



**North Yorkshire Health and Wellbeing Board
13 February 2015**

**Update on North Yorkshire Clinical Commissioning Groups (NYCCGs),
Health and Adult Services, Children and Young People, District Councils Strategic
Plan Refresh**

1. Purpose

- 1.1. This paper sets the context for and gives an update of the refresh for 2015/16 to the five North Yorkshire CCGs, North Yorkshire County Council Children and Young People services and the seven District Councils strategic plans.
- 1.2. This paper is accompanied by a slide pack which gives a pictorial overview of the updated plans. North Yorkshire Health and Wellbeing Board (HWB) has five member CCGs and seven District Councils and the challenge for the Board is to find a way to understand the local strategy and implementation whilst having time to consider a wide ranging agenda that it is leading across North Yorkshire (NY). Members will note that a similar approach was taken in 2014/15 to ensure Health and Well Being Board had engagement and oversight of these organisations high level strategies and this approach worked well.
- 1.3. The NY CCGs have a strong relationship with the HWB. The plan development has been an iterative process over the previous 12/15 months. The CCGs have been closely involved in the current refresh of both the Joint Strategic Needs Assessment (JSNA) and in the Health and Well Being Strategy and have aligned their plans to those strategies.

2. Background

- 2.1. Each public sector organisation is accountable for developing a strategic plan. To enable wider and more strategic health economy planning, all CCGs will work in

close collaboration with relevant Area Teams, providers and Local Authorities. Plans need to reflect local priorities, as determined by each Health and Wellbeing Strategy.

- 2.2. The latest planning guidance for the NHS was published on 19 December 2014, entitled 'The Forward View into Action; planning for 2015/16'.
- 2.3. CCGs are not required to rewrite plans, however have the opportunity to refresh and update them in line with published guidance.
- 2.4. Given the complexity of the NY HWB geography, much of the local work is focussed in the locality areas with strong engagement between health, social care and provider partners. This is most evident in the local planning for integration in relation to the Better Care Fund Plans.
- 2.5. The North Yorkshire Better Care Fund plan has now been signed off and the focus moves to implementation through the oversight of the North Yorkshire Delivery Board and through local transformation boards.

3. Strategic Drivers

3.1. Better Care Fund

- 3.1.1. The North Yorkshire Health and social care partners have worked closely together on developing the North Yorkshire Better Care Fund – A new era for health and social care in North Yorkshire. The HWBB have been closely involved during the development and final refreshes of this plan. Our plan was signed off in December and we are now able to focus on delivery. As previously discussed the BCF amalgamates elements of local plans to give a coherent overview of the transformation of services to support care closer to home and individuals reduce the reliance on hospital based stays, where admissions can be avoided and patients cared for in more appropriate settings.

3.2. Primary Care co- commissioning

- 3.2.1. 'Next steps toward Primary Care Co-commissioning' was published on 10 November 2014. It gives clinical commissioning groups (CCGs) the opportunity to choose afresh the co-commissioning model they wish to assume. It clarifies the opportunities and parameters of each co-commissioning model and the steps towards implementing those arrangements. The document has been developed by the joint

CCG and NHS England Primary Care Commissioning Programme Oversight Group in partnership with NHS Clinical Commissioners.

3.2.2. Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the diverse needs of local populations. It will also drive the development of new models of care such as multispecialty community providers and primary and acute care systems.

3.2.3. There are three primary care co-commissioning models CCGs could take forward:

Level 1	Greater involvement in primary care decision making
Level 2	Joint decision making
Level 3	Delegated commissioning arrangements

The scope of primary care co-commissioning in 2015/16 is general practice services only. For delegated arrangements this will include contractual GP performance management, budget management and complaints management. However, co-commissioning excludes all functions relating to individual GP performance management (medical performers' lists for GPs, appraisal and revalidation). The terms of General Medical Services (GMS) contracts and any nationally determined elements of Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts will continue to be set out in the respective regulations and directions.

3.2.4. Under joint and delegated arrangements, CCGs will have the opportunity to design a local incentive scheme as an alternative to the Quality and Outcomes Framework (QOF) or Directed Enhanced Services (DES).

3.2.5. With regards to governance arrangements, NHS England developed draft governance frameworks and terms of reference for joint and delegated arrangements on behalf of CCGs. CCGs are encouraged to utilise these resources when establishing their governance arrangements. These governance arrangements will be assessed as part of the application process.

3.2.6. A significant challenge of primary care co-commissioning is finding a way to ensure that CCGs can access the necessary resources as they take on new responsibilities. Pragmatic and flexible local arrangements for 2015/16 will need to be agreed by

CCGs and area teams.

- 3.2.7. There is already conflicts of interest guidance in place for CCGs. This will be strengthened in recognition that co-commissioning is likely to increase the range and frequency of real and perceived conflicts of interest, especially for delegated arrangements. A national framework for conflicts of interest in primary care co-commissioning was published as statutory guidance in December 2014.
- 3.2.8. The approvals process for co-commissioning arrangements will be straightforward. Unless a CCG has serious governance issues or is in a state akin to “special measures”, NHS England will support CCGs to move towards implementing co-commissioning arrangements. NHS England also intends to make it as simple as possible for CCGs to change their co-commissioning model, if required.
- 3.2.9. On-going assurance of co-commissioning arrangements will form part of the wider CCG assurance process.
- 3.2.10. North Yorkshire CCG Approach

Each CCG submitted an application to NHS England in January 2015. The table below shows the level of model applied for:

Clinical Commissioning Group (CCG)	January Submission
Harrogate & Rural District CCG	Level 3 - Delegated commissioning arrangements
Scarborough & Ryedale CCG	Level 3 - Delegated commissioning arrangements
Vale of York CCG	Level 3 - Delegated commissioning arrangements
Hambleton, Richmondshire & Whitby CCG	Level 2 - Joint decision making
Airedale Wharfedale & Craven CCG	Level 1 - Greater involvement

- 3.2.11 The applications will now be taken forward to the next stage of the process by the

regional moderation panel members, who will review the proposals and attachments. The panel met on Thursday 15 January and CCG will be contacted directly by the regional team regarding any follow up questions.

3.2.12 The regional moderation panel will then recommend proposals for approval for the review of the national moderation panel, which will confirm final recommendations to the National Directors.

3.4 Primary Care Infrastructure Fund

3.4.1 NHS England has launched a £1bn four year investment programme that will sit alongside the annual incremental premises programme. This means that in 2015/16 investment will be accelerated into infrastructure in general practice. This extra money will be specifically targeted at increasing capacity in primary care. This will enable better access to general practice and its associated community services, improving services for the frail and elderly and hence reducing unnecessary demands on urgent care services, as well as building the foundations for more integrated care to be delivered in community settings.

3.4.2 This extra funding will enable practices to progress previously submitted applications for premises improvement and development, but only where they extend practice capacity and offer new clinical services in line with ambition set out in the Five Year Forward View. All capital proposals will need to demonstrate how they will offer more patient contact time as a result, and help reduce emergency admissions by the frail and elderly.

The closing date for applications against the initial £250m is 16 February 2015.

4. North Yorkshire Delivery Board (NYDB), Commissioner Forum and Provider

4.1.1 The HWB undertook a governance review in autumn 2014. One of the recommendations approved was to establish a North Yorkshire Delivery Board, Commissioner Forum and Provider.

4.1.2 The NYDB will meet quarterly and membership of this Board more accurately reflects the range public services across North Yorkshire.

4.1.3 The first meeting of NYDB took place in January 2015 and in agreement with HWB members will lead the refresh of the North Yorkshire Joint Health and Wellbeing Strategy. In addition the Board agreed to formulate a work programme that enables key pieces of work to be developed across the footprint of North Yorkshire to underpin both delivery of JHWS and the wider plans described in the BCF and individual strategic plans. The Board is therefore working on defining its work plan.

Key areas identified are:

- Workforce
- Estates
- North Yorkshire Mental Health strategy
- Market management
- Carers Strategy

5. Individual organisation updates

5.1. Health and Adult services NYCC

5.1.1 NYCC Health and Adult Services has reviewed its plans and budget profiles for the year ahead and is about to launch its 2020 HAS vision, which sets out priorities for service re-design and £21.5m budget savings by 2019/20.

5.1.2 The directorate's focus is 'people living longer, healthier, independent lives', delivered through four programmes:

- a distinctive public health agenda for North Yorkshire
- independence with care and support when I need it
- care and support where I live
- better value for money

5.1.3 Priorities for 2015/16 will include implementation of the first phase of the Care Act; a major procurement of new extra care schemes; development of new sexual health, healthy child and targeted prevention services; the re-design of assessment and re-ablement pathways; the introduction of new integrated services with CCGs and NHS Trusts across the County, some of which will be funded by the Better Care Fund; and the development of social care mental health services.

5.2 Children and Young Peoples Services NYCC

5.2.1 NYCC Children and Young People's Service has reviewed its strategic priorities and budget profiles for the year ahead and has made a robust start to delivering its 2020 North Yorkshire savings programme. 2015-16 will see the implementation of some major transformation programmes including the transformation of Preventative Services, the launch of the "No Wrong Door" innovation project (which has secured £2.15 million through the Department for Education innovation fund), a new way of delivering school improvement and the delivery of the 5-19 Healthy Child Programme alongside the transfer of commissioning responsibilities to Local Authorities for the 0-5 HCP from October 2015.

5.2.2 The directorate's strategic priorities are embedded in "Young and Yorkshire" the new Children and Young People's Plan for 2014-17 namely:

- Ensuring that education is our greatest liberator (with more pupils attending a good or outstanding school or setting)
- Helping all children enjoy a happy family life (with a safe reduction in the numbers of looked after children)
- Ensuring a healthy start to life (with more children & young people leading healthy lifestyles)

5.2.3 Priorities for 2015/16 will include:

- work towards an integrated 0-19 Healthy Child Programme with staff ideally co-located or at least aligned with the new Area Prevention Teams
- closing the attainment gap for vulnerable young people through effective use of the Pupil Premium and our Closing the Gap Strategy
- implementing new statutory requirements and transforming the way in which we assess and support children and young people with special educational needs and disabilities including significantly enhancing transitions to adulthood on a partnership basis
- improving mental health support for young people through effective delivery of the Emotional and Mental Health Strategy and improved joint commissioning

- improving health outcomes for looked after children and care leavers through increased take up of health and dental checks/new health passports etc.
- reducing further the number of children and young people coming into care through both the No Wrong Door innovation project and the transformation of Prevention Services to provide a better targeted and more joined up approach to families
- ensuring fewer young people engage in risk-taking behaviours through effective re-commissioning of sexual health services and delivery against the new alcohol strategy

6. District Councils

6.2.1 One of the main priorities for District Councils over the next two years continues to be housing. Poor housing is one of the major causes of health inequalities. The use of Disability Facilities Grant, the link and integration to the Better Care Fund and the implementation of the Care Act to support people to live in their own homes is of paramount importance. Delivering housing need and providing a stock of affordable homes which are designed for life forms a key part of the housing strategy.

6.2.2 Access to affordable fuel, the ability to supply a warm home to support vulnerable and elderly people is very high on the agenda. District Councils have a natural role in their local community infrastructure to support people in rural communities. District Councils remain the key point of contact for people who are vulnerable or at risk of being vulnerable, e.g. those affected by the impact of welfare reforms such as universal credit.

7. Airedale Wharfedale and Craven CCG

7.3.1 NHS Airedale Wharfedale and Craven CCG have continued to work on their Right Care vision which is a shared ambition across providers and commissioners to create a sustainable health and care economy that enables people to be healthy, well and independent. As a result we have updated our strategic objectives to more accurately reflect our ambition:

7.3.2 We will commission models of care that will address physical, psychological and social needs to:

- Reduce reliance on reactive emergency and urgent care through more planned and proactive model of services

- Change the mind-set of professionals to promote active participation in health and wellbeing of the individual
- Change the mind-set of the public so they become an active participant in their health and care
- Deliver the pledges as set out in the NHS constitution

7.3.3 To deliver this, we are currently designing a new model of care with health and care partners where care will be person-centred with a timely response, hospital will be avoided where possible and people can retain their health, wellbeing and independence for longer by developing and being supported in achieving their goals. This will not just focus on the frail elderly population but on those with long term conditions and in general supporting the whole population with both their physical and mental health needs. In our view this should help reduce the widening gaps in health and wellbeing; care and quality; and funding and efficiency; and deliver on what our patients are telling us - they want care to be accessible and joined up with clear communication.

7.3.4 We have worked with partners to look at international and national best practice to support the design of these models and we have been successful in our application to the Integrated Pioneers programme which will provide additional support to accelerate our delivery of new models of care

8. Hambleton Richmondshire and Whitby CCG

8.1 Operational Plan 2015/16

8.2 HRW CCG has a five year Strategic Commissioning Plan which is built around 7 key strategic initiatives. The plan for 2015/16 will be to refresh and progress these same strategic initiatives, supported by key local projects and the implementation of the Better Care Fund. Key priorities for the organisation for 2015/16 include the following:

8.3 Transforming the Community System

- Successful completion of the procurement of Community and Out of Hours Services and the delivery of these services in the Whitby locality, strengthening local partnerships and improving the integration of care
- Implementation of the “Fit for the Future” project which will keep the Friarage Hospital at the centre of healthcare for the people of Hambleton and Richmondshire and radically re-think the delivery of health and care in rural

areas, including the use of technology

- Create a step change in the integration of health and social care, working together across the system to shift the focus from illness to wellness, particularly focusing on bringing together fast response, intermediate care and START services

8.4 Primary Care Productivity and Development

- Develop our co-commissioning responsibilities with NHS England and support primary care to strengthen its involvement in the developing community service models of care

8.5 Mental health and dementia

- Build on the successful launch of liaison psychiatry and IAPT (improving access to psychological therapies) through the Better Care Fund to continue to better support patients experiencing mental health problems and ensure that we provide care in the most appropriate setting in a timely fashion
- Deliver the Better Care project to establish improved dementia pathways and outcomes to ensure more people are diagnosed early and receive appropriate care

8.6 Children's health

- Working with the North Yorkshire Partnership Commissioning Unit to continue the successful implementation of the new paediatric short-stay assessment unit, improve local autism services, and a range of other initiatives to address children's physical and mental health needs

8.7 Clinically appropriate planned care

- Continuing to work with our acute Trust partners, particularly South Tees Hospitals NHS Foundation Trust, to maintain and improve waiting times targets and implement a range of projects to improve patient services and clinical outcomes, for example in relation to community and low back pain and musculo-skeletal services

8.8 Long Term Conditions

- Continue to build a system-wide approach to the proactive management of long term conditions, involving patients, community matrons, case managers and GP practices that enables patient goals to be at the heart of a care planning process

that empowers people to self-care and helps prevent admission to hospital

8.9 **Ill-health prevention**

- In partnership with Public Health and our District Councils, continuing the successful roll-out of lifestyle referral services in all three of our localities, as part of a range of projects to give individuals and communities the skills and motivation they need to manage their own lifestyle risk-factors

9. **Harrogate and Rural District CCG**

9.1 NHS Harrogate and Rural District has made good progress against all key milestones within the 5 year Strategic plan. As we move into year 2 of operational delivery, the key focus will be upon the work we have been leading across the health and social care community on integration of services and the transformation of the community service locally. A system wide event was held in December – ‘Mapping the Future’. This is the culmination of a review of community services and detailed local work with clinicians, the public and partners to describe the model of future services.

9.2 The following gives update on the six Strategic priority areas and key focus for 2015/16

9.3 **Urgent Care:**

- Make progress towards a single point of access for urgent care.
- Evaluate the system wide resilience schemes , and ensure redesign and investment in 2015/16 is focussed upon the ensuring the most appropriate and quality pathway of care for our patients

9.4 **Long term conditions**

- Work in partnership to ensure swift and robust redesign and delivery of the agreed new model of Integrated out of Hospital Care.
- Continue and expand Risk Stratification and – this means that those people with long term conditions at greater risk of admission have a comprehensive individual care plan.
- Implement and evaluate the wide range of Better Care Fund Schemes, working in partnership with the acute provider, local authority and voluntary sector.

9.5 **Vulnerable people**

- Following on the investment in IAPT and crisis services there will be a focus to continue to improve Mental Health Services access in these areas.

- Act on the findings of the local review of mental health services and commission improved access to services locally

9.6 **Elective Care**

- Implement the work with Harrogate District Foundation Trust (HDFT) consultants to redesign follow-up pathways, ensuring only appropriate patients and conditions are followed up within the acute setting.
- Continue to work with practices and the Trust to ensure all outpatient referrals are clinically appropriate and contain all required information and communication.
- Implement recommendations of 2014/15 Clinical Speciality Reviews, including cardiology and radiology. We will undertake further reviews against a number of specialities, include a community wide review of Ophthalmology services. These will ensure appropriate access and improved patient experience.

9.7 **Health and Well Being**

- We will work to embed preventative lifestyle pathways and link closely with colleagues in public health and Leisure at Harrogate Borough Council to encourage activity within the district.
- HaRD CCG is an active partner in the local Public Sector Leadership Board and we will continue to work with all our partners to focus on improving local outcomes.

9.8 **Primary Care**

- Move towards taking delegated responsibility for primary care budgets from NHS England.
- Deliver our Primary Care Strategy including future workforce development; primary care access; managing long term conditions, further developing care planning and focussing on mental health elements linked to primary care.
- In addition, if successful we will work with the Yorkshire & Humber Alliance in support of the Prime Ministers Challenge fund bid.

10. **Scarborough Ryedale CCG**

- 10.1 In 2015-16 NHS Scarborough and Ryedale Clinical Commissioning Group (SRCCG) will continue with the implementation of its 5 year strategy. This will consolidate the progress seen in its first two years of operation. Highlights for 2015-16 include:

- Establishment of the Integrated Urgent Care service, operational from April 1, after the successful procurement conducted in 2014-15.
- Full implementation of the Ryedale 'Care Hub', operational from January 2015, but with 2015-16 as its first full year.
- Further improvements in primary care access, supported by the SRCCG development of General Practice co-commissioning.
- Speciality service reviews improving access, patient experience and efficiency in: Cardiology; Gynaecology; Diabetic Medicine; Rheumatology.
- Establishment of a new 'Enablement Service' replacing the previous chronic pain management service with a multi-disciplinary service compliant with best practice guidance.
- Further investments in Mental Health with particular reference to acute based Mental Health liaison and realising the benefits of investment in the Improving Access to Psychological Therapy (IAPT).

10.2 The CCG will continue with its programme of efficiency improvement to support achieving financial targets and allowing the establishment of the Better Care Fund. SRCCG is an active partner working with a number of major stakeholders and this will be developed further in 2015-16. The engagement through partnerships such as the Scarborough Public Service Executive will see further joint working in areas such as alcohol and substance abuse and providing appropriate care and support for a range of patients with mental health needs.

10.3 Organisationally SRCCG is working with NHS England to establish effective co-commissioning of service, such as General Practice. The re-organization of NHS England and the Yorkshire and Humber Commissioning Support will align with the CCG's organizational development plan, in collaboration with both CCGs and Local Authorities in North Yorkshire and York.

11. **Vale of York CCG**

11.1 NHS Vale of York has achieved national recognition for the work being done on integration across health and social care. We were one of only 6 CCGs chosen to be part of the "New Models of Care Programme" in October 2014, working alongside NHS England and the NHS Leadership Academy. We were also chosen to be one of 11 CCGs given "Pioneer 2" status on 27 January for the same strategic work programmes. Our primary focus is on remodelling the local health and social care system in order to make it fit for the future and we have just submitted an expression of interest in

becoming a Vanguard Site for New Models of Care. These three national programmes all map perfectly against our 5 Year Integrated Plan that was published last year. We are also well advanced with plans to procure a new mental health service and redevelop Bootham Park Hospital.

12. Recommendations

The Health and Wellbeing Board is asked to:

1. Note and support the content of this paper detailing the refresh of each individual organisations strategic plan.
2. Note the very positive work aligning local plans with the overarching ambition of the North Yorkshire Better Care Fund plan.

Update on Strategic Plans for NY Districts 2015...

- **To provide sufficient housing which young families can afford. Recognise the link with housing and the health and wellbeing of the older resident and most vulnerable. Key player in the housing market, focus on building/providing houses in partnership e.g Mercury Housing Co Ltd**

- **Disabled Facilities Grant beyond 2016**

- **A strong local economy - To drive economic prosperity recognising the link between healthy outcomes and good quality and enduring employment prospects**

- **Environment – Using our regulatory and statutory services to promote a safe, healthy, feel-good sense of place in each of our Districts**

- **Sport and Recreation - To provide a range of leisure services that extend the opportunity for all to enjoy healthy lifestyles**

- **Peace of Mind - To be a compelling advocate for the continued provision of local access to quality local healthcare services for the benefit of the local communities that rely upon them**

- **To stop the exodus of young people and young families in rural areas by providing the jobs and homes required, creating vibrant communities**

Strategic Priorities 2015/16 (Year 2)

Priorities	2015/16 Work Plan
Urgent Care	<ul style="list-style-type: none"> Continue to move toward Urgent Care Model Implement recommendations of CAPA acute and community bed audit
Long Term Conditions	<ul style="list-style-type: none"> Move toward model of Integrated Out of Hospital Care Continue with Risk Stratification within GP Practices Fully implement Better Care Fund Schemes
Vulnerable People	<ul style="list-style-type: none"> Implement Findings of Mental Health review Commission improved access times for MH patients Implement LD strategy
Elective Care	<ul style="list-style-type: none"> Redesign Acute Follow Up Pathways Full implementation of RSS Implement recommendations of 2014/15 Clinical Speciality Reviews
Health & Well Being	<ul style="list-style-type: none"> Embed preventative lifestyle pathways Work with partners on “commissioning for prevention
Primary Care	<ul style="list-style-type: none"> Full delegation of Primary Care Co-Commissioning Develop plans for Integrated Personalised Commissioning and Personalised Health Budgets



Plan on a Page 2014-16 (Revised January 2015)

Vision

Improving the health and well-being of our communities

Values

To commission high quality services: To engage patients, carers and other organisations in our planning and decision process: To ensure value for money: To be open and honest in our transactions, and accountable to our communities

Commitment

Ensuring NHS Constitution standards are met: Delivering the NHS Mandate: Engaging and Empowering Citizens: Delivering the NHS Outcomes Framework: Facilitating Change in health and Social Care

Strategic Priorities

Improving Health and Reducing Inequality

Sustainable, high quality services

Building Strong Community Systems

2014/15

Re-design OOH/urgent care service and proceed to tender - New service procured, to commence 1st April 2015
 Review diabetes, rheumatology, ophthalmology, chronic pain, cardiology services - Changes being made to each service. New pain service to commence 1st April 2015
 Introduce liaison psychiatry, increase access to IAPT, review CAMHS, ADHD and Autism pathways - Liaison psychiatry commenced, new provider for IAPT service, review CAMHS underway, developing NICE compliant pathways for children's ADHD and Autism. Autism waiting list reduced to 6months by end of March 2015
 Develop Community Hub in Malton and roll out to Scarborough Malton Hub commenced; engagement exercise underway for Scarborough service
 Continue implementation of Neighbourhood Care Teams - Integrated Nurse pilot to commence March 2015 with Peasholm, Southcliff and Prospect Road Surgeries
 Primary care reconfiguration and federation discussions -Co-commissioning delegated responsibility agreed, Federation established
 Undertake capacity planning to ensure system resilience -Ongoing with YFT. Planned Care Group established, Chaired by CCG GP lead, programme of work being agreed. Urgent Care Group Established, Chaired by VoY GP, overseeing winter schemes. Both groups working across health economy and including all partners
 Service improvement event "The Perfect Week"- Perfect week took place May 2014. Operation Fresh-start commenced January 2015 to improve patient flow through hospital
 Lay foundation for whole scale health and social care changes - Partner in Better Care Fund, Malton hub and Operation Fresh-start - bringing health and social care together

2015/16

Implement delegated responsibility for co-commissioning primary care
 Fully integrated community hubs linking with neighbourhood care teams to provide wrap around support for patients with long term conditions and the frail elderly- Malton Hub established. Planning and engagement for Scarborough commenced.
 Care home support- Malton Hub care home support commenced
 Integrated OOH/Urgent care service - To commence April 2015
 Review sleep apnoea service
 Implement service review changes/procurement identified in 2014/15 - Diabetes, Rheumatology, Neurology, Pain, Orthopaedic triage, End of Life Care, Ophthalmology specifications and project plans agreed. Referral Support Service established.
 Continue to transfer activity/resources from secondary care to community and primary care
 Continue to develop mental health services
 Maximise utilisation of voluntary sector- Review of contracts/providers undertaken. Planning for 15/16 services commenced.
 Review provision of diagnostics

Operational Plan 2015/16 (Year 2)



Strategic Initiative	Improvement programmes
Integrated Care & Out of Hospital Care	<ul style="list-style-type: none"> • New Models of Care Programme & Pioneer Wave 2 • 3 Integration pilots • Vanguard application for leading cohort of New Models of Care • Self care, prevention and well being – alcohol, weight, smoking
Primary Care	<ul style="list-style-type: none"> • Co-commissioning of primary care (level 3 full delegation application) • Increasing access & 7 day working • Risk stratification • Addressing unwarranted variation • Practice improvement programme
Urgent and emergency care	<ul style="list-style-type: none"> • Roll out of urgent care networks at (sub) regional level • Embedding system resilience schemes throughout the year – support delivery of A&E 4 hr target • Workforce transformation across system
Planned (Elective) Care	<ul style="list-style-type: none"> • Further extension of Referral Support Service (RSS) • Pathway review/ transformation & extend capacity & choice where RTT challenges (elective & diagnostics)
Mental health & Learning Disabilities	<ul style="list-style-type: none"> • MH & LD procurement now live (includes CAMHS) • Bootham Hospital estates improvement • Increasing access IAPT; dementia diagnosis ; early intervention in psychosis; liaison psychiatry in acute hosp • Transforming care and self assessments for LD
Cancer & EOL	<ul style="list-style-type: none"> • Hospice at home; care homes quality assurance; EOL pathway review; breast cancer pathway review • National cancer strategy 2015
Women's & Children's	<ul style="list-style-type: none"> • National maternity strategy and recommendations for future models and access/ choice - Summer 2015 • Asthma; autism and paediatric zero length of stay review; children's self harm
Other Priorities	<ul style="list-style-type: none"> • Carers & volunteers; NHS Citizen and engagement; young offenders; electronic records & referrals • Addressing health inequalities and embedding parity of esteem in all improvements and investment

VISION

Proactive, co-ordinated, person
centred care

STRATEGIC OBJECTIVES

We will commission models of care that will address physical, psychological and social needs to:

- Reduce reliance on reactive emergency and urgent care through more planned and proactive model of services
- Change the mind-set of professionals to promote active participation in health and wellbeing of the individual
- Change the mind-set of the public so they become an active participant in their health and care
- Deliver the pledges as set out in the NHS constitution



MODELS OF CARE

“Extensivist” & “Enhanced
primary care” with key
focus on self-care & illness
prevention &
24/7 integrated care

PRINCIPLES

- No one in hospital unless their care cannot be delivered safely in the community 24/7
- No one discharged to long term care without the opportunity for a period of enablement
- 24/7 access to and delivery of co-ordinated care, which is needs driven and not about age, condition or location

HRW Strategic Plan – Year 2

- Continued delivery of existing plan – no change in direction
- 7 existing strategic initiatives
- Continuing to transform the community system through “Fit 4 the Future”
- Good partnerships in place through System Resilience Group
- Significant investment through BCF and CCG resources, particularly into community and mental health services





North

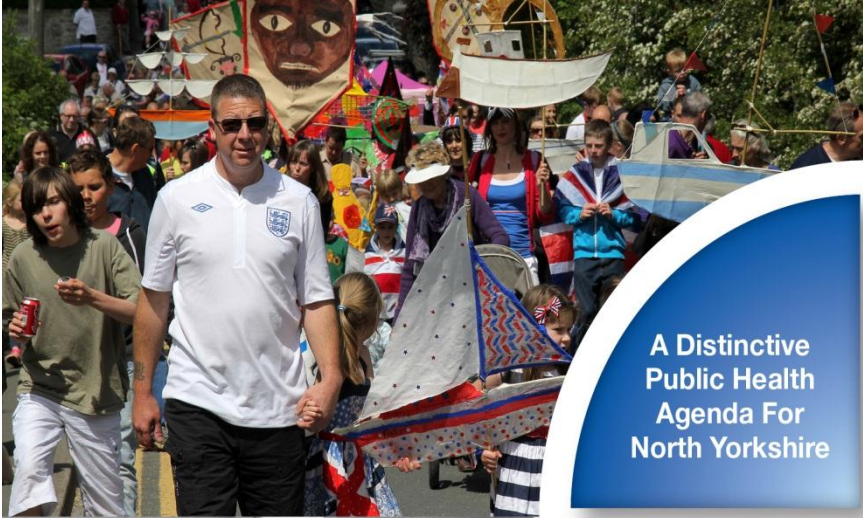
Yorkshire County Council



2020 HAS Programme – People Living Longer, Healthier, Independent Lives

Richard Webb - Corporate Director

2020 Health and Adult Services: Programmes



A Distinctive
Public Health
Agenda For
North Yorkshire

Independence -
With Support
When I Need It

Better Value
For Money

Care And
Support
Where I Live



Priorities for 2015-16

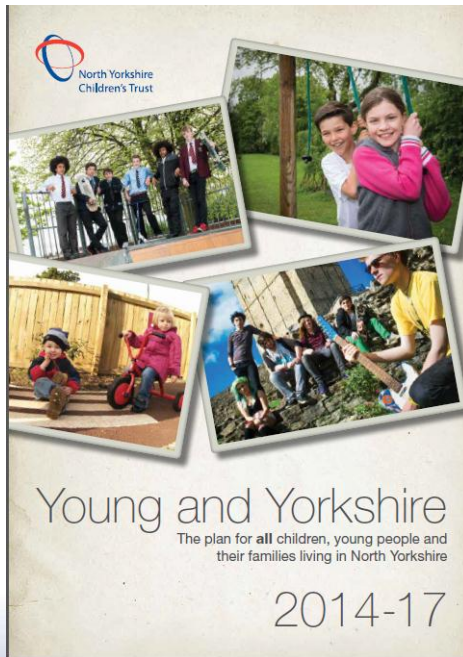
- Implementation of the first phase of the Care Act
- Major procurement of new Extra Care schemes
- Development of new sexual health, healthy child and targeted prevention services
- Re-design of assessment and reablement pathways
- New integrated services with CCGs and NHS Trusts, some funded by BCF
- Development of social care mental health services



North

Yorkshire County Council

“Young and Yorkshire” Children and Young People’s Plan 2014-17



- Ensuring that education is our greatest liberator (with more pupils attending a good or outstanding school or setting)
- Helping all children enjoy a happy family life (with a safe reduction in the numbers of looked after children)
- Ensuring a healthy start to life (with more children & young people leading healthy lifestyles)



North

Yorkshire County Council

“Young and Yorkshire” Priority 3: More children & young people lead healthy lifestyles

- Children feel safe and are safe
- Children & young people enjoy good emotional & mental health
- Children enjoy good health & development, particularly in their early years
- Looked after children & children with disabilities or learning needs have improved health and well-being outcomes
- Fewer young people engage in risk-taking behaviours



North

Yorkshire County Council

Priorities for 2015-16

- Re-modelling of all of children's preventative services into a single county-wide 0-19 service to provide a better targeted and more integrated approach to families.
- Work towards an integrated 0-19 Healthy Child Programme with staff co-located or aligned with the new Area Prevention Teams
- Closing the attainment gap for vulnerable young people
- Meeting new statutory requirements and transforming assessment and support for children and young people with SEND including enhancing transition to adulthood on a partnership basis
- Improving mental health support for young people through Emotional and Mental Health Strategy and improved joint commissioning
- Improving health outcomes for looked after children and care leavers
- Reducing further the number of children and young people coming into care through "No Wrong Door" innovation and early help through the new Prevention Service
- Ensuring fewer young people engage in risk-taking behaviours