Operational Plan 2017-19

for the Vale of York locality

Commissioning as part of the Humber, Coast and Vale Sustainability and Transformation Plan

Final Submitted on: 23.12.16

Update on 22/2/17: the CCG Operational Plan 2017/18 -2018/19 remains unapproved by NHSE until after the final submission of finance and activity plans on the 27/2/17, but is available for presentation to public at Health & Wellbeing Boards and CCG Governing Body.

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Foreword

Phil Mettam, Accountable Officer

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Welcome to our Operational Plan. It is an outline of how we propose to improve the Vale of York Health and care system over the next two years.
The CCG is moving to a new phase with collaboration being the underlying principle, transparency and engagement key values.
We look forward to working with partners to help us deliver services that local people deserve whilst recognising the limitations of our fixed financial allocation when compared to the choices and decisions being made by our patients and clinicians.

Organisational Fitness For Purpose

- Our Improvement Plan is the Governing Body response to Directions. It addresses five challenges these are capability, capacity, leadership, governance and the financials.
- We are also delivering our Improvement Plan and transformation programmes within our wider HCV STP system and emerging local Accountable Care System (ACS) and this is pivotal in how we are looking at commissioning for outcomes through new lenses
- We are taking a fundamentally different approach to the deployment of our allocation so it meets population need at a local level
- There is a focus on outcomes and embedding these in frameworks and models for transformation and transacting in a consistent way
- We can only fulfil our ambition for improving health and reducing inequalities if we can optimise the way resources are used

System and Partnership working – we are:

- Unlocking the system and enabling all partners – population and place always taking precedent over organisations
- Galvanising partners to come together as equals and build trusting, respectful and cohesive alliances based on common gain
- Taking our population (they are our patients, our workforce, our carers and their elected members) with us as equal partners
- Developing robust governance structures which support and formalise joint decision-making and accountability for delivery at organisation, local place and system-wide levels
- Doing things once – analysis, planning, making decisions, delivery, contracting
- Making decisions quickly, effectively and using gateways & an emerging governance framework to make sure we stick to them
- Sharing the leadership for delivering
- Understanding the resources, leverage and 'cover' required to truly transform and deliver – from partners, from NHSE and NHSI, from the HCVSTP partners and STP funds and sharing our scarce resource
- Efficiency through streamlining (back office, estates, technology)
- Aligning the local place with the wider system – consistent narrative and one set of programmes and contracts for achieving transformed services

Leadership & Corporate Priorities – we want to be:

- While place supersedes organisation, our CCG needs to be fit for purpose to come out of Legal Directions
- Strong, proactive and focused on delivering improvement at pace and first in the system when we need to go fast
- Strategic and ambitious – while rigorous in delivering performance and transformation day in day out
- Focus on new ways of doing things – CCG to lead in the HCVSTP for priority areas where it will deliver the improvement plan (e.g. development and use of new funding and contracting mechanisms)
- Clinically-led, informed and committed community of members
- Collaborative in all we do and building trust & respect
- Resilient and building resilience in our teams and services

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Our Triple Aim: addressing our 3 gaps

We need to ensure our patients gain the most benefit from the health care interventions they receive and we support people to take responsibility for their own health – **there needs to be a fundamental shift in the way local people access care**.

Our **financial gap (£24.1m)** provides the framework for targeting our resources in a completely new way to drive improvement in all our outcomes and achieve Value for Money in every York £ spent on care.

Our Triple Aim: addressing our Three Gaps

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GAP 1: Health & Wellbeing Outcomes

- Smoking, alcohol and obesity rates are higher than average – CVD and stroke outcomes are poor
- Cancer is the leading cause of death in U75s but diagnosis rates are lower than national average
- Mental health – 14% of people aged 16-74 yrs have a mental health disorder

Opportunities to improve how we address:

1. people with complex care needs who attend hospitals multiple times each year
2. prevention of and self-care for people
3. reduce inequalities through changing the way that CCG resources are currently used

GAP 2: Care & Quality Outcomes

- 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 do so to go to A&E and out of hours services 27% of people seen by GPs could have their issue resolved in another way
- Significant waiting times to access some of our services
- Not consistently meeting our Constitutional targets in IAPT, RTT, A&E 4 hour waits, CAMHS and dementia
- Our estate is not fit for purpose or efficiently utilised – this hinders our ability to deliver integrated services in the community and to strengthen primary care and patient access to services 7 days a week
- There are increasing workforce pressures in the healthcare and domiciliary care

GAP 3: Financial Gap

- There is a significant local deficit and unsustainable finances across both our CCG and the HCV STP
- Locally there is a financial deficit forecast of £24.1m in 16/17 and £45.5m in 17/18
- We are currently delivering an Improvement Plan to address this financial gap and must achieve the challenging efficiency targets we have agreed with NHS England

Our operational plan focuses on:

- delivery of this financial improvement in the short-term,
- our programmes for transforming the system in the longer-term to provide the platform for delivering more efficient and integrated services and financial sustainability by 2020/21

Our Population Needs

We are planning in a system based on the needs of our population in each locality within the Vale of York.

The system is complex and aligning planning with all our partners is challenging. **A focus on population and 'place'** allows us to plan together, challenge where things don't work for patients and move away from some of the limitations of working in one organisation.

Our Vale of York system: complexity and boundaries

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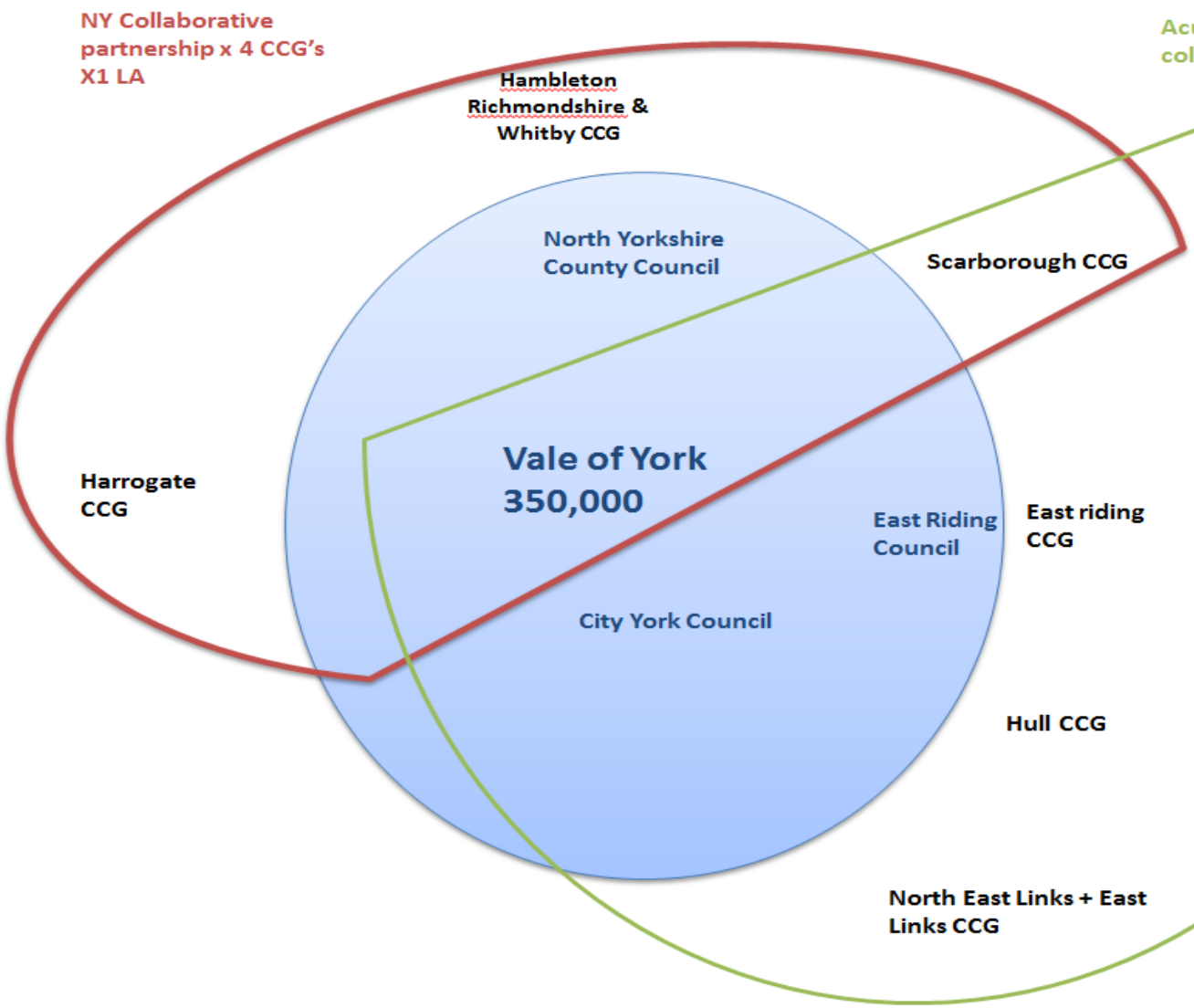

The geography of the Vale of York has always provided significant barriers (boundaries and number of organisations) to planning and delivering as a system.
This has not benefited patient flow, access and navigation of the system or utilised the system resources (back office, estates etc) in planning and delivering the services required for patients.
Transforming as part of a wider STP, and most importantly driving the development of a local Accountable Care System (ACS) to deliver the transformation needed based on population need in each locality, is critical to manage this geography.

Our population: key health and well being features and outcomes

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Overarching population needs

Population of 350,000 (including York 204,000, Selby 85,000 and main population centres include Tadcaster, Easingwold and Pocklington) Fluctuating population – York has two universities, 6.8m tourists pa Commissioning budget £435.3m in 2016/17	We have three local authority areas – City of York Council, East Riding of Yorkshire Council and North Yorkshire County Council (upper tier authority, with 7 district councils, 3 of which overlap with the CCG boundary Selby, part of Ryedale and Hambleton). There are 27 GP practices as at September 2016
People within York have good health overall with above national average life expectancy but with considerable variation in this life expectancy across our patch (up to 6.5 years in men and 5.5 yrs in women), closely linked to the seven areas ranked in the 20% most deprived in England.	Ageing population: Over-85s represent 5% of the population and 20% of non-elective hospital admissions and an increasing acuity of need and demand for healthcare and domiciliary care.
Cancer is the most significant cause of premature death (death under 75 years) in York but not significantly higher than the England average	High numbers of admissions for: myocardial infarctions, respiratory disease, stroke, stage 5 kidney diseases in people with diabetes, chronic ambulatory care sensitive conditions (808-v-778/ 100000 in similar CCGs)
Significantly higher rates of excess weight in Selby (70% compared to 65%) including children in reception and Year 6 being above the national average	Stroke mortality rates in those aged >75 years are significantly higher than the England average (708-v-608 per 100,000)
Binge drinking 28.8% adults compared to 20% nationally and rates of alcohol related cancers conditions is higher than the England average and regional average (207.8 –v- 176.5 / 100,000	Chronic obstructive pulmonary disease has been steadily rising to 1.4% in 2010/11 but remains below the England average of 1.57%
Smoking quit rates are significantly worse than in similar CCGs (480-v-818/ 100,000) and there is a need to address rates of smoking, particularly in people with mental health conditions who represent a disproportionately high number of people who smoke.	The CCG has poorer outcomes for CVD than other comparable CCGs. MSK spending and rates of major joint replacement surgery are significantly higher than for comparable CCGs and yet health gain per patient is lower.
There are 950 complex patients (3+ different conditions) resident in CCG who are admitted to hospital on average >6 times per year and 75% of them had an 3 A&E attendances per year. 44% of these are over 75 years. The most common conditions are circulatory, neurological, respiratory with co-morbidities in gastro-intestinal. CCG expenditure on these patients is 0.2% above the England 15% av.	Parity of esteem for people with mental health conditions through better physical disease management. is an area of need we need to focus on in order to reduce rates of death from cancer, heart disease, respiratory disease and diabetes in this population group.

Our Financial Context

We are planning to deliver **financial** recovery – there is no additional NHS funding allocation for the Vale of York in 2017/18 and 2018/19 and a forecast £24.1m deficit.

It is our responsibility to deliver the services patients most need within that allocation and for all partners to work together to drive out inefficiency, duplication and unwarranted variation in our system.

Financial context: Financial Recovery

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BASELINE 2016/17: commissioning budget of £435.6m. The Vale of York CCG baseline of 2.1% is above the national target allocation but not greater than 5% and therefore viewed as reasonable. As such the CCG received minimum growth in 2016/17.
Allocations, albeit indicative for future years, suggest the CCG will remain over target and therefore can expect to receive minimum growth until 2020/21.
Expenditure on out of hospital care (voluntary sector, community, BCF schemes, winter pressures, system resilience schemes) compared with In hospital care: 15% (£40,575,000) compared to 85% (£228,649,000)


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Improvement Plan
in response to NHSE Legal Directions (issued 1 Sept 2016)
Detail pack
6 October 2016

The best health and wellbeing for everyone

IMPROVEMENT PLAN TO 17/18: Current Financial Recovery Plan ("FRP") to deliver an in-year deficit of no more than £7m (£13.3m cumulative). The CCG currently forecasts to end 2016/17 with a £24.1m deficit (before further mitigations). Further mitigating actions totalling £1.1m have been identified but the CCG will need to generate a further £5.4m from development of pipeline ideas and system support proposals.
It also sets out an intention for 2017/18 to operate within the annual allocation.
Monthly refresh of financial recovery plan based on validation of agreed and further deliverable mitigations, pipeline QIPP ideas and system support schemes

Forecast outturn 2016/17	(£m)
Forecast deficit	(17.3)
Net unmitigated risks	(4.2)
Risk adjusted forecast deficit at M5	**(21.5)**
Update to risk since M5	(2.6)
Revised risk adjusted deficit	**(24.1)**
Removal of capital support assumption in m5	(1.0)
Potential further mitigations	1.1
Pipeline ideas and system support actions	5.4
Revised risk adjusted deficit	**(18.6)**
Potential capital support	1.0
Potential release of 1% non-recurrent headroom	4.3
Forecast outturn (after further mitigations)	**(13.3)**
Target to meet legal directions	(13.3)

MEDIUM-TERM FINANCIAL STRATEGY 17/18 ONWARDS: Development and agreement of MTFP and associated financial strategy – in development and to be finalised by 23/12/16.
Refreshed and augmented QIPP programme to deliver efficiencies required to stay within allocation development of activity modelling, funding arrangements and contracting options for out of hospital model. increasing contract grip and control and supporting the system wide reallocation of financial resources and risks and driving wider system planning.


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Vale of York Medium Term Financial Strategy

A new approach to commissioning
DRAFT

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Our Improvement Plan

We are working under **Legal Directions** with the support of NHS England.

Our operational planning and financial recovery are at the core of our CCG Improvement Plan as we transform internally as a CCG (‘organisation’) at the same time as leading system change alongside our partners (‘place’).

We are working **transparently and at pace** to deliver the improvements needed to come out of Legal Directions.

The CCG Improvement Plan: Five key steps 2016/17

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Stabilisation of finances	• Financial Recovery – Investment and Risk share 2017/18 and 2018/19 • Scoping new models of funding and contracting arrangements (Oct 16) • Director to drive forward contracting reforms (Dec 16) • Addressing 'system opportunity cost' in Out of Hospital Care
Headline our deliverables – key performance delivery	• Constitutional Delivery • A&E Delivery and stabilisation • Improved mental health performance
Clear priorities and purpose for the CCG	• End October - agree 18 month recovery programme setting out the organisational priorities • Internal refocus of capacity and capability focussed on priorities Dec 16 • New Executive Team to strengthen CCG leadership and capability Dec 16
Building key relationships and joint commissioning opportunities	• Director for Joint Commissioning to drive CCG Commissioning arrangements • Multiplicity of collaborative approaches - commissioning across specific geographies and population groups • Risk share across CCGs on complex cases 17/18 – 18/19
Positioning the system for sustainability	• Progressive direction to Accountable Care Systems – Mar 17 • Regaining confidence and trust from the Council of Representatives • Collaborative philosophy- engaging with stakeholders across the system and the local population to set the platform for the future

The CCG under Legal Directions: Improvement Plan

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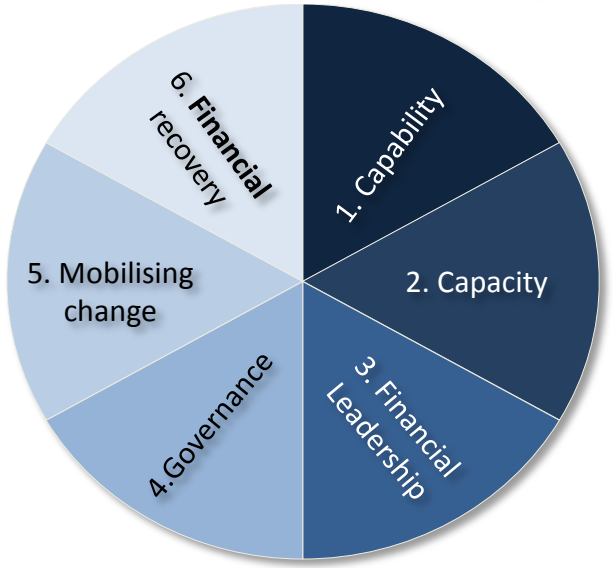
- The CCG understands the scale of the challenge and requirement to comply with the legal directions and has a greater understanding of the true underlying financial position to form the basis for immediate financial stabilisation through the Financial Recovery Plan and development of a robust medium-term financial strategy. The top priorities are:
- Develop strategic partnership working and building trust in local partners alongside strength in financial decision making
- Ensure that the capacity, capability and governance is strengthened in line with the Capability and Capacity Review of 28 January 2016 to deliver sustainable system wide improvement and provide effective commissioning and clinical leadership
- Focus on addressing its immediate challenges and leading a credible longer term programme of sustainable improvement, both internally and for the wider health economy



- Refocus the capacity in the organisation to deliver change at pace
- Develop local services solutions and strengthening support into general practice
- Additional lay support with a focus on finance to enhance scrutiny and challenge
- Continue to deliver against the NHS Constitution and national pledges
- Move to strategic commissioning across both the City of York and the North Yorkshire footprints:
  - New executives with clearly defined roles and responsibilities over: joint commissioning; transformation and delivery; system resources; and performance
  - Prioritising activities to support delivery of the plan
  - shared posts and functional convergence with other CCGs
- Strengthening partnerships to share capacity:
  - Formulation of clear and consistent priorities with partner organisations to reduce wasted time
  - Proactive engagement with the public, patients and key stakeholders through improved direct relations and communications

The CCG Improvement Plan: Progress

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	October – December 2016	January - March 2017
Stabilisation of finances	Strengthened financial decision making: ▪ Financial recovery plan in place (see M8 finance performance) ▪ Exec Director of Systems and Resources in place ▪ Contracting reform – Heads of Terms to manage contract and risks, negotiation & agreement – linked to emerging priorities and programmes of work across system (see Plan on Page and local place based plan)	1. Delivery of contract in line with Heads of Terms 2. Explore hybrid PbR opportunities 3. Further QIPP delivery 16/17 4. Further QIPP pipeline 17/18 development 5. Operationalise programmes in primary care, unplanned care and planned care to support delivery of system out of hospital opportunities
Headline our deliverables – key performance delivery	▪ Improvement in cancer standards (31 day recovery) and local Trust Action Plans for RTT and cancer December 2016 ▪ Developed and refreshed Action Plans for IAPT, CAMHS and dementia utilising NHSE funding support ▪ Review of PCU commissioning support to ensure local grip on mental health performance ▪ Winter planning and assurance through A&E Delivery Board ▪ STP work on Right Care and clinical thresholds	1. Rapid mobilisation of provider and wider system recovery plans for cancer and RTT through establishment of planned care task & finish – evolve into ACS unplanned and planned care programmes 2. A&E Delivery Board plans with focus on streaming, hospital flow and discharge 3. Work with primary care through CoR to formulate and deliver the collective 'ask' to support management of growth in demand

The CCG Improvement Plan: Progress

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	October – December 2016	January - March 2017
Clear priorities and purpose for the CCG	▪ Approved Improvement Plan for CCG in implementation ▪ Consultation on proposed future structure of CCG and new Exec team recruited to (capacity & capability) ▪ Revised and strengthened governance structure including: new Clinical Executive, Executive Committee, refreshed Primary care Committee ▪ Additional lay support with a focus on finance ▪ Refreshed GPFV plan, practice visits and work with CoR & LMC to understand local services solutions and strengthening support into general practice ▪ Clinical Summit for system and v successful	1. Prioritisation and strategic refresh in January 2017 based on system work and engagement 2. Link this to resourcing and shared resources across ACS and STP 3. Linking this to individuals' and teams' medium-term objectives in CCG 4. Linking this to comms & engagement – focus on **coproduction** with local populations at locality level
Building key relationships and joint commissioning opportunities	▪ Exec Director of Joint Commissioning appointed ▪ Emerging ACS (focus on population and place) and CCG leadership to driving this forward ▪ Develop strategic partnership working and building trust in local partners – primary care and CoR, STP, Local Authorities, MPs, DPHs – engage with ACS and Operational Plan ▪ Focused 'deepdive' on CHC, joint packages of care and complex care ▪ PCU as commissioning support review ▪ Development of collaborative commissioning intentions, acute contract and thresholds as STP	1. ACS Partnership Board to meet in Feb 2017 along with shadow locality boards. In delivery from April 2017. 2. Strengthening partnerships to share capacity: BI, PMO, back office, governance 3. Formulation of clear and consistent priorities with partner organisations and populations through locality boards and longer-term programmes of work
Positioning the system for sustainability		

Our transformation to date

The work we and partners have delivered during years 1 and 2 of the Five Year Forward View have had a positive impact in our locality and for our patients.

This provides a **strong foundation** for the further system change now needed.

Transformation and success

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The CCG has worked with its partners to deliver transformation in the local care system during the past two years which will provide a strong foundation to the system change now required. These have focused on:

- Demand management through RSS
- Resilience around urgent and emergency care to reduce avoidable admissions and A&E attendances
- Piloting the care hub model
- Addressing poor mental health estates and engagement around mental health strategy

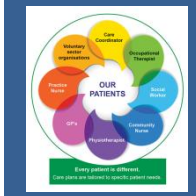
Redesigned diabetes pathways to better support management of diabetes in the community and prevent hospital admission **1**

Referral Support Service (RSS) **2**

Health Navigator Proactive health coaching **3**

Urgent Care Practitioners **4**

Integrated Care: Pioneer for Care Hubs



5

Reprocurement of mental health services and associated estates modernisation in progress **6**

Implementation NICE approved guidance on 2 week wait pathways for the different types of cancer **7**

Discover engagement programme for Mental health to inform future strategy **8**

Prescribing – lowest per capita prescribing frequencies and costs in the region **9**

Impact in the Locality: Managing Demographic Growth

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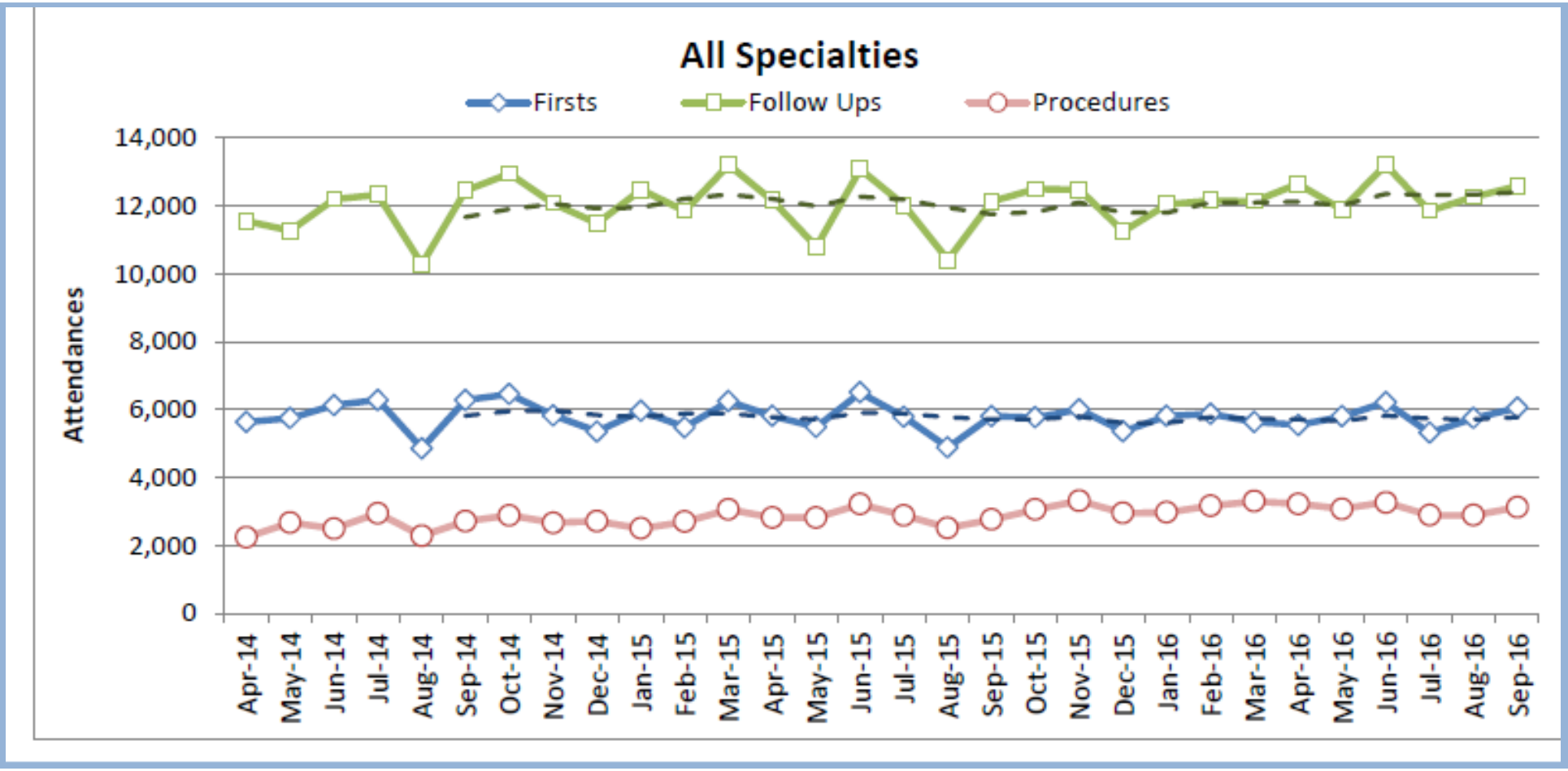
Referral Support Service (RSS): managing demographic growth to keep outpatient activity stable



Impact in the Locality: Managing Demand on the System

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Improvement/ Transformation	Impact
Emergency Department (ED) Front Door schemes	ED attendances for the York Hospital went down 6.8% compared to 12 months previous (Nov 2016) against a rising population
Integration hubs: York Integrated Care Team (YICT) The YICT is in the process of being rolled out to other practices in the City of York during December 2016 and January 2017.	In Priory Medical Practices (part of the York Integrated Care Team) attendances are down 8.7%, admissions are static and excess bed days are down by 13.3%
OptimiseRx software	Supporting nearly £300,000 of efficiencies in prescribing being delivered through the medicines management team
Oral Nutritional Supplements (ONS) – VoY has led work to optimise nutritional care for patients and interventions through the formulary and using OptimiseRx in the past 18 months. Other CCGs have been in touch wanting to replicate our schemes - their ONS prescribing trends have remained high despite some ONS price reductions over the past year.	Quality benefits for patients by optimising their nutritional treatment to reverse/stabilise malnutrition. Downward trend in expenditure and achieving regular monthly 'savings' (approx £12,000 per month)
Dermatology indicative budgets in general practice Supported by further expansion of dermascopes into practices and impact on 2WW Cancer (skin)	YTD the CCG can evidence savings of £68,000 with £23,000 of this going to alliances

Impact in the Locality: Driving Integration in the Community

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Integration

Arc Light	Works with homeless people to support them and hence prevent re-attendances after initial contact across the system. Commenced 2014.
Fulford Care Home Beds	Commissioned 4 beds for step up and step down; has links to the UCP service and primary care for direct admission to the care home rather than requirement for attendance at ED first. Commenced 2015.
York Integrated Care Team	Reviews all patients identified by risk stratification and/or discharged the previous day from hospital to provide pro-active support for that group of patients going forward. Shows a clear reduction in attendances for the target population. Covers 1/3 of VoY population currently and being rolled out further. Commenced in a limited way in 2014, major expansion in Summer 2015.
Pocklington Integrated Care Team	Manages step up and step down patients in a local dedicated bed base; coordinates pro-active care from community teams in the local area. Shows a clear reduction in attendances for the target population. Commenced 2015.
Selby Integrated Care Team	Provides a community response team that supports a caseload including LTCs and aims for attendance/admission prevention. Ongoing work and monitoring at present. Commenced 2015.
Priory Outreach	Scheme makes the link between the hospital and community and has a 3-5 day rapid input of care to avoid attendance/admission for step up and primary care patients. Commenced 2015.
UCPs	Urgent Care Practitioners (advanced paramedics) provide cover from 7am to 2am, 7 days a week, for see and treat of appropriate patients and support non-conveyance where appropriate. Commenced 2014, signficant expansion in 2015.
Hospice @ Home	Extended hours for evenings and weekends for H@H team to attend patients with an EOL care requirement, to avoid attendance and admission where requested and possible. Commenced 2014.
GP in hours referrals	YAS paramedics have the option to call to a GP practice for advice/review and transport to clinic rather than direct conveyance to ED. Commenced 2014.
Ambulatory Care Unit	Unit was trialled for 6 weeks at the end of 2014-15 and then put into place permanently from November 2015; approximately 1/3 of attendees are direct admissions from GPs.

Impact in the Locality: Driving Integration in the Community

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Integration

York Integrated Care Teams – Phased Roll out/ Population

Vale of York CCG GP Practices Total* Population: 350,723

GP Practice	Timeline	Population	% of total*	Rolling
Priory Medical Group	Phase 1	55,499	15.82	**15.82 %**
Unity Health	Phase 2	22,600	6.22	22.04 %
Haxby	Phase 2	32,868	9.37	31.41 %
MyHealth	Phase 2	18,741	5.34	36.75 %
Kirkbymoorside	Phase 2	5,937	1.69	**38.44 %**
York Medical Group	Phase 3	43,418	12.38	50.82 %
Dalton Terrace	Phase 3	7,646	2.18	53.00%
Jorvik Gillygate	Phase 3	19,695	5.87	58.87%
East Parade	Phase 3	2,097	0.63	**59.50%**
Selby Integrated Care Team		76,015	22.67	82.17%
Pocklington Integrated Care Team		15,510	4.42	86.59%

End of Phase 3 = 86.59 % of Vale of York practice population covered by Integrated Care Teams

GPs, nursing, physio, OT, Social Care, housing, social prescribing, DNs, UCPs

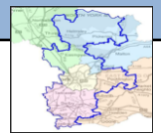
Our Plan on a Page

We have worked with our partners to capture our system and the **joint priorities for delivering care** for our population.

We want to provide a **common framework** for all partners to come to our emerging Accountable Care System and start planning how we transform locally.

This plan is not prescriptive or limiting; it aims to help us find commonality in the way we see and work in our system together **at this point in time**.

Operational Plan 2017-19 incorporating the Humber, Coast and Vale STP Vale of York locality

Vision	To create fully integrated care for all our communities and support the best possible health outcomes for all people	
Goals	Safe, resilient services working across 7 days that can deliver: • All NHS Constitution standards • A sustainable acute hospital delivery system • Out of hospital services joined up in a way so people only need to go to hospital when no other option is available • A financially sustainable system which provides VFM for every Vale of York £ spent on health and care • Access to good services for people with mental and physical health needs, especially those that are vulnerable	
Population Outcome and Prevention Priorities	Reducing LTCs prevalence – Smoking cessation, Obesity, alcohol, Frail elderly and vulnerable people including falls reduction Addressing isolation and quality of life – individual and rural Child health & Early Years – CAMHS, obesity (in utero maternity), SEN & LAC assessment Mental health access and early intervention – IAPT, dementia, smoking cessation, physical health & complex specialised services Holistic care for people with learning disabilities: physical health checks Cancer detection and diagnosis improvement	**Outcomes** **Improved patient outcomes:** • Morbidity reduction • Mortality reduction • Improved quality of life for patients **Acute activity maintained at sustainable levels:** • Reduce avoidable A&E attendances • Reduce avoidable emergency admissions • Reduce LOS and excess bed-days • Reduce outpatient attendances
Sustainability Priorities	1. Legal Directions - improvement plan and return to financial sustainability 2. Reducing demand on acute hospital care 3. Resilient urgent and emergency care networks working across in- and out of hospital care 4. Transformed primary and community care provision – fully integrated out of hospital care at or close to home 5. Transformed workforce across health and social care – Bands 1-4 and practitioner roles across health and care 6. Addressing unsustainable specialised commissioned services across the HCV and wider Y&H footprint (NHSE) 7. Fit for purpose estates and improved utilisation	
	Local	**STP wide**
STP Plans aligned with our 3 Health & Well Being Plans	 1. Strengthened primary care – capacity and resilience, estates improvement, workforce, integration, specialisation 2. Self care, Empowerment & Prevention – education, information, navigation, decision-aids and clinical advice 3. Integrated out of hospital care and Accountable Care System (ACS) with all partners to support place-based services which target the most frail, complex and vulnerable 4. Transformed mental health and learning disability (LD) services including complex healthcare (CHC) and CAMHS improvements 5. Sustainable acute hospital – outpatients and pathway redesign (RightCare; cancer); shared diagnostics, back office and estates	 <u>3 priority collaborative programmes:</u> 1. Strategic commissioning 2. Mental health and joint commissioning 3. In-hospital care and single acute contract <u>Through existing networks:</u> 1. Urgent care and networks 2. Cancer Alliances and diagnostics 3. Maternity strategy and clinical network 4. Specialised commissioning – neuro rehab/ Weight Mgt

Our Priorities and emerging Programmes

Our priorities focus on how we can drive **system outcomes** that address our triple aims.

Some of those priorities will be driven by our work internally as a CCG as a commissioner – strengthening primary care is our number one priority.

Everything else will require us to **work as a system** – in an Accountable Care System and as part of the Humber, Coast & Vale STP.

Our Six Priorities

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FINANCIAL RECOVERY AND FINANCIAL SUSTAINABILITY

PRIORITY 1
Strengthening Primary Care

PRIORITY 2
Reducing Demand on the System

PRIORITY 3
Fully Integrated Out of Hospital (OOH) Care

PRIORITY 4
Sustainable acute hospital and single acute contract

PRIORITY 5
Transformed mental health , LD and Complex Care services

PRIORITY 6
System transformations

IMPACT on Three Outcomes Gaps:

Finance: best value for Vale of York £ spent

- Single acute contract & strategic commissioning
- Consistent demand management and reduction in unnecessary activity in acute hospital
- Reduction in variation in reference costs
- Reduction in waste and duplication: diagnostics, medicines
- Right sized for elective care capacity and optimised utilisation of local estates
- Shared informatics, reporting and back office resources

Health & Well-Being: Population needs are met

- Whole population and targeted cohorts (most vulnerable) outcomes improvement: mortality, morbidity and quality of life
- Patients taking responsibility for their own health and budgets for care
- Improvement in physical health of people with mental health conditions and learning disabilities
- People having the best possible start in life with prevention, early detection rates and survivorship improvement

Care & Quality: Patient experience and rights are met

- Consistent delivery of NHS Constitutional targets
- Improved access, resilience and 7 day working
- Standardisation of clinical practice to 'best in class'
- Evidence-based clinical thresholds
- Fit for purpose estate for delivering care (mental health, integrated primary and community care)
- Sufficient and right workforce to deliver the care required

Our Emerging Joint 'Local Place' Programmes: 2017-2019

PRIORITY 1
Strengthening Primary Care

PRIORITY 2
Reducing Demand on the System

PRIORITY 3
Fully Integrated Out of Hospital (OOH) Care

PRIORITY 4
Sustainable acute hospital and single acute contract

PRIORITY 5
Transformed mental health , LD, Complex Care & CHC services

Primary Care:

- ✓ Driving prevention and self-care
- ✓ Driving demand management
- ✓ Prescribing optimisation

Supported by:

- GPFV – developing support for practices: capacity, access & capability
- Development of localities in ACS
- RSS
- Devolvement of budgets
- Development of reporting and monitoring

Unplanned Care (Out of Hospital):

- ✓ Proactive management of:
  - Frail elderly
  - LTCs/ complex
  - vulnerable
  - children

Supported by:

- ACS & locality structure
- Risk stratification
- Urgent care stabilisation
- New models of integrated care
- Community hubs
- Review of community beds & care homes
- Personal Health Budgets
- Estates investment

Planned Care:

- ✓ Right Care: Gastro; MSK (ortho); Circulatory
- ✓ Outpatients redesign
- ✓ RTT Recovery
- ✓ Clinical thresholds
- ✓ Networked services:
- Cancer redesign
- Shared Diagnostics, pathology
- Maternity & neonatal
- Specialised commissioned services

Mental Health, LD, Complex Care & CHC:

- ✓ Access, early intervention & crisis avoidance: CAMHS, IAPT, dementia diagnosis
- ✓ Physical health
- ✓ Targeted prevention: smoking, alcohol, obesity
- ✓ CHC redesign

Supported by:

- CHC review joint packages of care
- Personal Health Budgets
- MH consultation
- Modernised MH estate

PRIORITY 6
System transformations

ACS & HCVSTP Shared resources – PMO & BI

HCV STP Collaborative programmes

Shared care record & LDR

Workforce transformation

Shared back office and estate

Better Care Fund

Governance and accountability frameworks

Communications and targeted engagement

Our Existing Work

We are already working in many areas to drive improvement and transformation with our partners.

These include the **GP Forward View, Urgent & emergency care, cancer** and **mental health –** highlights are outlined in Annex 1.

Not all our work is captured in coherent strategies or system-wide programmes, however, which means not everyone understands our work in a consistent way.

Our operational plan will take this work and develop it further as part of the **system-wide programmes** with our ACS and STP.

Getting Started

Our operational plan is a **high level plan** which captures emerging priorities and programmes of work in our care system.

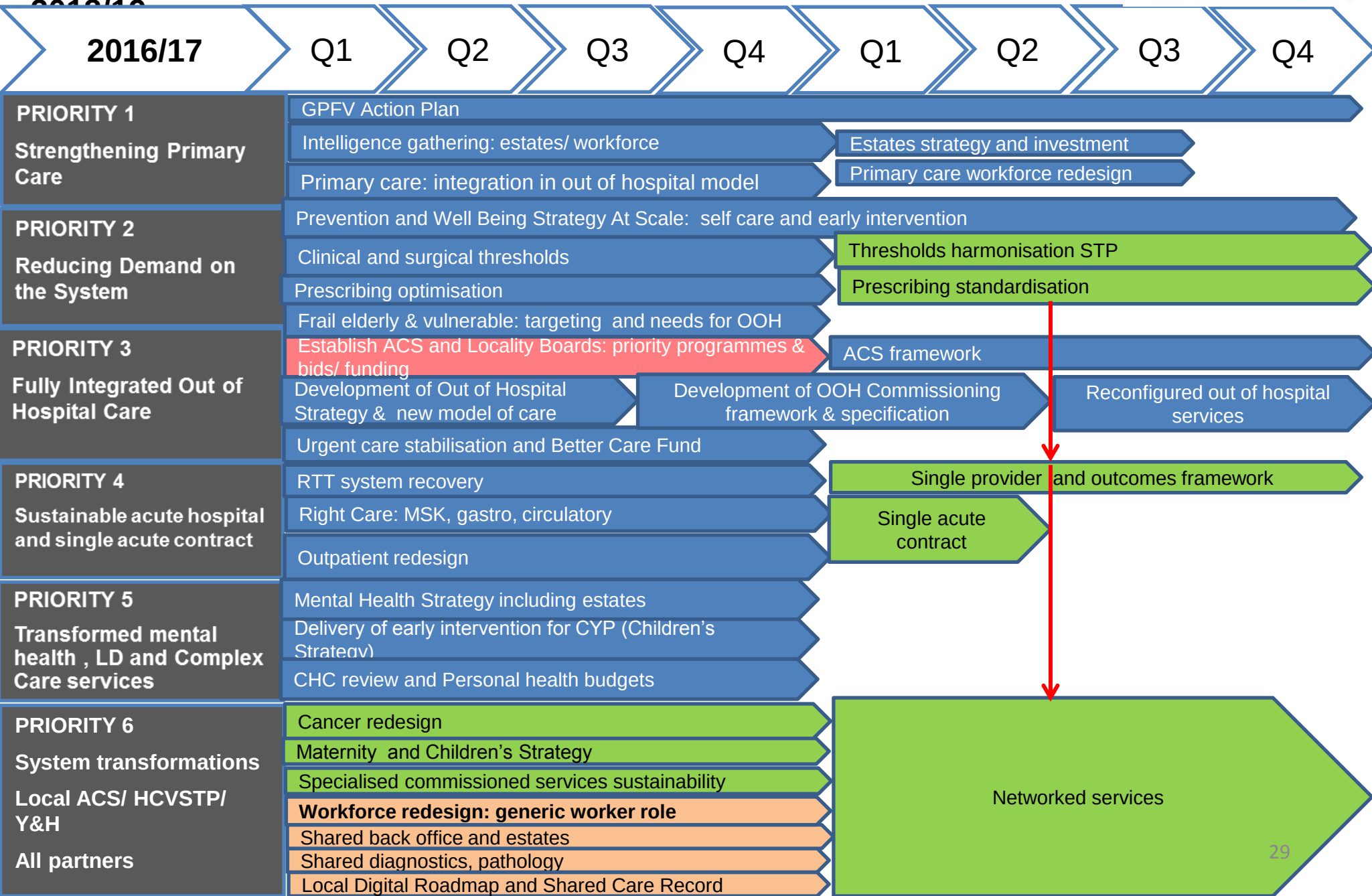
We will work to **scope and mobilise** these programmes with our partners through our emerging ACS and locality boards.

We need each locality to focus on a **few priorities to start working and target improvements** for those people who are most in need and vulnerable.

We will co-ordinate **bids for STP funding** to support transformation wherever possible.

Proposed Two Year Timeline for Delivery 2017/18

NHS Vale of York Clinical Commissioning Group



Our Governance

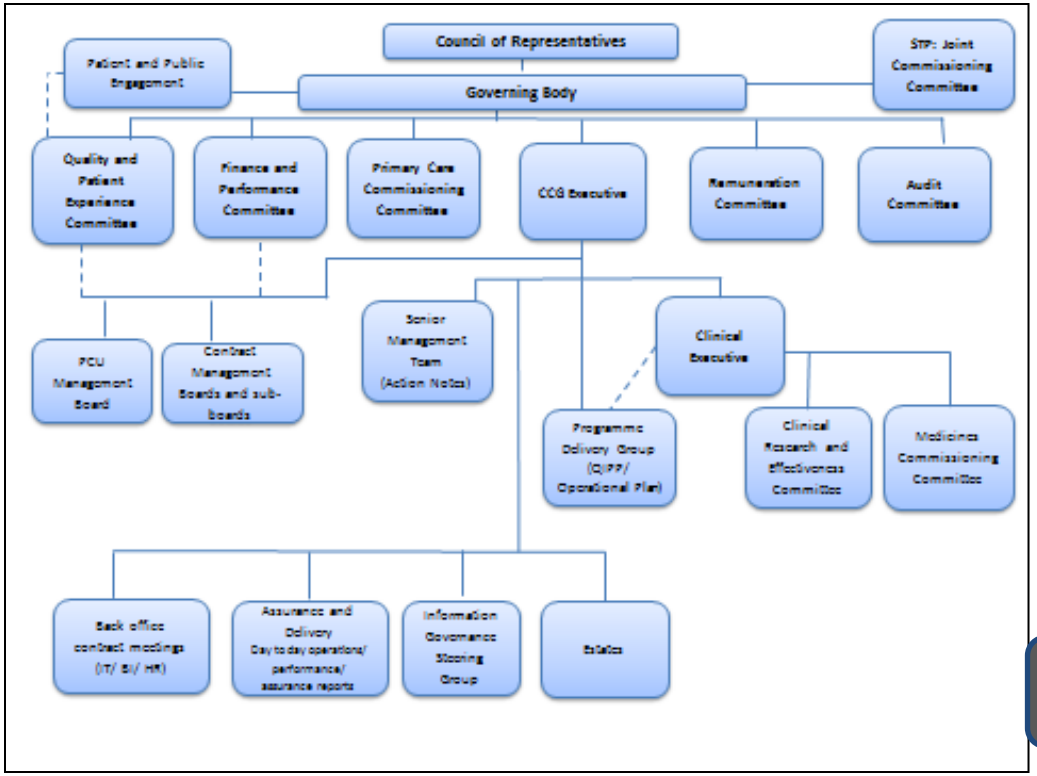
We need the appropriate shared resource and consistent frameworks for managing **governance and risk** if our programmes are to deliver at pace and scale.

We are strengthening our governance internally as a CCG as part of our Improvement Plan.

At the same time we are working as an emerging ACS and STP to understand how we can build trust and make decisions as a system. **Principles** and governance which focus on population and place are critical.

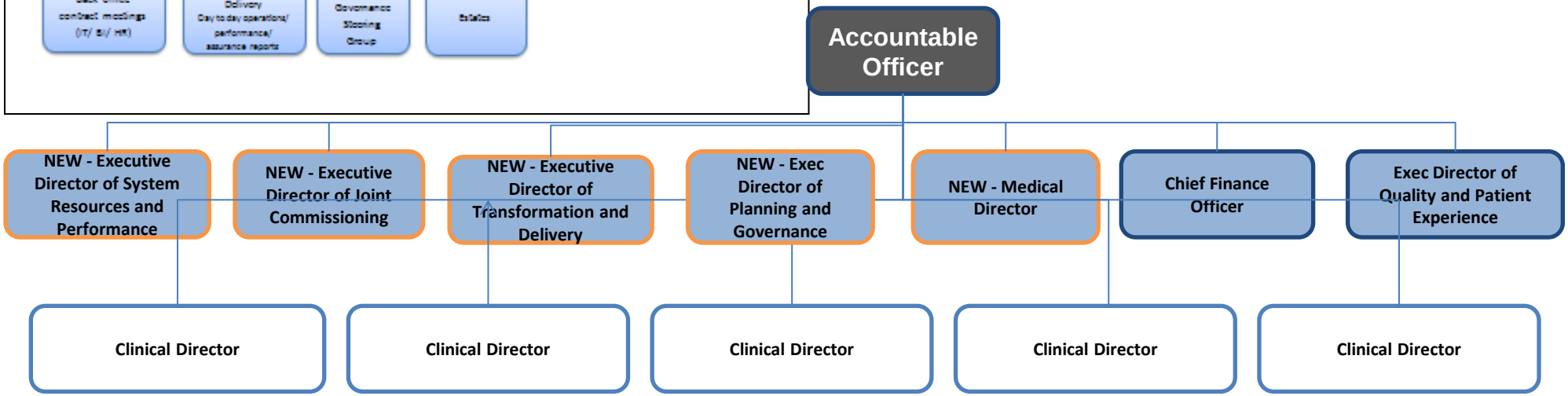
CCG Organisational Governance and Strengthening Delivery

NHS
Vale of York
Clinical Commissioning Group



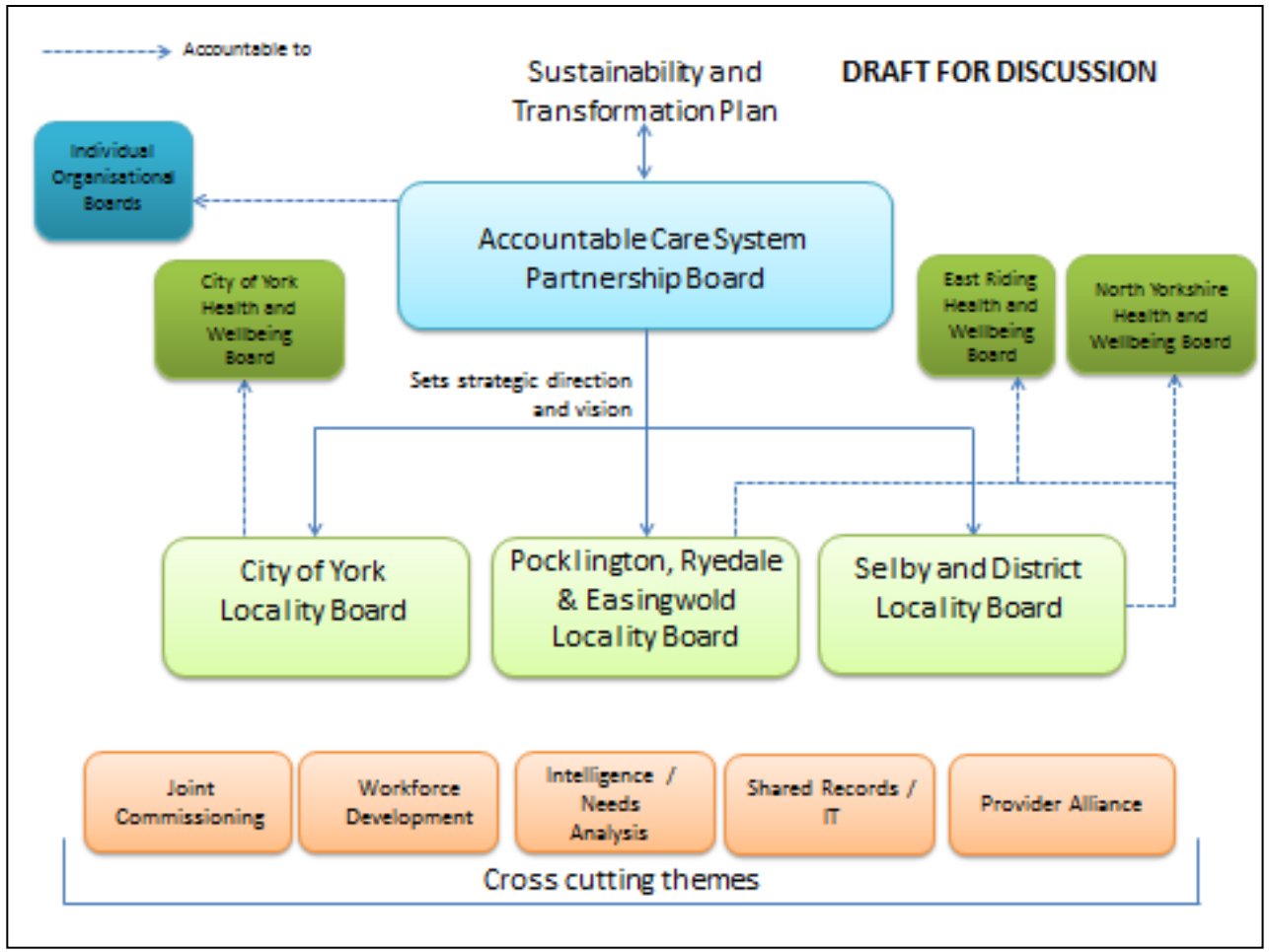
Aims:

1. Strengthened executive leadership to drive transformation
2. Clearer accountability and locked in decision-making
3. Focus on performance and rapid escalation if deterioration
4. Leaner reporting process and outputs: focus on delivery of improvement plan, IAF and constitutional standards



Accountable Care System (ACS) – Emerging Governance Framework (to be discussed in February 2017)

NHS
Vale of York
Clinical Commissioning Group



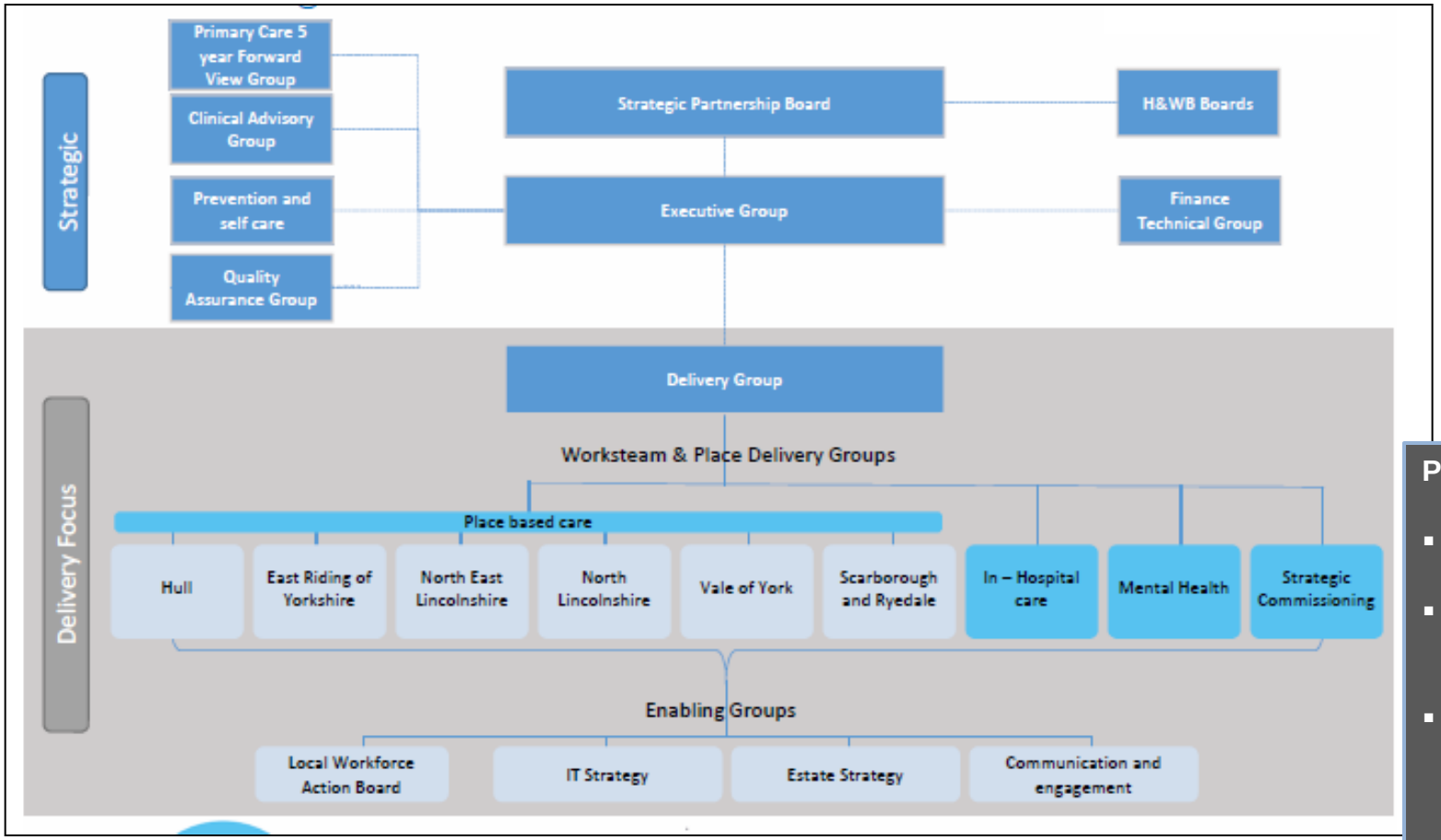
Emerging principles:

Working together our system will:

1. Be person-centred, holistic and individual, involving people in their decisions
2. Promote independence
3. Be underpinned by effective communication and integration software to connect information systems
4. Offer value-for money and be cost-effective, rebalancing investment towards prevention and early intervention and removing/disinvesting in duplication
5. Support increased multi-disciplinary working and empower the front-line, thereby increasing professional satisfaction
6. Give a timely and unambiguous response to need

HCVSTP System Governance (indicative)

NHS
Vale of York
Clinical Commissioning Group



Principles & Aims:

- System first, organisation second
- Moving from a reactive system to a proactive future system
- Work closely and collaboratively together to ensure the resources available are used in the most appropriate way for our communities
- System governance to provide rigour and challenge

Our Must Dos

We and our NHS partners have a **statutory duty** to deliver the rights and pledges of our patients in line with the NHS Mandate and **NHS Constitutional targets**.

Financial and workforce pressures in our system mean these targets are not being delivered in all areas or consistently.

We plan to work as a system to ensure we recover our delivery of all targets and can do so in a **sustainable** way – **managing demand on our services and prevention** will be critical to sustainable delivery.

Our STF trajectories have been triangulated with all our partners and represent the current system trajectory.

A&E 4 hour wait

NHS Vale of York Clinical Commissioning Group

Q2 PERFORMANCE:
Sept 2016: 91% (CCG) & 90.9% (YHFT)
LATEST PERFORMANCE:
October 2016: 85.5% (CCG & YHFT) – 4th consecutive monthly fail
WE 4th Dec: 81.8% (lowest daily to date 59.7%)

Front door (FD) ED schemes have seen a reduction in attendances in ED of 2.1% between July 2015- July 2016.

SYSTEM BOARD & MECHANISMS:
Local Place: Unplanned care programme in ACS
COG: A&E Delivery Board & Steering Group
STP: Y&H UEC network
CCG: Finance & Performance Committee

SYSTEM LEADS:
SRO: Pat Crowley, CE, YHFT
Clinical Lead (CCG): Andrew Phillips, MD
Exec lead (CCG): ED Transformation & Jim Hayburn, ED Systems & Resources
Programme Lead (CCG): Becky Case

Confirmed 2 year trajectory:
Return to 93% in Q3 2017 (September) within forecast activity model. Maintenance at 93% throughout rest of 2017/18 and 2018/19.

RECOVERY PLAN:
Short-term (Q4 2016/17)
- Continued delivery of provision of FD schemes and Ambulance handover concordat action plan: a separate Ambulatory Care, see and treat via Urgent Care Practitioners, e-procurement of Out of Hours services to integrate with NHS111, Community Integrated Care Team rollout, Discharge to Assess pathways, Primary Care services in A&E to support minor ailment streaming, clinical navigator and ensuring staffing levels in ambulance assessment area
- Decision by A&E Delivery Board (7/12/16) to focus on FLOW in hospital and address high bed occupancy with ECIP support to implement SAFER bundles of actions (focus on AMUs, acute elderly, discharge status and lounge) to address 11% increase in NE admissions, and the 28% of those admissions with LOS <24 hrs
- Address high levels of stranded patients (over 7 days in hospital) to reduce from 58% to national average of 30%
- Winter plan assurance and primary care access

Medium-term (Q1&2 2017/18)
- Delivery of full A&E Board Delivery Plan based on national 5 Imperatives
- Agree impact of S&R ED Medical Assessment Model on reporting and delivery of 4 hour target
- STP funding bid for liaison psychiatry

Resources and mitigations required/ to be agreed:
1. System decision on funding/ supporting medical and surgical assessment units and further utilisation of Ambulatory Care Unit from December 2016
2. Approach to delivering and impact of the new NHSI provider A&E scorecard from April 2017

RTT: Performance Summary October 2016

NHS Vale of York Clinical Commissioning Group

Summary: RTT performance is below constitutional target of 92% - YTHFT is responsible for 79% of the 8.49% under performance which equates to 6.71%. York tends to be the main driver of the measure in each specialty – except for T&O and Plastics (Leeds TH).

Commissioner Org Name	Provider Org Name	Total	Breach	%	Impact
NHS VALE OF YORK CCG	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	13040	1077	91.74%	6.71%
	LEEDS TEACHING HOSPITALS NHS TRUST	927	104	88.78%	0.65%
	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	274	38	86.13%	0.24%
	MID YORKSHIRE HOSPITALS NHS TRUST	183	36	80.33%	0.22%
	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	138	28	79.71%	0.17%
	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	453	27	94.04%	0.17%
	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	162	9	94.44%	0.06%
	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	43	5	88.37%	0.03%
	CLIFTON PARK HOSPITAL	395	5	98.73%	0.03%
	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	14	3	78.57%	0.02%
	SPIRE HULL AND EAST RIDING HOSPITAL	8	3	62.50%	0.02%
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	17	3	82.35%	0.02%
	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	6	2	66.67%	0.01%
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	7	2	71.43%	0.01%
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	11	2	81.82%	0.01%
	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	11	2	81.82%	0.01%
	NUFFIELD HEALTH, YORK HOSPITAL	141	2	98.58%	0.01%
	THE ROTHERHAM NHS FOUNDATION TRUST	2	1	50.00%	0.01%
	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	1	1	0.00%	0.01%
	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	14	1	92.86%	0.01%
	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	2	1	50.00%	0.01%
	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	2	1	50.00%	0.01%
	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	1	1	0.00%	0.01%
	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3	1	66.67%	0.01%
	FRIMLEY HEALTH NHS FOUNDATION TRUST	1	1	0.00%	0.01%
	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	1	80.00%	0.01%
	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	4	1	75.00%	0.01%
	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1	1	0.00%	0.01%
	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	13	1	92.31%	0.01%
	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6	1	83.33%	0.01%
	NORTH BRISTOL NHS TRUST	2	1	50.00%	0.01%

Split by specialty as follows October 2016:

Provider Org Name	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST			
RTT Part Description	Incomplete Pathways			
Commissioner Org Name	**Treatment Function Name**	**Sum of Total All**	**Sum of Breaches**	**Sum of %**
NHS VALE OF YORK CCG	Cardiology	790	48	93.92%
	Dermatology	959	62	93.53%
	ENT	1121	62	94.47%
	Gastroenterology	927	61	93.42%
	General Medicine	192	3	98.44%
	General Surgery	2032	232	88.58%
	Geriatric Medicine	168	0	100.00%
	Gynaecology	717	77	89.26%
	Neurology	345	13	96.23%
	Ophthalmology	1864	141	92.44%
	Other	1157	53	95.42%
	Plastic Surgery	92	5	94.57%
	Rheumatology	377	31	91.78%
	Thoracic Medicine	481	73	84.82%
	Trauma & Orthopaedics	866	49	94.34%
	Urology	952	167	82.46%
NHS VALE OF YORK CCG Total		13040	1077	91.74%

RTT

NHS
Vale of York
Clinical Commissioning Group

Q2 PERFORMANCE:
July 2016: 91.8%/ August 2016: 91.5%
Sept 2016: 91.6%
LATEST PERFORMANCE:
October 2016: 91.5%
Current non-admitted backlog at YHFT is 3,500 patients more than same time last year (Aug 2015-6) of which 900 patients have now waited more than 18 weeks. Admitted backlog is 1280 (IMAS model identifies sustainable backlog 240)
Key causes:

- Bed pressures (43 cancellations October)
- Theatre list cancellations (6-10 sessions per week/ 102 cancelled in Q2)

SYSTEM BOARD & MECHANISMS:
Local Place: Planned care programme in ACS
COG: TBC – re-establish 'planned care group'
STP: Strategic Collaborative Commissioning workstream (includes thresholds/ Outpatients)
CCG: Finance & Performance Committee

SYSTEM LEADS:
SRO: TBA
Clinical Lead (CCG): Shaun O'Connell
Exec lead (CCG): ED Transformation & Jim Hayburn
Programme Lead (CCG): Andrew Bucklee

Confirmed 2 year trajectory:
Return to sustainable position at 92%: April 2017 within forecast activity model (growth related to managing the current backlog will be excluded and managed discretely through system RTT recovery plan)
Maintenance throughout 2017/18 and 2018/19

RECOVERY PLAN:
Short-term (Q4 2016/17)

- ✓ YHFT internal recovery plan – recruitment to theatre and key specialties in progress; improved theatre capacity planning; roll validation 14 wks+ non-admitted waiting lists; streamlining validation; additional OP clinics; RTT management tightening; subcontracting to Nuffield (urology), Ramsay (gynae & MaxFax) and Clifton (ortho); specific ophthalmology action plan
- ✓ Work with Clinical Exec at CCG to drive any further primary care-led demand management (e.g. dermatology)
- ✓ Establish system task and finish group as precursor to ACS planned care programme – develop system RTT recovery plan in Q4
- ✓ On-going impact/ expansion of RSS and reduction on referrals and OPAs with focus on 2WWs (link to cancer recovery)
- ✓ NHSE support: additional demand and capacity planning capacity available
- ✓ Discussion with NHSE re: maxfax (dental) – shortages of capacity region

Medium-term (Q1&2 2017/18)

- Management of growth in demand through impact of clinical thresholds policy from April/ May 2017
- Pathway review (local & STP) including STP funding bid for diabetes
- Rightcare (local & STP): MSK, gastro, circulatory, neuro, resp med
- Outpatients review
- Establishment of ACS and programme for planned care
- Explore extension of devolved budgets to primary care - gynaecology, ENT and gastroenterology

Resources and mitigations required:

1. Some additional funding via NHSE to support subcontracting out to other regional providers (process TBC by NHSE)
2. System review of YHFT of RTT backlog modelling by speciality to inform system RTT recovery plan.

Cancer

NHS Vale of York Clinical Commissioning Group

Q2 PERFORMANCE:
Sept 2016:
31 days subsequent surgery - 92.1% (2 derm & 1 H&N)
62 days to treatment – 71.8% (demand increase in derm/H&N/colorectal/upper GI)
LATEST PERFORMANCE:
October 2016:
14 days: 88.1% (102/ 854 patients – dermatology & colorectal)
62 days: 75% (21/ 84 patients)
31 days: recovered to 97.5%

SYSTEM BOARD & MECHANISMS:
Local Place: Planned care programme in ACS
COG: York & Scar Cancer Locality Group
STP: Cancer Alliance Board; Y&H Cancer network
CCG: Finance & Performance Committee

SYSTEM LEADS:
SRO: TBC
Clinical Lead (CCG): Dan Cottingham
Exec lead (CCG): ED Transformation & Jim Hayburn
Programme Lead (CCG): Paul Howatson
STP: TBC

Confirmed 2 year trajectory:
Return to sustainable position: Q1 2017 within forecast activity model
Maintenance throughout rest of 2017/18 and 2018/19

RECOVERY PLAN:
Short-term (Q4 2016/17)

- 2WWYork hospital site now back on track with dermatology workload management Locum capacity now in place but Scarborough still experiencing delays
- YHFT recovery plan new being developed – final for approval end Dec 2016 (part of wider Trust performance mgt framework):
  - 62 days:
    - RCA work with Hull around theatre cancellations
    - RCA work with tertiary centres re: delays in diagnostics
    - Internal YHFT work to reduce pathway from 31 days to 28 days and validation
    - Breach analysis weekly
- Continued demand mgt schemes (RSS both VoY & S&R), improving digital images and work with Clinical Exec at CCG to drive any further primary care-led demand management
- Regional Cancer Alliance Work plan for approval 18/1/17
- Establish system task and finish group as precursor to ACS planned care programme – develop system RTT recovery plan in Q4

Medium-term (Q1&2 2017/18)

- Establish ACS planned care programme to include RTT and cancer
- Start delivery of Cancer Alliance work plan through ACS and STP – includes regional diagnostics capacity model including shared radiology; pathway streaming
- STP transformation fund bids x 3:early diagnosis, recovery, & risk strat

Resources and mitigations required:
1. Approval of final Cancer Alliance workplan after 18/1/17 and rapid mobilisation in VoY locality

Mental Health: IAPT

NHS Vale of York Clinical Commissioning Group

LATEST PERFORMANCE: October 2016:

- Access levels 14.1%, up from 12.7% in Sept & above the planned trajectory of 13.1% but below the 15% target
- Recovery rates 45.9% down from 46.1% in Aug, below the planned trajectory of 47% against a national target of 50%
- 6 week finished treatment 77.6% down from 79.6% in Aug, above the planned trajectory of 69.0% & nat target of 75.0%
- ❑ 18 week finished treatment 98.2% above 95% target

Improvement has been variable but now approaching the 2016/17 targets

Reasons for poor performance:

- historic lack of funding and access
- new patient administration system (PARIS) was implemented & this led to a number of data quality issues
- data quality has been improved
- workforce development issues/ counsellor contracts

SYSTEM BOARD & MECHANISMS:
Local Place: MH programme in ACS
STP: Collaborative STP MH programme
CCG: Finance & Performance Committee
SYSTEM LEADS:
SRO/ STP: TBC
Clinical Lead (CCG): Louise Barker
Exec lead (CCG): Elaine Wyllie
Programme Lead (CCG): Paul Howatson

Confirmed 2 year trajectory:

Access: 16.8% 17/18 and 19% in 18/19
Recovery: 50% from Q1 17/18 and throughout 18/19
6 weeks access: 75% from Q1 17/18 and throughout 18/19
18 weeks access: 95% throughout 17/18 and 18/19

RECOVERY PLAN:

Short-term (Q4 2016/17)

- CCG to prepare General Practice & primary care MH special bulletin 19th Dec
- New contract with clear expectations, outcomes and KPIs to work towards sustainable delivery of improved performance & managed robustly through CMB and Q&P, with clear commitment by the provider executive team to drive system improvements & ensure sustainable delivery of all metrics/KPIs
- Increased collaboration with the provider to develop and agree joint plans to address the non-achievement of KPIs and trajectory
- Initiatives include:
  - more straightforward referral forms, clearer referral criteria are driving the number of increased referrals and the provider now actively encourages self-referrals
  - using a combination of different channels and methods of delivery to increase the choice and uptake for service users, including one-to-one, group and web-based sessions
- The provider reviews workforce, workload and distribution by practice to ensure any variability is understood and referral patterns are acted upon
- The local services are monitored by the CCG & supported by additional inputs from the Assurance & Delivery, Clinical Strategy and Intensive Support Teams
- The Intensive Support Team to be involved in a local review of service delivery with CCG and TEWV. Findings from this review will be rapidly acted on to ensure that improvements in delivery are implemented asap. IST starts19/12/16

Medium-term (Q1&2 2017/18)

- Development of VoY Locality/ population based mental health plans

Resources and mitigations required:

1. Impact of/ on current option appraisal of PCU/ joint commissioning for NY CCGs
2. Seasonal referral variations/ workforce pressures in counselling capacity in locality

Mental Health: CAMHS

NHS Vale of York Clinical Commissioning Group

LATEST PERFORMANCE - October 2016:

- Access 14.1% against target 15%
- Recovery 43.6% against target 50%
- 257 patients awaiting their initial assessment or first treatment appointment
- CQC request validation of no. of looked after children- confirmed none on the validated waiting list

Reasons for poor performance

- increased rates of referrals to services from across the children and young people's age ranges &higher degrees of acuity
- a new patient administration system (PARIS) was implemented & data quality issues
- workforce challenges due to there now being two different providers fulfilling the two commissioned contracts - TEWV now fulfils the CCG contract whereas Leeds York Partnership Foundation Trust fulfils the NHS England inpatient CYPMHS contract

SYSTEM BOARD & MECHANISMS:

STP: Collaborative STP MH programme
CCG: Finance & Performance Committee

SYSTEM LEADS:

SRO: TBC
Clinical Lead (CCG): Louise Barker
Exec lead (CCG): Elaine Wyllie
Programme Lead (CCG): Paul Howatson
STP: TBC

Confirmed 2 year trajectory:

Access target 15% from Q1 17/18 and maintenance in 18/19
Recovery target 50% from Q1 17/17 and maintenance in 18/19

RECOVERY PLAN: **Short-term (Q4 2016/17)**

Vale of York CCG Waiting List Initiative with CAMHS TEWV

CCG have requested that TEWV lead on and provide capacity to reduce the waiting list and improve access for children and young people.
TEWV to ensure that the range of interventions offered to reduce the waiting list are in line with the Thrive model in providing services for 'getting help' and 'getting more help' cohorts. Project plan in development as follows:
1. York MIND to offer those children and young people on the waiting list with a lower level of need, eg, low mood, anxiety, in the form of 1:1 counselling or group work. 35 cases identified cost of £15,000
2. Focus – ADHD assessments and interventions. 24 cases cost of £25,200.
Private provider 1: 26 cases cost of £20,748 over 13 weeks (from 1st Jan – 31st Mar)
Private provider 2: 26 cases cost of £15,975 over 13 weeks (from 1st Jan – 31st Mar)
Total cost of interventions: £76,923 & Reduction from waiting list: 111

Other:

- new contract clear expectations, outcomes and KPIs included to drive performance through CMB and Q&P
- clear commitment by the provider's executive team to drive system improvements thereby ensuring sustainable delivery of all metrics and KPIs
- increased collaboration with the provider with jointly agreed plans to address the non-achievement of the KPIs
- development of a single point of access early in 2017
- additional inputs from NHSE Assurance & Delivery and Clinical Strategy
- CCG to prepare General Practice & primary care MH special bulletin 19th Dec

Medium-term (Q1&2 2017/18)

- Development of VoY Locality/ population based mental health plans

Resources and mitigations required:

1. Additional funding for action plan to support further cohorts of children on waiting list
2. Impact of/ on current option appraisal of PCU/ joint commissioning for NY CCGs

Mental Health: Dementia

NHS Vale of York Clinical Commissioning Group

Q2 PERFORMANCE:
Sept 2016: 54.7%

LATEST PERFORMANCE:
October 2016: 55.3%
November 2016: 55.69%
Against target 67%

Confirmed 2 year trajectory:
Achieve target 67% Q1 17/18
Maintenance throughout rest of 2017/18 and 2018/19

SYSTEM BOARD & MECHANISMS:
Local Place: MH programme in ACS
STP: Collaborative STP MH programme
CCG: Finance & Performance Committee

SYSTEM LEADS:
SRO: TBC
Clinical Lead (CCG): Louise Barker
Exec lead (CCG): Elaine Wyllie
Programme Lead (CCG): Paul Howatson
STP: TBC

RECOVERY PLAN:
Short-term (Q4 2016/17)
- Existing dementia action plan (see Annex 1)
- Push to drive up primary care coding targeting practices with greatest potential
- Address system toolkit technical difficulties to support Q4 next wave of practices to be targeted
- CCG to prepare General Practice & primary care MH special bulletin 19th Dec

Medium-term (Q1&2 2017/18)
- Development of VoY Locality/ population based mental health plans
- Incorporate dementia as part of a wider 'ask' of primary care for support in prevention, access and early diagnosis

Resources and mitigations required:
1. Access and target additional funding to support this additional coding
2. Engagement with primary care including via CoR and practice visits
3. Resources and mitigations required:
4. Impact of/ on current option appraisal of PCU/ joint commissioning for NY CCGs

Transforming Care: Progress against 2016/17 plan

LATEST PERFORMANCE: December 2016:
The CCG has already worked with its provider and closed one inpatient facility with TEWV reinvesting funding in community services including crisis.
VoY CCG had 6 clients out of area, all of whom are jointly funded (led by HAS) and one has recently returned to the locality. The 5 remaining clients are in non-secure hospital beds as follows:

Client:	Inpatient unit:	Progress with discharge and transfer to community/ home care:
1 (long-term)	Lincoln (independent hospital)	CTR April 2016 – decision to proceed with discharge planning. Significant delays due to providers being unable to offer packages and unable to source appropriate accommodation Brokerage also sent out to increase options Clinical team reservations on discharge but family sought legal advice to support discharge ACTION: Local CLDT to review
4	Oak Rise LD acute admission unit	1 x planned discharge confirmed 3 x mental health issues limiting discharge and further MDTs in December (1 x CTR completed April 2016)

RECOVERY PLAN:
- Case managers attending reviews
- Weekly updates from clinical teams
- RPIW discharge planning improvement support to Oak Rise to incorporate CTR process

Confirmed 2 year trajectory: The CCG is currently meeting its trajectory to reduce CCG commissioned beds. However, the TCP area as a whole is slightly off trajectory due to increased activity in specialist commissioned beds. Work to progress achievement of the combined bed reduction trajectory is being managed through the TCP with support from NHSE Area team. Work is ongoing (as described above) to ensure the community support is in place to facilitate discharge from hospital settings and ensure re-admission rates are minimal.

SYSTEM BOARD & MECHANISMS:
Local Place: MH & LD/ complex programme in ACS
STP: Transforming Care Partnership Board (TCP) has been established to manage and deliver the 'Building the Right Support' (BTRS) agenda
CCG: Quality & Patient Exp Committee; PCU

SYSTEM LEADS:
SRO: TBC
Clinical Lead (CCG): Louise Barker
Exec lead (CCG): Michelle Carrington
Programme Lead (CCG): Paul Howatson

Resources and mitigations required:
1. Impact of/ on current option appraisal of PCU/ joint commissioning for NY CCGs

Our Financial Modelling

We are working to deliver **financial recovery** through our CCG Improvement Plan with an immediate focus on the 2016/17 financial deficit.

As part of a **longer-term approach** to financial recovery we have undertaken a different strategic approach to financial modelling.

Medium Term Financial Strategy: New system of care

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- VoY CCG recognises that it will need to take a new approach if it is to become financially sustainable. Up until now, the health and social system which VoY is part of has failed to produce the correct incentives and behaviours which lead to large scale efficiency savings

- VoY's strategy for delivering change is grounded in the work of the Humber, Coast and Vale STP and includes a vision for commissioning based around the development of an accountable care system for the population of VoY

Characteristics of the new system of care will include:

- Realigning resources within the system through an outcomes-based approach to commissioning
- Supporting the right care and the right workforce to be delivered in the most efficient cost settings
- Incentivising and implementing a whole system approach to prevention
- Employing new contracting models and payment structures, including a phased move away from PbR, to deliver the right incentives and behaviours

- Successfully implementing an **Accountable Care Model** will require the VoY system to demonstrate a series of capabilities and work closely with its STP partners to deliver on this significant programme of change

Medium Term Financial Strategy – a new approach to commissioning

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Executive Summary from the Draft MTFS

VoY's current situation

- Vale of York CCG commissions health services on behalf of a population of 350,000
- The CCG has had an underlying financial deficit since its creation in 2014 and reported a deficit position of £6.3m at the end of 2015/16
- The CCG is one of nine to have recently been put into Special Measures by NHS England and received Legal Directions on 1st September 2016
- VoY responded with the development of a Financial Recovery Plan ('FRP'), submitted to NHSE on 6th October 2016, and including a plan to achieve an in-year deficit of no more than £7m (£13.3m cumulative)[1]
- A new Accountable Officer has also been appointed (in post from 3rd October) to oversee the rapid organisational change required and inject challenge

Purpose of financial strategy

- The CCG recognises the need to articulate a strategic plan which addresses the underlying causes of financial deficit and identifies a path to sustainability
- VoY spends less per head of population than any other CCG within the STP footprint yet receives the lowest allocated spend per head from NHSE (a function of how the allocation formulae recognises the health needs of the population)
- This means that the CCG needs to spend 11% less per person than the STP average in order to live within its means

- The Medium Term Financial Strategy seeks to:
  - **outline a plan** for how the CCG can reach a balanced and sustainable financial position
  - **align with existing system plans**, in particular, the Humber, Coast and Vale Sustainability and Transformation Plan (which VoY is a partner to)
  - **meet key statutory financial targets and business rules**
  - **be consistent with the CCG's vision** and support the delivery of the CCG objectives
  - recognise and **meet the scale of the challenge** in the Five Year Forward View
  - **deliver operational and constitutional targets**
- VoY has taken a fundamentally different approach to the development of its strategy based on a detailed understanding of its local population needs which has allowed it to pinpoint a number of areas it needs to focus on

A new approach to commissioning

- The CCG believes that, in order to deliver real change, a radical new approach to system leadership, commissioning and delivery is now required
- Up until now, the health and social care system which VoY is part of has failed to produce the correct incentives and behaviours which lead to large scale efficiency savings

Medium Term Financial Strategy – a new approach to commissioning

NHS
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Executive Summary from the Draft MTFS

This is evidenced by the fact that only 24 to 29% of the CCG's targeted QIPP cost savings have been achieved over the past two years

Moving forward, VoY needs to play its part in redesigning and delivering a new health and social care system which is better able to care for patients, whilst also delivering financial sustainability

VoY's strategy for doing this is embedded in the work of the STP and includes a vision for new models of accountable care in VoY, strategic commissioning across the system and new approaches to system governance and risk sharing

This builds on the ideas put forward in the Five Year Forward View and best-practice national and international examples of whole population management and outcomes-based commissioning

VoY has already made progress in a number of areas, for example in articulating a vision for a VoY Accountable Care System

Financial opportunity

The CCG has identified 6 areas of immediate financial opportunity to focus on: Elective Orthopaedics, Out of Hospital, Outpatients, Continuing Healthcare, Prescribing and High-cost Drugs

- Combined, these 6 opportunities have the potential to release savings to the CCG in the order of £50m by 20/21
- This would allow the CCG to reach in-year surplus by 19/20 although a cumulative financial deficit of approximately £24m at 20/21 would still remain
- A number of additional "pipeline" opportunity areas have also been identified but these are at an early planning stage only. If delivered in full, these additional opportunities would take the CCG's financial position to in-year financial balance by 18/19 and cumulative balance by 20/21
- The CCG has agreed delivery plans, next steps and work with stakeholders to progress each of the 6 major opportunities. 5 of these opportunities have the potential to deliver cost savings from 16/17
- Further work to firm up the size and potential for delivery of the additional pipeline opportunities is ongoing

- Next steps
- Moving forward, VoY recognises the need to progress its financial strategy forwards, whilst also delivering on shorter-term goals
- Development of the financial strategy will require close collaboration with providers and other STP partners, as well as a strong and realistic understanding of the capabilities required to deliver the new vision articulated

Medium Term Financial Strategy – a new approach to commissioning

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VoY's approach to understanding how we currently spend our population allocation based on population need

Report sections	Key activities
3 ***Population analytics and benchmarking***	• Reviewed weighted population allocation to understand areas where VoY does and does not "live within its means" • Conducted benchmarking with other STP commissioners to understand areas of VoY over- and under-spend • Reviewed VoY population characteristics to identify underlying cause of the deficit • Reviewed Right Care analysis to identify potential areas of saving • Reviewed other literature/best practice to identify
4 ***Financial opportunity***	• Identified specific financial opportunities based on population analytics/benchmarking analysis undertaken • Quantified opportunities based on evidence available • Phased savings over four year period to 20/21 • Calculated residual financial "gap" for VoY CCG under different scenarios • Reviewed delivery plans and enablers for each opportunity identified • Agreed approach to working with stakeholders and immediate next steps

Medium Term Financial Strategy – a new approach to commissioning

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We have identified 6 specific financial opportunities which we are taking forward to delivery immediately

- The CCG has identified 6 key areas of financial opportunity based on the population analytics and health benchmarking findings
- The annual potential planned savings for these until 20/21 are detailed below and are evidenced in further detail in the following slides
- This chapter also includes VoY's agreed approaches to delivering the opportunities identified, driven by the CCG's overarching new approach to commissioning, described in Section 2

Section reference	Opportunity	Total potential spend reduction (£m)	17/18 (£m)	18/19 (£m)	19/20 (£m)	20/21 (£m)
(4.2)	***1) Elective orthopaedics***	**4.2**	1.3	1.0	1.0	1.0
(4.3)	***2) Out of hospital care***	**21.3**	0.0	9.1	7.2	5.0
(4.4)	***3) Contracting for outpatients***	**5.0**	3.0	2.0	0.0	0.0
(4.5)	***4) Continuing healthcare and funded nursing care***	**9.3**	3.1	2.5	2.5	1.2
(4.6)	***5) Prescribing***	**6.2**	1.7	1.5	1.5	1.5
(4.7)	***6) High cost drugs***	**2.0**	0.2	0.6	0.2	1.0
	Total	**50.0**	**9.4**	**16.7**	**12.4**	**9.6**

Detail and evidence to support the proposed reduction of spend on each of these areas is included in the draft Medium Term Financial Strategy. This is starting a period of engagement and refinement to ensure the messages are clear to everyone in the CCG, partners and stakeholders. A summary stakeholder document has been prepared for this purpose.

2017/18 Financial Plan Summary

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Headlines

- The Plan assumes a 2016/17 position of £24.1m deficit in line with the CCG Improvement Plan submission.
- The underlying deficit position of £19.5m along with inflation and growth of £13.9m have been applied.
- Allocation growth of £8.7m is included.
- A QIPP saving of £11.2m (2.5%) has been applied to the plan.
- This results in a 2017/18 cumulative deficit of £45.5m

Business Rules

- CCGs should plan for in-year break-even ✗
- CCGs should plan to spend 1% of allocation as non-recurrent expenditure ✗
- Deficit CCG to delivery a in-year breakeven position or deliver 1% of allocation improvement ✗
- 0.5% of non-recurrent expenditure should be uncommitted as a risk reserve ✓
- CCGs should plan for 0.5% Contingency ✓

Bridge chart - 2016/17 Forecast Outturn to 2017/18

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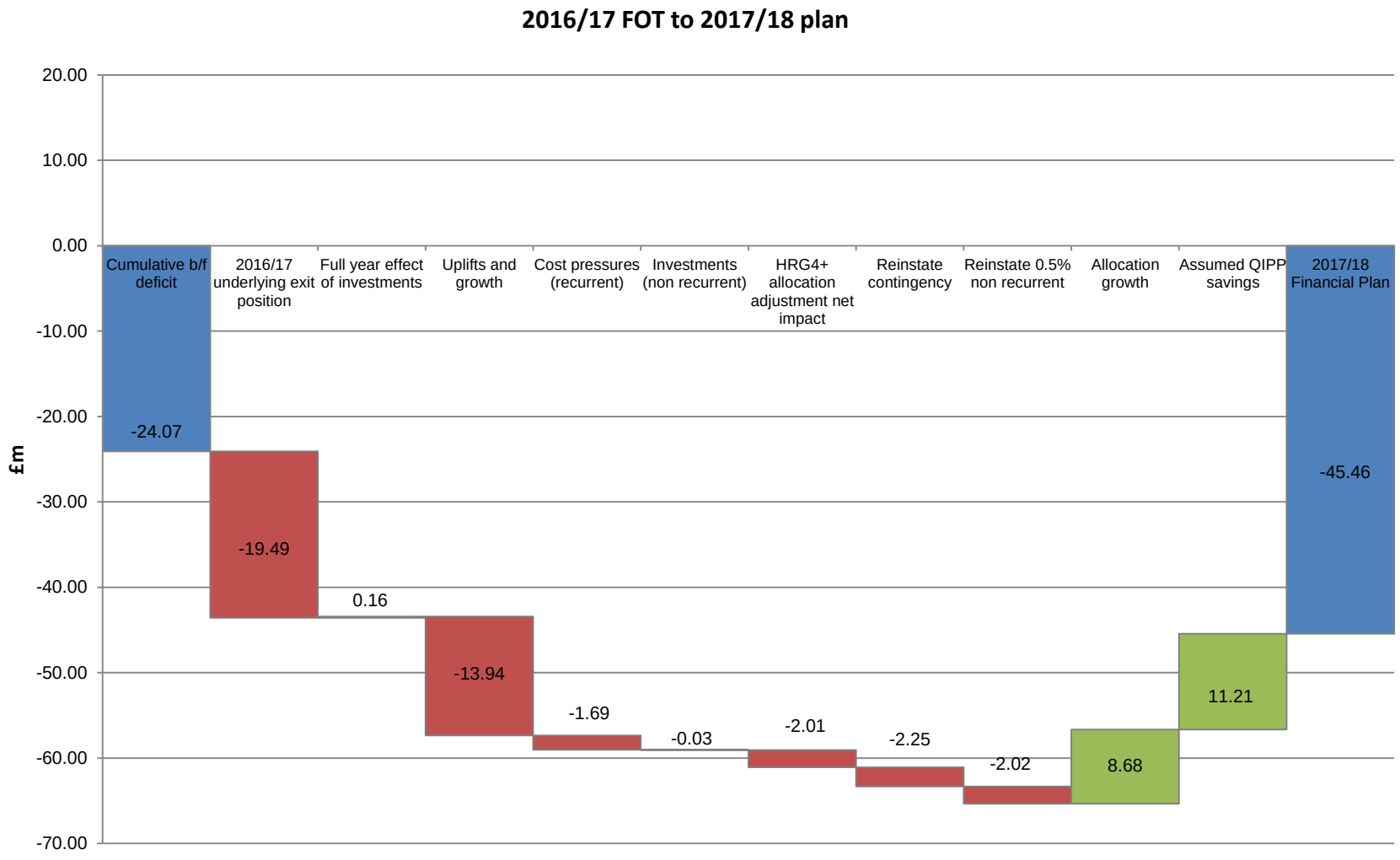

Underlying position 2016/17 to 2017/18

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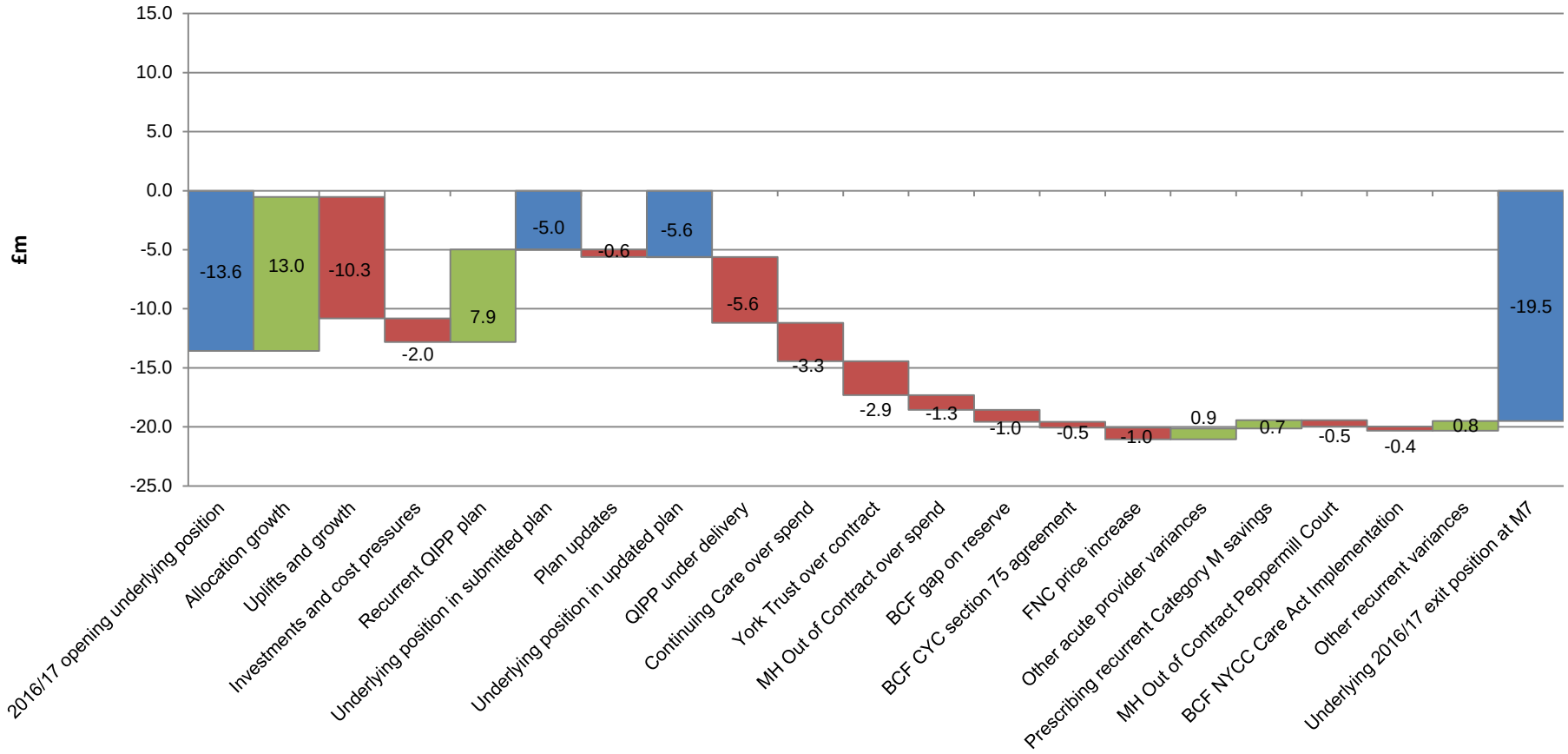

- The underlying deficit has deteriorated by £5.9m in 2016/17. The main drivers for this are an increase in acute activity, an increase in continuing care activity along with lower than planned delivery of QIPP.
- A review of the underlying position has taken place between the CCG and NHS England since the 1st draft submission of the 2017/18 plan.
- Assumptions around the treatment of recurrent and non-recurrent expenditure and savings and some assumptions were changed as a result of this.

Planning assumptions

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Inflation & growth assumptions

- Inflation accounts for £5.2m of the overall £13.9m Inflation and growth.
- Inflation has been applied in line with national tariff inflation. With the exception of continuing care and Primary care where PCU levels and nationally assumed primary care levels have been used.
- The growth levels that account for £8.8m are based on STP assumptions for growth levels, with the exceptions of continuing care and primary care where PCU levels and population growth have been used.
- An extensive process of challenge and review took place between NHS England and the CCG on the STP and PCU growth assumptions.

Cost Pressures, Investments & Contingencies

Cost pressures:

- Property Services move to market rent £1.7m
- Increase in Running Costs £0.2m

Investments:

- The CCG has been able to include the £3 per head for primary care but this is reliant on additional savings being made to generate it
- Contingency of 0.5% of allocation has been provided for.
- Non Recurrent risk reserve of 0.5% has also been provided

QIPP 2017/18

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- A QIPP target of £11.2m has been built into the plan which equates to 2.5% of the overall allocation.
- The critical areas for focus are derived from the Medium Term Financial Strategy and support delivery of the organisation's priorities.
- These sit alongside a number of other schemes delivering better value for the resources available.
- A joint CCG and NHS England confirm and challenge event has been held to confirm the QIPP target and determine executive responsibility for all areas of programme spend. This event reviewed the full value of the schemes identified in the pipeline and the FYE of schemes that commenced or that are due to commence in 2016/17 alongside new schemes planned for 2017/18 and 2018/19.

Risks to delivery of 2017/18 Financial plan

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- **Contracting** – the CCG are in discussion with York Foundation Trust regarding a non-PBR funding mechanism for 2017/18 as well delivering a single contract with the trust across all commissioning partners.
- **Activity and growth assumptions** – based on STU & PCU and also have been subject to challenge but could prove to be incorrect.
- **NHSPS** – increased market rent is built into cost pressures.
- **HRG4+ & IR allocation changes** – the risks and pressures created by changes to tariff are now included in the financial plan
- **BI & data quality/timeliness** – risk for planning activity levels with lack of data.
- **QIPP** – the previous performance of the CCG has been lower than the levels in this plan.
- **BCF** – the minimum amount required is in the plan but discussions are still to take place with the local authorities.
- **CHC** - Although growth has been added this remains a volatile area.
- **Running costs** – increasing the capability and capacity of the CCG has resulted in a fully committed running cost allocation.

Our Activity Modelling

We have worked with our provider partners to incorporate the impact of our known financial efficiency, growth and demand management, and recovery plans on the activity we will contract for.

Our approach to activity modelling

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The activity submission is based on an estimation of the planned level of activity for the 2017/18-2018/19 contract, calculated based on the financial plan value for each provider divided by the average activity cost. The methodology applied to calculate the financial plan for each Acute contract (at POD level) is as follows:-

The acute contracts in the financial plan are based on recurrent outturn position at month 6, adjusted for any known full year effects of investments or other changes. Tariff uplift and efficiency is then applied as per national guidance (2.1% uplift, 2% efficiency, plus an additional uplift for HRG specific CNST premium, equivalent to 0.7% of total tariff spend). Demographic growth is applied, based on the national IHAM model and in line with STP plans. The allocation adjustment for HRG4+ and IR rules have been applied based on the Trusts impact assessment. Proposed QIPP schemes have then been applied. The value of these schemes are based on the confirm and challenge numbers aligned with the Financial Plan, these are pending agreement with the Trust. Schemes have therefore been applied to the main contract and point of delivery that they are expected to impact.

The baseline modelling for the York Trust contract is well underway. We have agreed the baseline (should nothing in the system change) and are now finalising and negotiating the contract value to take into consideration the outstanding AQNs, a local assessment of growth requirements and QIPP schemes. The baseline activity is based on the following methodology:-

- 12 months data (July 15 – June 16), adjusted for forecast outturn as at Month 6 (2016/17) at Point of Delivery and Specialty level. The Forecast outturn is pre-populated by NHSE in the activity template for referrals and SUS based on the T&R database and therefore there are likely to be issues associated with using different datasets. The CCG uses referral data directly received from the Trust and adjusts SUS to remove activity which should be excluded for contracting and payment purposes i.e. activity seen in the Ambulatory Care Unit (ACU) which are coded as Day Case or Non-elective but are excluded as they are not admissions funded by PbR and are funded based a partial block and partial fixed local price payment model.
- Growth is included in the baseline based on the STP levels of growth (IHAM) but will be adjusted for based on a local assessment of trends and ONS population change as the CCG has implemented various schemes to manage demand. The IHAM estimated level of growth not take into account the excluded ACU activity (mentioned above) or the impact of the CCG's Referral Support Unit which has historically contained growth.

Our approach to activity modelling

Vale of York Clinical Commissioning Group

- A further adjustment is applied to reflect the impact of local initiatives and pathway changes not fully reflected in the baseline (such as community diabetes service which reduces acute activity, the implementation of the ACU, coding correction for Palliative Medicine etc.)
- An adjustment for the Trust's coding and counting notification from the 30th September 2016 is applied.
- The impact of the IR rules are included based on the Trusts impact assessment.
- There are three Activity Query Notices currently being investigated being investigated by the Trust which are likely to impact on the baseline once concluded. We aim to resolve these early is the New Year.
- QIPP adjustments will be applied to the baseline and agreed with the Trust to derive the contract financial value.

Our Contracting and Risk position

We have agreed a Heads of Terms document which incorporates all the areas we will work jointly with our providers around in 2017/18 to close the activity and financial gap in the current contract values.

The programmes of work supporting that Heads of Terms will be captured within our ACS programmes to ensure there is a coherent link between the transformation work we do and the impact on our contracts (transactional).

Annex 1: Our Existing Work

We are already working in some areas to drive improvement and transformation with our partners.

These include the **GP Forward View, Urgent & emergency care, cancer** and **mental health**.

Not all our work is captured in coherent strategies or system-wide programmes, however, which means not everyone understands our work in a consistent way.

Our operational plan will take this work and develop it further as part of the system-wide programmes with our ACS and STP.

The following slides provide a high level summary of our work.

Prevention

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We have an agreed Prevention and Better Health Strategy that underpins the work on lifestyle improvement prior to elective surgery and more broadly the ambition to improve health and reduce inequalities which requires changes in the way that CCG resources are currently used.
The ACS and STP will work to identify the opportunities for all partners to deliver prevention 'at scale' across the system in order to have the greatest impact for our population well-being and demand on our services.

AIMS:

The CCG's aim as a partner in the local health and health system is to achieve the best health and well-being for everyone. We work with our local authority partners and our joint health and well-being strategies to enable and encourage people to live the healthiest lives possible within the resources available. This supports the system in getting the best value from the resources and prevent any avoidable use of NHS resources.

The Prevention and Better Health Strategy has been developed to demonstrate how focusing our efforts on prevention, self-care and shared decision-making can support a shift in the way health and care resources are valued, and to empower patients in the Vale of York to become more active participants in shaping their health outcomes.

This strategy is focussed on:

- tackling the common risk factors (especially smoking and obesity) for many of the major diseases affecting the population,
- improving the appropriate use of health care (including through increased 'shared decision making' and raising awareness of Patient Related Outcome Measures - PROMS)
- ensuring patients gain the most benefit from the health care interventions they receive
- supporting people to take responsibility for their own health.

This strategy underpins the specific policy approach for improving the MSK pathway and utilisation of elective surgery through the provision of patient support resources and collaboration with local authority partners in the commissioning of weight management and smoking cessation services.

Future prevention work will develop the collaborative commissioning of further prevention services with partner organisations, including detecting pre-diabetes and high blood pressure, reducing inactivity and alcohol consumption, increasing immunisation and uptake of cancer screening and helping people to understand their options and manage their own health through self-care and shared decision-making.

Primary Care: Delivering the General Practice Forward View

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AIMS:

1. **Investment in Primary Care – estates and workforce**
2. **Build resilience and patient access across practices in and out of hours, through:**

- Supporting, developing and extending the Primary Care workforce
- Transform the way technology is deployed and infrastructure utilised – developing an estates strategy
- Better management of workload and redesign how care is provided
- Addressing variation and benchmarking
- Improving data quality and continuous improvement
- Implementation of risk stratification tools

Primary care also have a pivotal role in:

- Delivering prevention and managing population health
- Managing system demand
- Developing and delivering new models of out of hospital care as part of integrated care teams in an accountable care system (ACS)

The CCG **GP Forward View Action Plan** outlines the proposed workstreams to drive this programme of work forward and align the plans to the emerging ACS. This has been submitted on 23/12/16 alongside this Operational Plan. The CCG Primary Care Committee has refreshed its governance arrangements in order to more effectively deliver this GPFV and support the Operational Plan and ACS.
The CCG Council of Representatives and the Local Medical Committee are working with the CCG Executive Team and the Clinical Executive to provide steer and support to the delivery of the Operational Plan.

Clinical Thresholds

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Opportunities to standardise and optimise across the HCVSTP	
Improving the musculoskeletal (MSK) pathway	Improving the musculoskeletal pathway, for improving lifestyle risks prior to elective surgery and to manage the utilisation of elective surgery. Working with patients, public and partner organisations to improve health and reduce inequalities whilst making better use of resources and delivering NHS England Directions and the journey together towards a sustainable health and social care system that optimises outcomes for patients and the population you serve. Plans for improving the musculoskeletal (MSK) pathway – taking account of RightCare information, the financial challenges faced by the CCG, and your ambition to improve outcomes from surgery and to improve health across the population. Our plans for managing utilisation of elective surgery - taking account of the opportunity to improve lifestyle risks pre-operatively, improve outcomes from elective surgery and the financial challenges faced by the CCG.
Managing utilisation of elective surgery	This strategy is focused on: tackling the common risk factors (especially smoking and obesity) for many of the major diseases affecting the population, improving the appropriate use of health care (including through increased 'shared decision making' and raising awareness of Patient Related Outcome Measures - PROMS), ensuring patients gain the most benefit from the health care interventions they receive and supporting people to take responsibility for their own health. This strategy underpins the specific policy approach for improving the MSK pathway and utilisation of elective surgery.
	The strategy also aims to be consistent with the Local Authorities' Health and Wellbeing strategies and to promote the 'Wanless Report' recommended 'fully engaged scenario'. The strategy provides an analysis of the effects of smoking and obesity on health in general, the impact of smoking and obesity on outcomes of health care interventions and the benefits of stopping smoking and of losing weight / improving fitness pre-operatively.

Urgent and Emergency Care: Delivery Board Improvement Plan

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Delivery of the 4 hour A&E standard (including the new provider A&E scorecard) including the implementation of 5 elements of the A&E Improvement Plan	
ED Streaming:	Review of the Ambulatory Care Unit at 12 months is ongoing; colleagues are working to assess sustainability in the current format, and if there is the requirement for additional working hours (staffing) at the weekend in addition to the current provision. This work will be completed by the end of December 2016. There is also an acute frailty plan to improve the proportion of comprehensive geriatric assessment at the earliest opportunity which YTHFT are leading for both their sites.
NHS111:	Our partners have shared with us their design for new pathways across all of Yorkshire. We have a representative on the planning group for the Clinical Advisory Hub and have planned to roll out the expanded DOS to include social and voluntary care in this CCG area before the end of January 2017.
Ambulance ARP:	Our partners have shared their plans for this change in ambulance provision across all of Yorkshire before March 2017 and we are supportive of this.
Improved Flow:	YTHFT are leading the rollout of the SAFER standards across all of their acute and community hospital wards, as well as reviewing the use of clinical checklists and 'Red & Green days'. Their medical director is leading these workstreams.
Improved discharge processes:	Review and planning for all 'stranded' patients with stays of 7 days or more – this is a key area of improvement to which we are committed. The A&E delivery board on 7th December has this as a key agenda item as work with ECIP during 2016 has not yet delivered a significant change. Discharge to assess pathways are in operation for a limited number of areas; this is planned to roll out across all wards prior to April 2017. Work on Trusted Assessor proposals in private care homes has been ongoing for a significant period of time; the scheme has been operational in Council run care homes for some time, however the standard model cannot be implemented in this health economy. More scoping is ongoing to review if there is an in-hospital model that private care homes would support. There is no confirmed implementation date for this workstream for this reason.

Urgent and Emergency Care: Seven Day Hospital Services

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Meeting the four priority standards for seven-day hospital services for all urgent network specialist services by November 2017	
Steps and actions to implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 including a clinical hub that supports NHS 111, 999 and out-of-hours calls.	**Time to consultant review:** this standard has improved significantly during 2016, with the time for initial triage falling from over 100 minutes to 33 minutes across 7 days on the introduction of the Primary Care streaming in July 2016. With the additionality of the Comprehensive Geriatric Review planned as part of YTHFTs frailty plans we do not anticipate a difficulty in meeting this standard. **Diagnostic services:** Vale of York CCG are leading a comprehensive review of diagnostic services across 7 days currently. This is working with both primary care to ensure access in and out of hours and refining current pathways within YTHFT, This will deliver against a number of different workstreams over the next 12 months, and anticipate delivery against standards by November 2017. **Consultant directed interventions:** YTHFT are again leading on this workstream; a comprehensive review of consultant job plans to provide 7 day services has been commenced and it is anticipated that this level of service will be delivered by November 2017. **Consultant review:** progress against this standard is ongoing, also being led by YTHFT. It is anticipated that this will be met in all areas, including geriatric and HDU care by November 2017. The Vale of York CCG is a key member of the **STP Urgent and Emergency Care network**; with the Deputy Chief Operating Officer leading a number of workstreams across the region. The Urgent Care lead in the CCG is also a member of the group rolling out the **Clinical Hub (Advisory Service)** and plans are in place to deliver this to the approved trajectory; learning from the lessons in the affiliated West Yorkshire Vanguard/Accelerator site. Reprovision of the OOH GP service during 2015 included integration of NHS111 and out-of-hours and support is being provided to Yorkshire Ambulance Service to further integrate 999 services over the next two years. They hold the detailed plans for this workstream.

Urgent and Emergency Care: networked & Liaison services

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Meeting the four priority standards for seven-day hospital services for all urgent network specialist services by November 2017	The CCG has already commissioned a comprehensive **Urgent Care Practitioner programme** that delivers 'see and treat' across all of Vale of York CCG; with direct access for all Care Homes, Community Services teams and the York Integrated Care Team. This has been instrumental in reducing the proportion of avoidable transportation to A&E already; particularly in the area of falls and minor injuries. An improvement to the software used by NHS111 provided by Yorkshire Ambulance Service at the start of November 2016 is anticipated to increase further the proportion of NHS111 patients that are referred through to this part of the system as there is additional capacity available in the service to do this. This will further reduce the proportion requiring transportation.
Initiating cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis	The CCG has already designed and commissioned an **ED Psychiatric Liaison Service** within the last two years that delivers urgent care for those in a mental health crisis. This has a 1 hour response time within ED at all times, and includes multidisciplinary and multiagency support across Health, Social Care, Police and local Voluntary Sector services supporting those with drug and alcohol issues locally. Our **local** Better Care Funds also support a number of schemes including 'Pathways' for those who are hard to reach or are persistent attendees and provision of street triage and a 136 Suite.

Integrated Out of Hospital Care: an emerging Accountable Care System (ACS)

NHS Vale of York Clinical Commissioning Group

VoY CCG plans to work with its commissioner and provider partners over the coming months to develop an accountable care operating framework for the VoY. An Accountable Care System Board would be accountable for delivering outcomes and represent all partners.

Such a framework would support closer integration between all aspects of care (primary, community, mental health and social) through a focus on realigning resources in such a way that maximises outcomes (end results) for residents and patients

Health and social care outcomes for the VoY population are commissioned through place-based integrated strategic commissioning. Local Accountable Providers provide an integrated set of services determined by local priorities and supported by common standards of governance, operations and decision-making. Delivery of services is based around primary-care focused neighbourhood teams, building on the CCG's pioneering work on integrated care hubs.

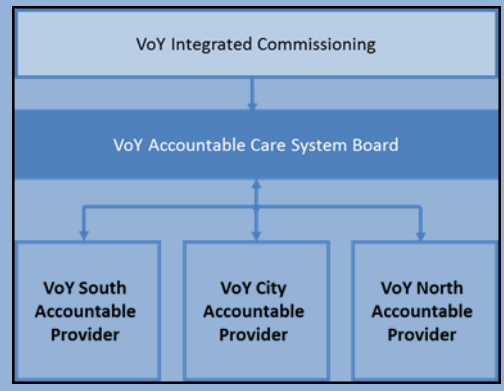
The CCG recognises that development of an accountable care system for the population of the VoY will require much further work.

A high-level five phase approach to the phases of work required is emerging that describe the process from agreeing a strategy to defining the accountable care framework (and the outcomes that it will need to deliver) to being able to negotiate and issue new contracts with providers.

The emerging ACS partners will come together on the 8th December to refine the programme of work and agree the governance required to mobilise this programme of work. . It is anticipated that linking the current pioneer Integrated Care Hubs pilots to the local Accountable Care System will commence in April 2017 and be a continuous programme of work from that point forward.

Principles

1. **Working together our system will:**
2. **Be person-centred, holistic and individual, involving people in their decisions**
3. **Promote independence**
4. **Be underpinned by effective communication and integration software to connect information systems**
5. **Offer value-for money and be cost-effective, rebalancing investment towards prevention and early intervention and removing/disinvesting in duplication**
6. **Support increased multi-disciplinary working and empower the front-line, thereby increasing professional satisfaction**
7. **Give a timely and unambiguous response to need**



Integrated Out of Hospital Care: an emerging Accountable Care System (ACS)

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Clinical Commissioning Group

The Accountable Care System approach proposes new models of care across three place based localities within the Vale of York that allow us to take joint responsibility for improving the care and support of our population. These models will be tailored to the needs of the local population, system partners and geography

Vale of York CCG has been trialling three models of Integrated Care Teams, the forerunner of Multispecialty Community Providers, since June 2014. These include a model supported by General Practice, an outreach/response model supported by York Teaching Hospitals NHS Foundation Trust who provide acute and community services, and a community bed based model supported jointly by community staff and General Practice. Of these models, the first model supported by General Practice is being rolled out wider at present, so that all practices within the City of York boundary area will be participating. Initial results in managing attendances, preventing readmissions and providing proactive care for those with long-term conditions and at end of life have been good. It is planned that the whole of City of York will be incorporated into the existing Integrated Care Team by March 2017. The other models continue to be reviewed for effectiveness.

Additionally, as this team expands, work is ongoing to incorporate a number of other existing and planned schemes into this model. The first of these will be the reablement pathways that were designed with a large amount of patient and staff participation at the start of 2016. This work will be jointly done with City of York Council and joint outcomes are being finalized currently. The next phase will incorporate the Social Prescribing scheme with this; currently this is being run by York CVS. A formal review of effectiveness will be published by York St. John University in January 2017. Planning for current community services to be added and additional services to be transferred from the acute to the community sector is also well underway.

The CCG already support a monthly ‘Partners in Care’ meeting and have tested and implemented a number of schemes to support local care homes. We commission a number of beds in a local care home for rapid reablement with support from the acute sector in providing therapy support, we have provided a direct line for care homes to the Urgent Care Practitioner service and are gradually moving to the single GP/Home model. In addition, there have been a number of projects in both council run and private care homes that have tested new technologies such as dementia alarms, telemedicine support and run initiatives to review medication and improve diet and hydration among residents. We anticipate this will go some way to manage adherence to any future standards.

Mental health: Adult

NHS Vale of York Clinical Commissioning Group

Adult mental health		
Strategic Aims	**Specific targets**	**What we intend to do**
That by 2020/21, there will be increased access to psychological therapies for people with common mental health conditions with the majority of new services being integrated with physical healthcare.	19% access in 2019 25% access in 2020/21 (National target of 3000 therapists to be co-located with GPs by 2020/21) 75% accessing therapy in 6 weeks (2020) 95% accessing therapy in 18 weeks (2020)	• Commission IAPT services with mental health therapists being co-located in primary care • Develop joint agency plans with the provider to meet access and timeframe targets • Implement the pilot in Harrogate for Integrated IAPT Early Implementer • Participation in NHS England programme for digitally-enabled IAPT (details to be available autumn 2016)
To provide timely access to evidence-based, person-centred care for people with first episode psychosis, which is focused on recovery and integrated with primary and social care and other sectors.	53% of people experiencing a first episode to begin treatment with a NICE-recommended package with a specialist early intervention in psychosis (EIP) service within 2 weeks of referral (2018/19) 25% of teams rated as good in CCQI assessments (2018/19)	• Develop joint agency plans with the provider to meet quality and timeframe targets following national audit for 2017/18
A reduction in premature mortality of people living with severe mental illness (SMI) and more people having their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year	30% of people with SMI registered with a GP to have physical health screening / interventions (2017/18) 60% of people with SMI registered with a GP to have physical health screening / interventions (2018/19)	• Develop joint agency plans with the provider

Mental health: Adult

NHS
Vale of York
Clinical Commissioning Group

Adult mental health		
Strategic Aims	Specific targets	What we intend to do
Increase access to Individual Placement Support enabling people with severe mental illness to find and retain employment.	Increase by 25% in 2019 against 2017/18 baseline	• Collect data to create a 2017/18 baseline • Develop joint agency plans with the provider • Implement workplace support workers as part of the IAPT services 2017/18
For all areas to provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions.	To meet recommended best practice guidelines.	• Implement plans that will develop as a result of a review of current provision against core standards during 2016/2017. • Develop joint agency plans with the provider to ensure properly resourced crisis resolution and home treatment teams • Implement the safe haven schemes in York • Plan the safe haven schemes in Harrogate, Hambleton and Richmondshire and Scarborough • Consideration of potential additional crisis care capital investment bids in 2017/18 to improve health-based places of safety.
Eliminate inappropriate out of area treatments (OATs) for acute mental health care	Elimination of out of area placements for non-specialist acute care (2020/21)	• Develop joint agency plans with the provider to ensure robust monitoring of OATs for all bed types • Develop joint agency plans with the provider to ensure demonstrable reduction in acute OATs
Provision of 'core 24' mental health liaison services in emergency departments and inpatient wards in acute hospitals	Liaison mental health teams to be in place in all acute hospitals (2020/21) 'Core 24' services to be in place in 50% of acute hospitals (2020/21)	• Develop joint agency plans with the provider • Work within STPs to achieve buy-in across the organisations which will commission, provide and partner with those services and ensure that savings are identifiable in order to be reinvested. • Consideration of acute hospitals within the STP footprint that can serve as centres of excellence. • Consideration of models of crisis care for children and young people evaluated by NHS England during 2016/17

Mental health: Adult

NHS
Vale of York
Clinical Commissioning Group

Adult mental health		
Strategic Aims	Specific targets	What we intend to do
To provide timely access to diagnosis and evidence-based, person-centred care for people with dementia	By 2019 half of CCGs should have diagnosed 67% of estimated local prevalence. By 2020 the number being diagnosed and starting treatment should be increased by over 5% compared to 2015/16 baseline.	• Review of services against forthcoming NHS implementation guidance focusing on post-diagnostic care and support and development of a plan to address the gaps. • Increase the diagnostic rates in all CCGs
Work with TEWV NY who are a pilot site on an NHS England led programme to put in place new approaches which strengthen care pathways to improve access to community support, prevent avoidable admissions, reduce the length of in-patient stays, and eliminate inappropriate out of area placements.	The pilot will be formally monitored and outcomes evaluated	• Develop a joint agency plan with the provider

Mental health: Adult

NHS
Vale of York
Clinical Commissioning Group

Adult mental health		
Strategic Aims	Specific targets	What we intend to do
Provision of armed forces / veteran mental health services.	By 2020/21, all NHS-commissioned mental health providers will have armed forces champions and a specific named clinician with an expertise in military trauma.	• Develop joint agency plans with the provider 2017/19 • Support co-commissioning work with NHS England for the national procurement of local specialist community services, and investment in research to improve the evidence base on effective interventions for the armed forces community. 2017/18
Expand community-based services for people who require them to prevent avoidable admissions and support 'step down' and ongoing recovery in the community as soon as appropriate for the individual and as close to home as possible.		• Evaluate current pathways in and out of mental health secure care with a focus on expanding community-based services
Reduction in suicide levels	Reduction of 10% against 2016/17 baseline	• Implement local multi-agency suicide prevention plans together with local partners 2017-2020

Parity of Esteem	The CCG is working closely with partner organisations to raise the profile of mental health across the local economy giving it true parity of esteem. Several key strategic objectives for mental health have been included in the local Health and Wellbeing Strategy.
Carers	The local provider has begun to work with mental health carers to ensure that their voices are heard and services are further developed in terms of crisis response services. The local system was also successful in a capital bid to develop a local Safehaven facility.

Mental Health: Crisis and Liaison

NHS
Vale of York
Clinical Commissioning Group

Liaison mental health services (for adults, older adults children and young people)	The CCG and Provider are implementing an agreed and funded service development and improvement plan for a dedicated mental health crisis and liaison response for children and young people presenting to emergency departments, in wards and community settings which includes provision for a response across extended hours. The liaison service commissioned needs to provide a 1 hour response time following an Emergency Department referral and 24 hour response time following a ward referral (adults). The CCG is partially compliant currently.
	The CCG is working closely with the provider TEWV to quantify the number of patients and reasons for OAT and validate action plans to reduce the use of all types of mental health out of area placements. A trajectory for 2017/18 will be confirmed in Q4 of 2016/17. These will inform an Out of area treatment and plans to reduce the usage of out of area placements for non-specialist acute mental health inpatient care. The CCG is partially compliant currently.
	Crisis resolution home treatment teams (adults) are being commissioned which offer intensive home treatment in line with recommended practice (i.e. by routinely visiting people at least twice a day the first three days of home treatment, providing twice daily visits when required thereafter, and routinely offering visits that allow enough time to prioritise therapeutic relationships and help with social and practical problems) The CCG is fully Compliant currently.
Crisis Concordat including Suicide	Likewise there has been a very strong crisis care concordat which has been very progressive in supporting projects such as Pathways Together which employs support workers to assist people with complex lives reduce their dependence on crisis, emergency and other statutory services. Psychiatric liaison and crisis response services are developing now across the Vale of York and are a key part of the local service offer in-reach into acute hospitals and emergency departments which will continue to grow and develop further. After a recent suicide audit the CCG and partners will develop an action plan to tackle future suicide rates by 10% against the 2016/17 baseline. All partners are committed to making the Vale of York a safer place.

Mental health: Children and Young People

NHS
Vale of York
Clinical Commissioning Group

Children and young people's Mental Health		
Strategic Aims	Specific targets	What we intend to do
Increase access to high-quality evidence based mental health care treatment for children and young people.	Increase access by 7% in 17/18 Increase access to 32% by end 18/19	• Implement actions resulting from Local Transformation Plans for children and young people's mental health to be published on 31 October 2016 • Commission improved access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people • Develop joint agency plans with the provider to achieve targets
Increase access to evidence-based community eating disorder services	95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases	• Commission dedicated eating disorder teams in all areas • Join QNCC ED • Baseline current performance against the access and waiting time standard 2016/17 and plan for improvement from 2017/18 • Develop joint agency plans with the provider to achieve targets
For in-patient stays for children and young people to only take place where clinically appropriate, to have the minimum possible length of stay, and to be as close to home as possible to avoid inappropriate out of area placements.	By 2020/21 elimination of in-patient stays where clinically inappropriate. Zero out of area placements for non-specialist acute care. Zero use of beds in paediatric and adult wards	• Implement actions resulting from collaborative commissioning plans with NHS England's specialist commissioning teams to be published by December 2016. These plans will include locally agreed trajectories for aligning in-patient beds to meet local need and where there are reductions releasing resources to be redeployed in community-based services • Move towards all general in-patient units for children and young people to be commissioned on a 'place-basis' by localities, so that they are integrated into local pathways • Utilise money released from pump-priming of 24/7 crisis resolution and home treatment services to achieve further improvements in access and waiting times • Develop joint agency plans with the provider to achieve targets

Mental health: Children and Young People

NHS
Vale of York
Clinical Commissioning Group

Children and young people's Mental Health		
Strategic Aims	Specific targets	What we intend to do
For all areas to be part of CYP IAPT including taking part in workforce capability programme.	National target for at least 1,700 more therapists and supervisors to be employed to meet additional demand.	• Commission CYP IAPT in all areas in 2017/18 • Ensure that all services are working within the CYP IAPT workforce programme. • Implement joint agency plans between CCGs and providers to ensure continuing professional development of staff
To ensure availability of 24/7 urgent and emergency mental health services for children and young people.		• Collect data to create a 2017/18 baseline • Develop joint agency plans with the provider to achieve targets

Perinatal mental health		
Strategic Aims	Specific targets	What we intend to do
Increase access to evidence-based specialist perinatal mental health care	100% access by 2020/21	• outcome of bid to perinatal community fund expected October / November 2016 • If bid unsuccessful plan 2017/18 for service • Include service in mainstream CCG allocations from 2019/20

Mental Health: Children and young people

NHS
Vale of York
Clinical Commissioning Group

The CCG is working closely with key partners to building sustainable system wide transformation to deliver improvements in children and young people's mental health outcomes	
The CCG is working with partners updated and re published the assured local transformation plan (LTP) from 2015/16 which includes baseline data The CCG has published the refresh of the Local Transformation Plan on its website. Baseline data is being currently being collated, which needs to be incorporated into the published plan to make this action fully compliant..	Partially compliant
The CCG is working closely with the provider TEWV on developing collaborative commissioning Tier 3 and 4 CAMHS plans. In addition TEWV are part of a pilot for Tier 4. It is expected this action will be compliant by end of December 2016.	Partially compliant .
The CCG will publish the joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives. This action is part of the Local Transformation Plan, to be completed this year (16/17).	Partially compliant
Development of new adult and older people's inpatient, treatment and assessment facility. The CCG has identified the need for fit for purpose mental health estate and facilities supported by significant consultation as a key priority for transformation since 2015.	Partially compliant

Mental health: Quality Targets

NHS
Vale of York
Clinical Commissioning Group

Other areas		
Strategic Aims	Specific targets	What we intend to do
Increased levels of patient satisfaction as recorded by the Friends and Family test	Maintain or increase the number of people recommending services (currently 88-96%)	• Work with providers to ensure feedback improves services
Increase uptake of Personal Health budgets	1-2% of population to have a personal health budget by 2020	• Review and implement action plan developed by Personal Health Budget Steering Group • Work with CCGs to promote the PHB service
Improved access to healthcare	75% of those with LD on a GP register to receive an annual health check	
Support delivery of a 24/7 integrated care service for physical and mental health	An integrated care service for physical and mental health should be implemented by March 2020 in each STP footprint including a clinical hub that supports NHS 111, 999 and out-of-hours calls.	• Work with partners to develop a delivery plan including using a cross-system approach to prepare for a forthcoming waiting time standard for urgent care for those in a mental health crisis.
Use of accountable payment approaches which have a payment component linked to quality and outcomes.		• Implement for adult mental health in 2017/18.

Mental health: Dementia Access Plan

NHS
Vale of York
Clinical Commissioning Group

Item	Action	Lead	Start	Measure/outcome	By when	Progress
1	Monthly review of activity from eMBED	PH/LB	w/c 7/11	October primary care coding result	10/11	Complete
2	Draw up list of practices to contact	PH/LB	w/c 7/11	6 larger practices identified	10/11	Complete
3	Discuss with clinical executive	LB	w/c 7/11	Garner support as agents for change	10/11	Complete
4	Contact 7 key practices	LB	w/c 14/11	Practices booked in diary	21/11	Complete
5	Discuss with Council of Representatives	LB	w/c 14/11	Gain commitment to improve	17/11	Complete LB spoke to PE
6	Update NHS England Quality Team	PH/LB	w/c 14/11	Work through funding agreement	24/11	Complete
7	E-mail to promote increased levels of coding	PH/LB	w/c 21/11	E-mail to “targeted” practice managers	24/11	Complete LB to chase 19/12
8	Raise profile at GP Education Event	LB	w/c 28/11	Gain greater uptake	28/11	Complete
9a 9b	Update Finance & Performance and Governing Body	PH LB	w/c 28/11 w/c 28/11	- Update performance report - Provide verbal update on progress	01/12 01/12	Complete Complete
10	Monthly review of activity from eMBED	PH/LB	w/c 5/12	November primary care coding result	08/12	Complete
11	Update SMT	PH/LB	w/c 12/12	Provide update on progress	13/12	Complete
12	Review practice activity & contact next group of practices below 67%	PH/LB	w/c 12/12	Gain commitment to improve	16/12	Complete
13	Discuss with Clinical Executive	LB	w/c 12/12	Gain support to improve further	16/12	Internal discussion To update January 2017
14	TEWV new Older People Community Team to support initiatives	TEWV	w/c 9/1/2017	Support to practices & care home settings to raise & sustain coding levels	31/3/17	Awaiting further details
15	Draft GP bulletin – mental health	PH/LB	w/c 19/12	Focus on dementia coding feature	20/12	To draft
16	Update Council of Representatives	LB	Feb 2017	Raise coding level beyond 67%	28/2/17	To be completed

Services for People with Learning Disabilities

NHS
Vale of York
Clinical Commissioning Group

Learning Disability		
Strategic Aims	Specific targets	What we intend to do
Implementation of Transforming Care Partnership plans		• Deliver published plans with local government partners enhancing community provision for people with LD and/or autism • Develop alternatives to hospital care, crisis services and community support 2016/17/18
Reduction of LD inpatient bed capacity	By 2019 there is a national target of a reduction of CCG-commissioned beds to 10-15 per million and of NHS-commissioned beds to 20-25 per million.	
Improved access to healthcare	75% of those with LD on a GP register to receive an annual health check	• Work with primary care and providers to develop
Reduction of premature mortality for those with autism and/ or LD		• Work with partners to reduce mortality by improving access to health services, education and training of staff and by making reasonable adjustments

Services for People with Learning Disabilities

NHS
Vale of York
Clinical Commissioning Group

Building The Right Support agenda	With the approval of NHS England the CCG has joined with neighbouring CCGs to developing a shared plan to deliver the Building The Right Support agenda by creating a transforming care partnership across North Yorkshire and York
Reduction in inpatient capacity target	Mindful of the requirement to reduce inpatient capacity to the required levels, the CCG has already worked with its provider and closed one inpatient facility. Plans are progressing to support the provider in creating responsive teams to support people in their own homes rather than admitting people to hospital environments. The CCG is working closely with local authority partners, NHS England and its fellow North Yorkshire and STP CCGs to ensure that the system has the capacity to do this in the safest way possible as service users pass down through forensic and acute services in the national drive to transform the care of people with learning disabilities.
Coding of LD in general practice	Locally and in conjunction with its provider organisation and the local authority partners the CCG is developing resources to improve coding in primary care records as well as promoting the uptake of annual health checks. Although this will be challenging, the provider is willing to support education events for primary care staff.
Building The Right Support agenda	With the approval of NHS England the CCG has joined with neighbouring CCGs to developing a shared plan to deliver the Building The Right Support agenda by creating a transforming care partnership across North Yorkshire and York.

Services for People with Learning Disabilities

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Clinical Commissioning Group

Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.	A **Transforming Care Partnership Board (TCP**) has been established to manage and deliver the 'Building the Right Support' (BTRS) agenda across the York and North Yorkshire geographical footprint; including representatives from Clinical Commissioning Groups (CCGs) supported by the Partnership Commissioning Unit (PCU), Local Authorities and Provider organisations. An 'Enhanced' Community Learning Disability Service; providing Positive Behavioural Support (PBS), the introduction of an out of hours Learning Disability Crisis service covering North Yorkshire and York, and the introduction of specialist early intervention nurses to prevent admission to hospital will be operation from early 2017. Work is also ongoing to enhance the learning disability workforce, develop the provider market and ensure seamless transitions through preparing for adulthood through specialist workstream groups. A programme of co-production is underway.
Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population. Consideration needs to be given over as to how the CCG will prepare for these developments.	The Transforming Care Partnership (TCP) has set a downward trajectory to ensure meeting the required reduction of inpatient beds over the three year length of the programme. The CCG is currently meeting its trajectory to reduce CCG commissioned beds. However, the TCP area as a whole is slightly off trajectory due to increased activity in specialist commissioned beds. Work to progress achievement of the combined bed reduction trajectory is being managed through the TCP with support from NHSE Area team. Work is ongoing (as described above) to ensure the community support is in place to facilitate discharge from hospital settings and ensure re-admission rates are minimal.
Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.	Latest figures the CCG has shown that across Vale of York 51% of people with a Learning Disability have had a health check within Primary Care. Clearly there is further work to be undertaken to achieve 75% and we are working with Primary Care Colleagues to progress this. Increasing the offer of Annual Health Checks and Health Action Plans is a CQUIN in 16/17 for our statutory Learning Disability Provider.
Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability or autism	The CCG is part of a countywide Learning Disability Screening Task Force. This group is working to increase the numbers of people with a Learning Disability who have cancer screening (particularly Breast, Bowel and Cervical Cancers). The CCG is working with Primary Care and providers to ensure accessible information and reasonable adjustments. We are heavily involved in the local Partnership Boards to progress this work.

Complex Healthcare Services: CHC

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Vale of York
Clinical Commissioning Group

Although Vale of York ranks at an average position across CHC and FNC in total, there are potentially areas of savings, if the CCG were to move closer to the lower end of the comparators.

The area for which Vale of York CCG is an outlier, primarily relates to Joint Funded Care. The CCG is both an outlier in terms of activity and unit cost.

For Joint Funded Care, however, VoYCCG has the second highest volume of activity per 50,000 population and the second highest unit cost, with only Scarborough and Ryedale CCG ranking higher. This would suggest that the health contingent of Joint Funded packages is significantly higher than other CCGs or that these joint packages are higher cost in total.

CCG will review potential areas of savings related to CHC and FNC in more detail and through discussion with other commissioning organisations. For example the CCG could consider approaches such as:

- Applying a block contract to a range of providers for blocks of activity, rather than negotiating individual packages of care

- As stated in previous CCG recommendations, the CCG could consider linking with Local Authorities and passing over negotiation of packages to them. Evidence suggests that Local Authorities are more successful in generating lower rates than for health

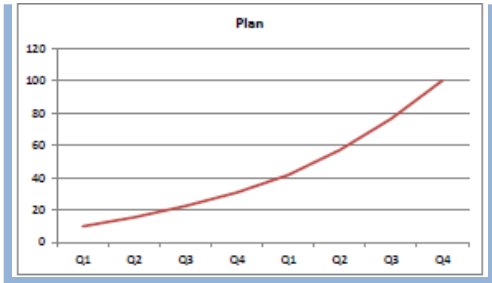
- Investigating whether the strengthening of community and primary care services may be a more cost-effective approach than necessarily commissioning expensive nursing packages

Personal Health Budgets (PHBs)

NHS Vale of York Clinical Commissioning Group

The current trajectory based on identification of 1-2% of the CCG population by March 2019 is outlined below and has been submitted on behalf of the CCG on 24.11.16

		E.N.1	Q1	Q2	Q3	Q4
Personal Health Budgets	2017/18 Plan	1) Personal health budgets in place at the beginning of quarter (total number per CCG)	20	35	55	80
		2) New personal health budgets that began during the quarter (total number per CCG)	15	20	25	30
		3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	**35**	**55**	**80**	**110**
		4) GP registered population (total number per CCG)	356,701	356,701	356,701	356,701
		Rate of PHBs per 100,000 GP registered population	**9.81**	**15.42**	**22.43**	**30.84**
	2018/19 Plan	1) Personal health budgets in place at the beginning of quarter (total number per CCG)	110	150	205	275
		2) New personal health budgets that began during the quarter (total number per CCG)	40	55	70	85
		3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	**150**	**205**	**275**	**360**
		4) GP registered population (total number per CCG)	358,917	358,917	358,917	358,917
		Rate of PHBs per 100,000 GP registered population	**41.79**	**57.12**	**76.62**	**100.30**



The CCG has started to develop the delivery programme required to start meeting the challenging trajectory for PHBs identified by NHSE and Local Government.

This will include both the associated programme requirements and costs, and the running costs of delivering the PHB assessment and implementation once clients are identified from the cohorts identified by national mandate as being appropriate for PHBs.

It is likely that this programme of work would be taken forward collaboratively on a HCVSTP level in order to ensure consistency of approach and shared good practice.

In line with the Five Year Forward View, personal health budgets are part of the wider drive to give people more choice and control. They have real potential to improve outcomes, quality of care and reduce people's reliance on unplanned acute care by enabling people living with long term conditions and disabilities to manage their health in ways that work for them. Both the Government's Mandate to NHS England for 2016-17 and NHS Operational Planning and Contracting Guidance for 2017-19 reaffirm the Government and NHS England's commitment to the rollout of personal health budgets.

CCGs should consider making personal health budgets a mainstream way of delivering NHS Continuing Healthcare. The Mandate sets a clear expectation that 0.1% of every local population will have a personal health budget or integrated personal budget by 2020. The Integrated Personal Commissioning (IPC) Programme is shaping the way the health and social care system will work for people with complex needs in future. CCGs need to ensure they are considering equally the access to personal health budgets for mental health.

Personal Health Budgets: National Mandate requirements

NHS
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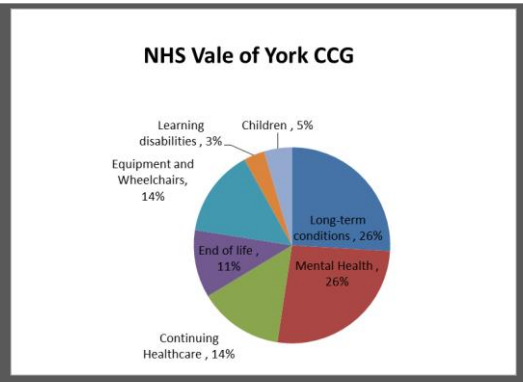
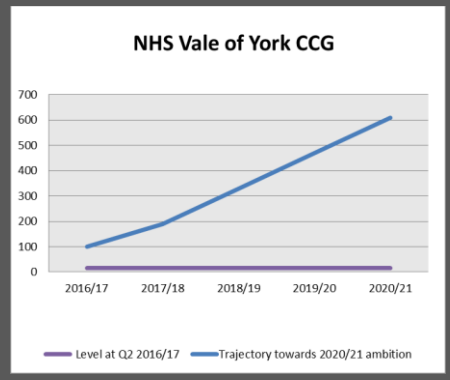
Clinical Commissioning Group

The STP Aide-Memoire on personalisation and choice describes the actions STPs and CCGs need to undertake in relation to PHBs.

- Local areas need to set out what they have done or are doing to identify groups of people who may benefit from having a personal health budget.
- Local areas need to consider the financial aspects of introducing personal health budgets and integrated personal budgets at scale, for example how to avoid double running costs.
- Local areas need to set out how they plan to work with providers to free up funding (or identify sources of funding) for personal health budgets and integrated personal budgets. It is important that personal health budgets and integrated personal budgets are introduced in a sustainable way so areas will want to take a staged approach to avoid destabilising current services.
- Local areas need to set out how they will ensure people have the right level of support and that processes are in place to enable this support to be available.
- It is important that CCGs/STP Footprints work with local people to develop their commissioning intentions and the local offer for personal health budgets.
- Local areas need to set out how they will work across health and social care to ensure integrated personal budgets become a reality and how they plan to keep abreast of the latest learning from IPC Programme.
- As local STP Footprints are cross agency, areas should align their personal health budget systems and process, sharing elements of the process where possible. This will ensure that people can move seamlessly from one system to another, particularly where place-based systems of care are beginning to emerge, for example, for people with learning disabilities or for children with special educational needs and disabilities.





The population cohorts outlined for targeting include:

NHS Continuing Care
Joint-funded arrangements
Mental health
Learning Disabilities & Autism
Children and Young People
Long-term conditions
End of Life
Equipment including wheelchairs

Better Care Fund

NHS
Vale of York
Clinical Commissioning Group

Three Better Care Funds with three local authorities covering 100% of our population	The Better Care Fund link between CCG and local authorities will progress and build in 2017/18 through the emerging Accountable Care System and associated Partnership Board and locality delivery groups. Local delivery groups will be developing a shared agenda and priorities/ areas of common concern for their local areas which will deliver measurable benefit and impacts to their local population. The current BCF schemes could be integrated within these emerging transformative partnership programmes. The intention is to maintain or grow current levels of BCF investment through this partnership working.

Elective Care and delivery of our RTT Targets

Vale of York Clinical Commissioning Group

The CCG will deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT), returning to a sustainable position in 2018 based on the following improvements:

Reduce unnecessary outpatient appointments	1. Maintaining and continually improving its demand management through its ongoing development of referral guidelines and clinical thresholds; continuation and expansion of its Referral Support Service (referral management centre) and expanding the number of specialties where clinical review of referrals (i.e. peer review of referrals) take place. 2. Looking at innovative ways in which referrals can be confirmed as appropriate e.g. use of dermatascopic images for dermatology referrals reviewed by clinicians before being confirmed as appropriate 3. Collaboratively working with specialist consultants (dermatology, endocrinology, neurology, diabetes)to provide an initial review of referrals 4. Utilising Referral Support Service to review all 2 week waits to ensure that all those needing such appointments are seen in a timely manner. 5. The RSS was introduced in April 2013 and in that financial year reduced overall outpatient demand by 8%. During the intervening years it has helped maintain demand at or below growth levels – see next slide to show that the CCG is still within the top 10 performers for North CCGs for benchmarking of demand. 6. The CCG continues at innovative ways of maintaining services in the community and has introduced a gain/share approach with GP Federations to reduce the number of dermatology referrals going onto secondary care (April-August figures indicated a £45,000 reduction in expenditure for those federations taking part) 7. The CCG is scoping the potential of expanding this scheme to gynaecology, ENT and gastroenterology

Elective Care and delivery of our RTT Targets

NHS
Vale of York
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Delivery of patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018

Note the ERS service is undertaken by the CCG's Referral Support Service on behalf of GP practices
Latest figures from NHS Digital indicates 65% usage of e-referrals (as at July 2016 – an 11% improvement from the previous year).
During 2017/18 CCG will be working with secondary care colleagues to achieve identified target through:
Taking all MSK and onward Orthopaedic referrals through the RSS (currently undertaken by the existing MSK provider)
Work with secondary care colleagues to ensure that they will only accept electronic referrals

Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups

Please note that in 2013 the CCG in collaboration with York Hospital introduced a Conditions Register that identified areas/conditions for follow-up – this successfully reduced the 1st:Follow Up rate to below 1:2. Consideration to be given to utilise this to audit the appropriateness of follow-ups in relation to this during 2017/18. This incorporates improvements in both elective and non-elective pathways

- During 2016/17 the CCG was a first-wave organisation to implement the new RightCare programme and is currently working pathways to improve performance across, all to be in place during 2017/18:
- MSK services (including Orthopaedic activity, particularly looking to reduce hip and knee surgery rates and knee arthroscopies). To support this the CCG in collaboration with all partners in the health system, will implement a new integrated MSK model by April 2017
- Circulation – looking across the whole health system to improve performance in chronic heart disease, stroke and arterial fibrillation
- Gastroenterology

All the above link in to work incorporated into the Hull, Coast & Vale STP work programme and as such the CCG will take the lead for the RightCare approach for MSK (including General MSK/Pain Management/Orthopaedics/Rheumatology/Osteoporosis/Trauma & Injury) & Gastroenterology across the whole footprint.

- The CCG will also instigate a second phase of RightCare that will reflect elective care pathways for Respiratory and Neurology
- Work will also take place with STP partners identifying the potential for developing options for Ophthalmology service provision across the whole footprint. This to be initiated by a meeting in December of all concerned providers and commissioners. A finalised approach to confirmed by April 2017.
- Workstream to review outpatient service provision and scoping out how this can be delivered in a more effective, efficient and viable manner

Cancer Alliance: Workplan (for approval January 2017)

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Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report:	The Cancer Alliance will be acting as the delivery arm of the STP Cancer Plan. The cancer element of the STP plan is aligned to delivery of the cancer taskforce recommendations. An initial piece of work reviewing the STP cancer work plan against the 96 recommendations has been undertaken and is attached for information. • VOY and SR CCGs are represented on the Cancer Alliance Board and will actively work together across organisations to implement the Cancer Task Force Recommendations. • The STP cancer plan also contains potential for simplified arrangements between providers and commissioners. • The Scarborough/York Cancer Locality Group will update its existing work plan to ensure it underpins the STP priorities and delivers at local and COG (VoY and S&R) level
Ensure all elements of the Recovery Package are commissioned, including ensuring that: **• All patients have a holistic needs assessment and care plan at the point of diagnosis** **• A treatment summary is sent to the patient's GP at the end of treatment and** **• A cancer care review is completed by the GP at the end of treatment**	The STP section on digital enablers contains the need for sharing information on holistic need and treatment summaries. The ambition is to make the recovery package available to all people living with and beyond in 2017/18. A baseline assessment of what is in place across the region is being undertaken by the network. There are both CCG and STP level groups in place to support advancement of this agenda. A working group, including providers and commissioners has been formed across York and Scarborough.

Cancer Alliance: Workplan (for approval January 2017)

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Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity and the other NHS Constitution cancer standards. If this standard is not currently being consistently delivered then please describe the anticipated date of recovery:	The cancer work stream of the STP is working together with the acute and specialist work stream re diagnostics. Initially providers are tasked with undertaking demand and capacity reviews and these are underway. They are also advising of estimated gaps in kit such as CT and MRI for the next 5 to 10 years so that the capital and estate impact can be quantified. As part of this we will also be looking at GP direct access. There is a Yorkshire and Humber intention to procure a PAC system that will initially support shared viewing of images and later potentially, also shared capacity for diagnostics and reporting. The Humber, Coast and Vale providers are linked into this (York/Scarb trust is not part of the procurement as they have just procured new kit but they are hoping to be linked in to the sharing of images and perhaps capacity). A decision will need to be made regarding whether this system is best used Yorkshire and Humber wide or on Humber Coast & Vale footprints. We will be looking to design a new model of sustainable diagnostics and the solution to this will need to fit urgent and emergency care ambitions as well as with any redesign that results from the acute and specialist work stream. We are also linking with the West Yorkshire alliance to determine where we can gain greater benefit from working together on this. We work with our local provider to monitor performance and to understand where and why breaches are occurring. We have an agreed provider IPT policy in place that will support the identification and removal of barriers to achieving 62 days. Additionally, the pathways work (including lung) and the high value pathways work across Yorkshire and the Humber should support streamlining of pathways and adherence to best practice, enabling patients to move more effectively through the system. A piece of work reviewing current achievement against 28 day diagnosis has been undertaken and actions required as a result of this will be identified through the cancer STP work stream and taken forward.

Cancer Alliance: Workplan (for approval January 2017)

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Make progress in improving one-year survival rates by delivery a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission: **In addition to the diagnostic programme of work mentioned above which will increase the capacity within diagnostics to support earlier diagnosis we will also:**	• The work of the lung element of the cancer STP aims to increase the proportion of lung cancers diagnosed at Stage 1 and 2 and to match the current best in England. Similarly, we would hope that further work on the high value pathways across Yorkshire and Humber will drive improvements in early diagnosis, (through reviewing the place of diagnostics in each pathway) quality of care and consequently survival rates. • We will continue to support primary care to refer suspected cancer cases early via the 2 week wait system through the use of site specific 2ww forms (developed by our Cancer Clinical leads & provider colleagues). • Our CRUK facilitator is available to provide GP training in cancer related issues via the GP Educational Development forum. • CRUK are also working with the lead GP to support practices to review their cancer Practice Profiles through 1:1 meetings with practices and will continue to monitor for improvement. • We will work with CRUK to explore the potential for community champions that can increase public awareness of signs and symptoms of cancer and the need to present early.
Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types:	The STP plan contains the intention for implementation of risk stratified pathways for breast, prostate and colorectal patients. The lead nurse is working within the trust to develop plans for this, and the breast team are already looking to develop a pathway. A risk stratified pathway for colorectal is already in place at the York site. The team also has strong links with the HCV wide Living with and Beyond Programme which aims to support developments across the regional footprint.

Cancer: local CCG programmes

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Cancer Alliance	By deploying our Network Support managers the CCG has had regular and sustainable attendance at the developing Cancer Alliance and STP led cancer strategy meeting. The alliance and STP led groups are tasked with working with providers to develop plans and implement the cancer taskforce report.
Constitutional targets – sustained performance	Although the CCG is proud to be one of the top seven CCG's in the country in terms of cancer performance, it is determined to work hard to continue to deliver sustained performance in line with constitutional targets. It has successfully implemented the NICE approved guidance on 2 week wait pathways for the different types of cancer and these are now an integral part of the local Referral Support System.
Chemotherapy	Locally, the York Against Cancer charity has purchased a mobile chemotherapy truck to deliver services closer to home. The same charity has also worked with the CCG to purchase dermatoscopes to facilitate electronic referrals being supported by photographic evidence of suspicious skin lesions.
Screening uptake increases	Our provider and our Macmillan GP clinical lead for cancer are working to develop screening packs to encourage and support the increased uptake of cancer screening.
Survivorship recovery	Macmillan have agreed to fund two local projects bids supported by the CCG. One will look at improving care co-ordination for people on cancer pathways over the next two years whilst the other will work on delivering a complete Recovery Package for the next three years, promoting survivorship.

Maternity: emerging strategy for local and HCVSTP collaborative development

Vale of York Clinical Commissioning Group


CCG Maternity quirements Nov 20


Draft maternity strategy HCV

Implement the national maternity services review, Better Births

• Develop an STP maternity commissioning strategy to reflect the national maternity review including VoY specific actions. Implement service redesign through service specifications to increase provision of choice of place of birth
• Consideration of options for out of hours appointments
• Monitor the implementation of providers Action Plan, detailing how they will implement the recommendations by 2020
• Development of new service specifications

Reduce stillbirths, neonatal and maternal deaths and brain injuries caused during or soon after birth, (measurable reduction by 2020, 50% by 2030).

• Work with providers to implement all aspects of the 'Saving Babies Lives' care bundle.
• Provider to consistently collect and review data at multidisciplinary forum,=. Include implementation of lessons learnt, on all stillbirths on an annual basis as a minimum.
• Providers to promote external review of cases
• Providers to communicate all the outcomes to the lead commissioner through an agreed governance route with evidence of responding to local trends or themes
• Provision of specialist postnatal bereavement support

Maternity: emerging strategy for local and HCVSTP collaborative development

NHS
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Smoking reduction (Latest data from the IAF for VoY CCG (Q 1, 16/17) shows that the % of smokers at the time of delivery is 12.0%, national rate of 10%)

- Providers to continue to receive detailed data as per the service specification
- Obtain assurance that providers are providing brief intervention at booking and every contact where appropriate and have had training
- Work with CYC colleagues to review provision of smoking cessation support
- Work with primary care colleagues to support smoking cessation advice and support

Increase access to evidence-based specialist perinatal mental health care (100% access by 2020/21)

- Plan to bid in 2017/18 for increased service provision
- Include service in mainstream CCG allocations from 2019/20
- Review access to midwives postnatally
- STP review of available services and models of care
- Establishment of a specialist postnatal de-brief service

Healthy weight promotion during pregnancy

- BMI recorded at booking
- Support extension of healthy eating and weight maintenance programme in pregnancy to patients with raised BMI as well as gestational diabetes
- Work with Public Health to support access to Healthy weight support and exercise information
- Work with PHE/CYC colleagues to develop/implement a local obesity strategy

Maternity Choice and Personalisation Pioneers test is the concept of a Personal Maternity Care Budget (PMCB)

Developing a Local Offer programme.

Tools and resources developed for the programme will help STP Footprints and CCGs to think through how to successfully implement personal health budgets and integrated personal budgets in line with the mandate Requirements

Review of Quality Indicators

- Receive and review regional and local maternity dashboards
- Regular meetings to review quality of all aspects of maternity services with providers develop quality indicators across STP footprint through the STP Quality Leads meeting

Specialised Commissioned Services: complex neuro-rehabilitation services

Vale of York Clinical Commissioning Group

NHSE Specialised Commissioning (Yorkshire and the Humber) review of Specialised Rehabilitation for patients with complex needs (adults with TBI and ABI)

The CCG awaits the outcome from the NHSE Yorkshire and Humber review of specialised rehabilitation services for complex neurological conditions and will appraise the options for the future commissioning of these services. We will aim to work collaboratively to support the development of the Yorkshire and Humber wide commissioning pathway with standards as set out in the NHS England Specialised Rehabilitation for patients with complex needs service specification.

During 2017/18, Phase one of the delivery plan will address NHSE specialised commissioning and the preferred option will be presented to SCOG on the 2nd December.

Phase two in 2018/19 will address the neuro-rehabilitation services that are commissioned by CCG's.
The aim of the review is to improve and standardise the quality and availability of specialised rehabilitation for patients with complex needs due to acquired brain injury by providers able to meet the requirements as set out by the British Society of Rehabilitation Medicine (BSRM) and the Commissioning Guidance for Rehabilitation (NHS England 2016 https://www.england.nhs.uk/ourwork/qual-clin-lead/ahp/improving-rehabilitation/)

There is evidence within 'The Commissioning Guidance for Rehabilitation' that maximising an individual's independence and activity levels will reduce care costs, keep them in work and reduce the risk of their acute admission.
Collaborative commissioning is important, but so is collaborative delivery; complex neuro-rehabilitation lends itself to cross system delivery partnerships.

Improving Quality in Our Organisations

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Our plans to improve quality of care, particularly for organisations in special measures.

Draft Quality
egy VoYCCG Nov

Each commissioned provider is contractually required, to submit information on recognised indicators relating to patient safety, quality and clinical effectiveness of services. These include

• Patient experience information from internal and external surveys, Family and Friends, complaints and PALS information

• Incident and Serious Incident reporting data, compliance with national and local reporting timeframes. Quality of reporting, analysis, including medication errors, never events and completed investigation reports

• Infection prevention and control measures, including clinical practice, environmental audit data and numbers of healthcare –associated infections and outbreaks of infections identified

Where the CCG is not the lead contractor robust systems exist to challenge quality assurance based on the recognised indicators above.

In addition the CCG has developed their Quality Assurance Strategy and Action Plan which describes how the CCG

• Routinely measure and monitor all quality indicators and data within the contract in line with NHS England's Quality Monitoring and Escalation Process.

• Continues to plan clinical visits and walk rounds across provider organisations

• Hears and recognises the voice of the person, their carers and families through complaints / compliments / surveys and development of key relationships with Healthwatch and others such as the Maternity Services Liaison Committee and Older Peoples Forum

• Ensures there is on-going scrutiny of Risk Registers

• Collects and scrutinises soft intelligence through the CCG portal 'Yor-Insight' and partnership working

• Maintains dialogue with Quality Leads across Yorkshire and Humber and participation in key pieces of work such as the National Maternity Review Assurance

• Contribution to inspections and monitoring of action plans from CQC and others

• Shares information and intelligence across the system and enacts appropriate escalation via Quality Surveillance Groups (NHSE)

• Rigorously applies safeguarding processes (currently there are no providers in special measures)

Improving Quality in Our Organisations

NHS
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National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services

Utilising skills in patient safety improvement, the CCG has mechanisms in place to support providers, relevant to the Carter productivity and efficiency report which makes clear; improving workforce efficiency can benefit patient care through better recruitment and retention of permanent staff, better rostering, reduced sickness absence, matching work patterns to patient need, and reduced dependency on agency staff.

The development of new service models means building teams across traditional boundaries and ensuring they have the full range of skills and expertise to respond to patient need across different settings. The CCG is an active participant in developing workforce plans that support the Sustainability and Transformation Plans and new models of care.

The National Quality Board's safe staffing improvement resource is integral to the CCG's clinical visits and walk rounds with provider organisations.

Participation in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare

The CCG continues to support providers to develop effective strategies for learning from mortality and reduction of avoidable deaths. Development of assurance based on the robustness of the investigation behind the Standard Hospital Mortality Rate figure is key as part of this process.

The CCG's main provider is participating in the National Mortality Case Record Review Programme. The aim of the 3 year programme is to understand and introduce a standardised methodology for reviewing case records of adult patients who have died in acute general hospitals in England and Scotland.

Alongside the work relevant to reduce premature mortality as part of the countywide Learning Disability Screening Task Force the CCG is seeking assurance from all providers about their action to reduce death related problems. In addition, the CCG will continue to seek assurance from our providers in response to the Learning Disability Mortality Review (LeDeR) pilot and work with Primary Care to raise awareness. This includes strengthening Learning Disability Registers and the requirements for annual health checks.

The CCG is also an active participant in reducing mortality for people with serious mental health and ensuring that Mental Health Providers are feeding back progress and developments. In addition the North Yorkshire and York Suicide Task Prevention Group and Early Suicide Surveillance Group review data on a quarterly basis to detect themes and subsequent actions to address this. The plans are to also include all drug and alcohol deaths and apply the same process.

The HCVSTP – Local Programmes for Place Based Care

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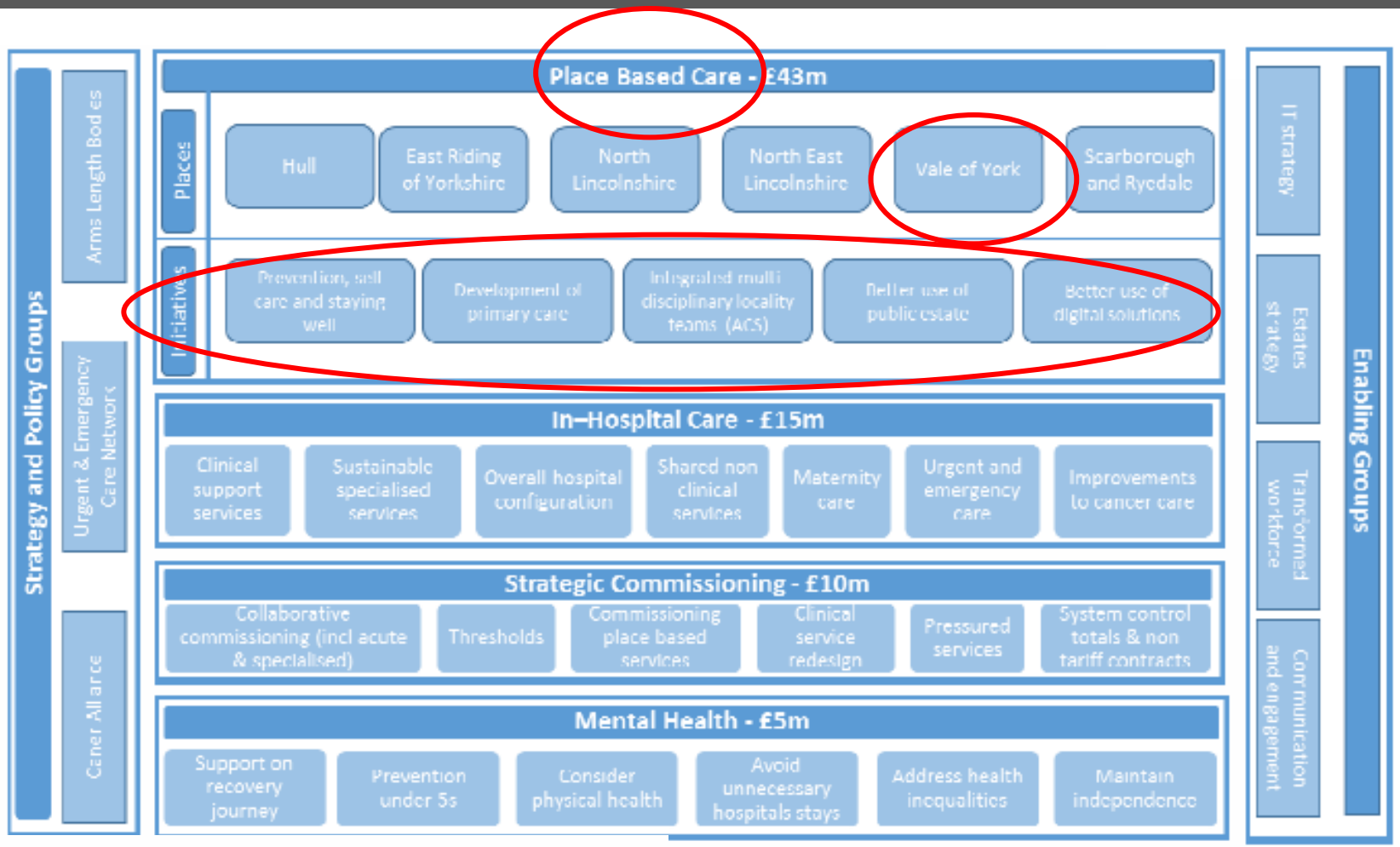
The CCG collaborates across the Humber Coast and Vale STP along with the 5 other local 'places' (CCGs). The HCV STP currently identifies a range of local 'place-based' transformations which all 6 CCGs are delivering. These are captured in our Plan on a Page with our local VoY system partners and define our priority programmes of work.



HCVSTP Collaborative Programmes – Supporting Delivery of Local VoY Priorities

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The HCV STP is also mobilising a number of collaborative improvement work programmes with all 6 local CCGs and STP partners which will support us in delivering transformation and improvement at scale and pace in a way which we would not be able to do commissioning alone. Our Plan on a Page shows the links through to these collaborative programmes. Standardisation of thresholds, prescribing and single contracts are core to this work to drive out efficiency and provide consistency in outcome improvement at pace.