



*Scarborough and Ryedale
Clinical Commissioning Group*

Operational Plan

2016-17

“Improving the health and wellbeing of our communities”

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Forward: Dr Phil Garnett, Clinical Chair, Scarborough & Ryedale CCG



Scarborough & Ryedale Clinical Commissioning Group (SRCCG) is responsible for commissioning many local health services. This document briefly reiterates our strategic aims, and sets out our operational plan for 2016-17.

Our long-term intention, since the conception of SRCCG in 2013, continues to be one of fundamental change in the way health and social care services are delivered for the population of Scarborough and Ryedale. By 2021 the model of care for our communities will be less focused on traditional secondary care services (e.g. hospitals) and more focused on supporting people to live healthy, active lives in the community, supported by responsive services tailored to meet individual needs.

As we fully anticipated at the start of our journey, the CCG has had, and will continue to have, a difficult and challenging role in a time of continual change and financial and workforce constraints. We recognise that the CCG is unable to solve every problem at a local commissioning level on our own - it's by working in partnership with others that we are most effective. Our Ambition for Health programme with eight local NHS and local authority partners, our joint work with Vale of York CCG on System Resilience, and our part in the wider Humber, Coast & Vale healthcare community are just three examples of how we work with other partners to help address local issues.

We are proud of our commissioning achievements to-date: the development of an out of hours and integrated urgent care service, the implementation of a new hyper-acute stroke pathway, improvements and expansion of mental health services, a multi-disciplinary psychology community enablement service for patients with chronic pain, the adoption of a referral support service with clinical triage to ensure patients are referred to the most appropriate secondary care service, and being the first CCG in the country to gain a Customer Excellence Award.

Our plans for 2016-17 and beyond are equally ambitious, and will continue to actively engage with new models of care and joint commissioning as described in the NHS Five Year Forward View (published 2014). With the support of our primary care practices (e.g. GP practices), the wider health and social care community and the leadership of our governing body, I am confident we will succeed.

Dr Phil Garnett, Clinical Chair

1. Plan on a Page 2016-17

Vision

Improving the health and wellbeing 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

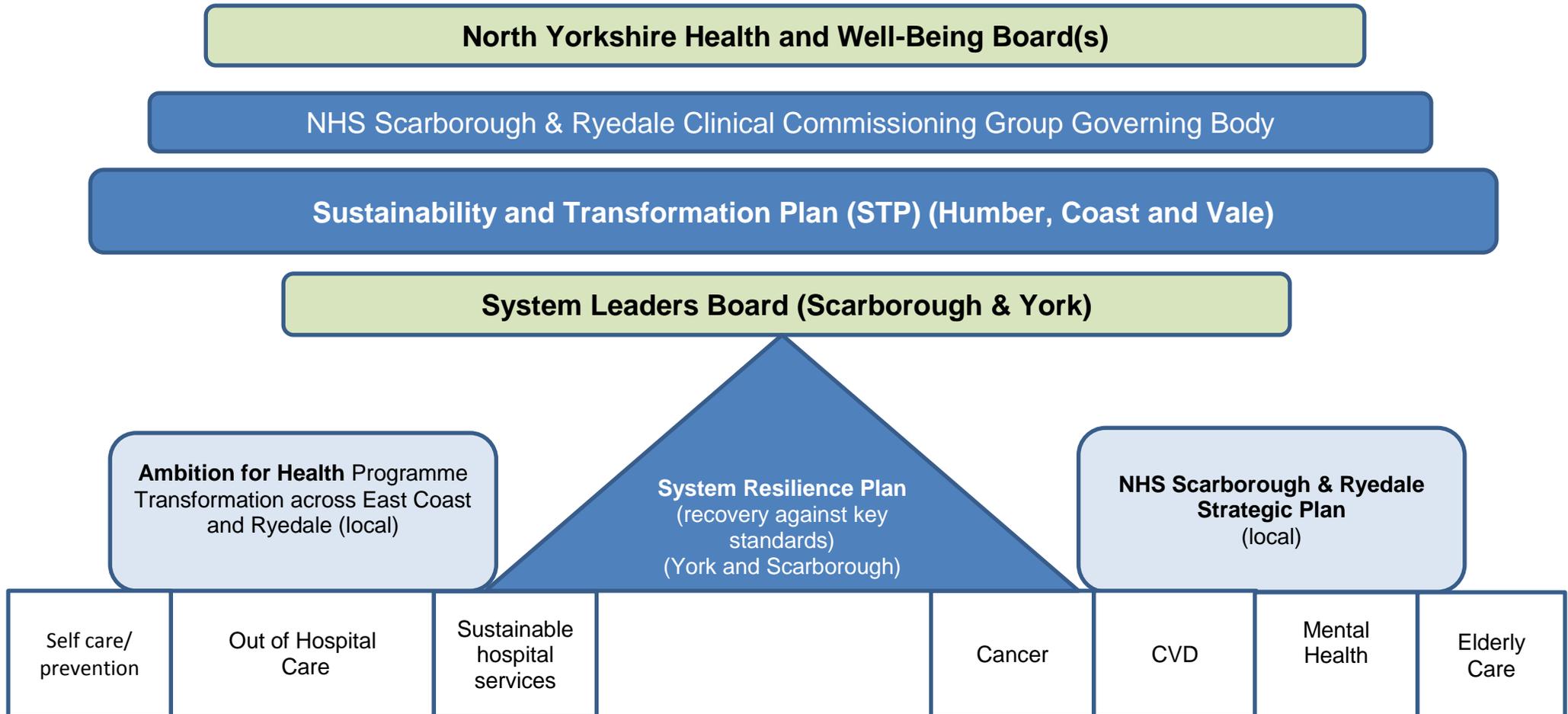
Sustainable, High Quality Services

Building Strong Community Systems

2016/17

Roll out of Ambition for Health Strategy
 Transformation of Community Services in Scarborough & Ryedale
 Development of Primary Care Frailty Model
 Implementation of Cardio Vascular Disease Strategy
 Implementation of Elderly Care Strategy
 Implementation of Community Out-Patient Services: Phase 1-Rheumatology, Gynaecology and Dermatology;
 Phase 2 – Ear Nose and Throat (ENT), Minor Surgery, Neurology, Diabetes – for discussion, Ophthalmology – for discussion
 Implementation of Primary Care Strategy
 Roll out of Protected Time for Learning in Primary Care
 Delivery of Emergency Care Improvement Programme (ECIP)
 Implementation of “Baby Clear”- A Programme to support mums-to-be with smoking cessation
 Implementation of Diabetes Prevention Programme
 Implementation of Cancer Strategy
 Delivery of Quality, Innovation, Productivity and Prevention (QIPP)

Governance structure for planning for 2016/17 and beyond



Programme structure: The CCG will manage the 16/17 strategic programmes and projects through an internal programme management office. This team will be responsible for programme and project documentation, compiling progress reports, compiling risk/issue logs and providing updates to the appropriate corporate committee and Governing Body.

Background

In 2014 we launched our [Five Year Strategic Plan](#) and its ambitious vision **to improve the health and wellbeing of our communities**. We are mid-way through this five-year plan, and the core aims within it have not changed.

Our clinical commissioning priorities, based on our population needs, demographics and health outcomes continue to be the following, which will be progressed in accordance with our existing Five Year Strategic Plan:

- **Cancer**
- **Cardiovascular**
- **Mental health**
- **Care of the Elderly**

Our Five Year Strategic Plan was later strengthened with the creation of the Ambition for Health programme in 2015; both aligned with new national guidance from NHS England. This new national guidance, published in December 2015, has resulted in two things:



Firstly, this one-year operational plan for 2016-17. In 2016/17 we will continue to work towards ensuring high quality care provided as close to home as appropriate, securing sustainable services and reducing health inequalities for our local communities.

Secondly, the CCG has become part of a wider planning footprint encompassing other Clinical Commissioning Groups, Providers, Local Authorities and associated organisations across the geography of the Humber, Coast and Vale. This has resulted in a five-year sustainability and transformation plan (STP) for the Humber, Coast and Vale area.



Ambition for Health Programme

The organisations responsible for commissioning and providing health and social care in Scarborough, Ryedale and Bridlington have united to develop a shared vision for the health and well-being of these local communities – Ambition for Health.

These organisations are: NHS Scarborough and Ryedale CCG, NHS East Riding of Yorkshire CCG, North Yorkshire County Council (NYCC), East Riding Council, Scarborough Borough Council, Ryedale District Council, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) - Mental Health, and York Teaching Hospital NHS Foundation Trust (YFT).

In line with the Five Year Forward View, and driven by the national and local changing needs of our communities, health inequalities, workforce and financial pressures, the [Ambition for Health Vision](#) outlines a five-year programme to transform three aspects of health and social care:



Inspiring people to lead a healthy lifestyle. This means:

- **Prevention** and self-care – with a particular emphasis on encouraging a smoke free generation
- Improving **emotional health**, through better mental health services and helping people to live well with dementia
- Listening to, and **shifting power**, to patients and the public, including through better information and advice



Care at home – joined up health and social care in our communities:

- When people do need to be admitted to hospital, ensuring they **return home** as soon as they are fit and ready to do so
- Provide **more services in the community** wherever possible, including better support for carers
- Working together to align services, reduce duplication and ensure a **positive experience of health and social care**
- Supporting people to have more choice about **where they die**



Delivering **sustainable services** for local people. This means:

- Providing services of the expected **quality and safety, within budget**
- Securing a sustainable **future for Scarborough Hospital**, in particular maintaining core services including emergency medicine, obstetrics (pregnancy and childbirth) and paediatrics (services for babies, children and young people)
- Developing our **workforce** and recruiting and retaining the right people for the right roles

Sustainability and Transformation Plan (STP)

SRCCG is part of the Humber, Coast and Vale STP (HCV STP) encompassing five additional CCGs, provider organisations, voluntary sector organisations, and local authorities. It will bring organisations together to develop and implement a vision for health and social care for 2020 and beyond that will meet the needs of the population and help achieve the aims of the NHS Five Year Forward View.

HCV STP covers a diverse rural, coastal and urban community with a population of 1.4m of which approximately 23% live in the most deprived areas of England. There is significant variation in health outcomes across the footprint.

The STP will have senior leadership from all of the organisations involved, ensuring high level support and ownership required to address the challenges facing health and social care.

The SRCCG operational plan will help to deliver our local element of the STP.

Ensuring our Systems are Resilient

We will work closely with other organisations and partners to ensure our systems are resilient and able to meet core NHS Constitution standards. Primarily, this involves working in partnership with our colleagues at Vale of York CCG, and our main acute provider, York Teaching Hospitals NHS Foundation Trust (YHFT).

NHS Constitutional Standards

YHFT operates two main acute sites, one in Scarborough and the other in York. During 2014-15 and 2015-16, YHFT struggled to deliver the key NHS Constitution standards - particularly those related to emergency care, referral to treatment waiting times, diagnostics and cancer waiting times.

In order to tackle the issues, a **System Resilience Group**, with membership from providers and commissioners, and related working groups, have been established. Groups focusing on planned and unplanned care have been working together to improve performance against key standards and put in place sustainable solutions. During 2016-17 we will continue to work to deliver these targets in line with our statutory duties.

Financial recovery

The CCG has a challenging year ahead with a Quality, Innovation, Productivity and Prevention (QIPP) requirement to make efficiency savings of £5.3m and additional recovery measures saving £0.85m. This is in order to meet the NHS national standard of a 1% financial surplus.

A combined QIPP and financial recovery plan has been developed to address these challenges, and is summarised below. The position has been adjusted to reflect the risk to delivery. It can be seen that there is a remaining gap to be addressed to meet the expectations set out in the 2016-17 financial plan.

Financial recovery is a priority for the CCG and plans continue to be developed and refined throughout the year to ensure delivery.

The nine elements of SRCCGs 2016-17 Operational Plan

In line with the mandatory elements of the NHS England Planning Guidance, SRCCG's operational plan for 2016-17 is summarised below. This draws upon our Five Year Strategic Plan continued clinical priorities around **cancer**, **cardiovascular**, **mental health** and **elderly care**, detailing how we will progress these in 2016-17.

1	Develop a high quality and agreed Sustainability and Transformation Plan (STP), and subsequently achieve the most locally critical milestones to accelerate progress in 2016/17, in accordance with achieving the "triple aim" detailed in the NHS Five Year Forward View.	<p>The CCG has joined with five other CCGs, local authorities and provider organisations to develop:</p> <ul style="list-style-type: none"> • Plans to close the health and wellbeing gap, • Plans to drive transformation to close the care and quality gap, • Plans to close the finance and efficiency gap
2	Return the system to aggregate financial balance. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality.	<p>The CCG is using the information available in the NHS Right Care programme to develop and support delivery of our cardio-vascular strategy. We will work closely with colleagues in Public Health to implement this strategy with particular emphasis on early detection and prevention of the disease in primary care during the first year.</p> <div style="text-align: center;">   </div> <p style="text-align: center;">Final Draft - Setting the Vision for CVD Outcomes Draft CVD Workplan 27.1.16.xls</p> <p>The CCG has developed a comprehensive programme to transfer out-patient activity from secondary care (i.e.hospital) into community settings. Working with clinicians, this work will be carried out in two phases:</p> <p>1. Dermatology, Rheumatology and Gynaecology</p> <p>We have already established clinical triage in dermatology and gynaecology to reduce inappropriate referrals into secondary care. We will build upon this model to provide clinical care and appropriate treatments in primary care (i.e. GP practices).</p>

		<p>2. ENT, Neurology and Minor Surgery</p> <p>The intention is to drive through radical change, using the vehicle of the Ambition for Health programme, to gain joint commitment to shift activity.</p> <p>The CCG is currently developing a financial recovery plan, the first draft of which was submitted to NHS England (NHSE) in June 2016.</p>
<p>3</p>	<p>Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.</p>	<p>The CCG has developed and approved the implementation of a primary care workforce (e.g. those working in GP surgeries) strategy and primary care commissioning strategy.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Scarborough and Ryedale Primary Care </div> <div style="text-align: center;">  Primary Care Workforce Development </div> </div> <p>The CCG has co-commissioned primary medical services since 1 April 2015. Governance and operational arrangements include the formation of the Primary Care Development Group (PCDG), which reports to the Finance and Contracting Committee and the Primary Care Co-Commissioning Committee.</p> <p>There are five work streams as part of this work, each with a leader appointed. They are:</p> <ul style="list-style-type: none"> Workforce Quality and Performance Finance and Contracting Service development Premises and IM&T

4	<p>Get back on track with access standards for A&E (Emergency Department) and ambulance waits, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.</p>	<p>The CCG continues to work closely with Emergency Care Improvement Programme (ECIP) and the System Resilience Group to implement a comprehensive recovery plan for A&E. In 2015 the CCG procured an integrated urgent care service and during 2016-17 we will continue to develop this service to ensure patients are treated in the most appropriate setting and thus avoid unnecessary attendances in the Emergency Department (ED). The Ambition for Health programme of work has determined 24/7 emergency care as one of the key services the CCG expects to remain in Scarborough and options are currently being developed to ensure a financially and clinically sustainable service for the future.</p>
5	<p>Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice.</p>	<p>The CCG is currently achieving this standard and will continue to monitor progress on a regular basis. Sustainability and transformation will be led by the planned care group under the leadership of the System Resilience Group and dovetails into the wider Sustainability and Transformation Plan (STP) to develop closer networks and sharing of elective capacity across a wider provider footprint. The CCG has developed primary care diagnostics and will continue to develop new services to fill gaps in capacity. Patient choice is offered via our Referral Support Service to all patients referred into secondary care.</p>
6	<p>Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering 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.</p>	<p>The Planned Care Group (sub group of the System Resilience Group) and STP will focus on cancer pathways and access to diagnostics during 2016-17 to improve diagnosis and treatment rates.</p>

<p>7 Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.</p>	<p>Early Intervention for Psychosis (EIP)</p> <p>The Partnership Commissioning Unit (PCU) is leading (on behalf of the CCG) and working with main mental health provider, NHS Tees, Esk and Wear Valleys Mental Health Trust, to develop plans to implement the EIP targets.</p> <p>The IAPT 6 week and 18 week target is being met in SRCCG and we will continue to monitor progress.</p> <p>Dementia</p> <p>Plan to introduce dedicated Mental Health Primary Care worker in dementia to GP practices. Piloting a with a view to introducing more widely currently. Current dementia rates will be monitored monthly.</p> <p>One of the long term local aims of the Ambition for Health programme is to work towards establishing Scarborough as a dementia friendly town. Working towards this goal during 2016/17 we will be offering dementia friendly awareness training to all CCG staff and practices.</p> <p>The CCG has developed an elderly care strategy, which was launched with a workshop around frailty in April 2016.</p> <p> 20160215 Draft - Aging Well in Scarbor (Working document) -</p> <p>Enablement Service</p> <p>2016/17 will see the start of the enablement service in Scarborough and Ryedale. This innovative psychology-led service will largely replace the medically-led pain service that had been in place in Scarborough for many years. Patients with chronic</p>
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		<p>pain will now have the opportunity to access a multi-disciplinary model of care with access to a range of disciplines and interventions to manage the physical, psychological and social needs associated with chronic pain. The CCG is moving away from the traditional image of chronic pain and establishing a service that facilitates patients to take control of their condition and work with a range of professionals to re-gain an acceptable quality of life.</p> <p>Children and Young People The following are priorities for Children and Young People:</p> <ul style="list-style-type: none"> • Establish an Attention Deficit Hyperactivity Disorder (ADHD) diagnostic and treatment service in accordance with NICE guidelines. • Provide Child and Adolescent Mental Health Services (CAMHS) services, including CAMHS support service to schools / GP surgeries for prevention, promotion and early intervention and Out of Hours (OoH) response. • Provide an eating disorder service from May 2016 • Deliver improvements in Autism Diagnosis. In Q1 2016 the children’s Autism Diagnostic Service in Scarborough Hospital is projected to achieve the recommended NICE three months waiting time. This is a huge achievement and transformation of a service that historically had a two year waiting list. In addition to meeting the waiting time the Scarborough service currently has the highest conversion rate in North Yorkshire.
8	<p>Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.</p>	<p>Draft submissions for the plans to implement Building the Right Support were submitted to NHS England on 8th February with a view to investing in community provision of care for patients with learning disabilities, reducing the number of learning disability inpatient beds by 50% over three years.</p>
9	<p>Develop and implement an affordable plan to make improvements in quality particularly for</p>	<p>SRCCG Quality Assurance Framework makes clear how we will proactively and reactively seek assurance about the quality of care that is provided by our</p>

organisations in special measures. In addition, providers are required to participate in the annual publication of **avoidable mortality** rates by individual trusts.

commissioned services including the infrastructure and governance framework within which we work. It also sets out our objectives and how we are mobilising our resources to meet them. In terms of effective system oversight our Framework describes the action and ambition to continue to be an effective part of the of the Quality Surveillance Groups where local intelligence is shared and key learning identified to prevent early problems becoming serious quality failures.



Final Quality Assurance Framework