## Shadow Health & Wellbeing Board, 4 July 2012 Updates on Health and Wellbeing changes

Board members will be invited to give updates from their organisation or sector. This includes:

- Health Watch
- Vale of York Clinical Commissioning Group(overview of strategy attached)
- Public Health
- Primary Care Trust

## Vale of York Clinical Commissioning Group Overview of Strategy

Vale of York CCG is in the process of developing its Strategy for 2012 – 2015. On the following page is an overview highlighting draft priorities and actions. The CCG aims to develop its Strategy through ongoing engagement with Health & Wellbeing Boards, linking in with emerging Health and Wellbeing Strategies, and wider stakeholders. The CCG would welcome the Board's views on this early version.

## Vale of York Clinical Commissioning Group: Strategic Plan 2012 - 2015

Quality	Innovation	Equality	Courage	Empathy	Integrity	Communicatio	n Respect	
What do we want to achieve?		Priorities	What action will we take?			How will we know we've succeeded		
<ul> <li>Improved healthcare outcomes</li> <li>Reduced health inequalities</li> </ul>		Long Term Conditions Set up Neighbourhood Care Teams. Develop Diabetes/COPD/End of life care pathways. Enable supported self care .			People feel supported to manage their condition Time spent in hospital reduced Functional ability of people with long term			
Improved quality and sa commissioned services Improved efficiency Financial balance	afety of to do Solution	Elective Care	Develop community based care pathways Establish and maintain a GP Peer Review process (investigate feasibility of a referral review process in partnership with secondary care consultants) Consider expansion of existing MSK service to encompass Rheumatology/Pain Management			Easier for patients	nproved. lective admissions. ents to access services. es providing value for money. Itine healthcare provision in th	
Challenges & opportu Aging population profile	tunities	Urgent Care	Nursing Home of Advance Ca Plans/Medica	are pathways. es: systematic implem are Plans/Emergency I tion Reviews. ational '111' scheme		Fewer inappro attendances. Fewer emerge Homes. Patients makir accessing urge	priate emergency department ncy admissions from Nursing g informed choices when nt care	
Financial pressures Services closer to home	erefore	Mental Health		mplement plans for d ison and primary care		Enhanced qua mental illness Improving exp people with a	ity of life for people with a or dementia. erience of healthcare for mental illness or dementia	
Clinical leadership	É	Prescribing	Strategy deve effectiveness	loped to ensure cost		Adjusted preso	ribed medication (and supply ding better value for money	
New partnerships		Carers	Implement ca primary care	rer awareness trainin	g for		Increased awareness of carers' needs Improving the experience of healthcare for carers	
Patient/public engageme	ent	Tackling inequality	Work with HV	Work with HWBs on tackling wider determinants			nces in life expectancy and ectancy between communities	

Working together with partners for an integrated approach

Engaging with patients, communities, Informed decision voluntary sector and GPs, clinicians making

med decision Maximising use making of technology Establishing the CCG, developing its leaders and staff