

Title of Meeting: Date of Meeting: Paper Title:		ng:	NY CCG Primary Care Commissioning Committee 27 January 2022 North Yorkshire CCG Integrated Quality Performance Report			Agenda Item: 7.2			
		ng:				d	Session (Tick) Public Private Development Session		X
Nar	ne – Andrev	w Dar	<b>Member Lea</b> ngerfield ary Care Tran		Nam	ort Authone – Jo El – Princip	or and Jo som		alyst
Pur	pose – paper		Decision	Discussio	n		rance	Information	
Exe Rep	ecutive Sun	nmar metr	•	imary care for	Nort	h Yorksh	re CCG,	executive summ	ary
he <b>/lo</b> i	nitoring	are C	ommissioning	Committee is I				report.	
The <b>Mo</b> i The	e Primary Ca nitoring e report is pr	are C	ommissioning ed for informat	Committee is I	n a qi	uarterly ba		report.	
The <b>Mo</b> i The	e Primary Ca nitoring e report is pr Gs Strategi	are C rovide ic Ob	ommissioning ed for informat jectives supp	ion purposes o	n a qi	uarterly ba		report.	v
The <b>Mo</b> i The	<ul> <li>Primary Canitoring</li> <li>report is preport is preported by the provident of the providint of the providint of the provident of the provident</li></ul>	are C rovide ic Ob ic Ob	ommissioning ed for informat <b>jectives supp</b> bjective ssioning: ad in planning a nole system app pest use of resord d the third secto	tion purposes o ported by this and commissioning proach and to sup urces by bringing r to work in partne	n a qu pape g care port th togeth ership	for the pop e developn on improvi	ulation of N nent of gene IS organisa	North Yorkshire by eral practice. ations, local	x
The Moi The	<ul> <li>Primary Canitoring</li> <li>report is primary</li> <li>GS Strategi</li> <li>CCG Strate</li> <li>Strategic Canonic Canonic</li></ul>	are C rovide ic Ob commi the lead of the lead is a while the the k ies and alop all nan co mission	ommissioning ed for informat <b>jectives supp</b> bjective ssioning: ad in planning a nole system app best use of resord d the third secto liances of NHS p impetition. oning:	tion purposes o ported by this and commissioning proach and to sup urces by bringing r to work in partn providers that wo	n a qu pape g care port th togeth ership rk toge	for the pop e developn er other NI on improvi	ulation of N nent of genu 1S organisa ng health a ver care thr	North Yorkshire by eral practice. ations, local nd care.	
The Moi The CCC	<ul> <li>Primary Canitoring</li> <li>report is primary canon constrain and con</li></ul>	are C rovide ic Ob ic Ob	ommissioning ed for informat <b>jectives supp</b> bjective ssioning: ad in planning a hole system app best use of reso d the third secto liances of NHS p mpetition. oning: cess to high qua h Patients and s	tion purposes o ported by this oroach and to sup urces by bringing r to work in partne providers that wo	n a qu pape g care port th togeth ership rk toge	for the pop e developn er other NI on improvi ther to deli	ulation of N hent of gene HS organisa ng health a ver care thr ded.	North Yorkshire by eral practice. ations, local nd care. rough collaboration	
The Mor The CCC 1	<ul> <li>Primary Canitoring</li> <li>report is primary canon be report is primary can be report is primary can be report is primary can be reported by the report of the report</li></ul>	are C rovide ic Ob ic Ob ic ic Ob ic Ob ic Ob ic Ob ic Ob ic Ob ic Ob ic Ob ic Ob ic	ed for informat <b>jectives supp</b> <b>bjective</b> <b>ssioning:</b> ad in planning a hole system app best use of resound the third sector liances of NHS pro- mpetition. <b>oning:</b> cess to high quation <b>n Patients and</b> and effective <b>nability:</b> partners to transpondent	tion purposes o ported by this and commissioning proach and to sup urces by bringing or to work in partne providers that wor ality hospital-base Stakeholders:	n a qu pape g care port th togeth ership rk toge ed care all ou	for the pop e developm er other NI on improvi ther to deli	ulation of N nent of genu HS organisa ng health a ver care thr ded.	North Yorkshire by eral practice. ations, local nd care. rough collaboration	X
The Mor The CCC 1 2 3	<ul> <li>Primary Canitoring</li> <li>report is primary canon constrain a second constraints</li> <li>CCG Strate</li> <li>Strategic Canon</li> <li>To take providin</li> <li>To take providin</li> <li>To take providin</li> <li>To deve rather the second constraints</li> <li>Acute Com We will ensure</li> <li>Engagement We will ensure</li> <li>Financial S We will work sustainable</li> <li>Integrated /</li> </ul>	are C rovide ic Ob ommi the lea ag a wh e the k ies and e the k ies and an co mission ure acc mission ure acc mission d stron servic / Com rtners	ommissioning ed for informat <b>jectives supp</b> bjective ssioning: ad in planning a hole system app best use of resord d the third secto liances of NHS p mpetition. oning: cess to high qua h Patients and s and effective hability: partners to trans- es. munity Care: and people livin	tion purposes of <b>ported by this</b> not commissioning proach and to sup urces by bringing or to work in partne providers that work ality hospital-base <b>Stakeholders:</b> relationships with sform models of c	n a qu pape g care port th togeth ership rk toge ad care all ou	for the pope e developm er other NI on improvi ther to deli when need r communit deliver affo	asis ulation of N nent of gene 1S organisa ng health a ver care thr ded. ded. ies and par	North Yorkshire by eral practice. ations, local nd care. rough collaboration	X
The Mor The CC 1 1 2 3 4	<ul> <li>Primary Ca</li> <li>nitoring</li> <li>report is primary Ca</li> <li>GS Strategi</li> <li>CCG Strate</li> <li>Strategic Ca</li> <li>To take providin</li> <li>To take authoriti</li> <li>To deveration of the second seco</li></ul>	are C rovide ic Ob ic Ob	ed for informat jectives supp bjective ssioning: ad in planning a hole system app best use of resound the third sector liances of NHS propertition. oning: cess to high quar in Patients and sector ability: partners to trans- tes. munity Care: and people livin of care. le:	tion purposes of <b>ported by this</b> not commissioning proach and to sup urces by bringing or to work in partne providers that work ality hospital-base <b>Stakeholders:</b> relationships with sform models of c	n a que pape g care port the together ship erk toge all ou care all ou care to	for the pope e developm er other NI on improvi ther to deli when need r communit deliver affo	asis ulation of N nent of gene 1S organisa ng health a ver care thr ded. ded. ies and par	North Yorkshire by eral practice. ations, local nd care. rough collaboration	X

CCG Values underpinned in this paper				
	CCG Values	X		
1	Collaboration	X		
2	Compassion			
3	Empowerment			
4	Inclusivity			
5	Quality	Х		
6	Respect			

## Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES X NO

## If yes, please indicate which principle risk and outline

Principle Risk No Principle Ri	sk Outline
Any statutory / regulatory / legal / NHS Constitution implications	N/A
Management of Conflicts of Interest	N/A
Communication / Public & Patient Engagement	N/A
Financial / resource implications	N/A
Outcome of Impact Assessments completed	N/A