Group meetings, creating an helpful and supportive environment within which to discuss the challenges of delivering a successful Healthwatch. He also chairs our Assembly meetings, ensuring volunteers, partners and key stakeholders have opportunity to debate key issues in health and social care, and raise matters of concern or interest.

Staff Support	
How often are staff meetings held?	There have been 4 staff team meetings this period, plus 2 full staff team meeting for all York CVS staff. We also now have weekly start the week meetings with York CVS colleagues.
How often do staff receive supervision from a senior?	Every 6-8 weeks.
How often are staff formally appraised?	We have an annual performance development review system, which involves a full annual review, and quarterly progress checks.
Number of staff appraised in last period:	0

Complaints/Commendations	
How many informal complaints have been received?	**0**
How many formal complaints have been received?	**0**
Further detail: We are not supporting people to make complaints but are signposting these to the right organisations, and recording issues people raise with us. See issues log attached for more details.	

SECTION 3: Additional Comments

Finances

Staff costs (salaries & expenses)		**£37,102.28**
Volunteer expenses		£ 1,108.16
Local Administration		**£11,175.80**
Other		**£12,238.97**
	Total	**£61,625.21**

Annex

Annex 1- Healthwatch York highlights and update presentation

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Healthwatch York

Updates, highlights, things to watch

A whistlestop tour of recent stuff

- Including some things you will already know
- Some things we think you'd be happy to hear about
- Some things to think about

Archways closure

Archways closure

- Approached the Press to encourage feedback to the team
- Had contact with 19 individuals
- Used this as basis for report to Health Scrutiny meeting
- Now involved in further work on intermediate care

Wheelchair / Equipment services

Readability work

- Significant increase in demand for this work
- Supporting organisations to improve their communication with the public

Accident & Emergency Report

Access to GP Services report

healthwatch York

Access to GP Services

ANNEX 1

Antenatal & Postnatal Services report

- Presented to Health & Wellbeing Board on 23rd November
- Responding to questions about availability of face to face antenatal services

Joint reports

- Worked with colleagues across Yorkshire & the Humber to look at community dentistry for NHS England

- Also, initiated a report looking at what we already know about STP priority areas across the Humber Coast & Vale ‘footprint’

Evaluation of 2015/16

- Focussed this year on key statutory stakeholders
- 93% of respondents agree ‘Healthwatch York understands what is happening in relation to health and social services in York’
- 82% agreed that ‘Healthwatch York involves the public in the work they do’

On the radar

Next up

- Homecare survey – https://www.surveymonkey.co.uk/r/homecareyork

  Out now, open until 6th January
- Unity Health Appointment changes survey closes shortly https://www.surveymonkey.co.uk/r/UnityYork

Next up

- CHC report to complete before end of year
- Dementia report going to HWBB in January
- Gearing up for new contract from 1st April

Want to know more?

- Find ALL our reports at http://www.healthwatchyork.co.uk/our-work/hw-york-publications/

Any questions?

Get in touch

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Like our facebook page

Health & Adult Social Care Policy & Scrutiny Committee **30 November 2016**

Report of the Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG)

Humber Coast and Vale Sustainability and Transformation Plans (STP) area footprint

Summary

1. NHS Vale of York Clinical Commissioning Group (CCG) is one of several partners that has a challenging financial and operational plan to deliver and it continues to work with partners across the health and social care to reduce the impact on other agencies and the local population.

2. The Humber, Coast and Vale STP is an approach to deliver the Five Year Forward View vision of better health, better patient care and improved efficiency. It is the summation of work that has been taking place across the local area, in some cases for many years.

3. The proposals aim to design a system for the Humber Coast and Vale that helps people to start well, live well and age well. The plan is based on what local people have told us they want and need.

About the plan

4. The Humber Coast and Vale Sustainability and Transformation Plan (STP) is a set of proposals that, taken together, aim to improve health and wellbeing, improve standards of care, quality and safety for patients and restore financial balance to the local healthcare system.

5. The population of the Humber, Coast and Vale area is 1.4m and 23% live in the most deprived areas of England resulting in significant variation in health outcomes across rural, urban and coastal communities.

6. The Humber Coast and Vale STP proposals combine the benefits of scale and localism, creating opportunities to share resource to provide a better service to patients and a better experience for the staff who work within those services.

7. The plan focuses on the wider determinants of health in our footprint, with all public services working together to support people to take more responsibility for their own health, in the place where they live.

8. The CCG has representation on the STP's established work-streams. A key focus of this work has been the establishment of the financial position across the locality and this has informed the development of the CCG's Financial Recovery Plan. The CCG is engaged in planning discussions for 2017-18 and 2018-19.

9. The CCG's membership, the Council of Representatives, has endorsed the required changes in the NHS Vale of York Constitution to allow for the formal establishment of the Joint Commissioning Committee for the Sustainability and Transformation Plan footprint.

Engagement

10. Patients and the public play an important part in the development of the Humber, Coast and Vale STP. NHS England has published guidance on engaging local people and this builds on engagement initiatives that are already taking place in many parts of the country. The guidance sets out how local areas can ensure people and communities are at the heart of this work through engagement and consultation.

11. The plan is the first stage in a programme of work undertaken by a partnership of local authorities, NHS commissioners and providers and a process of engagement with stakeholders about the proposals will begin shortly.

Risks and Implications

12. The Humber, Coast and Vale STP plays a key role in making changes that support the local population to be healthier, improve quality of care and address the local financial situation whilst being as efficient as possible with resources to meet the health and care needs of local people

Recommendation

13. The Committee is asked to note the content of this report**.**

Reason**:** To keep members informed about progress of STPs

Contact Details

Author:
Phil Mettam
Accountable Officer
NHS Vale of York CCG

Chief Officer Responsible for the report:
Phil Mettam
Accountable Officer
NHS Vale of York CCG

Report Approved ✓ **Date** 17/11/2016

Wards Affected: **All** ✓

For further information please contact the author of the report

Annexes: None

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East Riding of Yorkshire Clinical Commissioning Group
Hull Clinical Commissioning Group
North Lincolnshire Clinical Commissioning Group
North East Lincolnshire Clinical Commissioning Group
Scarborough and Ryedale Clinical Commissioning Group
Vale of York Clinical Commissioning Group.

Transformation Plan – Update Report

York Health and Adult Social Care Policy and Scrutiny Committee

30 November 2016

STP B)

1. Purpose of Paper

The purpose of this paper is to summarise the scope and objectives of the Humber Coast and Vale Sustainability and Transformation Plan and to provide an overview of the approach that is being taken to the development and implementation of the plan.

2. Background

Sustainability and Transformation Plans (STPs) are place-based, multi-year plans for health and care systems that are built around the needs of local populations. STPs will help drive a genuine and sustainable transformation in health and care outcomes over the next 5 years and beyond. They will help to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2021 and the steps needed to get us there.

3. Overview

Since April 2016 a wide range of people from across the region, including representatives from health, social care and voluntary sector organisations, have been working together to develop the Humber Coast and Vale STP. Our vision for 2021 is a system that:

- Enables people to start well, live well and age well
- Increases reliance on prevention and self-care
- Reduces dependence on hospitals and institutions

The STP focuses on the wider determinants of health in our footprint, as well as the provision of health and social care services. It anticipates public services working more closely together and working more effectively with their communities to achieve this vision.

4. Approach

The STP is being developed in accordance with a number of key principles:

System First, Organisation Second

As public sector organisations in the Humber Coast and Vale region, we are committed to working more closely together to ensure that our resources are used in the most appropriate way to improve things for our communities. We have developed our priorities together and have established system governance arrangements that will facilitate support, scrutiny and challenge as individual components of the STP are planned, communicated, signed off and implemented.

Combining the Benefits of Scale and Localism
Our STP region covers communities in Hull, the East Riding of Yorkshire, York, Scarborough and Ryedale, North Lincolnshire and North East Lincolnshire. The scale of the STP creates opportunities to share some resources and workloads and to provide support and cover to areas where we are currently stretched. This will help to improve service resilience and sustainability. However, the STP is fundamentally built around the concept of healthy people and healthy communities, supported by integrated and improved public services. Although consistent approaches will be adopted across the STP region, work to achieve this ambition will be undertaken at locality level – the place based approach.

Public Sector Reform at the Heart of Everything We Do
The organisations delivering public services in our footprint are facing significant demand, service quality and financial challenges. Genuine public sector reform will be required to achieve our vision with all partners working collaboratively on the wider determinants of health (including housing, education and employment) as well at the improved provision of health and care services.

5. Our People and Partners
The Humber Coast and Vale STP is Emma Latimer, Chief Officer of the NHS Hull Clinical Commissioning Group. Chris O'Neill is the recently appointed STP Programme Director.

The STP Partnership Board is made up of representatives from a range of organisations including Clinical Commissioning Groups, Local Authorities and healthcare providers.

These are:

- East Riding of Yorkshire CCG
- Hull CCG
- North East Lincolnshire CCG
- North Lincolnshire CCG
- Scarborough and Ryedale CCG
- Vale of York CCG
- City of York Council
- East Riding of Yorkshire Council
- Hull City Council
- North East Lincolnshire Council

- North Lincolnshire Council
- North Yorkshire County Council
- Care Plus Group
- City Health Care Partnerships CIC
- Hull and East Yorkshire Hospitals NHS Trust
- Humber NHS Foundation Trust
- Navigo
- North Lincolnshire and Goole NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- York Teaching Hospitals NHS Foundation Trust

6. Our Challenges

The Humber Coast and Vale STP sets out proposals for the future direction of health and social care services across the region in the face of immediate and growing challenges in the following broad categories:

- Health and wellbeing
- Quality of care
- Efficiency

The STP recognises that 23% of our 1.4m population live in the most deprived areas of England and we have significant variations in health outcomes across our diverse rural, urban and coastal communities. Adults in some areas are leading less healthy lifestyles and as a result are at greater risk of developing long term conditions that seriously impair their lives and future prospects.

Health and Wellbeing	**Mortality** Standardised mortality is significantly worse than the national average. On average the death rate of under 75s is 153 per 100,000. **Prevention** Smoking, alcohol abuse and obesity rates are higher than the national average.

	Cancer Cancer is the leading cause of death in under 75s. Cancer kills more than 4,000 people a year in the HCV region, with lung cancer being the biggest contributor. **Mental Health** 14% of people aged 16-74 have mental health disorders.
Quality of Care	**The Right Care** 40% of A&E patients require no treatment. 25-50% of hospital beds are used by people who don't need them. **The Right Place** 27% of people seen by GPs could have had their issue resolved another way. 36.5% of A&E patients went there because the GP practice was unavailable or closed. **The Right Time** Citizens will wait more than four weeks for to access some mental health services. **Elective Care** 51% of patients said they couldn't have an appointment at their GP on the day they wanted to.
Efficiency	**Turnover** Annual turnover of the footprint is £3bn and this figure will increase over the next 5 years. **Projected Deficit** Although additional funding is being made available, if we maintain current approaches and service arrangements, we will have an STP wide deficit of £420 million by 2020/2021.

Estates
Our total estate running cost is £208 million, which includes estates which are not used to their full capacity

7. Addressing our Challenges

Our proposals set out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together. The foundations of the STP are place-based plans that aim to ensure we are all healthier, have better access to the care that we need, and have health and care services which run more efficiently.

We aim to move from the current system that is heavily reliant on care delivered in hospitals and institutions to a system that is built around prevention, self care and local provision of enhanced health and care services.

In order to achieve these aims, the Humber Coast and Vale STP has identified these priorities:

Place Based Care

Our concept of place-based care is vitally important to the success of our plan. The STP will be delivered locally, with each place appropriately implementing the fundamental components of our vision.

Our communities have told us that access to GP appointments is difficult and as a result they sometimes turn to A&E and out-of-hours services for help. People want to receive excellent care, close to their home, at times that work with their lifestyle. They are also frustrated that they need to give the same information and story to different professionals, often on the same day.

Our priorities for place-based care that helps people stay well are:

- Significant investment in general practice and primary care to improve access to GPs, allow practices to develop and

transform the way they work and over time increase the number of GPs and other clinicians working in primary care.

- Implement new integrated multi-disciplinary locality teams, joining up local services to make sure the health system works for everyone. Local teams will coordinate and deliver as much care as possible in the community so people go to hospital only when required. These teams will in general include Consultants GPs, nurses, therapists, social care working alongside other public services and the voluntary sector.

- Development of our Urgent and Emergency care services to ensure that people are able to access the level of service that is appropriate to their need on a seven day basis, reducing the need for them to go to hospital.

- Offer high quality smoking cessation services based on what we know works.

- Take steps to identify cardiovascular disease, diabetes, frailty and dementia early on and to provide improved long term support.

- Implement prevention activities that we know work well across all localities, such as obesity, alcohol misuse and tackling falls.

Supporting People with Mental Health Problems

We know that we have a lot to do to improve mental health services in Humber Coast and Vale area. More services need to be provided close to home rather than in a hospital and citizens need better access to mental health support services.

Our priorities for supporting people with mental health problems are:

- Invest in best start and prevention strategies for the under fives focused on bonding and attachment. This will be delivered through health visitors, schools and parenting support.

- Improve the support to people to progress on their recovery journey**.** Ways we will do this include; making treatment in the community our default option, addressing existing gaps in onward placements and services and making better use of beds across the patch.

- Create new services to avoid unnecessary hospital stays. We will do this in collaboration with the new integrated multi-disciplinary teams. This will involve us designing alternative, more appropriate services.

- Provide services which maintain independence. Due to the style of the care provided in hospital or other care settings, people, especially those with dementia, can start to lose their independence. We will work with hospital and community based services to identify how services can accommodate people to both continue with their activities of daily living and be supported to make informed decisions about their care.

Creating the Best Hospital Care

We will encourage collaboration to ensure that we continue to provide hospital services that are safe, sustainable and high quality. This will involve sharing some resources across wider areas to improve serviced resilience and efficiency. Our work will review the configuration of acute and specialised services across the six main hospital sites in the Humber Coast and Vale area to determine whether there is potential for improvement.

Our priorities for creating the best hospital care are:

- Improve the quality of hospital services by working together to design the best way of doing things, clinically and operationally.

- Develop high quality networked and sustainable specialised services. We would like to review complex rehabilitation services, paediatrics, neonatal intensive care and specialised orthopaedics over the next five years.

- Share support services to become more efficient where there will be little direct impact on the quality of patient care. We are considering doing this for Pathology, Pharmacy, Procurement and Imaging.

- Develop a consistent Humber Coast and Vale level of maternity care.

Strategic Commissioning

Currently, patients may receive a different type of treatment or a different level of care depending on where they access services. Similarly, too many organisations are currently commissioning services. Our aim is to strike a balance between commissioning some services at scale across the Humber Coast and Vale region so that we can get the best value from them and commissioning other services on a local level so that they can be built around the needs of individual communities.

Our priorities for strategic commissioning are:

- Implement a strategic commissioning model that adopts an asset based approach and has a real focus on prevention, well-being, self-care and delivering outcomes that matter for patients.

- Commission hospital services at HCV level to reduce variation, measure the success of services against the things that are important to the population and make best use of the available workforce, particularly in service areas where recruitment is difficult.

- Commission services at 'place' level that will be developed locally on a smaller scale, for example our new integrated multi-disciplinary locality teams. This means that the services offered through these teams should meet the needs of the people who live there rather than a one size fits all approach.

Helping People Through Cancer

A focus on prevention and improving cancer services is important as the Humber Coast and Vale area has higher than national average incidence and mortality rates for all cancers. The number of people living with and beyond cancer is predicted to increase by 28% by 2030, which means we need to change the way we currently treat people with cancer and support them during and after treatment. We want to simplify the way that cancer treatment is accessed, reduce the current level of variation and increase our focus on the prevention of cancer.

Our priorities for helping people through cancer are:

- Improving the way we manage our cancer diagnostics. By managing these services across the HCV area they should become more efficient which means citizens should be able to access them when they need them. This will help to ensure that cancer is diagnosed at an earlier stage.

- Provide a consistent cancer recovery and support service for all patients across Humber Coast and Vale.

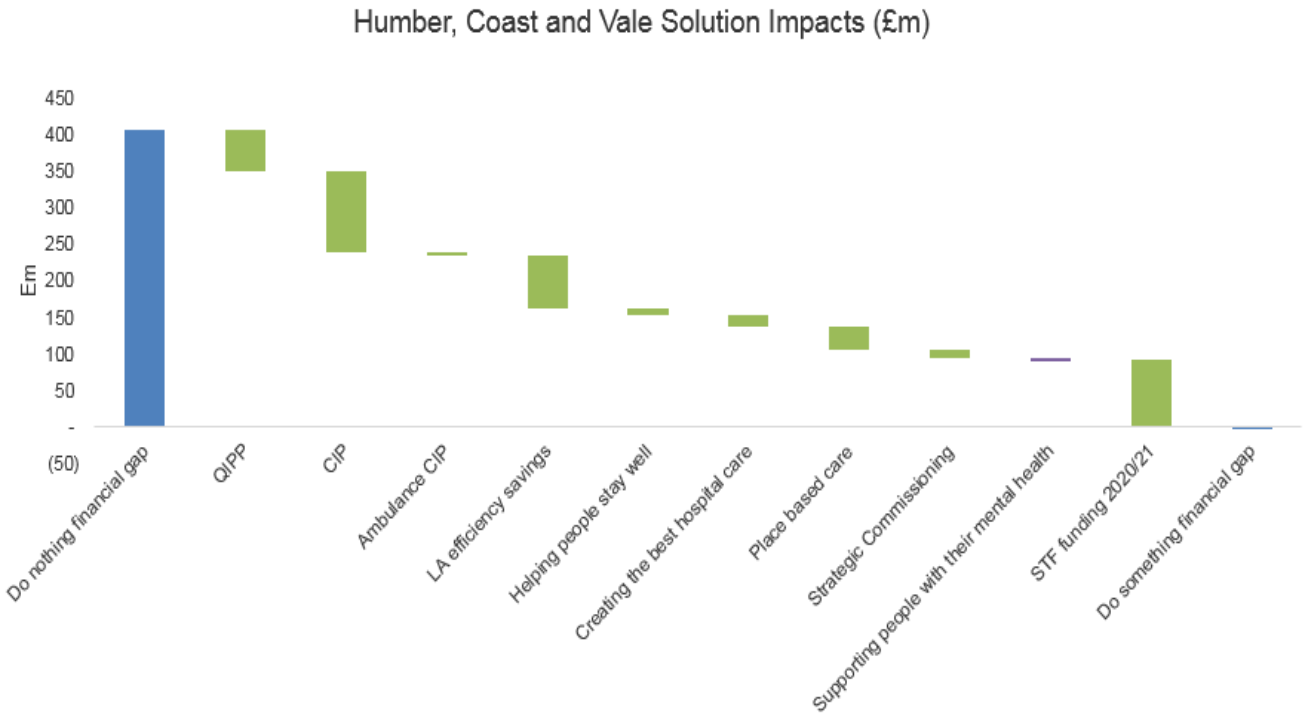
8. Balancing the Books

Our plan is to create a financially balanced health and social care system. If we continue with current service arrangements, we forecast we will have a £420m funding gap by 2020/ 2021. Through implementation of the proposals set out in the STP, we believe that we will be able to enhance health and wellbeing, improve the quality and safety of our services and create a financially sustainable health and care system for the people of the Humber Coast and Vale area.

The graph below shows the financial impact of our six priorities and our plan to balance the books by 2020/21.

STP B)

We will work to create a financially stable health care system for the future, having a collective approach to appropriately managing demand and activity, agreeing investment plans and reducing cost where this is identified as necessary.



9. Next Steps

Although we have made good progress since April 2016 in bringing partner organisations together and developing the STP submission, there is still a considerable amount of work still to do to communicate more fully with stakeholders and the public, develop more detailed plans and implement proposed service changes. Key actions for the next 3 months include:

- Publishing the STP submission
- Finalising a comprehensive communications and engagement strategy
- Confirming workstream objectives and resources
- Agreeing our approach to sharing financial targets and risks
- Agreeing our approach to tariff based contracting
- Establishing the Programme Management Office

STP Key Contacts

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STP C

Start well, live well, age well

HUMBER COAST AND VALE SUSTAINABILITY AND TRANSFORMATION PLAN SUMMARY

November 2016

Foreword

Our vision for the Humber Coast and Vale Sustainability & Transformation Plan (STP) is to be seen as a health and care system that has the will and the ability to help its population start well, live well and age well.

We are proud of our local health and social care services and the thousands of staff who provide them today, but there is much more to be done. 23% of our 1.4m population live in the most deprived areas of England and we are seeing significant variations in health outcomes seen in the diverse rural, urban and coastal communities. Adults in some areas are leading less healthy lifestyles and as a result are at greater risk of developing long term conditions that seriously impair their lives and future prospects.

Our ideas are not just about medical solutions. We are facing unprecedented demand for services, a long-term shortage of the skilled people we need to provide them and a looming funding gap of more than £420m by 2020/21. This means that we must make changes that can support our people to be healthier, that improve the quality of care they receive and that balance our books financially. Making changes now is integral to drive improvements for the future.

The STP is an opportunity for the public services and our vibrant voluntary sector to work effectively together in a partnership that can deliver huge benefits. The plan focusses on the wider determinants of health in our footprint, with all public services working together to support people to take more responsibility for their own health. Our proposals are designed to give everyone access to the right care in the right place at the right time. National standards are minimum standards, and we think people in Humber Coast and Vale deserve more.

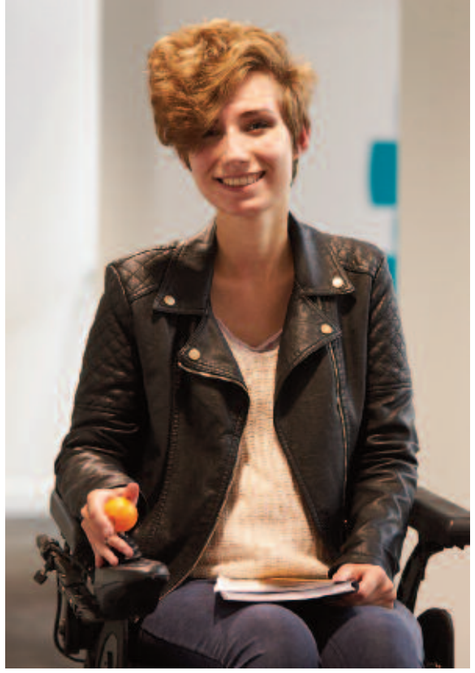
We believe that the ideas set out in this document are the right approach for the Humber Coast and Vale footprint, but they are not the easiest. We will not make any decisions without consulting our population and our staff on the changes we believe we should make. Indeed, much of what we propose is based on easing the concerns that people have already told us about.

We are now ready to work collectively to deliver the best care possible for the people of Humber Coast and Vale. We will be as efficient as possible with the resources we have to meet our population health and care needs in the best way.

Emma Latimer
Humber Coast and Vale STP Lead and Chief Officer NHS Hull CCG

What's happening?

Since April 2016, people from health and care organisations across the region, together with our vibrant voluntary sector, have been working together. We have developed proposals that we believe will change the way you manage your own health and how you receive health and social care when you need it, in the place where you live.



Why do we need these proposals in our region?

Mortality is much worse than the national average

14% of people aged 16-74 have mental health disorders

Smoking, alcohol abuse and obesity rates are higher than the national average

40% of A&E patients require no treatment.

If we do nothing we will have a budget deficit of £420 million by **2020/2021**

People are having to wait more than four weeks to access some mental health services

25-50% of hospital beds are used by people who don't need them

36.5% of patients who went to A&E went there because their GP practice was unavailable or closed

27% of people seen by GPs could have had their issue resolved another way

51% of patients said they couldn't have an appointment at their GP on the day they wanted to

Cancer is the leading cause of death in under 75s. Cancer kills more than 4,000 people a year in Humber Coast and Vale, with lung cancer being the biggest killer

Our annual turnover in the Humber Coast and Vale healthcare system is **£3bn**

We will work at scale and locally

The Humber Coast and Vale area covers six NHS Clinical Commissioning Groups and six local authority boundaries representing communities in Hull, East Riding, York, Scarborough and Ryedale, North Lincolnshire and North East Lincolnshire - we call this our planning footprint. This scale creates opportunities to share resource in areas where we are currently stretched, providing a better service to patients and a better experience for the staff who work within those services.

Support services such as finance can also be shared to reduce costs and improve efficiency. Most of the things we do, however, will aim to deliver the best care we can locally, shaped around local need.

Who is involved?

Health services, local authorities, providers and voluntary sector colleagues across our footprint are working together to develop the Humber Coast and Vale STP.

The organisations that make up the Humber Coast and Vale Partnership Board are:

What can we do?

The Sustainability and Transformation Plan (STP) for Humber Coast and Vale is the blueprint for an ambitious approach to prevention and public health that puts your needs at the centre of service redesign.

The plan describes how we will move towards place-based provision of care and services. It focuses on the wider determinants of health in our footprint and how public services will work together to support everyone to take more responsibility for their own health.

Our proposals aim to design a healthcare system that by 2021 helps people to start well, live well and age well, that improves the quality of care and services that you receive and ensures that the system is financially sustainable for the long-term so that we can continue to deliver the services that you need.

We must meet three challenges - our "triple aims"

We will deliver our ideas by concentrating on three things in our footprint. These are our "triple aims":

- **Achieving our desired outcomes – "will the service be good?"**
- **Maintaining quality services – "will the service be safe and operationally sustainable?"**
- **Closing our financial gap – "will the service be financially sustainable?"**

> "I know how to look after myself to reduce my chances of falling ill."

> "I know how to get help at an early stage to avoid a crisis."

Our vision for 2021 is a system that:

Supports everyone to manage their own care better

Reduces dependence on hospitals

Uses our resources more efficiently

> "I only go to hospital when it is planned and necessary and I am in hospital for the minimum amount of time needed."

Six priorities

We have put six priorities that at the heart of the change we want to achieve. These are:

- **Helping people stay well**
- **Place-based care**
- **Creating the best hospital care**
- **Supporting people with mental health problems**
- **Helping people through cancer**
- **Strategic commissioning**

STP C

Our priorities

Helping people stay well

We want to focus on prevention – in other words **help people to help themselves to stay well.**

Our big ideas are:

- Offer high quality smoking cessation services based on what we know works
- Give people advice and resources to look after themselves.
- Take steps to identify and act early on cardiovascular disease and diabetes
- Implement prevention activities that we know work well across all localities – such as those that tackle obesity, alcohol misuse and falls.

Place based care

People want to receive **excellent care, close to their home, at times that work with their lifestyle**. They are frustrated that they need to give the same information to different professionals often on the same day.

Our big ideas are:

- Invest in General Practice in order to improve access to GPs.
- Allow practices to modernise and transform the way they work and, over time, increase the number of GPs in our footprint.
- Join up local services so that the health system works for everyone. Local teams will coordinate and deliver as much care as possible in the community. These teams will include GPs, social care, some services currently found in a hospital and services from our vibrant local community and voluntary sector.
- Transform urgent and emergency care services to ensure that people are able to access the level of service that is appropriate to their need on a seven day basis and reduce the need for them to go to hospital.

Creating the best hospital care

People who work in our hospitals tell us that they want to **collaborate, innovate and challenge the way services are currently delivered.** We know that we have a population that is getting older and this is leading to an increase in demand for hospital services.

Our big ideas are:

- Improve the quality of hospital services through working together to redesign clinical and operational processes.
- Develop high quality specialised services. We propose to review complex rehabilitation services, paediatrics, neonatal intensive care and specialised orthopaedics over the next five years.
- Share support services to become more efficient where there will be little direct impact on the quality of patient care. We are considering doing this for pathology, pharmacy, procurement and imaging.
- Develop a consistent Humber Coast and Vale level of maternity care.

Supporting people with mental health problems

We know that we have a lot to do to improve mental health services. More services need to be provided close to home rather than in hospital and **children, young people and adults need better access to mental health support services.**

Our big ideas are:

- We will make treatment in the community our default option, addressing existing gaps in onward placements and services, and making better use of beds across the patch.
- Invest in best start and prevention strategies for the under-fives focussed on bonding and attachment. These will be delivered through health visitors, schools and parenting support.
- Create new services to avoid unnecessary hospital stays. We will do this in collaboration with the new integrated multi-disciplinary teams.
- Provide services that maintain independence. The style of the care provided in hospital or other care settings can mean that people, especially those with dementia, can start to lose their independence. We will work with hospital and community based services to identify how to help people to continue with their activities of daily living and be supported to make informed decisions about their care.

Helping people through cancer

A focus on improving cancer services is important as **Humber Coast and Vale has higher than national average incidence and mortality rates for all cancers.**

The number of people living with and beyond cancer is predicted to increase by 28% by 2030, which means we need to change the way we treat cancer.

We want to simplify the way that cancer treatment is accessed, reduce the levels of variation and increase our focus on the prevention of cancer.

Our big ideas are:

- By managing cancer diagnostics across the patch they should become more efficient, which means patients will be able to access them when they need to.
- Provide a consistent cancer recovery service for all patients across Humber Coast and Vale.
- Take steps to identify and act early on cancer.

Strategic commissioning

Currently, patients may receive a different type of treatment or a different level of care depending on where they access services. Similarly, too many organisations are commissioning services. We aim to strike a balance between planning some services at scale so that we can get the best value from them and planning other services on a local level so that they can be **built around the needs of individual communities.**

Our big ideas are:

- Implement a strategic commissioning model that has a real focus on prevention, wellbeing, self-care and delivering outcomes that matter for patients.
- Plan hospital services to reduce variation, measure the success of services against the things that are important to the population and make best use of the staff, particularly for services where it is hard to recruit people.
- Plan services at 'place' level that will be developed locally on a smaller scale, for example our new integrated multi-disciplinary locality teams. This means that the services offered through these teams should meet the needs of the people who live there rather than a "one size fits all" approach.

How will we make the change happen?

Improving our health and care system in the way we describe will not happen overnight. We are trying to resolve challenges that our communities and public and voluntary sector organisations have been dealing with for a long time. It will also require a significant change in the way we work as organisations. We are putting in place some processes to help us make this happen.

Finance

We have developed a plan that will support us in closing the 'do nothing' £420m funding gap by 2021. Big changes in the way we will work involve us delivering a system control total. This will involve planning and monitoring our services based on what people in our communities think is important, rather than the number of times we see patients.

Governance

Our Strategic Partnership Board and our Strategic Executive Group support us in making the right decisions. Our Clinical Advisory Group will make sure clinical views are at the heart of what we do, but we know we have to do more to support clinicians in this role. We have begun to recruit into our programme team and our governance and resource model will continue to strengthen as we move into implementation.

Workforce

Our Local Workforce Action Board (LWAB) has planned two initiatives to help us to make sure we have the skills we need to deliver our strategy. These initiatives involve developing both support staff and advanced practice staff at scale. Both of these initiatives will significantly help us to fill the gaps we have in our workforce.

Our estate

Implementing this plan means we will have different estate needs across Humber Coast and Vale public sector partners. As demand changes we will need to use our estate flexibly to support delivery of our strategy.

Communication and engagement

We have challenging proposals for Humber Coast and Vale and are working on a comprehensive communications and engagement plan that has citizens and patients, staff and partners at its heart. We will not make any decisions without consulting our population and our staff on the changes we believe are needed.

Technology

We have a single plan across Humber Coast and Vale for using technology to transform our health and care services. This includes developing a single electronic care record that can be shared and accessed by health and care professionals, meaning that people will tell their story only once.

How will these proposals affect our communities and staff?

We want to make Humber Coast and Vale a better place to live. We want to develop health and care services that people want to use and work in. Over the next five years, we want people to be able to say:

Tell us what you think

Citizen voice is at the heart of everything we do. The ideas in this plan are based on what many of you have told us you want and need. Over the coming months we will build on the engagement we have carried out over the past two years, talking to our staff and local people about the plan so that many more of you have the opportunity to contribute as the plan develops.

We will be working with Healthwatch and other voluntary sector partners to make sure that we have sought and heard views from a wide range of communities and the ideas from those groups will be built into our plans.

You can contact us now with your views in a number of ways:

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Humber, Coast and Vale STP

STP Submission v2.0

21st October 2016

Foreword

Our vision for the Humber, Coast and Vale Sustainability & Transformation Plan (STP) is to be seen as a health and care system that has the will and the ability to help its population start well, live well and age well.

We are proud of our local health and social care services and the thousands of staff who provide them today, but there is much more to be done. 23% of our 1.4m population live in the most deprived areas of England and we are seeing significant variations in health outcomes seen in the diverse rural, urban and coastal communities. Adults in some areas are leading less healthy lifestyles and as a result are at greater risk of developing long term conditions that seriously impair their lives and future prospects.

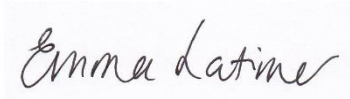
Our ideas are not just about medical solutions. We are facing unprecedented demand for services, a long-term shortage of the skilled people we need to provide them and a looming funding gap of more than £420m by 2020/21. This means that we must make changes that can support our people to be healthier, that improve the quality of care they receive and that balance our books financially. Making changes now is integral to drive improvements for the future.

The STP is an opportunity for the Public Services and our vibrant voluntary sector to work effectively together in a partnership that can deliver huge benefits. The plan focusses on the wider determinants of health in our footprint, with all public services working together to support people to take more responsibility for their own health. Our proposals are designed to give everyone access to the right care in the right place at the right time. National standards are minimum standards, and we think people in Humber, Coast and Vale deserve more.

We believe that the ideas set out in this document are the right approach for the Humber, Coast and Vale footprint, but they are not the easiest. We will not make any decisions without consulting our population and our staff on the changes we believe we should make. Indeed, much of what we propose is based on easing the concerns that people have already told us about.

We are now ready to work collectively to deliver the best care possible for the people of Humber, Coast and Vale. We will be as efficient as possible with the resources we have to meet our population health and care needs in the best way.

Emma Latimer



Emma Latimer

Humber, Coast and Vale STP Lead & Chief Officer NHS Hull CCG

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Executive Summary

Our vision for Humber, Coast and Vale

Our vision for the Humber, Coast and Vale Sustainability & Transformation Plan (STP) is to be seen as a health and care system that has the will and the ability to help patients start well, live well and age well.

To achieve our vision we aim to move our health and care system from one which relies on care delivered in hospitals and institutions to one which helps people and communities proactively care for themselves. We want, over the course of the next five years, people who live in our communities to increasingly be saying:

How our vision will be achieved

System first, organisation second

As public sector organisations in Humber, Coast and Vale, we are committed to working more closely together to ensure the resources we have are used in the most appropriate way to improve things for our community. We have developed our priorities within this plan together and to achieve our challenging vision we know that there is no other way of working. We have established system governance to provide the rigour and challenge to develop our STP which will continue to be strengthened as we move into implementation.

Public Sector Reform at the heart of everything we do

The organisations delivering public services in our footprint are facing quality and financial challenge of unprecedented scale. Genuine public sector reform will be required to achieve our vision with all partners working collaboratively on the wider determinants of health, including housing, education and employment.

Combining the benefits of scale and localism

Our planning footprint covers communities in Hull, East Riding of Yorkshire, Vale of York, Scarborough and Ryedale, North Lincolnshire and North East Lincolnshire. This provides us with a breadth of opportunities. We can share scarce resource together in areas where we are currently stretched providing both a better service to patients and a better experience for the staff who work within those services. Services that support the front line such as finance can also be shared across our organisations to reduce cost and achieve efficiency gains. The majority of things we do however will seek to deliver the best care we can do locally, shaped around local need.

Delivering our triple aim

We will deliver our big ideas for Humber, Coast and Vale through a relentless focus on three things in our footprint: achieving our desired outcomes, maintaining quality services and closing our financial gap. These are our ‘triple aims’.

Executive Summary

What are our system challenges?

In Humber, Coast and Vale we are facing a number of challenges in each of the triple aim areas:

Health

- People do not generally live as long as they do elsewhere
- More people smoke, drink alcohol and are overweight than elsewhere
- Cancer is the leading cause of death in the under 75s

Quality

- Many people who are in our hospital beds do not need to be there
- Many people can't see their GP when they need to so they go to A&E
- There is a significant waiting time to access many of our services

Efficiency

- If we do nothing differently we will be in a financial deficit of £420 million by 2020/21

We know from a health, quality and efficiency perspective, doing nothing is not an option. This plan sets out our big ideas for meeting our challenges.

What do we plan to do?

As a health and care system we are have signed up to working together on six priority areas with the aim of improving health and care systems in our communities.

1. Helping people stay well

We know that many of us would like to take charge of our own care. We know that we currently have a see and treat culture and we want to reverse this and focus on prevention – in other words helping the population to stay well. Our big ideas are:

- Offer high quality smoking cessation services based on what we know works
- Take steps to identify and act early on cancer
- Take steps to identify cardiovascular disease and diabetes early on
- Implement prevention activities that we know work well across all localities – areas where these may typically be focused include obesity, alcohol misuse and tackling falls.

2. Place based care

Our communities have told us that access to GP appointments is difficult and as a result they turn to A&E and out-of-hours services for help. People want to receive excellent care, close to their home, at times that work with their lifestyle. They are also frustrated that they need to give the same information and story to different professionals, often on the same day. Our big ideas are:

- Invest significantly through the implementation of the GP Forward View in General Practice to improve access to GPs, allow practices to modernise and transform the way they work and over time increase the number of GPs in our footprint.
- Implement new integrated multi-disciplinary locality teams to join up local services to make sure the health system works for everyone. Local teams will coordinate and deliver as much care as possible in the community so people only go to hospital if required. These teams will in general include GPs, community services, social care, some services normally found in a hospital and potentially services from our vibrant local community and voluntary sector.
- Transform our urgent and emergency care services to ensure that people are able to access the level of service that is appropriate to their need on a 7 day basis and reduce the need for them to go to hospital.

Executive Summary

3. Creating the best hospital care

People who work in our hospitals tell us that they want to collaborate, innovate and challenge the way services are currently being delivered. We know that we have a population that is getting older leading to an increase in demand for hospital services, therefore doing things differently is the only answer. Our big ideas are:

- Improve the quality of hospital services through working together to design the best way of doing things, both clinically and operationally.
- Develop high quality networked and sustainable specialist services. There are plans to review complex rehabilitation services, paediatrics, neonatal intensive care and specialised orthopaedics over the next 5 years.
- Share support services to become more efficient where there will be little direct impact on the quality of patient care. We are considering doing this for; pathology, pharmacy, procurement and imaging.
- Develop a consistent 'Humber, Coast and Vale' level of maternity care.

4. Supporting people with mental health problems

Consultation has told us that in Humber, Coast and Vale we have a lot to do to improve mental health services. More services need to be provided close to home rather than in a hospital. Citizens need better access to Mental Health support services. The local message is the same message as we are hearing nationally within the 5 year forward view of Mental Health – we need to do better. Our big ideas are:

- Improve the support to people to progress on their recovery journey**.** Ways we will do this include; making treatment in the community our default option, addressing existing gaps in onward placements and services, and making better use of beds across the patch.
- Invest in best start and prevention strategies for the under 5s focussed on bonding and attachment. This will be delivered through health visitors, schools and parenting support
- Create new services to avoid unnecessary hospital stays. We will do this in collaboration with the new integrated multi-disciplinary teams. This will involve us designing alternative, more appropriate services.
- Provide services which maintain independence. Due to the style of the care provided in hospital or other care settings, people, especially those with dementia, can start to lose their independence. We will work with hospital and community based services to identify how services can accommodate people to both continue with their activities of daily living and be supported to make informed decisions about their care.

5. Strategic commissioning

Currently, patients may receive a different type of treatment or a different level of care depending on where they access services. Similarly, too many organisations are commissioning services. Our aim is to strike a balance between planning some services at scale across Humber, Coast and Vale so that we can get the best value from them and planning other services on a local level so that they can be built around the needs of individual communities. Our big ideas are:

- Implement a strategic commissioning model that adopts an asset based approach and has a real focus on prevention, well being, self care and delivering outcomes that matter for patients.
- Plan hospital services at HCV level to reduce variation, measure the success of services against the things that are important to the population and make best use of the staff, particularly for services where it is hard to recruit people.
- Plan services at 'place' level that will be developed locally on a smaller scale, for example our new integrated multi-disciplinary locality teams. This means that the services offered through these teams should meet the needs of the people who live there rather than a one size fits all approach.

Executive Summary

6. Helping people through cancer

A focus on improving cancer services is important as Humber, Coast and Vale has a higher than national average incidence and mortality rates for all cancers. The number of people living with and beyond cancer is predicted to increase by 28% by 2030, which means we need to change the way we currently treat cancer. We want to simplify the way that cancer treatment is accessed, reduce the current level of variation and increase our focus on the prevention of cancer. Our big ideas are:

- Being smarter with the way we manage our Cancer diagnostics. Through managing these services across the patch they should become more efficient which means citizens should be able to access them when they need them.
- Provide a consistent cancer recovery service for all patients across Humber, Coast and Vale
- Explore the possibility of some hospital sites becoming lead providers for some cancers. For example a hospital may specialise in lung cancer from prevention through to post treatment.

How will the big ideas be delivered locally?

Whilst initiatives under our priorities are described at Humber, Coast and Vale level they will be delivered within our six localities; East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire, Vale of York, and Scarborough & Ryedale. The relationship between priorities and localities will work in a number of ways. In some cases, particularly where resources are stretched, we will need to be prescriptive around how individual initiatives are implemented. However for many initiatives, particularly the implementation of integrated multi-disciplinary locality teams, high level guidance and implementation support will be given to localities but the detail will be planned and implemented locally. This allows initiatives to be tailored around the needs of local communities and the people within them.

How will we make the change happen?

Improving our health and care system in the way we describe in this document will not happen overnight. We are trying to resolve challenges that our communities, public and voluntary sector organisations have been tackling for a long time. It will also require consultation and a significant change in the way we work as organisations. There are a number of 'enablers' we will need to put in place to support us as a partnership in making this happen. These are:

1. Delivering a system control total

We have developed a plan that will support us in closing the potential 'do nothing' £420m funding gap by 2020/2021. Big changes in the way we will work to help us achieve this involve us delivering a system control total, where we will work collectively in the interests of Humber, Coast and Vale to move towards sustainability. This will also involve planning and monitoring our services based on what people in our communities think is important, rather than the number of times we see patients.

Executive Summary

2. Building strong programme and governance structures.

Our Strategic Partnership Board and our Executive Group support us in making the right decisions. Our clinical advisory group will make sure clinical views are at the heart of what we do. We know we have to do more to support clinicians in playing this role. We have begun to recruit into our programme team and our governance and resource model will continue to strengthen as we move into implementation.

3. Developing the workforce for tomorrow.

Our Local Workforce Action Board (LWAB) have planned two initiatives to help us to make sure we have the skills we need to deliver our strategy across Humber, Coast and Vale. One involves developing support staff at scale and the other advanced practice staff at scale. Both of these initiatives will significantly help us to fill the gaps we have in our workforce.

4. Making the best use of our estate.

Implementing this plan means we will have different estate needs across Humber, Coast and Vale public sector partners. As demand changes we will need to use our estate flexibly to deliver our strategy.

5. Developing our plan through communication and engagement.

We have challenging proposals for Humber, Coast and Vale and are working on a comprehensive communications and engagement plan that has citizens, patients, staff and partners at its heart. We will not make any decisions without consulting our population and our staff on the changes we believe we should make.

6. Using technology as a foundation for service improvement.

We have a single plan across Humber, Coast and Vale for using technology to transform our health and care services. This includes developing a single electronic care record that can be shared and accessed by both health and care professionals. This means that people who live in the area should only have to say things once when they interact with health and care services.

What will be the impact of our plan on our communities and our staff?

We want our plan to make Humber, Coast and Vale a better place to live and to develop health and care services that people want to both use and work in. Over the next five years, we want our staff and people in our communities to be increasingly saying:

Staff

- I have less duplication in my work which means I can focus on what is important
- I enjoy the work I do as I believe it makes a difference
- I feel services I work in are truly designed around the patient
- I feel I have enough time to do my job well
- I am satisfied in my work and understand the routes for progression if I want it
- I am able to work seamlessly across care settings to get the job done
- I can work easily and in partnership with my colleagues from other organisations

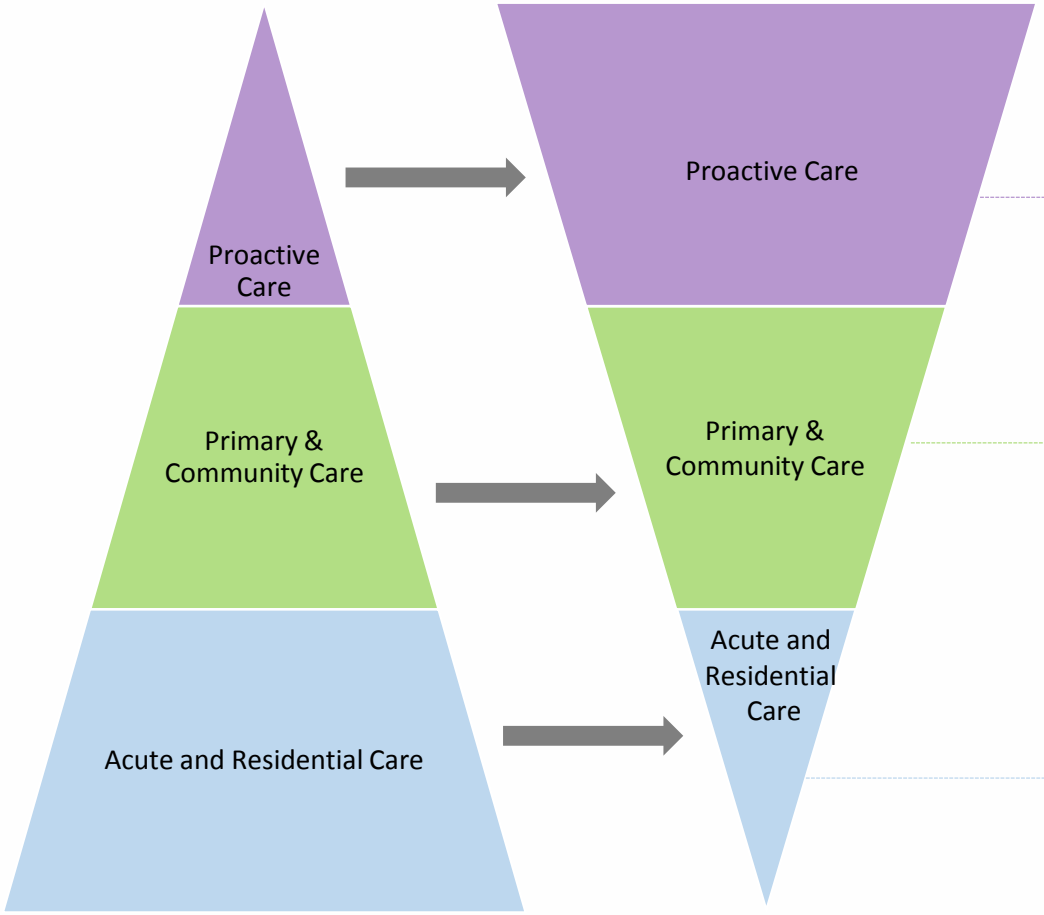
Our communities

- I feel supported to keep myself well
- I have 24/7 access to an on call Primary Care Practitioner, or appropriate practitioner to meet my urgent care needs
- I understand better alternatives than using my local A&E for urgent care
- I have access to hospital services which meet my need
- I only go to hospital when it is planned and necessary
- I receive a consistent, excellent quality of treatment from all health and care organisations in the HCV patch

Chapter 2: Case for Change

Our Vision: start well, live well and age well

Everyone in the Humber, Coast and Vale footprint should have the opportunity to start well, live well and age well. We are facing major challenges in health and well being, quality and care, and efficiency. Our proposals aim to move from a reliance on care delivered in hospitals and institutions to helping people and communities care for themselves in a proactive care system. We have set out below the kind of model we believe our patients and citizens are looking for and the aspirations we should be aiming towards.



Current system:
reactive care often responding to crisis

Proactive system:
focused on wellbeing and community interventions

Generally healthy
- I know how to look after myself to reduce the chance of falling ill
- I feel supported to keep myself well
- I know where to access information and support in the community
- I am supported to achieve my own goals
- I feel part of my community
- I can easily access the services I require

People with complex health needs
- I have systems in place to get help at an early stage to avoid crisis
- I feel safe and supported in my own home
- I know where to access expert support without going to hospital
- I always know the main person in charge of my care and can get hold of them easily
- I know my carer has their needs recognised and is given support to care for me

In-patients / residents of supported accommodation
- I only go to hospital when it is planned and necessary
- I am in hospital for the minimum required time
- I am quickly and safely discharged from hospital with the right accommodation support available to me
- I have independence in my care home and can make choices about my health and wellbeing

Our Case For Change

Background

The Humber, Coast and Vale footprint was established in 2016. It covers the areas of: Hull, East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire, Vale of York, Scarborough and Ryedale. Despite being a relatively new partnership, there is a clear desire (and need) for collaboration and change across the patch. There are 20 organisations within the partnership:

- 6 Clinical Commissioning Groups
- 3 Acute Trusts
- 3 Mental Health trusts
- 6 Local Authorities
- 2 Ambulance Trusts

In addition to the above, there are a number of other health and care organisations including community providers and community and voluntary sector organisations. We are all committed to working together in partnership to tackle the major health and care challenges we are facing across the footprint.

Our Humber, Coast and Vale footprint faces some major challenges which we are committed to addressing:

- 23% of our 1.4 million population live in the most deprived areas of England.
- We have an ageing population of which 8.9% are over the age of 75 which will lead to an increasing strain on health and care services.
- Variation in life expectancy for men is 20 years, and for women is 17 years across the best and worst areas of the footprint.

Triple aims

The national healthcare system is committed to narrowing the three gaps, or 'triple aims' of **health and wellbeing, quality of care and efficiency** through a strategy called the *Five Year Forward View* to create a sustainable healthcare system for the future. The table below outlines where in Humber, Coast and Vale are facing particular challenges under these three areas and therefore where we need to focus our plan:

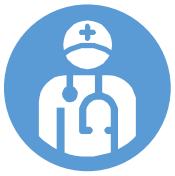
Health and Wellbeing 	**Mortality** – Standardised mortality is significantly worse than the national average. On average the death rate of under 75s is 153 per 100,000. **Prevention** – Smoking, alcohol abuse and obesity rates are higher than the national average. **Cancer** – Cancer is the leading cause of death in under 75s. Cancer kills over 4,000 people a year in the HCV patch, with lung cancer being the biggest contributor. **Mental Health** – 14% of people aged 16-74 have mental health disorders.
Quality of Care 	**The Right Care** – 40% of A&E patients require no treatment. 25-50% of hospital beds are used by people who don't need to be there. **The Right Place** – 27% of people seen by GPs could have had their issue resolved another way. 36.5% of A&E patients went there because the GP practice was unavailable or closed. **The Right Time** – Citizens will wait over 4 weeks for to access some mental health services. **Elective Care** – 51% of patients said they couldn't have an appointment at their GP on the day they wanted to
Efficiency 	**Deficit –** If we do nothing as a STP footprint, we will be in a deficit of £420 million by 2020/21. **Turnover** – Annual turnover of the footprint is £3bn. **Estates** – Total running cost of £208 million, which includes estates which are not used to their full capacity.

Our Case For Change

We have engaged with more than 30,000 people over the past three years, using quantitative methods such as National Patient Surveys and our own qualitative methods via campaigns including Ambition for Health (latest report, "A4H what we know about Place of Care from previous engagement Aug 16") and Healthy Lives, Healthy Futures*. We have worked with Healthwatch** and other engagement programmes are currently underway in our communities including urgent care in Hull. Some of the headlines from our engagement to date are set out below.

1 People

You would like to be allocated an expert clinician who will be a consistent point of contact for any queries regarding your health and wellbeing. You would like your clinician to follow up with you proactively.



2 Digital Health

You would like quick and easy access to health care advice from home using the telephone or internet. Through new shared care records you would like to have access to co-location diagnostics, treatment and support services for maximum flexibility.

3 Beyond the Clinical

You would like access to timely support and help when you need it. You feel you need more information to inform you of alternatives to primary care, for example new methods of social prescribing.

4 Services

You would like access to the right services, at the right time, in the right place. This need stretches across dentistry, mental health services, pharmacy, social care and more. You would like more accessible 24/7 GP services.

5 Infrastructure

You would like a more responsive, clearly joined-up approach to transport between the voluntary, public and private transport providers, and health and social care services. You would like safe, affordable transport home after treatment.

****Latest report Local Voices: What are the public saying about health and care in Humber, Coast and Vale?**
**** A joint report from local Healthwatch to help shape the Humber, Coast and Vale Sustainability and Transformation Plan July 2016.**

How we will achieve our vision and address the case for change

To address the challenges highlighted in our case for change and to achieve our vision we need to change what we do. We have identified five priorities which will focus on addressing Humber, Coast and Vale specific challenges, local place based delivery and on achieving national targets. They will set aside the traditional organisational forms and focus on improving health in communities and delivering the services that are needed in localities. They will also aim to support the health and care system in balancing the books. A summary of what we plan to deliver in each of the areas is outlined below.

Priority		Big ideas
Helping people stay well		• Tobacco control • Take steps to identify and act early on cancer • Preventing cardiovascular disease and diabetes • Implementing prevention activities at scale
Place based care		• Changing how people access primary and community care • Integrating the different services that provide care to patients
Creating the best hospital care		• Improve the quality of hospital services • High quality, networked and sustainable specialist services • Shared support services • Urgent and emergency care • Establishing our local maternity system
Supporting people through Mental Health		• Improve the support to people to progress on their recovery journey • Invest in best start and prevention strategies for the under 5s • Create new services to avoid unnecessary hospital stays • Provide services which maintain independence • Ensure that all mental health treatment plans are developed with consideration for physical health.
Strategic Commissioning		• A strategic approach to commissioning outcomes across the patch • Plan hospital services at Humber, Coast and Vale level • Plan local services at 'place' level

Chapter 3: Big Ideas

Helping people stay well

What do we need to change?

We know that many of us would like to take charge of our own care. We know that we currently have a see and treat culture and we want to reverse this and focus on prevention – in other words helping the population to stay well.

Our aim is to build prevention into the heart of all health and care services that citizens receive – allowing them to take control of their own health. In the case for change we noted the challenges that the system is currently facing in terms of an ageing population and an increasing number of people accessing services. A well focussed prevention programme will be essential for driving improvements. Our planned programme is set out below.

We aim to deliver most of our work through GP surgeries and other health and care professionals in the community. However there is also a focus on making sure prevention is at the heart of care patients receive in hospital.

What are we going to do?

1. Tobacco control

We will reduce lung cancer by supporting people to stop smoking through offering high quality smoking cessation initiatives across the Humber, Coast and Vale footprint. We will:

- Find out if the patient smokes when they attend a health or care appointment
- Offer support to stop smoking, usually in the community but in hospital if that is where the patient is
- Offer harm reduction support including guidance on e-cigarettes if they do not want to do this

2. Take steps to identify and act early on cancer

We will:

- Identify situations where identification of cancer is made late and encourage a more proactive approach
- Find ways to encourage people living in those communities to take action if they spot signs of cancer. In addition to encouraging and supporting uptake of cancer screening programmes in these areas
- Consider prescribing something that is not traditionally prescribed from a doctor (social prescribing)– for example exercise sessions, or other non-health services to help people remain independent

3. Preventing cardiovascular disease and diabetes

At the moment we do a number of things in our areas that help citizens to prevent cardiovascular disease and diabetes. We know that some things work better than others and we want to do more of the things that work. As part of this action we will roll out the NHS Diabetes Prevention Programme in every locality and look to set better prevention standards.

4. Implementing prevention activities at scale

We will be implementing prevention initiatives that we know work well across all localities so everyone in Humber, Coast and Vale has the opportunity to stay well. For example: injury prevention, including tackling falls; obesity and physical activity; alcohol misuse; prescription medicine misuse and care navigation.

What will the impact be?

- I know how to look after myself to reduce the chance of falling ill
- I feel supported by my peers to keep myself well
- I know where to access information and support in the community
- I am supported to achieve my own goals
- I feel supported to manage my illness

This priority aims to narrow the 'three gaps' in the following ways:

Health and Wellbeing

- Improve the health and life expectancy of the population
- Reduce proportion of population with colorectal, breast and cervical cancers diagnosed at a late stage
- Reduce proportion of population that are smokers
- Reduce proportion of elderly patients experiencing a fall

Quality of care

- Services that help people prevent and spot illness early are valued by the people they benefit

Efficiency

- Focussing on prevention could save the Humber, Coast and Vale Health Economy an estimated £11m through reducing un-planned and planned stays in hospital

Place based care

What do we need to change?

Consultation has told us that access to GP appointments is difficult and as a result people turn to A&E and out-of-hours services for help. The population want to receive excellent care, close to home, at times that work with their lifestyle. People are also frustrated that they need to tell the same information and story to different professionals, often on the same day. We know our patients deserve better. We also want to create a place where our staff want to come to work and where people work seamlessly across community services. Our response to this is called Place based care and is set out below.

What are we going to do?

1. Changing how people access primary and community care

GPs are the cornerstone of our health and care system and we are delighted that a significant amount of additional investment will be allocated to our local practices in line with the GP Forward View. This takes the total expenditure in primary care to 10% of the overall STP resource.

The additional investment will allow us to improve our currently stretched GPs services to provide better care close to patients homes.

The GP Forward View programme is intended to increase the number of GPs, improve access to GP appointments and wider community services, give citizens greater choice and improve the quality of care. The potential changes proposed include:

- The redesign of our current primary care model to enhance access to the right profession first time. Patients will be able to access a seamless community service, with GPs, fully integrated with community services, mental health and social care and the voluntary sector
- Managing the demand for GP services in different ways for example upfront triage to access need
- GP surgeries working collectively to create local hubs or networks that will create additional capacity, standardise the quality of care and reduce the need for people to go to hospital when they do not need to do so
- Digital technology will be used to support citizens in their home so that we understand how their health is progressing and people can look after their own health without the need to go to hospital

2. Integrating the different services that provide care to patients

We know that areas already combining NHS, GP and social care services have improved services for patients, with fewer people needing emergency trips to hospital or needing to move into nursing care homes.

Implement new integrated multi-disciplinary locality teams

To join up local services to make sure the health system works for everyone. Local teams will coordinate and deliver as much care as possible in the community so people only go to hospital if required. An example would be making sure that the right support is in place for an elderly person quickly after a fall to make sure that they are quickly back on their feet and can support themselves effectively in their own home. These teams will in general include GPs, community services, social care, some services normally found in a hospital and potentially services from our vibrant local community and voluntary sector

This priority aims to narrow the 'three gaps' in the following ways:

Health and Wellbeing

- Reduction in the number of people attending A&E
- Reduction in the number of un-planned stays in hospital

Quality of care

- Patients will only need to tell their story once, as care delivered is documented in an integrated health & social care record (Electronic Care Record)
- Increase the number of urgent and emergency calls being resolved on the phone
- Increase the number of people making health related visits to a pharmacist as an alternative to A&E
- Reduce the number of GP consultations on minor ailments

Efficiency

- Focussing on place based care could save the Humber, Coast and Vale health economy an estimated £32m

Place based care

Health & Social Care integration and support

We propose to improve the capability and capacity of the care market by undertaking a review of home care, active recovery and residential home capacity, and then rapidly implementing a plan where additional capacity is required. This will help ensure the sustainability of the care sector and see investment in services in people's own home, for example domiciliary care.

Proactive care to promote independence and positive wellbeing

GPs, community services and councils will work together to understand the citizens most likely to require long term care or be admitted to hospitals. They will then jointly help them to identify support and activities so they can look after themselves and stay healthy for longer. Examples of this kind of care include fitness programmes, dietary support, and loneliness programmes.

Urgent and emergency care (UEC)

Knowing the right place to go to when patients get ill or have an accident can often be confusing. As we have seen from our case for change 40% of people who go to accident and emergency did not need to be there and could have received care closer to home. We need to simplify the system and make sure there are services in place that mean people don't need to go into hospital. To do this we will put in place:

- Digital solutions to help citizens identify where they need to go via apps or online self-help
- A Clinical Advisory Service, in other words somebody to speak to patients over the phone to help them get the right care at the right time. This could include advice from GP's, specialist doctors, therapists, dental services and pharmacists
- Urgent care services locally that can be accessed 7 days a week that will also include GPs

What will the impact be?

- I have 24/7 access to an on call Primary Care Practitioner, or appropriate practitioner to meet my urgent care needs
- I can receive personalised care locally through the most appropriate practitioner
- I can improve and manage my health and wellbeing
- I understand better alternatives than using my local A&E

Case Study #1 - Hull FIRST – a truly multi agency approach to tackling falls

Stanley Fieldhouse (88) from East Hull was one of the first people to be visited by the new Humberside Fire and Rescue Falls response team (Hull FIRST), commissioned by NHS Hull CCG. When Stanley had a fall at home his confidence was shattered. The fall happened upstairs and he had no choice but to remain up there as he was too heavy to be lifted down. The new Humberside Fire and Rescue Service Falls response Team came to his aid, visiting Stanley at home and putting a plan in place to get him downstairs safely.

Quite often someone has fallen in the middle of the night and they have been on the floor for some time. The Falls response service is able to get to people within an hour, pick them up, assess them and pass the information back to other care services who will let them know what action to take with the patient. The Fire Service Falls response team can then put a call in to the community falls assessment team which can bring equipment to help make their home a much safer environment.

Stanley said – "Gradually I've got moving again and to wanting to live again. The Fire Service has been fantastic. I can't thank them enough for what they've done. Getting me downstairs was the best thing that's happened. I've kept my independence and got some confidence back. The Falls Team has also been round a few times to check that I'm doing my exercises. It's just brilliant."

Creating the best hospital care

What do we need to change?

People who work in our hospitals tell us that they want to collaborate, innovate and challenge the way services are currently being delivered. We know that we have a population that is getting older leading to an increase in demand for hospital services, therefore doing things differently is the only answer. We want to respond to these challenges whilst also improving the quality of care that we provide.

What are we going to do?

1. Improve quality of hospital services

We have three hospital trusts on our patch and at the moment patients may experience a different treatment or level of care depending on which one they attend. We want that to end. We are working together to identify the best ways of doing things both clinically and operationally. The first areas we are focusing on are Dermatology, Ophthalmology, Orthopaedics, Orthodontics and Maxillo-Facial. These specialties make up around 50% of appointments in our area.

2. High quality, networked and sustainable specialist services

Specialist services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients. The three hospital trusts in the STP footprint already work together in formal clinical networks for Cancer, Major Trauma, Vascular and Critical Care and have agreed to establish a new network for Cardiac Services. We envisage even closer working in the future, bringing teams together to further improve the quality and sustainability of these services. In addition, we recognise the need to work with commissioners and partners across Yorkshire and the Humber to develop some very specialist services. There are plans to review complex rehabilitation services, paediatrics, neonatal intensive care and specialised orthopaedics over the next 5 years.

3. Shared Support services

There are a number of services that hospitals all deliver that are not patient facing. Where this is the case we will aim to standardise what we do and share scarce resource to provide better and more efficient services. There should be little impact on the quality of care patients receive. We are considering doing this for; Pathology, Pharmacy, Procurement and imaging.

4. Urgent and emergency care

As a result of the initiative being progressed within the place based care priority it is anticipated that there will be less attendances at A&E. By working together the hospitals will ensure that a consistent quality of care is available 24 hours a day for people who have emergency and specialist emergency care needs. This work has commenced starting with a focus on delivering the 4 priority standards across the initial 5 specialties by Autumn 2017, and by 2021 will have implemented the standards across the remaining specialities.

The standards are:

- Timely access to first consultant review
- Access to diagnostics
- Access to consultant directed interventions
- On-going consultant review

The specialties are:

- Stroke
- Major Trauma
- Vascular
- Heart Attacks; and
- Paediatric Critical Care

This priority aims to narrow the 'three gaps' in the following ways:

Health and Wellbeing

- Improved access to right services when needed
- Strengthen links to primary care for pro-active case management

Quality of care

- Decrease the number of people who die in hospital
- Reduce the number of follow up appointments and the number of people who do not attend appointments
- Increase levels of performance across the three trusts

Efficiency

- Focussing on creating the best hospital care could save an estimated £130m by 2021 through general efficiency savings
- Reducing cost by an estimated £15m through a review of pharmacy, diagnostics and estates

Creating the best hospital care

5. Establishing our local maternity system

Each hospital has its own maternity service and as with other services the care patients receive can be different depending on where they go to. We want to develop a consistent 'Humber, Coast and Vale' level of maternity care and will be establishing a Local Maternity System.

Our desired outcomes are:

- A reduction in stillbirth and neonatal death rates
- Improved perinatal mental health
- An increase in multi-disciplinary working focused around the individual women's/couples needs

Specific changes to hospitals on the patch

The case for change sets out the reasons why the current level of hospital care cannot remain as it is now and one of the main aims of this plan is increasing the level of care that patients receive close to home so they do not need to go into hospital. Any changes to services would be developed alongside patients, public and staff. Change would also be subject to appropriate public involvement.

Changes to Scarborough Model of Care

It has been recognised for some time that the health and social economy in the Scarborough area is unsustainable both financially and clinically in its current form. Local partners are looking at options to rectify this, based around significant improvements to out of hospital care, and on those hospital services that are needed to support this approach. These options will be subject to engagement and involvement with the local community over coming months.

Changes to North Lincolnshire and Goole Hospitals (NLAG)

The Trust has developed options around how services will change across the three NLAG hospitals. These options now need to be consulted on more widely with other health and care partners, the patients and the public before they can be implemented. We are working across partners to consider outline proposals in October / November 2016 which will then be worked up into more detailed option appraisals, to support full engagement in summer 2016.

What will the impact be?

- When I am referred to hospital I quickly receive an appointment
- I receive a consistent, excellent quality of treatment from all hospitals in the HCV footprint
- I have access to hospital services which meet my need
- I only go to hospital when it is planned and necessary
- I am in hospital for the minimum required time
- I am quickly and safely discharged from hospital with the right accommodation or support available to me

Our changes to Urgent and Emergency Care aim to narrow the Health and Wellbeing gap in t

Health and Wellbeing

- We will deliver the four priority standards and seven day working for Acute Care. These are; timely access to first consultant review, Access to diagnostics, Access to consultant directed interventions

Creating the best hospital care

Case Study #2 - Centralisation of hyper acute stroke services at Scunthorpe General Hospital is helping patients in North and North East Lincolnshire

A decision was taken by North Lincolnshire and Goole NHS Foundation Trust in November 2013 to temporarily consolidate hyper acute stroke services on its Scunthorpe site and in doing so provide a service 24 hours a day, seven days a week.

In October 2014 this decision was made permanent, following public consultation.

The centralisation has enhanced many aspects of the service including thrombolysis treatment – a clot-busting drug that helps to preserve part of the brain affected by the stroke.

It means that eligible patients from across the region can receive this drug round-the-clock any day of the week including weekends. Before the centralisation it was only available from 8am to 8pm Monday to Friday. It has also meant there are more people with expertise on the condition in one place, equipment is all in one area and there has been room to develop roles within the department.

The quality of care provided is high. The Sentinel Stroke National Audit Programme (SNAP) measures the quality of stroke care provided to patients from when they arrive at hospital to up to six months after their stroke. The unit was rated 'A' on a scale of A to E, the highest out of all 17 stroke units in the Yorkshire and Humber region.

Julia McLeod, regional director across Yorkshire and East Midlands for the Stroke Association, said: "Stroke patients are more likely to survive, make a better recovery and spend less time in hospital if their stroke is treated as an emergency, and they receive specialist care from a coordinated team on a stroke unit."

Supporting people with their mental health

What do we need to change?

Consultation has told us that in Humber, Coast and Vale we have a lot to do to improve Mental Health services. More services need to be provided close to home rather than in a hospital and citizens need better access to Mental Health support services. When people no longer require a service, we need to get better at making sure they have follow up services in place with the appropriate organisations. The public has also told us that staff working within our physical health and care organisations would benefit from having a better knowledge of Mental Health needs and that we need to get better at supporting people's physical health. The local message is the same message as we are hearing nationally within the 5 year forward view of Mental Health – we need to do better.

We also know that people from our black and minority ethnic community are significantly less likely to use Mental Health Services and we need to do something about this. We understand that the solutions to these issues are not only 'medical' and that we need to work with voluntary and community organisations based in the localities to address some of these challenges.

What are we going to do?

1. Improve the support to people to progress on their recovery journey

We will do this by making treatment in the community our default option, addressing existing gaps in onward placements and services, extending recovery college provision, and establishing a new bed use model across the patch. This will also enable us to reduce the number of people that are cared for out of the area and develop provision for complex individuals more locally.

2. Invest in best start and prevention strategies for the under 5s

We will focus on bonding and attachment, delivered through health visitors, schools and parenting support including interventions to develop self care skills for mental health and well being, address domestic violence, increased capacity in CAMHS services and a community pre-natal service.

3. Create new services to avoid unnecessary hospital stays

We will do this in collaboration with the new integrated multi-disciplinary teams alongside our approach for developing place based care. This will involve us designing alternative, more appropriate services informed by lived experience. This will include development of more non clinical services to bridge the gap between self care and seeing a GP or a Mental Health practitioner, ensuring that extended assessment is available for all who would benefit in crisis, and ensure that we have 24/7 intensive home based alternatives to admission and effective 24/7 urgent & emergency liaison mental health services for all ages. We have also worked with each CCG to ensure that the priorities of the five year forward view for mental health and Transforming Care are embedded in their local delivery plans.

4. Provide services which maintain independence

Due to the style of the care provided in hospital or other care settings, people, especially those with dementia, can start to lose their independence. We will work with hospital and community based services to identify how services can accommodate people, to both continue with their activities of daily living and be supported to make informed decisions about their care.

This priority aims to narrow the 'three gaps' in the following ways:

Health & Wellbeing

- Reduced inequality in potential years of life lost by 10 years within 20 years
- Increase the employment and stable housing rates for people living with mental ill health
- Reduction in length of acute hospital stays through appropriate support in acute settings
- Reduced prevalence of mental health disorders in children

Quality of care

- Reduced stigma of mental health
- Development of self care capabilities
- Increased number of people returning to their home after admission by supporting independence in all settings
- Improved support to informed decision making
- More accessible environments
- Delivery of the Five Year Forward View for Mental Health and Transforming Care priorities

Efficiency

- Focussing on supporting people with their mental health could save Humber, Coast and Vale an estimated £5m

Supporting people with their mental health

5. Invest our resources differently to address health inequalities

We will invest in evidence based practice, informed by lived experience to commission culturally competent and adaptable services designed to achieve comparable outcomes for all.

6. Ensure that all mental health treatment plans are developed with consideration for physical health

This will include proposing new pathways and prescribing guidelines which address the known potential impact of some mental health medications on physical health and the additional actions which should be taken to mitigate these.

7. Initiate a radical change in commissioning culture

To commission creative solutions for complex individuals which address both outcomes and financial risk, and create new opportunities for the local VCS. This includes raising expectations of what the VCS can deliver, challenging established assumptions that some outcomes can only be delivered through public sector providers and routine use of the Social Value Act to benefit from the added value that local VCS providers can bring.

What will the impact be?

- My services are optimistic about my future and support me to recover where possible and live well, maintaining my independence
- I have systems in place to get help at an early stage to avoid crisis
- I receive most of my care close to home
- My physical health is well managed and when I need care it takes account of my mental state and I am able to return to my home rapidly

Case Study #3 - Care Services working together to support people to remain in their own home towards the end of their life

"Chris" was a 60 year old gentleman with a severe learning disability, and other complex health issues.

"Chris" had lived in a local specialist care home for 7 years and his care team, with the agreement of his Mother, had referred "Chris" to the Community Palliative Care team for specialist advice and support due to a decline in his health. Chris and his mother said this was his preferred place of care as he knew the staff very well, they understood his needs and previous trips to hospital had caused him and his mother immense distress.

The care home team utilised a patient-centred care assessment and had clearly documented "Chris's" needs, These were reviewed regularly. Due to the lack of "Chris's" mental capacity regular best interest meetings were held involving "Chris's" Mother the care home team, the Consultant Neurologist, the GP, the Epilepsy Nurse Specialist, the Learning Disabilities Team, the Community Nursing Team and the Community Specialist Palliative Care team. They all contributed to his care decisions; always reflecting back to "Chris" and his Mother's wishes.

"Chris" died peacefully in familiar surroundings therefore achieving his preferred place of death. Chris's mother sent a letter of gratitude to the team saying – ""Chris *spend his last 12 days in his own personal room, with familiar sights when he was awake, familiar sounds and smells. Best of all, his own special nurses and carers, who loved and understood him, were there for him….. in an atmosphere that was full of warmth and compassion."*

Case study from the City Health Care Partnership (CIC)

Strategic Commissioning

What do we need to change?

Currently, patients may receive a different type of treatment or a different level of care depending on where they access services. Similarly, too many organisations are commissioning services.

Our aim is to strike a balance between planning some services at scale across Humber, Coast and Vale so that we can get the best value from them and planning other services on a local level so that they can be built around the needs of individual communities.

What are we going to do?

1. **A strategic approach to commissioning outcomes across the patch.**

Move to strategic commissioning across HCV that adopts an asset based approach and has a real focus on prevention, well being, self care and delivering outcomes that matter for patients.

2. **Plan hospital services at Humber, Coast and Vale level.**

There are a number of services that it makes sense to plan at Humber, Coast and Vale level. Through doing this we aim to reduce variation, measure the success of services against the things that are important to the Humber, Coast and Vale population and make best use of the staff, particularly for services where it is hard to recruit people. This is mainly hospital services and potentially cancer and mental health services. Areas we look at first will be informed by the work carried out under the 'Creating The Best Hospital Care' priority. We aim to start doing this from April 2017 and a group is already in place to support us in planning for this.

3. **Plan services at 'place' level**

We will plan services that will be developed locally on a smaller scale, for example our new integrated multi-disciplinary locality teams. This means that the services offered through these teams should meet the needs of the people who live there rather than taking a one size fits all approach. Technology is now available that allows us to get a thorough understanding of the needs of small populations, right down to street level, and we will be using this to make sure the services we plan really meet local needs, in addition to asking what is important to patients and citizens.

What will the impact be?

- I receive a consistent, and excellent quality of treatment from all health and care organisations in the HCV patch
- I access services locally that meet my needs

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This priority aims to narrow the 'three gaps' in the following ways:

Health and Wellbeing

- With the correct incentives in place this initiative should help organisations to work together focused around patient needs
- Keeping people healthy through emphasis on prevention should help us keep more people out of hospital and get better results from the services we have

Quality of care

- Operating 'at scale' will support making the best use of clinical staff
- Faster access to specialised services with more patients seen in a shorter period of time will improve RTT performance

Efficiency

- Focussing on strategic commissioning could save an estimated £10m through a reduction in duplication and minimised waste through working closer together

Helping people through cancer

What do we need to change?

We have a clear vision of what people want and need from cancer services, from diagnosis to recovery.

People want:

- To know that they will get an appointment quickly
- To be given a clear explanation of clinical tests
- Follow up care that provides assurance and access to specialists
- A named clinical nurse lead and specialist
- Ease of access to a professional, including being able to pick up the phone and contact someone who knows about their case
- To be involved in their care
- More information and communication on lifestyle and practical post treatment advice
- Care to be delivered through competent ward nurses, allowing the patient to have trust in them
- Planned and effective discharge from care
- Coordination between hospital and GP practice so care is ongoing

A focus on improving cancer services is important as Humber, Coast and Vale has higher than national average incidence and mortality rates for all cancers. The number of people living with and beyond cancer is predicted to increase by 28% by 2030, which means we need to change the way we currently treat cancer. We want to simplify the way that cancer treatment is accessed, reduce the current level of variation and increase our focus on the prevention of cancer.

What are we going to do?

1. Be smarter with the way we manage our Cancer diagnostics

At the moment diagnostics (for example scans and x-rays) are managed within individual organisations. As demand for these services changes frequently, equipment is in variable condition and there are often shortages in people who work in these areas, meaning these services can be challenging to run. Through managing these services across the patch they should become more efficient which means patients should be able to access them when they need them.

2. Provide a consistent cancer recovery package for all patients

The good news is that more people are now surviving cancer. We need to make sure that everyone who survives cancer receives the same level of treatment across the patch. This includes a Holistic Needs Assessment; Treatment Summary; Cancer Care Review and access to Health and Wellbeing initiatives. We plan for all cancer survivors across Humber, Coast and Vale to be able to access this package of care.

3. Explore the possibility of some hospital sites becoming lead providers for some cancers

Hospitals already specialise in providing certain types of care. For example, some specialise in stroke care, others in cancer care. In the future we will consider further specialising of cancer care , for example a hospital may specialise in lung cancer from prevention through to post treatment.

What will the impact be?

- I can easily access the support services I require
- I have access to tests when I need them
- I had excellent treatment in hospital and close to home

This priority aims to narrow the 'three gaps' in the following ways:

Health and Wellbeing

- Improved survival rates for lung cancer
- Reduced cancer mortality and increased cancer survivorship in the HCV
- Reduction of side effects, and reduced mortality through earlier diagnosis

Quality of care

- Delivery of 28 day 'In/Out' diagnosis for cancer and 62 day target
- Improved quality of life post treatment
- Improved patient experience throughout patient pathway
- Reduction in unwarranted variation in service provision

Efficiency

- Efficient use of diagnostic services

Chapter 4: Making the change happen

How our plans will be delivered

Whilst the initiatives under our priorities are described at Humber, Coast and Vale Level they will be delivered within our six localities; East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire, Vale of York, and Scarborough & Ryedale. The relationship between priorities and localities will work in a number of ways. In some cases, particularly where resources are stretched, we are limited by the number of specialist health and care professionals we have available or where there is significant variation in quality, priorities will need to be prescriptive around how individual initiatives are implemented. However for many initiatives, particularly the implementation of integrated multi-disciplinary locality teams, high level guidance and implementation support will be given to localities but the detail will be planned and implemented locally. This allows initiatives to be tailored around the needs of local communities and the people within them. The diagram below demonstrates which of our STP initiatives are to be delivered at Humber, Coast and Vale level and which at locality level.

	1. Helping people stay well	2. Place based care	3. Creating the best hospital care	4. Supporting people with mental health problems	5. Strategic Commissioning	6. Helping people through Cancer
Delivered and planned at scale			Elective care & specialised commissioning Back office & pathology Creating single acute network	Reducing the amount of people cared for out of area New models of care to prevent unnecessary hospital stays Invest in best start – secondary and prevention strategies	Strategic commissioning function Acute & specialised commissioning ACO & Place based commissioning	Lead providers for cancer Diagnostic management Consistent cancer treatment
Delivered locally	Tobacco control Identifying cancer earlier Preventing cardiovascular disease and diabetes Individual prevention initiatives	New integrated multi-disciplinary locality teams Diversionary pathways to reduce acute demand Changing how people access primary care Accountable care partnerships	Urgent and emergency care initiatives Local maternity system			

Humber Coast & Vale Delivery Roadmap

Priorities	2016 Oct – Dec	2017 Jan – Marc	2017 Apr – Jun	2017 Jul – Sep	2017 Oct – Dec	2018 Jan – Mar	2018 Apr – Jun	2018 Jul – Sep	2018 Oct – Dec	2019 Jan – Mar
	Shadow Running Preparation & Detailed Design 1		Shadow Running 2				Cut-over to Business as Usual (BAU) 3			
1. Helping people stay well	Dev of Phase 1 Programme, e.g. injury prevention, wider determinants	Phase 1 Programme roll-out and review			Develop Phase 2 Programme		Phase 2 Programme roll-out and review. Ongoing benefits realisation.			
2. Place based care	Primary care Review & Redesign		Plan and roll-out in localities				Refine and benefits realisation			
	Pathway redesign: elective and complex discharge.		Plan and roll-out in localities				Refine and benefits realisation			
	Detailed Design: social prescribing & community navigation		Plan and roll-out in localities				Refine and benefits realisation			
	Implement Electronic Care Record									
	HCV Integrated Multi- disciplinary Locality Teams Framework & Op Model Design (incl. enablers)		Shadow running of Integrated Multidisciplinary Locality teams in localities (incl. enablers)				Steady state running and commissioning of new ACOs in localities			
	Care market capacity review		Plan & roll-out in COGs							
3. Creating the best hospital care	Detailed review and options appraisals: Elective, Acute Network, Specialised Commissioning, Back-office and pathology		Consult & Pilot across HCV acute hospitals			Detailed design and implementation across HCV acute hospitals				
	U&E: 4 P Standards Planning	U&E: 4 P Standards Roll-out								
4. Supporting people with Mental Health problems	Design shared HCV Mental Health Standards		Establish shared commissioning & resourcing models, run pilots			Steady state running of new model and benefits realisation				
5. Strategic Commissioning	Strategic Review	Plan Shadow Run. & options appr.	Shadow running and pilot governance arrangements , including suspension of PBR				Implement steady state commissioning op model and new contractual arrangements.			
6. Helping people through cancer	Detailed planning: 62 day target, lung cancer pathway, diagnostic model		Pilot, review and iterate			Steady state running of new model and benefits realisation				

Implementing our big ideas locally*

I live in Vale of York & Scarborough and Ryedale – what changes will I see?

Vale of York

- Organisations in the Vale of York will work together in a new way (called an Accountable Care System – ACS) and develop locality teams to provide a new approach to service delivery from April 2017
- By services working together to help people stay healthy, the locality teams aim to provide care as close to home as possible rather than having to go into hospital for care.
- Through locality working there will be support, information and advice to stay well, stop smoking, maintain a healthy weight and prevent ill-health or accidents at all stages of life
- There will be improved diagnosis of dementia and local access to mental health support with new mental health in-patient facilities for the local area in 2019

Scarborough

- Scarborough will be implementing a integrated multi- disciplinary team structure (called a Multispecialty Community Provider - MCP) October 2017.
- It will bring together social care and primary care under a single organisation so care should feel more 'joined up' for people who live in the area.
- The service aims to help residents stay well through having a single contact for information on health and care services, and rapid access to care close to home for people with an urgent care need.

I live in Hull and East Riding of Yorkshire – what changes will I see?

- Hull and East Riding will be implementing integrated multi-disciplinary locality teams from April 2017
- These new team will bring a number of services together including GPs, community services, mental health and adult social care into a single function team to respond to the needs of the population, therefore services will be much more 'joined up' for people who live there
- New services to 'help people stay well' will focus on reducing smoking rates and reducing alcohol misuse.

I live in North Lincolnshire and North East Lincolnshire – what changes will I see?

- Through Healthy Lives, Healthy Futures (HLHF) we are developing locality approaches from March 2017 that will operate within our Accountable Care Partnerships (ACP)
- Through local teams will include community services, mental health services, social care, public health, GPs and acute providers, working together to respond to the needs of the population, therefore services will be much more 'joined up' for people who live there. Over time other partners from the community are expected to join, such as hospices, care homes and other community providers.
- In North Lincolnshire the approach will be delivered through three care networks wrapped around general practices for smaller populations of 50 – 60 thousand people across the patch which began working together in April 2016. Their first priority is working with local care homes to provide rapid and enhanced support to residents and the staff supporting them.
- In North East Lincolnshire the model is being provided across two areas. Teams will be clustered around GP Practices and build on the experiences of the local social enterprise providers in delivering holistic care.
- New services to help people stay well include - implementing over 75s wellbeing checks, community wellbeing checks, and targeted programmes to reduce smoking and alcohol misuse.

*Please note that these proposed changes will be subject to review to ensure they comply with the organisations statutory duties

Making the change happen

So far we have set our strategy for achieving our vision of start well, live well and age well for our Humber, Coast and Vale population. However delivering this strategy will not be easy. We will need a strong focus on enablers to support us in turning our strategy into real change on the ground. We have summarised what we will do below, and there is more detail on these in the next section.

We have built a plan that will help us to balance the books.

We will plan and monitor our services based on what people in our communities think are important.

System Control Total

Leaders across the patch have allocated roles to support delivery of the plan.

We have structures in place to monitor the plan but we know these need to change as we move into delivery.

Building strong governance and programme structures

To address shortages of skills and to help make sure doctors focus their time on the things that no one else can do we are implementing two training programmes; support staff at scale and advanced practice at scale.

Developing the workforce for tomorrow

We will use the estate we have to support delivery of our priorities. We need to make best use of the estate in our localities. For example providing care closer to home means

Making best use of our estate

We will make sure each of our big ideas are shaped through consultation with the public, patients, staff in addition to other key influencers.

Understanding our localities through communication and engagement

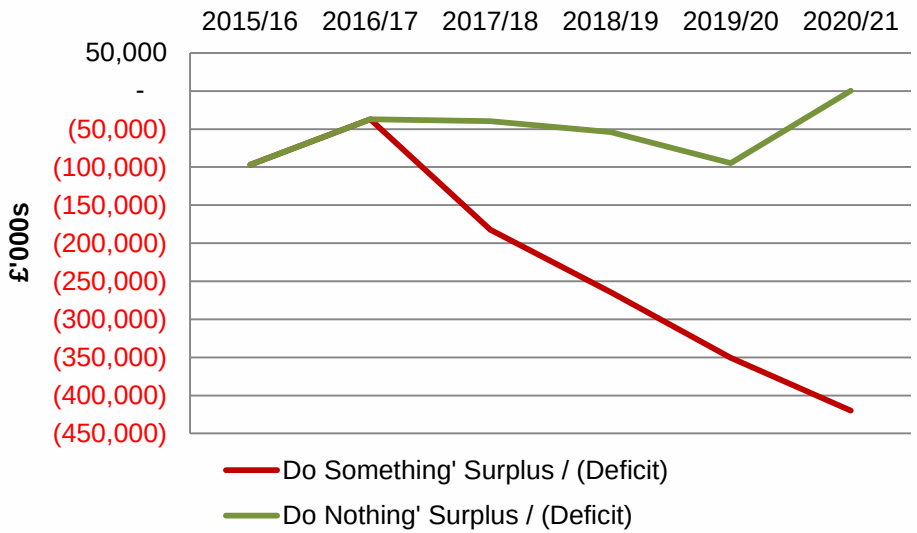
Technology will be used to provide citizens with a better service, this will allow them to access more information around how to manage their own health care. A single electronic care record means patients should only be asked things once.

Using technology as a foundation for service improvement

Making the books balance by 2020/21

The Challenge

Our challenge is to create a transformed health and social care system that balances from a financial perspective. If we do nothing, we forecast we will have a £420m funding gap by 2020/21. We believe that our plan can enhance health and wellbeing, ensure quality and safety of our services and deliver the savings we need to guarantee a financially sustainable healthcare system for the people of Humber, Coast and Vale.



The 'Do Something' section of the graph shows the financial impact of our six priorities and shows that we plan to balance the books by 2020/21. We will work together as an STP to create a financially stable health care system for the future but having a collective approach to appropriately managing activity, agreeing investment plans and reducing cost where this is identified as necessary.

Finance design principles going forward:

1 Operate a single control total for HCV STP; early work has commenced to ensure the STP as a whole finishes 2016/17 in the best possible financial position and that the single control total operates formally from 2017/18.
2 Look at establishing alternative payment mechanisms for 2017/18 onwards which have collective focus on managing activity levels and reducing cost.
3 The underpinning finance template shows clearly the impact on activity, benefits (costs and returns), capacity, workforce and investment requirements over time.

The Humber, Coast and Vale's finance submission meets the required validation checks and an analysis of the impact of the recently notified control totals for 2017/18 and 2018/19 has been undertaken.

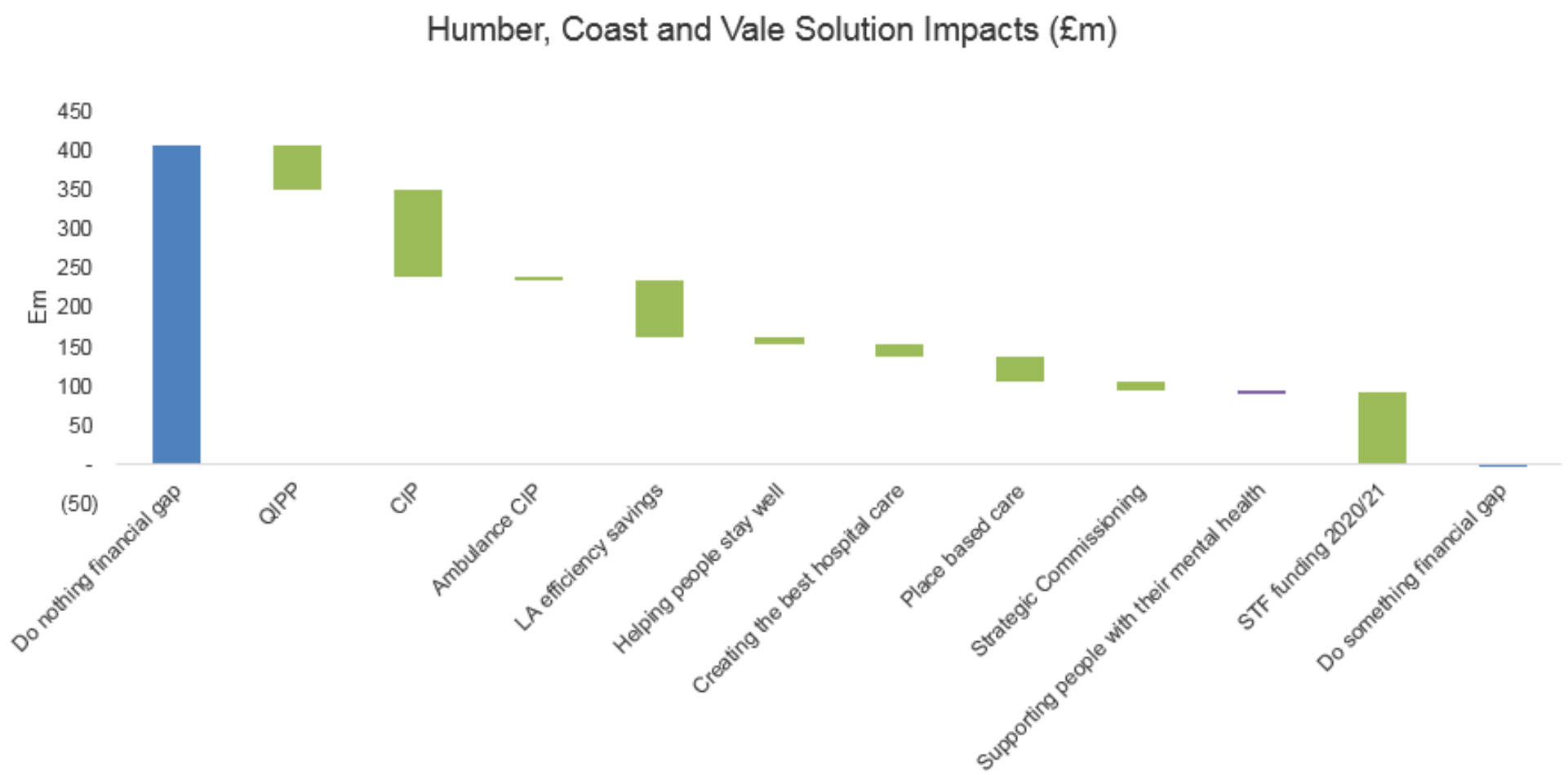
Each STP area has access to a pot of money called the Sustainability and Transformation Fund. An assumption around receipt of the STF has been made for 2017/18 and 2018/19 within the finance template and it is anticipated that the residual gap for these 2 years will be covered by access to residual CCG drawdown as well as HCV STP Transformation funding.

Requirements

The capital requirements of the current ongoing projects are included in the 'do nothing' position. Capital plans linked to delivering the interventions are fairly embryonic and further work to refine these is required. We accept that we are in a capitally constrained environment, and will be actively exploring alternative sources of funding e.g. Public Private Partnership Arrangements that deliver value.

Making the books balance by 2020/21

The waterfall graph below demonstrates how we plan to close the £420m financial gap to achieve financial balance by 2020/21



Our STP priorities are ambitious from many perspectives and HCV STP will require a conversation with NHS Improvement and NHS England representatives about the process for managing resources across these respective sector boundaries. Collective financial risk management protocols and ways of working are being drafted in order to be in place no later than 1 April 2017.

Building Strong Governance and Programme Structures

Governance arrangements

A governance structure has been put in place to help us in turning our strategy into a reality. However we recognise that the only way we will make the change real is to work together differently as organisations around a common purpose.

Our governance arrangements are built around our Strategic Partnership Board and our STP Executive Group which are fully aligned to the wider health and social care governance arrangements – see diagram opposite.

Strategic Partnership Board

Strategic Partnership Board (SPB) is the group where all key recommendations made about the STP are discussed. A senior leader of each partner organisation sits on the board. The board includes representatives from organisations that span the public sector including health, local government, GPs and the voluntary sector. A list of organisations represented on the SPB can be found in appendix 1**.**

An MoU (memorandum of understanding) is in place which outlines the way partners will work together on this group.

STP Executive Group

Our STP Executive group is responsible for delivering the plan. Chaired by the STP lead, this group includes all priority and locality leads. Most of these people are at Chief Officer level. Having leads for each key area, from different health and care organisations across the footprint has helped us to develop devolved leadership and a shared sense of ownership for our strategy and plan across the patch.

Clinical Advisory group

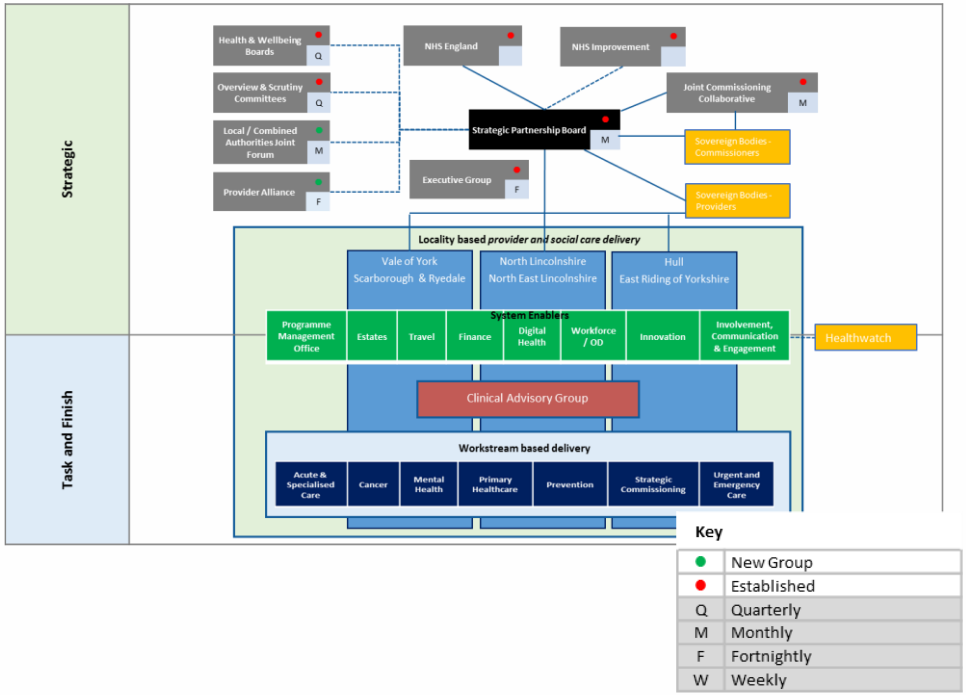
A clinical advisory group has been set up to make sure key decisions made on the future shape of health and care services across the patch have been shaped by doctors and other health and care professionals. A clinician sits on each of the priority groups which means all projects receive input from a clinician at an early stage. We know we have to do more to support clinicians in playing this role.

Programme Management arrangements

STP Programme Management arrangements have now been put in place. This means that the progress made against our big ideas will be checked and problems can be resolved as soon as possible.

We acknowledge that as we move from strategy development into delivery more work will be necessary to make sure we have the right governance structures in place to make key decisions and we will need to develop more detailed implementation plans.

Our current programme structure



Developing the workforce and making best use of our estate

Developing the workforce for tomorrow

Patients want to be able to see the right person with the right skills at the right time. A shortage of clinical staff means that we need to focus professionals such as GPs on doing the work that only they can do, this combined with the new workforce needs of the integrated multi-disciplinary locality teams mean that we need to do things differently.

Our Local Workforce Action Board (LWAB) have planned with two initiatives to help us to make sure we have the skills we need to deliver our strategy across Humber, Coast and Vale.

1. Support staff at scale

We are investing in bringing through additional support staff and investing in developing their skills. These support staff will work in hospital and in the community to develop skills across primary, secondary and social care. There will be a clear progression structure to help retain staff and the opportunity to work in different parts of the system. We will look to use our current staff differently for example creating multi -disciplinary roles for receptionists, pharmacist and mental health practitioners. This programme will start in 2017 which is when staff will enter the workforce.

2. Advanced Practice at scale

We are investing in developing 'advanced practitioners' both in hospital and in the community. This will help to fill gaps in the workforce and will have a clear career path to encourage people to continue working with us. This programme will begin in 2017 and staff will take two years to qualify.

Our local initiatives will be supported by the GP five year forward view which aims to increase the growth rate in GPs through new incentives for training, recruitment, retention and return to practice.

We are also working with the University of Lincoln to design a number of programmes to address the training required to equip our staff to be able to deliver the new integrated ways of working as effectively as possible.

3. Benefits for our staff

Our changes to workforce will drive a number of benefits for our staff including:

- Less duplication in the way they work
- Increased job satisfaction
- More fulfilling job roles and career opportunities, as a result of working across typical organisational barriers
- Opportunities to work seamlessly across care settings.

Making best use of our estate

In order for patients to be able to access care in the right place we need to rethink what estate we have and how we can use it better. As demand changes we will need to use our estate flexibly to deliver our strategy.

This will include joining up the healthcare estates with the local authority estate to maximise the value of our joint asset.

Currently the HCV estates covers 67,641 sqm and has a total running cost of £208 million each year.

Our plan is to continue to develop our estates strategy to make sure it supports us in achieving our priorities. We will continue to identify and value the opportunities to reduce the estate and land that we currently hold as the need arises.

Developing our plan through communication and engagement

We have challenging proposals for Humber, Coast and Vale and are working on a comprehensive communications and engagement plan that has our staff, our partners and our people at its heart.

Each of our partner organisations have communication and engagement professionals working for them. These teams will build upon their current stakeholder relationships and use their networks to involve their communities in developing the plan.

Our activities under the STP will, wherever possible, use the vehicles of locally established programmes including Healthy Lives, Healthy Futures and Ambition for Health.

We will engage and consult with:

- Health and Wellbeing boards
- Service users and the wider public
- Staff, including clinicians : our Clinical Advisory Group will support the communications and engagement work with staff as well as the public, translating the messages from the plan and developing the clinical assurance elements so that staff can confidently embrace the plan and recommend its principles to their patients.
- Other key influencers: MPs, other elected members, oversight and scrutiny boards.

Since the publication of the Five Year Forward View we have engaged with more than 30 000 people in a dialogue about future and current change.

We have been working with:

- Patient groups
- Voluntary sector
- Hospitals
- GPs
- Local councils
- Commissioners of services

This work will continue, supported by the expert organisations who are already involved, such as local Healthwatch, ensuring that protected and hard-to-reach groups and those facing the greatest inequalities will be heard.

At programme level, we are working with The Consultation Institute to ensure that our consultation activities are appropriate, timely, legal and cost-effective. We are also working with our communications and engagement colleagues in neighbouring STPs to ensure that the cross-cutting activities that we know already exist are recognised and supported. Communications activity will be focused on supporting the operational teams with the messages and materials that they need.

A summary of our communications and engagement plan is:

- Finalise content for website and website go live – November 2016
- Feedback from the October plan through democratic engagement – January 2017
- Formal consultation on STP – from February 2017
- Consultation informs the strategic plan for STP footprint – May 2017
- Consultation around specific interventions – from summer 2017

Using technology as a foundation for service improvement

What do we need to change?

A Local Digital Roadmap* has been developed for each place in the footprint. Health and care organisations across the patch have been involved in developing these together. There has been a lack of investment generally in recent years in technology across the system, however better, joined up systems will be important to support services working together to deliver seamless care to our local population.

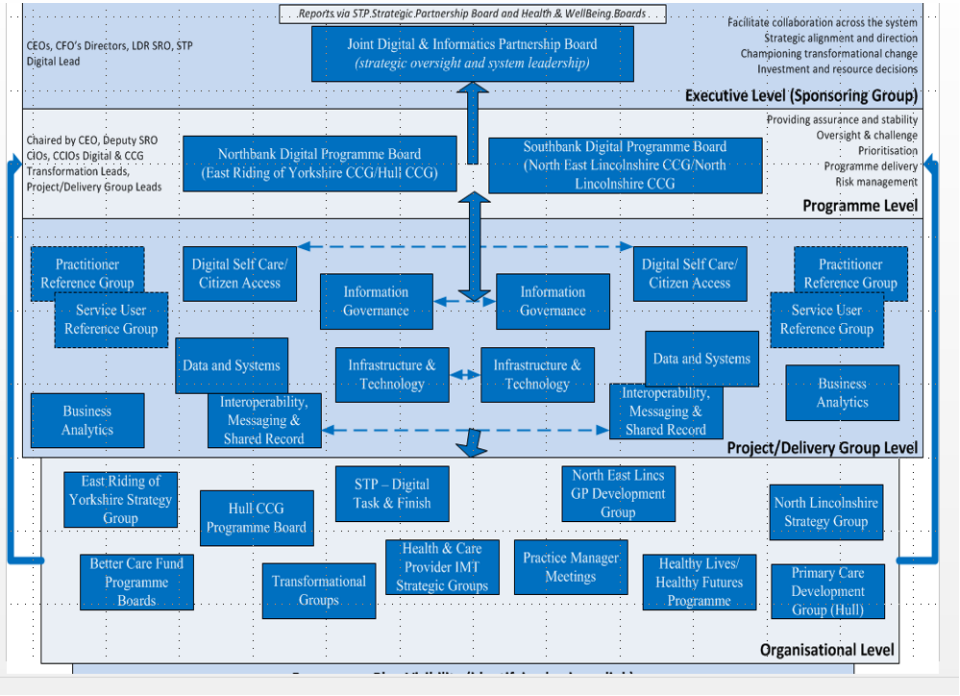
What will we do?

- Develop a single electronic care record that can be shared and accessed by Health and Care professionals involved in patients care. We will start to make key information available to those who need it, and with patients consent, efficient working practices from March 2017.
- Develop an information hub for citizens to access their health records and provide information on how to manage their health and to help them find out about other health and care services available to them.
- Update our infrastructure and IT equipment, to enable staff to be more mobile and deliver care where and when it is needed. Supporting all of the health and care services to implement more.

What does this mean?

- I only have to say things once to health and care professionals
- I can make decisions about my own health care needs with the information I am provided with
- I have the information I need to find out about health and care services in my areas
- I can be confident that my personal health and care data is secure and is shared with only those who need to see it, to best deliver my care.

Our local digital roadmap



**The digital roadmaps doesn't include any capital estimates, but there will definitely be a funding requirement*

Appendices


Humber, Coast and Vale
Sustainability and Transformation Plan 2016 to 2021

Appendix 1

Members of the STP Executive Board and Strategic Partnership Board

Members of STP Executive Board

Organisation	Role
Emma Latimer	STP Lead / SRO of Strategic Commissioning
Emma Sayner	STP Finance Lead
Peter Melton	STP Clinical Lead
Nigel Pearson	STP Local Authority Rep
Mike Proctor	SRO of Enablers Workstream
Karen Jackson	SRO of Acute & Specialised Workstream
Jane Hawkard	SRO of Cancer Workstream

Organisation	Role
Andrew Burnell	SRO Out of Hospital Workstream
Tim Allison	SRO Prevention
Helen Kenyon	SRO of Urgent & Emergency Care
Chris Long	SRO of Hull & East Riding of Yorkshire
Simon Cox	SRO of Vale of York and Scarborough and Ryedale
Liane Langdon	SRO of Mental Health Workstream and North & North East Lincolnshire

Members of Strategic Partnership Board

Organisation	Role
Care Plus Group Charitable Trust	Chief Executive
City Health Care Partnerships CIC	Chief Executive
City of York Council	Senior Strategic Community Development Lead
East Midlands Ambulance Service NHS Trust	Chief Executive
East Riding of Yorkshire Council	Chief Executive
East Riding of Yorkshire Council	Director of Corporate Strategy and Commissioning
Focus Independent Adult Social Care Work C.I.C.	Chief Executive
Hull City Council	Chief Executive
Hull City Council	Director of Public Health and Adult Social Care
Hull and East Yorkshire Hospitals NHS Trust	Chief Executive
NHS Humber Foundation Hospitals Trust	Chief Executive
NAViGO Health and Social Care CIC	Chief Executive

Organisation	Role
NHS England (North Yorkshire & Humber)	Director
NHS England (North Yorkshire & Humber)	Assistant Director Specialised Commissioning
NHS Hull Clinical Commissioning Group & HCV STP Lead	Chief Officer
NHS Hull Clinical Commissioning Group	Chief Finance Office
NHS Improvement	Delivery & Development Manager
NHS North East Lincolnshire Clinical Commissioning Group	Clinical Chief Officer
NHS North Lincolnshire Clinical Commissioning Group	Chief Officer
NHS Property Services Limited	Head of Property Services
NHS Property Services Limited	Property Strategy Manager
NHS Scarborough & Ryedale Clinical Commissioning Group	Chief Officer

Members of Strategic Partnership Board

Organisation	Role
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Chief Executive
North Yorkshire County Council	Associate Director Integration
Rotherham Doncaster And South Humber NHS Foundation Trust	Chief Executive
Royal College of General Practitioners	GP Forward View ambassador
Tees, Esk & Wear Valleys NHS Foundation Trust	Chief Executive
Yorkshire Ambulance Service NHS Trust	Director of Business Development
York Teaching Hospitals NHS Foundation Trust	Chief Executive

Organisation	Role
Yorkshire & Humber Partners Academic Health Sciences Network Limited	Chief Operating Officer
NHS East Riding of Yorkshire Clinical Commissioning Group	Chief Officer
NHS England (North Yorkshire & Humber)	Locality Director (North)
North and East Lincolnshire Council	Chief Executive
North Lincolnshire Council	Chief Executive
NHS Vale of York Clinical Commissioning Group	GP representative
York Teaching Hospitals NHS Foundation Trust	Director of Community Services

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Health & Adult Social Care Policy & Scrutiny Committee **30 November 2016**

Report of the Accountable Officer and Chief Financial Officer of Vale of York Clinical Commissioning Group (CCG)

NHS Vale of York CCG Improvement Plan – Update Report

Summary

1. NHS Vale of York Clinical Commissioning Group (CCG) has a challenging financial and operational plan to deliver and it continues to work with partners across the health and social care to reduce the impact on other agencies and the local population.

2. The CCG is operating under Legal Directions issued by the NHS Commissioning Board (NHS England), effective 1 September 2016.

Background

3. In line with the Legal Directions the CCG's Governing Body submitted an Improvement Plan to NHS England on 6 October 2016. The plan, which specifically responds to the recommendations of the Capability and Capacity Review of 28 January 2016, focuses upon six key areas. The plan has been approved by NHS England and is now being implemented by the CCG.

4. In line with the national timetable, and as required by the Directions, the CCG has also developed a wider draft Medium Term Financial Strategy and the first draft of the 2017-19 Financial Plan was submitted to NHS England on 1 November 2016. The CCG continues to work with NHS England on a Financial Recovery Plan that sets out the actions required to operate within the allocated budget for 2017-18 and thereafter.

Improvement Plan

5. The keys areas addressed in the Improvement Plan are:

- Capability
- Capacity
- Financial leadership
- Governance
- The mobilisation of change
- Financial recovery

6. Among the actions to date to align resources with local challenges is the appointment of Phil Mettam as the CCG's Accountable Officer, the commencement of an internal reorganisation, the creation of a project management resource to support planning and the creation of a Clinical Executive committee.

7. In its work to comply with the Legal Directions, the CCG's Governing Body has committed to:

   - improve capability to deliver the requirement in 2016-17;
   - create more capacity through a combination of renewed focus;
   - functional convergence with other CCGs;
   - more effective decision-making;
   - lead the co-creation of a service future the clinical community can support;
   - continue to deliver against the NHS Constitution and national pledges;
   - transform the reputation of the CCG across the Vale of York and wider STP footprint.

Financial Update

8. The Improvement Plan included an updated risk assessment of QIPP plans and other mitigations, which increased the risk adjusted 2016-17 forecast deficit to £24.1m and this is the position that is reflected in the financial performance report for the end of September. The plan also outlines a number of measures to deliver the planned deficit of £13.3m in 2016-17 and the CCG is working with all partner organisations to close the remaining gap.

Risks and Implications

9. The CCG will continue to be assessed against its Legal Directions and the Improvement Plan as well as the national requirements of the Assessment and Improvement regime for Clinical Commissioning Groups.

10. This CCG aims to return to a level of assurance and will be working closely with NHS England to achieve this goal.

Recommendation

11. The Committee is asked to note the content of this report.

    Reason: So that Members are updated on the Improvement Plan.

Contact Details

Author:	**Chief Officers Responsible for the report:**
Phil Mettam Accountable Officer NHS Vale of York CCG	Phil Mettam Accountable Officer NHS Vale of York CCG
Tracey Preece Chief Finance Officer NHS Vale of York CCG	Tracey Preece Chief Finance Officer NHS Vale of York CCG

Report Approved ✓ **Date** 17/11/2016

Wards Affected: **All** ✓

For further information please contact the author of the report

Annexes: None

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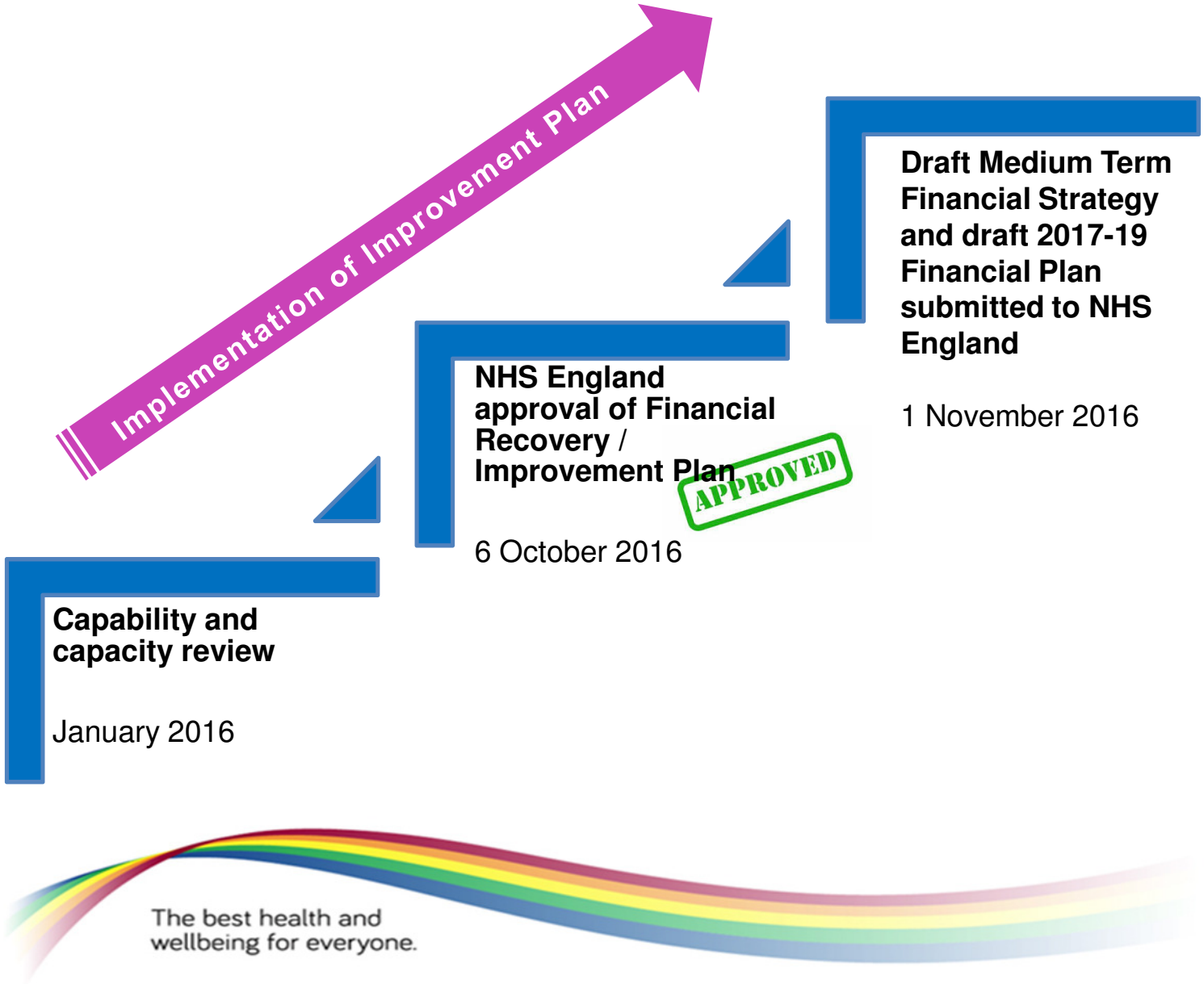
NHS
Vale of York
Clinical Commissioning Group

A new approach to commissioning

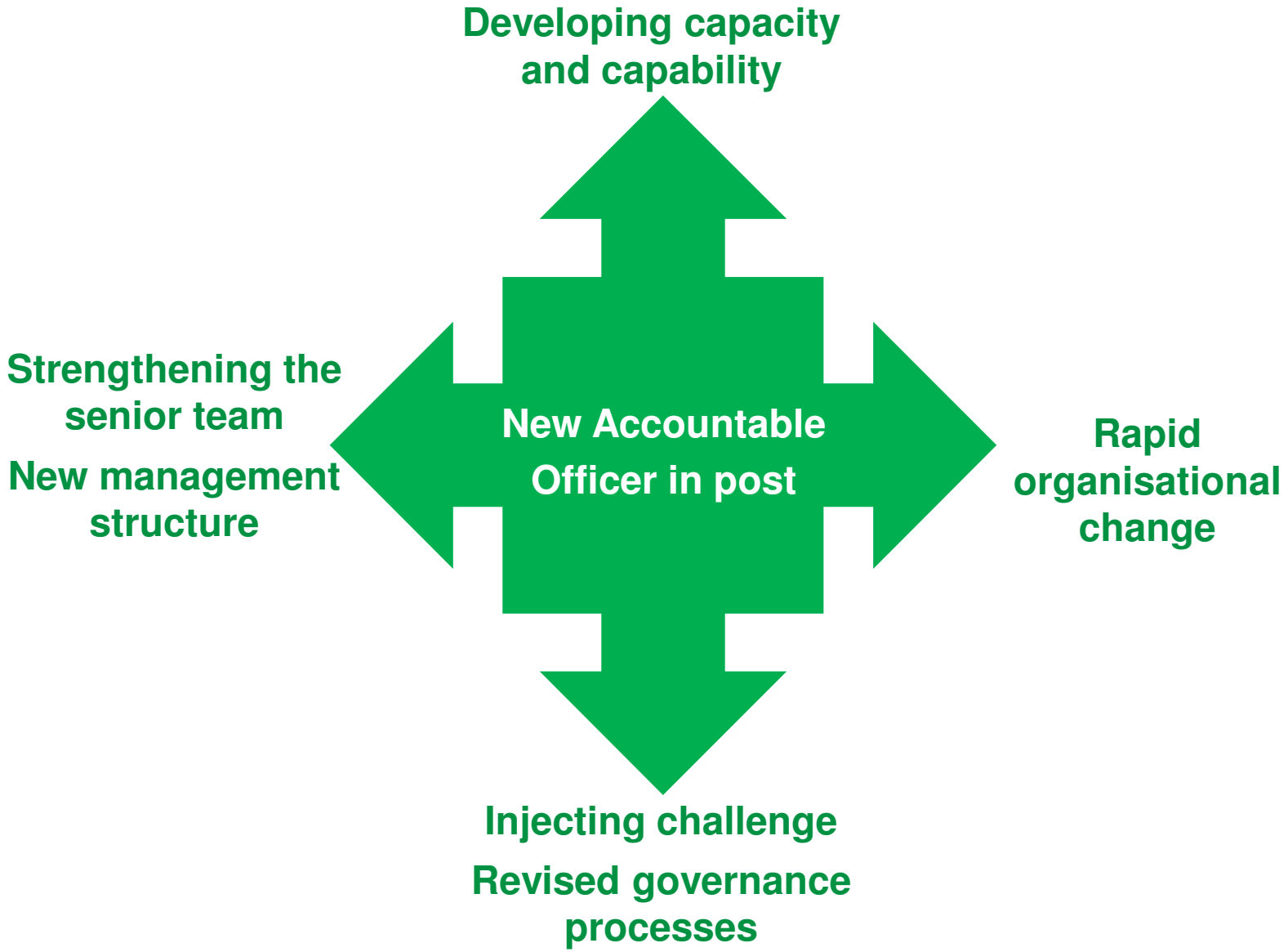
Delivering real change through a radical new approach to system leadership, commissioning and delivery.

Background

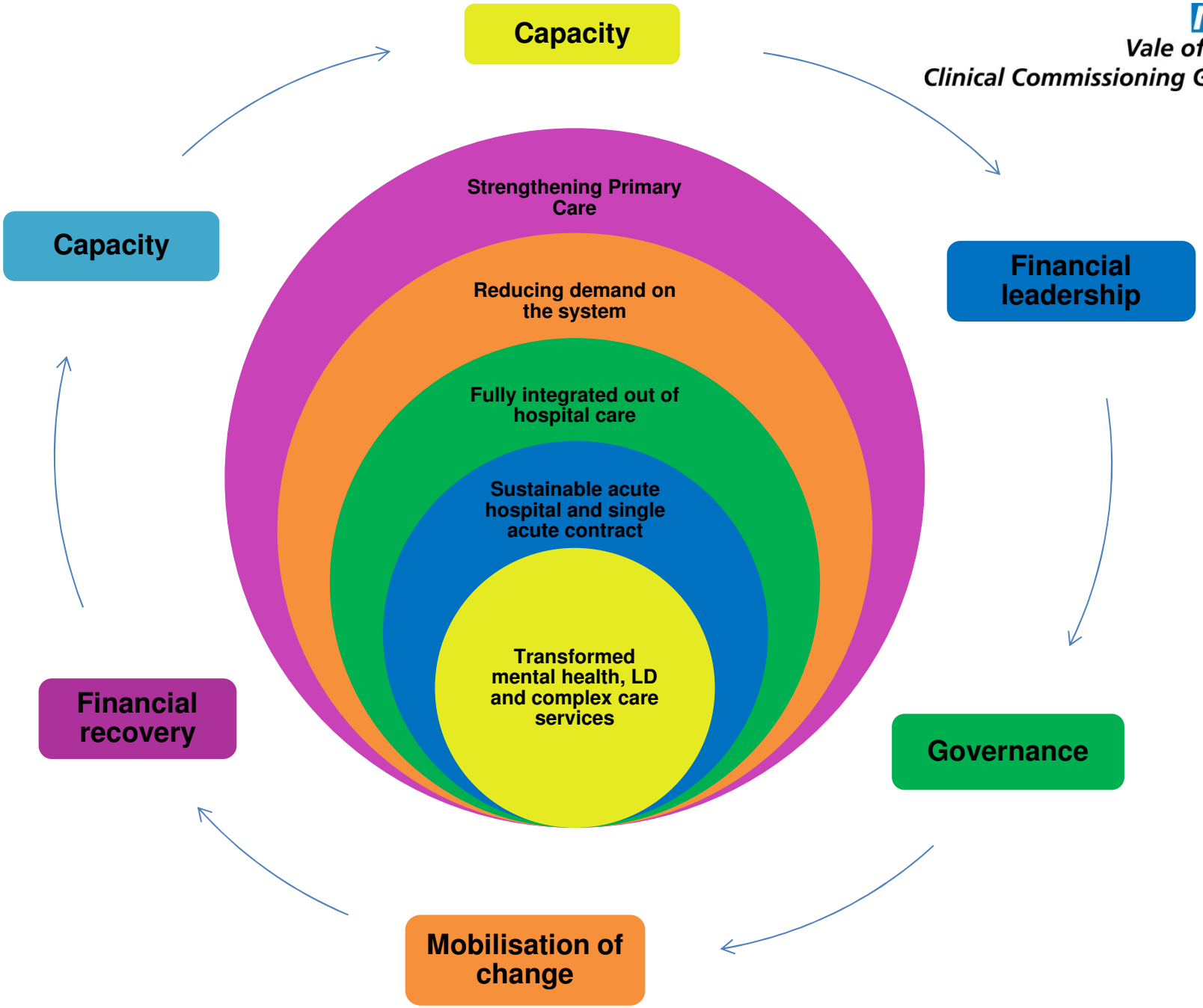
NHS
Vale of York
Clinical Commissioning Group



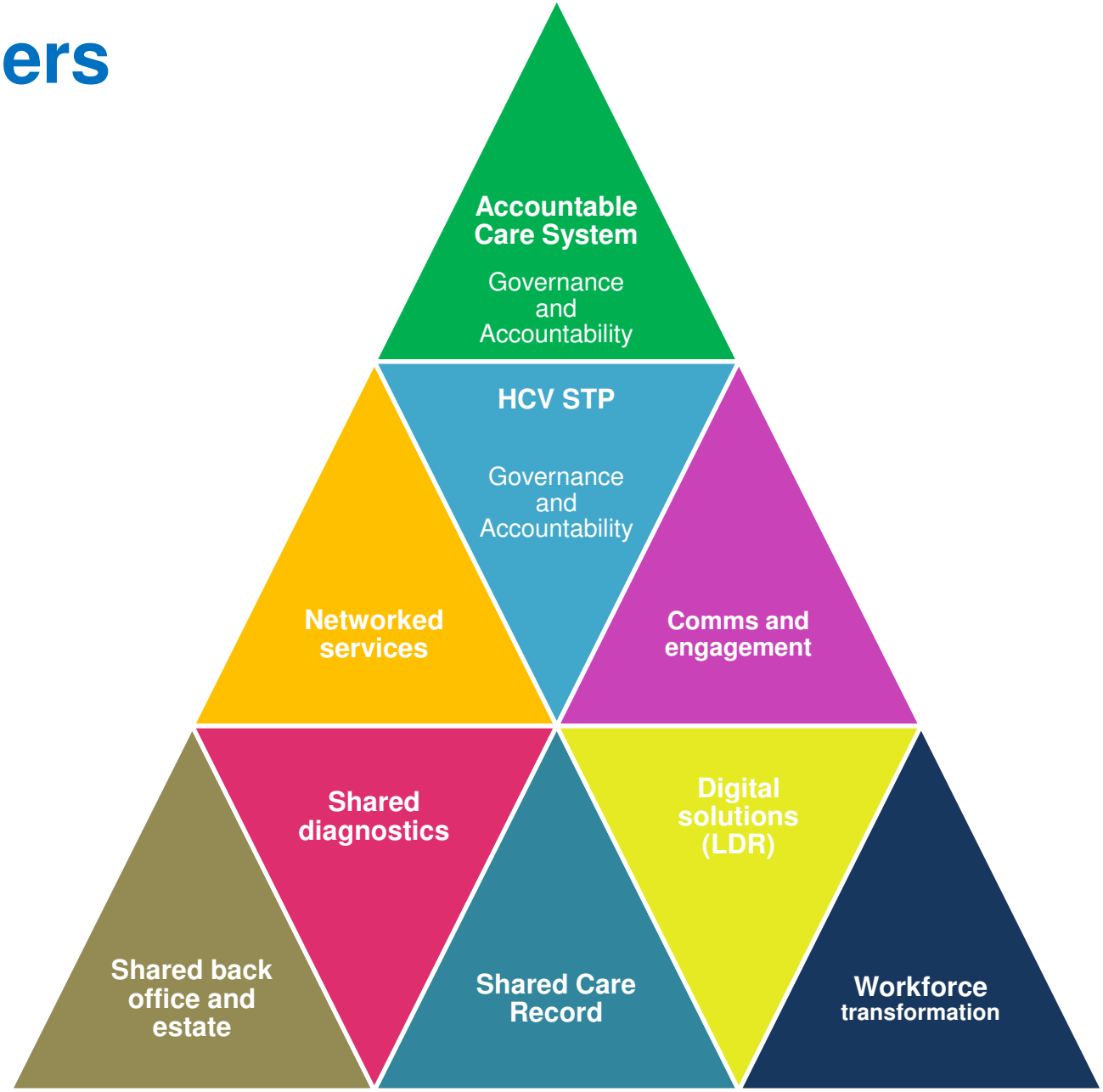
Responding positively and at pace to the Legal Directions



NHS
Vale of York
Clinical Commissioning Group



Enablers


Accountable Care System
Governance and Accountability
HCV STP
Governance and Accountability
Networked services
Comms and engagement
Shared diagnostics
Digital solutions (LDR)
Shared back office and estate
Shared Care Record
Workforce transformation

Service and delivery priorities

NHS
Vale of York
Clinical Commissioning Group

	An immediate focus on
Primary Care	General practice capacity and sustainability
Managing demand	Urgent care for the frail and elderly Planned Care (Trauma and Orthopaedics)
Mental health	Improving access to psychological therapies and inpatient facilities
Continuing Health Care and Funded Nursing Care	Continuing healthcare and cash management.
Prescribing	Prescribing priorities
NHS England Improvement and Assessment Framework	Referral to treatment / diagnostics / maternity and diabetes.

Strategic priorities

NHS
Vale of York
Clinical Commissioning Group

Financial Strategy

Develop strategic and joint commissioning (LA/CCG different footprints)

Create accountable care system

Create a response to the General Practice Forward view; mobilise actions with membership; support financially

Implement Right Care

Create early interventions and preventions action plan linked to medium term financial recovery

Building blocks

Clarity of purpose and outcomes

Plan for delivery

Relationship and stakeholder management plan

Communications plan

Capacity and capability in place

NHS
Vale of York
Clinical Commissioning Group

Corporate priorities

Executive Management Committee to introduce decision and prioritisation mechanism.

Senior Management Team to review overall capacity and reprioritise to support delivery of the service and strategy priorities.

Mobilise proactive engagement with key stakeholders to support delivery.

Implement the recommendations and actions from recent organisational development review.

Review CCG environment; develop proposals for improvement and mobilise.

Financial position - £24.1m

NHS
Vale of York
Clinical Commissioning Group

Acute care **- £8.0m**	**Mental health** **- £1.7m**	**Prescribing** **£1.0m**
Primary Care Co-Commissioning **£0.5m**	**Running costs** (within overall allocation) **- £0.5m**	**Continuing Health Care and Funded Nursing Care** **- £3.8m**
Reserves **£1.9m**	**Community services** **- £0.2m**	**2016-17 deficit** **- £13.3m**

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Health & Adult Social Care Policy & Scrutiny Committee Work Plan 2016-17

Meeting Date	Work Programme
Wednesday 22 June 2016 @ 5.30pm	1. Attendance of Executive Member for Health and Adult Social Care to explain her challenges and priorities for the municipal year 2. Be Independent End of Year Position 3. Verbal update on Bootham Park Hospital Scrutiny Review 4. Work Plan 2016/17
Tues 19 July @ 4pm	1. End of Year Finance & Performance Monitoring Report 2. TEWV report on consultation for proposed new mental health hospital for York. 3. Safeguarding Vulnerable Adults Annual Assurance report 4. Position report on Healthy Child Service Board 5. Pre-decision Report on Re-procurement of Substance Misuse Treatment and Recovery Services 6. Work Plan 2016/17
Wed 28 Sept @ 5.30pm	1. Health & Wellbeing Board six-monthly update report 2. 1st Quarter Finance & Performance Monitoring Report 3. Report on change of services at Archways Intermediate Care Unit 4. Update report on CCG turnaround and recovery plans 5. Bootham Park Hospital Draft Final Report. 6. Work Plan 2016/17

Tues 18 Oct @ 5.30pm	1. Annual Report of the Chief Executive of York Teaching Hospitals NHS Foundation Trust. 2. Further update on actions against York Hospital Action Plan. 3. Tees, Esk and Wear NHS Foundation Trust – One Year On in York 4. Work Plan 2016/17 **Circulated Reports** 5. Front Street / Beech Grove GP Practice Mergers 6. Re-procurement of community services and wheelchair services.
Wed 30 Nov @ 5.30pm	1. 2nd Quarter Finance & Performance Monitoring Report 2. Briefing Report on Ambulance Cover in York. 3. Healthwatch six-monthly Performance Update report 4. Update Report on STP 5. Further Update report on CCG turnaround and recovery plans. 6. Work Plan 2016/17
Tues 20 Dec @ 5.30pm	1. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 2. Be Independent six-monthly update report 3. Update Report on Elderly Persons' Homes 4. Draft report on new Joint Health & Wellbeing Strategy 5. Work Plan
Mon 30 Jan 2017 @ 5.30pm	1. Safeguarding Vulnerable Adults Six-Monthly Assurance Report 2. Ambulance Service CQC inspection (TBC) 3. Update Report on Healthy Child Service Board 4. Work Plan 2016/17

Mon 27 Feb 2017 @ 5.30pm	1. 3rd Quarter Finance & Performance Monitoring Report 2. Annual Carers Strategy Update report 3. TEWV / CCG report on outcome of consultation for new mental health hospital 4. Work Plan 2016/17
Wed 29 March 2017 @ 5.30pm	1. Annual report of Health & Wellbeing Board 2. Work Plan 2016/17
Wed 19 April 2017 @ 5.30pm	1. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 2. Hospital updates on: • Winter experience • Development of community services in light of Archways closure 3. Work Plan 2016/17
Wed 31 May 2017 @ 5.30pm	1. Healthwatch six-monthly Performance Update report. 2. Work Plan 2016/17

Yorkshire Ambulance Service CQC Inspection 13 September. Report within 50 days (early November) .

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