NHS
Scarborough and Ryedale
Clinical Commissioning Group

Scarborough and Ryedale Clinical Commissioning Group

IMT Strategy

(April 2015 – March 2018)

Final Version 1.2

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Amendment	Owner	Date	Version
First Draft Written	Angela Wood	January 21st 2015	Draft V1
Amendments to strategy	Angela Wood	11th May 2015	Draft v2
Further amendments and recommendations / actions	Angela Wood	21st May 2015	Draft v3
Approved	Sally Brown	22nd July 2015	Final v1
Amendments to GMS contract /National IMT strategy	Angela Wood	14th June 2016	Final v1.1

1. Introduction

NHS Scarborough and Ryedale Clinical Commissioning Group (SRCCG) recognises the key strategic role of information management technology in supporting its current functions as both a driver and enabler for modernising its services. In support of this, the CCG is committed to fully embrace information technologies to support corporate and commissioning innovation as well as enabling the business to operate in more efficient, effective and agile ways.

This IMT strategy is intended to provide direction over the next three years (2015 – 2018) for SRCCG and its GP practices, and will be revised and enhanced as the CCG develops. It is intended to address a combination of the local business objectives (defined in 3.1) and the national directives (listed in 3.2), identifying how IMT can help SRCCG meet these local and national requirements.

2. SRCCG Background Information

SRCCG came into being on 1 April 2013, covering the Scarborough and Ryedale area and serving a population of 117,000.

SRCCG hosts the Partnership Commissioning Unit (PCU) on behalf of the other NYY CCGs, and the PCU requirements will be addressed in a separate IMT Strategy.

Patient data is shared with North Yorkshire County Council, the Mental Health Trust and the York Hospital Trust, all of which use different, non-integrated systems:

- Tees, Esk and Wear Valley Mental Health Trust (TEWV) uses Paris
- North Yorkshire County Council (NYCC) uses Liquid Logic .
- York FT uses CPD (in-house developed system).

The CCG hosts 15 GP Practices, all but one of which use SystmOne as their clinical system (the other practice uses EMIS Web).

Community Services, Child Health and the Hospice all use SystmOne as their clinical system; the the Urgent Care centres use Adastra.

3. Business Drivers

3.1 Local Drivers

The strategic vision of SRCCG is *"To improve the health and wellbeing of our communities"*

The key objectives are:

3.1.1 To create a viable and sustainable organisation, whilst facilitating the development of a different, more innovative culture

3.1.2 To commission high-quality services that will improve the health and well-being of the people in Scarborough and Ryedale

3.1.3 To build strong and effective relationships with all stakeholders and deliver services through effectively engaging with our partners

3.1.4 To support people within the local community by enabling a system of choice and integrated care

3.1.5 To deliver against all national and local priorities, including QIPP, and to work within our financial resources.

3.2 National Drivers

By March 2015 (all completed)

- ✓ GP Practices must use the NHS number as primary identifier in all correspondence (*Source: GP Contract*)
- ✓ Practices must offer patients access to an online summary of their health records held by their GP (*Source: GP Contract*)
- ✓ GP practices must provide an automated upload to the SCR of any changes to a patient's summary information, at least once every working day (*Source: GP Contract*)
- ✓ GP Practices must utilise the GP2GP facility for the transfer of patient records between practices (*Source: GP Contract*)
- ✓ Plans should be in place to link electronic health and social care records, to ensure as complete a record as possible exists of the care received across all care services (*Source: NHS England)*
- ✓ Plans should exist for records to be able to follow individuals to any part of the NHS or Social Care Services (*Source: NHS England)*
- ✓ GP Practices must offer patients an appropriate proportion of their GP appointments to book online (*Source: GP Contract*)

By March 2016 (all completed)

- ✓ GP Practices should move to NHS mail or another secure email system to ensure secure Communications are in place (*Source: GP Operating Model)*
- ✓ Patient online access to their medical record will be widened in 2015/16 to be able to access detailed information (*Source: GP Contract*)
- ✓ During 2015 / 16 the number of appointments booked online will be expanded and there is appropriate availability of appointments for online booking (*Source: GP Contract*)
- ✓ Patients should have access to an easy-to-use electronic prescription service. We expect that at least 60% of practices will be transmitting prescriptions electronically to the pharmacy electronically by March 2016. (*Source: NHS England)*
- ✓ Structured, coded discharge summaries should be available to health professionals electronically everywhere, as required. This will be a legally binding requirement by October 2015 (*Source: NHS England*)
- ✓ Electronic referrals between GPs and other services should become the norm. We expect at least 80% of elective referrals to be made electronically by March 2016 (*Source: NHS England)*
- ✓ To deliver the National Information Board (NIB's) framework *Personalised Health and Care 2020*, local commissioners will be expected to develop a roadmap for the introduction of fully interoperable digital records, including for specialised and primary care. Although not due for publication until April 2016, it will be important to make progress on this key enabler next year. Further guidance on those roadmaps will be published in June 2015, although work can start immediately (*Source: NHS England)*

Amendment to IMT Strategy
(Following update to GMS contract for 2016/17)

Please see below amendments that need to be included in the IMT strategy following a note setting out key changes to the GMS contract for 2016/17[1].

Changes are non-contractual except where specific changes to the GMS regulations are set out to support the use of Electronic Prescribing Service (EPS), the Summary Care Record (SCR) and GP2GP. Note – we have requested that HSCIC / NHS England provide a breakdown on how practices currently are performing against the targets outlined below.

Enhanced Services
If there's an enhanced service in place for GP Practices to work extended hours, is there a requirement for the CSU to supply an out-of-hours IT support service.

Electronic Prescriptions
Practices will be encouraged to transmit prescriptions electronically using EPS. The aim is for 80% of **repeat prescriptions** to be transmitted using EPS by 31st March 2017.

[1] http://www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/GMS/Summary%20GMS%20contract_Le1361_1.pdf

Electronic Referrals
The aim is for 80% of all elective referrals to be made electronically using the NHS e-referral service by 31st March 2017, unless the secondary provider has not made slots available in the system, there's a clinical need to use a provider who does not publish their services on the system or patients have indicated a choice to use a provider who does not publish their services on the system.

Summary Care Record
NHS England and GPC are currently considering input of additional information to the SCR, and it is recognised that practices will require additional support for this. The target is March 2017.

GP2GP
GMS regulations are being amended so that practices no longer have to seek permission from NHS England not to print out the electronic record; where patient records successfully transfer to a new practice using GP2GP v2.2 (this includes the ability to transfer large files)

Access to Online Services
Practices will aim for at least 10% of registered patients to be using one or more online services by 31st March 2017.

Apps for Patients to access services
Practices will receive guidance on signposting the availability of apps to allow them to book appointments, order repeat prescriptions and access their GP medical record online. Apps will be technically and clinically validated through the GPSoC programme during 2016/17 before being made available to patients.

Online access to clinical correspondence
Practices will provide patients with online access to clinical correspondence such as discharge summaries, outpatient appointments letters and referral letters, unless it causes harm to patients or contains references to third parties. Practices will be able to make available online only those letters received from a chosen date, no later than March 2017.

Information sharing agreements between practices
NHS England and GPC will jointly develop a national template for data sharing to facilitate sharing between practices locally for direct care purposes.

Shared discharge summaries and event posting
Following the target in Oct 2015 for providers to send discharge summaries electronically to practices, from April 2016, practices will be required to receive all discharge summaries and subsequent post event messages electronically.

Cyber security
Building on the 2015/16 agreement, GP Practices will need to complete the IG toolkit and adhere to the requirements outlined within it. Practices will also nominate a person with the responsibility for confidentiality of personal data.

Longer term

- Significant progress should be made by 2017 for people with long-term conditions to benefit from telehealth and telecare, enabling people to manage and monitor their condition at home and reducing the need for avoidable visits to GPs and hospitals (*Source: NHS England)*

- By 2018, the NHS should become paperless; meaning that the patient should have compatible, complete digital records so their health information can follow them around the health and social care environments (*Source: NHS England)*

3.3 Strategic Principles

This strategy has been based on the following principles:

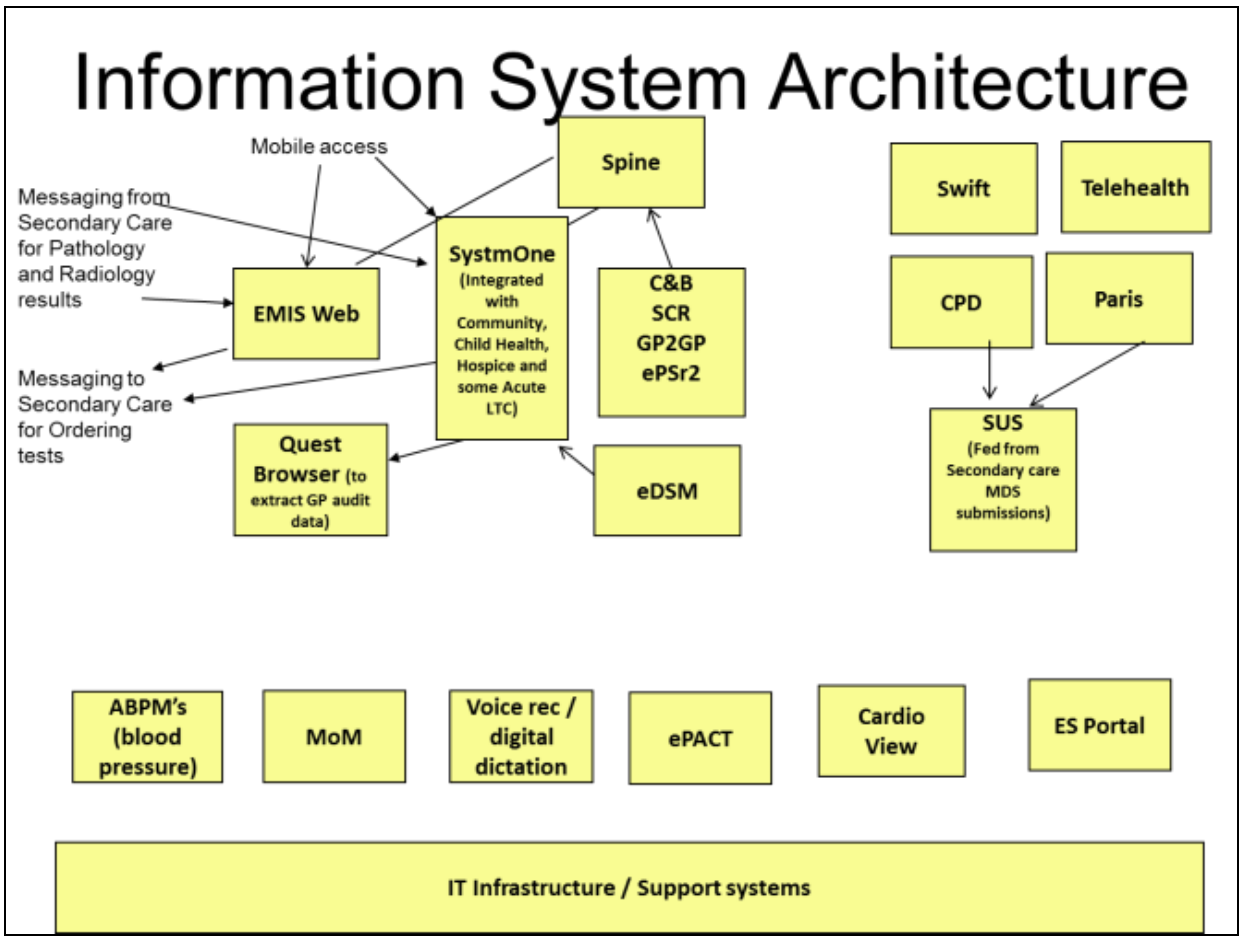
- Secure electronic records are the fundamental form of care record held and used to support care for all services
- Individual clinical information is collected and recorded once only in real-time or near real-time wherever possible, and this is only held in one instance (IT system)
- Care record information is readily accessible by the appropriate person, at the location and time of care delivery and decision making
- Information is of the highest quality and appropriately presented for the purpose of clinical decision making, patient access and understanding, and allows commissioning and provider organisations to make quality business decisions on service provision.
- Information is accessed and shared subject to the requirements of the NHS Patient Care Record Guarantee, the NHS Constitution and Information Governance.

4. Strategic Analysis

Some strategic tools were used to generate information to inform the IMT strategy and are as detailed below.

4.1 Current Systems

The information System Architecture identifies all the current key Information Systems in place and identifies the links between these systems. Currently the position is that there are many standalone systems in place with little or no integration.



4.2 Current Portfolio Matrix

This shows the key systems in place in a matrix to identify their value to the CCG:

High Potential - Applications that might be important in achieving future success (they add little or no value yet).

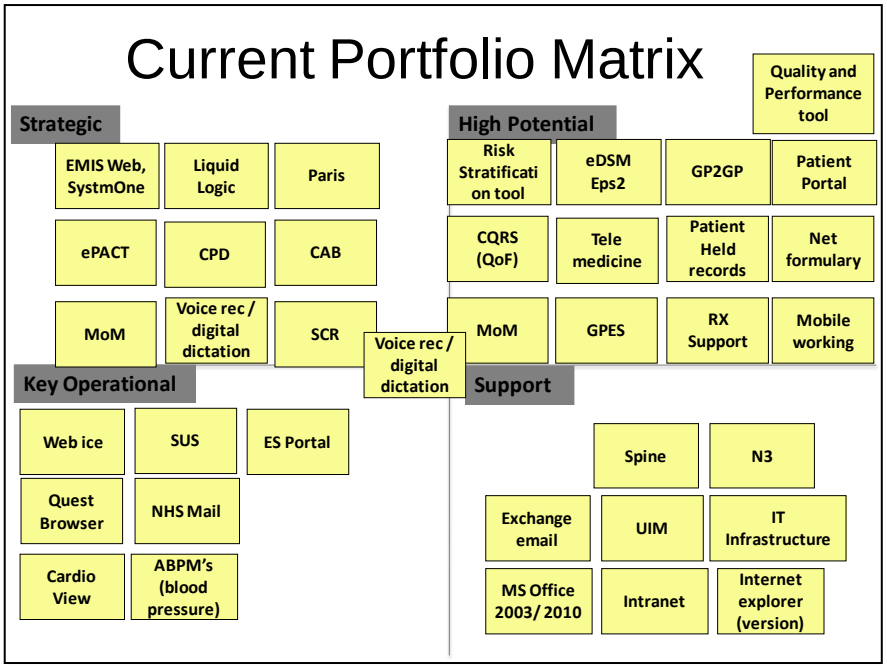
Strategic - Applications that are critical to sustaining future business strategy (add major value)

Operational - Applications on which the organisation currently depends on for success (add significant value)

Support - Applications that are valuable but not key to success (add some value)

The Current Portfolio Matrix identifies all information systems currently in use across HRWCCG and indicates:

- High potential system such as Patient Portal that may become *strategic systems of the* future
- Strategic systems include the two GP systems used in the area, SystmOne and EMIS Web.



- Key operational systems that are important for the business to function and may or may not be important in the future. Quite a lot of applications such as SCR, C&B, NHS Mail currently fall into this category.

- Support systems that act as 'back office' systems, such as MS office and corporate systems

4.3 Critical Success factors

The Critical Success Factors indicate how the implementation of information systems will help SRCCG achieve the objectives set out in section 3. The first CCG objective has been split into two separate ones for the purpose of the CSF tool.

Critical Success Factors

The IS requirements to support the SRCCG objectives

Objectives	Information Systems	Link to objectives
Develop innovative culture	EHealth	
Deliver national and local priorities	Interoperability across Primary Care systems	
Improve Health and Well-being	Access to Internet for Information	
Clinically and financially sustainable system	Patient access to records	
enable a system of choice and integrated care	Integrated systems across all care settings	
Strong partnership with stakeholders	Mobile working and connectivity	
	Patient portal to view all relevant info across organisations	
	Risk Stratification Tool	
	Secure communication (NHS Mail / Gov connect)l	
	E-referral tool	

Many of the systems link to all of the CCGs objectives including

- Interoperability across primary Care, the Patient Portal and Integrated Systems across all care settings. These link closely to the Better Care Fund that will be used to invest significantly in an improved health and social care system, changing the way that health and social care services are funded to drive improvements to services for elderly and vulnerable people.

- EHealth systems, including services such as e-consultations, Telemedicine etc are crucial to link in with the CCGs objectives, especially around supporting patients in their own homes and reducing cost and improving quality of services.

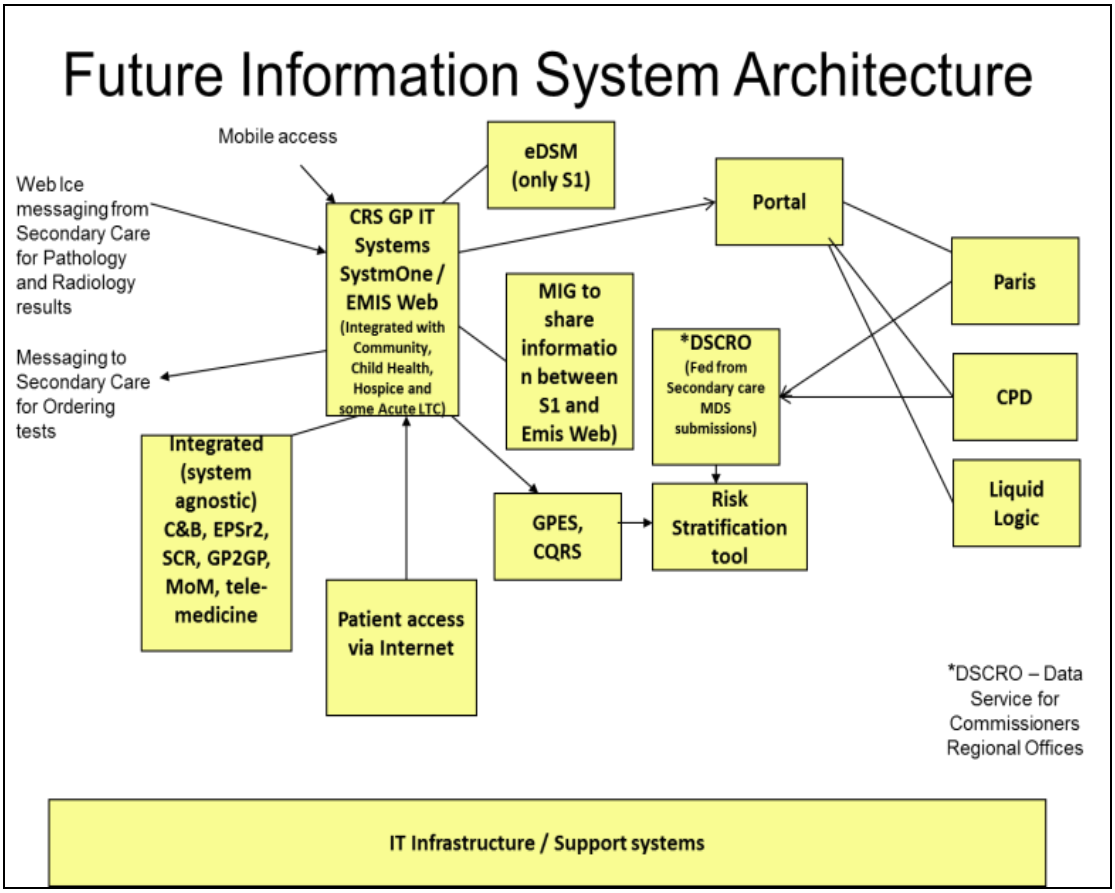
- Mobile Working and connectivity are also key, enabling staff to work from different locations and use wireless networks more freely.

It should be noted that the objective to deliver local and national priorities links to every information system listed, indicating that technology is a key enabler.

4.4 Future Systems

This time the Information Systems Architecture (shown below) looks at all the future Information Systems that could be put in place and the links between those systems. The main points to note are:

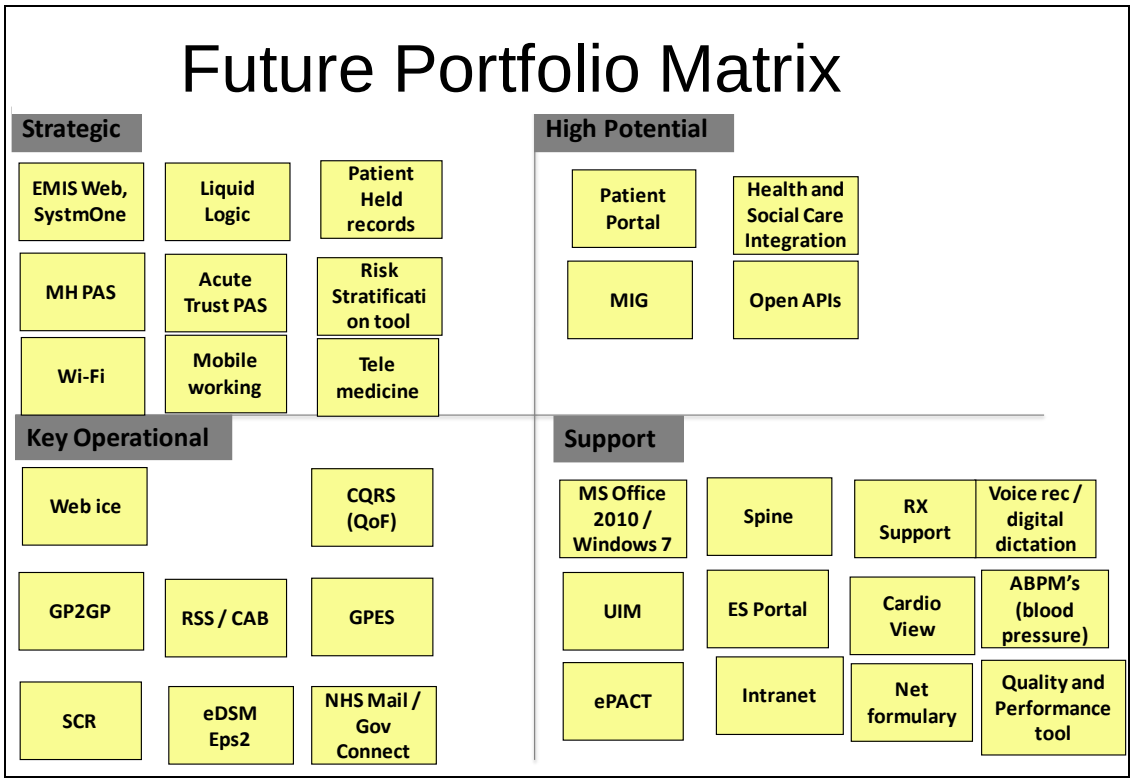
- Key Primary Care systems should be integrated
- Contracting tool should be fully integrated and automated
- Introduce patient access to records
- Increased focus on integration between Health and Social Care
- Mobile working more accessible
- Integration of EHealth systems



4.5 Future Portfolio Matrix

The future portfolio matrix (shown below) indicates that:

- High Potential systems, those that we are unsure of are systems such as patient portal, open APi's etc. Although we believe they will be strategic systems of the future, we remain unsure.
- Strategic systems need to include all of the key organiastion systems used by the NHS and its partners, as these systems will provide the platform for integration. Wi-Fi is strategic as it enables organisations to access thsie own information from any building.
- Some of the national systems such as GP2GP, Summary Care Record, EPS and C&B etc need to become operational and implemented by every practice to ensure that information is accessible and integrated where necessary.
- Support systems will continue to include MS Office and corporate systems but will also include some of the systems supporting but not key to the success of the CCG.



5. Strategic Objectives and Targets

From the analysis and business drivers, the strategic objectives and targets for SRCCG's IMT strategy are outlined below.

5.1 Put National and Local Clinical Systems in Place

All of the GP Practices in SRCCG use either SystmOne (14 practices) or EMIS Web (1 practice). This provides a firm foundation on which to build strategies for system integration and information sharing.

SRCCG has continued to successfully deliver on national priorities and should continue to deploy Electronic Prescribing (EPS2)

Across the SR area, SystmOne is being implemented across community services and is in use in Children's Services and the local Hospice, which enables data sharing across different organisations using this system. This should continue to be encouraged.

Targets to be achieved

To achieve national targets and CCG objectives, the following targets should be met:

Practices will be encouraged to transmit prescriptions electronically using EPS. The aim is for 80% of **repeat prescriptions** to be transmitted using EPS by 31st March 2017.

100% of secondary care organisations must provide Structured, coded discharge summaries to health professionals electronically everywhere by April 2016 (*Source: NHS England*). This will be a legally binding and should be in contracts with provider organisations. This is not yet in place

- All discharge summaries sent electronically from all acute providers to the GP within 24 hours
- All discharge summaries shared in the form of structured electronic documents
- All discharge documentation aligned with Academy of Medical Royal Colleges headings

The aim is for 80% of all elective referrals to be made electronically using the NHS e-referral service by 31st March 2017, unless the secondary provider has not made slots available in the system, there's a clinical need to use a provider who does not publish their services on the system or patients have indicated a choice to use a provider who does not publish their services on the system.

By 2018, the NHS should become paperless; meaning that the patient should have compatible, complete digital records so their health information can follow them around the health and social care environments (*Source: NHS England)*

5.2 Patient and Public Access to Information

Technical capability to provide patients with direct electronic access to their GP records already exists within EMIS Web and SystmOne. In SRCCG, all practices have websites and the majority of practices have already enabled patients to make appointments on-line, request repeat prescriptions and have access to a summary of their GP record online. However, there is a programme of work required to allow patients access to their full GP record, including working with practices and the

public in raising awareness, providing timely communications and ensuring that concerns over security are addressed.

Targets to be achieved

To achieve national targets and CCG objectives, the following targets should be met:

- Practices will aim for at least 10% of registered patients to be using one or more online services by 31st March 2017.

- Practices will provide patients with online access to clinical correspondence such as discharge summaries, outpatient appointments letters and referral letters, unless it causes harm to patients or contains references to third parties. Practices will be able to make available online only those letters received from a chosen date, no later than March 2017.

5.3 Mobile Access and Connectivity

Mobile access continues to be difficult due to connectivity issues. Within the CSU's supported estate, wireless networking continues to be deployed to support real-time access to electronic records. Both EMIS and TPP have now developed a mobile solution to enable a clinician to work offline for scheduling and patient contacts if connectivity is lost.

A further recommendation is to put Wi-Fi into GP practices in a secure way to allow patients and clinicians to access the internet and to allow authenticated devices to access clinical systems over N3. It will also allow different organisations to access their own network and systems from any GP Practice.

There are examples of mobile working in SRCCG, with the community nurses piloting this way of working. This should be evaluated and rolled out further if successful.

Targets to be achieved

To achieve national targets and CCG objectives, the following targets should be met:

By March 2017 100% of GP Practices should be wifi enabled to allow access to N3 and also to allow integrated working.

By March 2017 100% of GP practices should have their N3 connections upgraded.

5.4 Information Sharing and Integration

There is a need to share information between multiple systems and service providers to facilitate and enable new and improved patient pathways. In addition, the need to work more efficiently is driving healthcare providers to maximise opportunities to improve process and reduce the administrative "paper chase".

A patient portal should be considered as a means of sharing a view of care records between health (primary & secondary care) and social care partners. SRCCG should link into the work to be carried out by the North Yorkshire Integrated care Programme Board to scope a patient portal across North Yorkshire.

The Summary Care Record (SCR) has now been uploaded for all consenting patients and the focus now needs to be on provision of access to the SCR to improve patient experience and care in the relevant settings. There is the potential to exploit this as a vehicle to share information to support the End of Life Care, a local CCG priority.

Due to the accelerated deployment of SystmOne, information sharing is already supporting clinical care across a wide range of services. There is a need to extend this to share information across EMIS Web also. EMIS and TPP now are working together to integrate records between the two systems, which is free of charge.

The Medical Interoperability Gateway (MIG) is a means of sharing information between EMIS and TPP systems. Using the 'Detailed Care Record' and with appropriate levels of consent in place, information can be viewed across both systems. An added benefit is that organisations, such as Nursing Homes, can access the clinical record via the internet without having to use either clinical system. There is a cost for usage of the MIG across the patient population (approximately 11p per patient) but, once purchased, it can be accessed in many ways by many different organisations at no additional cost. An options appraisal should be carried out on this way of sharing information but it must be noted that the functionality of the MIG is still limited.

<u>Targets to be achieved</u>

To achieve national targets and CCG objectives, the following targets should be met:

By 30th June 2016, the CCG will develop a Local Digital Roadmap for the introduction of fully interoperable digital records, including for specialised and primary care. (*Source: NHS England).* This work will be carried out collaboratively working with VOYCCG.

By October 2016 the CCG should put in place a local integrated group with membership from all relevant organisations in the local community.

By October 2016 the integration of SystmOne and EMIS should be investigated and a timescale agreed for this to be implemented in the CCG area.

By March 2017, SCR information should be accessed for patients presenting in an A&E, ambulance or 111 setting where this information may inform clinical decisions (including for out-of-area patients)

By December 2016 SCR Information should be accessed by community pharmacists

By March 2017 input of additional information to the SCR, and it is recognised that practices will require additional support for this.

5.5 EHealth

There are four areas of EHealth that support self-care as set out below:

- Telecare is characterised by continuous, automatic and remote monitoring to manage the risks associated with independent living, particularly among older people or those with physical disabilities
- Telehealth is the remote exchange of physiological data between a patient at home and nursing staff, to assist in monitoring. It includes home units to monitor vital signs, for review at a remote location using phone lines or wireless technology
- Teleconsultations enable the patient to communicate with remote clinicians through a video-conference link
- Telecoaching is a web-based, remote, health coaching tool used to stimulate the adoption of improved self-care

As this is a priority area that links to all of the CCGs objectives, further work should be completed on the best type of eHealth to be put in place.

<u>Targets to be achieved</u>

To achieve national targets and CCG objectives, the following targets should be met:

By March 2017, progress should be made by 2017 for people with long-term conditions to benefit from telehealth and telecare, enabling people to manage and monitor their condition at home and reducing the need for avoidable visits to GPs and hospitals (*Source: NHS England).* To achieve this, consideration must be given to eHealth solutions for new or amended pathways of care.

5.6 Supporting systems

The CCG currently commissions IT services from eMBED and it is important that these underpin the IMT strategy. Below outlines YHCS IT strategy but eMBED are currently writing their own IT strategy and this will be incorporated into this strategy as soon as it is available.

5.6.1 Data Storage

There is a requirement for secure data storage for the CCG and its GP Practices. Server virtualisation technologies should be investigated and key challenges moving forward will be capacity for data growth.

5.6.2 Access & Networking

A networking model should be based mainly on using the national N3 provision linking practices and the CCG into a centralised network, so reducing the need for large servers in each organisation and allowing data to be held and backed-up securely. It will also enable remote IT support to be carried out more easily across the network.

Target – for all GP Practices to be on the new server model by March 2019.

5.6.3 Desktop Strategy

To ensure best VFM and optimal performance, resilience and security, a warranted environment approach should be used for desktop infrastructure (PC's, laptops etc.) to defines a specification and range of devices which can be supported. IT infrastructure and the software inventory should be maintained in real time as equipment changes are made.

Under the GPIT contract, there is a five-year rolling programme of IT kit replacement in place across the SRCCG GP practice estate. This should continue using capital resource.

The GPIT Operating model should be used to support, maintain and replace the core IT equipment used by GP Practices.

5.6.4 Corporate Systems

<u>Targets to be achieved</u>

To achieve national targets and CCG objectives, the following targets should be met:

By October 2016 all practices should have at least one superuser who will have a greater IT access and more rights than other users.

5.6.5 Support Services

A responsive and effective IT Support Service Management model should be based on NHS Informatics Accreditation Standards and the service should operate according to ITIL standards.

5.6.6 Training

A training programme should be put in place to ensure that all staff are fully trained and supported in the use of clinical and office systems. The training will need to be be carried out via e-learning and classroom based courses, to suit all types of learning.

5.6.7 Project Management

Relevant project management will need to be put in place to ensure the CCG's service development projects are covered and that all GP practices projects and mergers are facilitated.

5.7 Emerging Systems

Within the lifetime of this strategy, there will be new developments that must be embraced to allow progression.

These include the emergence of N4, the successor to N3, and a new network that may embrace more than just the NHS; the ending of the Local Service Provider (LSP) contract and the funding allocation of the new GP operating model. Over the next few years, a new NHS e-Referral Service will succeed the current Choose and Book service. It will be developed based on feedback from patients and NHS professionals. As the specification for e-Referrals is still being developed, it is not known what the impact of this service will be on systems but the drive is towards a totally paperless solution.

As more information becomes available for each of these areas, the strategy will be updated to reflect this.

6. Implementing the Strategy

The following actions are recommended to sure the successful implementation of this IMT strategy:

- The IMT strategy should be formally approved
- An action plan should be developed between the CSU and CCG to identify priorities, timescale and cost for all areas of work (shown at)
- A Strategy Group should be set-up to oversee the implementation of the strategy
- System preferences and requirements for integration should be put into contracts with providers
- Access to SCR should be put into contracts with provider

Recommendation	Action	Date	Link to objective
The aim is for 80% of **repeat prescriptions** to be transmitted using EPS by 31st March 2017		By 31st March 2017	1.1.5
100% of secondary care organisations must provide Structured, coded discharge summaries to health professionals electronically everywhere by April 2016 (*Source: NHS England*). This will be a legally binding and should be in contracts with provider organisations. This is not yet in place • All discharge summaries sent electronically from all acute providers to the GP within 24 hours • All discharge summaries shared in the form of structured electronic documents • All discharge documentation aligned with Academy of Medical Royal Colleges headings	This will be a legally binding and should be in contracts with provider organisations	By 30th April 2016	1.1.5
The aim is for 80% of all elective referrals to be made electronically using the NHS e-referral service by 31st March 2017, unless the secondary provider has not made slots available in the system, there's a clinical		31st March 2017	1.1.5, 1.1.4

need to use a provider who does not publish their services on the system or patients have indicated a choice to use a provider who does not publish their services on the system			
Practices will aim for at least 10% of registered patients to be using one or more online services by 31st March 2017.		By March 2017	1.1.5, 1.1.2
Practices will provide patients with online access to clinical correspondence such as discharge summaries, outpatient appointments letters and referral letters, unless it causes harm to patients or contains references to third parties. Practices will be able to make available online only those letters received from a chosen date, no later than March 2017		By 31st March 2017	1.1.5, 1.1.2
The NHS should become paperless; meaning that the patient should have compatible, complete digital records so their health information can follow them around the health and social care environments		By 31st March 2018	1.1.5
By March 2017 100% of GP Practices should be wifi enabled to allow access to N3 and also to allow integrated working.	To part of the ETTF bid	By 31st March 2017	1.1.4
By March 2017 100% of GP practices should have their N3 connections upgraded.	To part of the ETTF bid	By 31st March 2017	1.1.4
By 30th June 2016, the CCG will develop a		By 30th June 2016	1.1.4 / 1.1.5

Local Digital Roadmap for the introduction of fully interoperable digital records, including for specialised and primary care. (*Source: NHS England).* This work will be carried out collaboratively working with VOYCCG.			
By October 2016 the CCG should put in place a local integrated group with membership from all relevant organisations in the local community.		By 31st October 2016	1.1.4
By October 2016 the integration of SystmOne and EMIS should be investigated and a timescale agreed for this to be implemented in the CCG area.		By 31st October 2016	1.1.4
By March 2017, SCR information should be accessed for patients presenting in an A&E, ambulance or 111 setting where this information may inform clinical decisions (including for out-of-area patients)		By 31st March 2017	1.1.4
By December 2016 SCR Information should be accessed by community pharmacist		By 31st December 2016	1.1.4
By March 2017 input of additional information to the SCR	It is recognised that practices will require additional support for this.	By 31st March 2017	1.1.4
Target – for all GP Practices to be on the new server model by March 2019.	To part of the ETTF bid	By 31st March 2019	1.1.4, 1.1.1

By October 2016 all practices should have at least one superuser who will have a greater IT access and more rights than other users.		By 31st October 2016	1.1.2

SRCCG Objectives

1.1.1 To create a viable and sustainable organisation, whilst facilitating the development of a different, more innovative culture

1.1.2 To commission high-quality services that will improve the health and well-being of the people in Scarborough and Ryedale

1.1.3 To build strong and effective relationships with all stakeholders and deliver services through effectively engaging with our partners

1.1.4 To support people within the local community by enabling a system of choice and integrated care

1.1.5 To deliver against all national and local priorities, including QIPP, and to work within our financial resources