

GOVERNING BODY MEETING

7 November 2019 9.30am to 12.45pm

The Snow Room, West Offices, Station Rise, York YO1 6GA

Prior to the commencement of the meeting a period of up to 20 minutes, starting at 9.30am, will be set aside for questions or comments from members of the public who have registered in advance their wish to participate.

The agenda and associated papers will be available at:

www.valeofyorkccg.nhs.uk

AGENDA

STANDING ITEMS – 9.50am				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Video	Patient Story	To Receive	Victoria Binks Head of Engagement on behalf of Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
4.	Pages 5 to 32	Minutes of the meeting held on 5 September 2019	To Approve	All
5.	Verbal	Matters arising from the minutes		All
6.	Pages 33 to 40	Accountable Officer's Report	To Receive	Phil Mettam Accountable Officer
7.	Pages 41 to 48	Board Assurance Framework	To Receive	Abigail Combes Head of Legal and Governance

ASSURANCE – 10.30am

8.	Pages 49 to 65	Quality and Patient Experience Report	To Receive	Paula Middlebrook Deputy Chief Nurse on behalf of Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
9.	Pages 67 to 69	City of York Safeguarding Children Board Annual Report 2018/19 Full report available as an annex at https://www.valeofyorkccg.nhs. uk/about-us/governing-body- meetings/#nextGB	To Receive	Karen Hedgley Designated Nurse Safeguarding Children and Children in Care on behalf of Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
10.	Pages 71 to 84	Safeguarding Adults Annual Report 2018/19	To Receive	Paula Middlebrook Deputy Chief Nurse on behalf of Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
11.	Pages 85 to 93	Progress report on work relating to physical health checks for people with severe mental illness	To Receive	Denise Nightingale Executive Director of Transformation, Complex Care and Mental Health
12.	Pages 95 to 109 and Presentat ion	Update to Rapid Expert Input Project	To Receive	Dr Andrew Lee Executive Director of Primary Care and Population Health

FINANCE AND PERFORMANCE – 11.30am

13.	Presentat ion	Long Term Plan for Vale of York and Humber Health and Care Partnership	To Approve	Caroline Alexander Assistant Director of Delivery and Performance and Michael Ash-McMahon Deputy Chief Finance Officer
14.	Pages 111 to 126	Financial Performance Report 2019/20 Month 6	To Receive	Michael Ash-McMahon Deputy Chief Finance Officer on behalf of Simon Bell Chief Finance Officer
15.	Pages 127 to 178	Integrated Performance Report Month 5	To Receive	Caroline Alexander Assistant Director of Delivery and Performance

RECEIVED ITEMS – 12.35pm**Committee minutes are published as separate documents**

16.	Page 179	Chair's Report Executive Committee: 7 August, 4 and 18 September and 2 October 2019
17.	Page 181 to 182	Chair's Report Audit Committee: 26 September 2019
18.	Pages 183 to 184	Chair's Report Finance and Performance Committee: 22 August and 26 September 2019
19.	Pages 185	Chair's Report Primary Care Commissioning Committee: 19 September 2019
20.	Pages 186	Quality and Patient Experience Committee: 10 October 2019
21.	Pages 187 to 192	Medicines Commissioning Committee: 14 August 2019

NEXT MEETING

22.	Verbal	9.30am on 2 January 2019 at West Offices, Station Rise, York YO1 6GA	To Note	All
CLOSE – 12.45pm				

EXCLUSION OF PRESS AND PUBLIC

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

A glossary of commonly used terms is available at

<http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf>

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 5 September 2019 at West Offices, York YO1 6GA

Present

Dr Nigel Wells (NW) (Chair)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Phil Goatley (PG)	Lay Member, Audit Committee Chair
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee, Quality and Patient Experience Committee and Remuneration Committee
Dr Andrew Lee (AL)	Executive Director of Primary Care and Population Health
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Caroline Alexander (CA) – items 10 and 11	Assistant Director of Delivery and Performance
Gill Barrett (GB) – item 3	Macmillan Cancer and Community Care Coordinator, North Locality GP Practices: Millfield, Stillington, Tollerton, Pickering and Helmsley
Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality
Caroline Goldsmith (CG)	Deputy Head of Finance
Helena Nowell (HN) – items 7 and 15	Planning and Assurance Manager
Michèle Saidman (MS)	Executive Assistant

Apologies

David Booker (DB)	Lay Member, Finance and Performance Committee Chair
Dr Helena Ebbs (HE)	North Locality GP Representative
Dr Rajeev Gupta (RG)	Consultant Paediatrician, Barnsley Hospital NHS Foundation Trust - Secondary Care Doctor Member
Phil Mettam (PM)	Accountable Officer

There were two members of Healthwatch York present.

The following matter was raised in the public questions allotted time.

Kath Briers, Treasurer, York Osteoporosis Support Group

This question is raised on behalf of the local Osteoporosis Support Group Committee (york volunteers @the ros.org.uk).

After a patient is diagnosed with a fragility fracture, what information is given to them by the GP or practice team? Are they given information about our local support group?

Secondly is it made clear to patients that a Dexa scan is free to NHS patients?

Response

AL advised that GPs followed a local clinical pathway for fractures and were encouraged to signpost patients to relevant resources such as the Royal Osteoporosis Society. He noted that the website <https://www.nhs.uk/> includes comprehensive information with links relating to osteoporosis but the CCG would welcome the opportunity of working with the local group to promote it to practices. AL highlighted Primary Care Networks in this regard, for example through Social Prescribing Link Workers, and also noted that the April 2020 Protected Learning Time would include an education session on osteoporosis to which Kath and her colleagues could be invited.

With regard to the second part of the question, AL confirmed that dexa scans are free when clinically indicated for a patient's need.

AB referred to the patient journey noting opportunities for earlier signposting to the local support group on diagnosis of a fragility fracture and suggested that the patient contact process be reviewed. He also noted that there was no national dexa screening programme emphasising the need for clarity about when a scan is required.

AGENDA

STANDING ITEMS

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

GB joined the meeting

3. Patient Story - Community Care Coordination: South Hambleton and Ryedale Primary Care Network

MC introduced GB noting the timing in the context of recent discussions about care co-ordination and anticipatory care and also the August Governing Body Co-producing Future Care workshop with system partners.

In giving the attached presentation GB highlighted the context of her having a non clinical background. GB emphasised her skills were transferable and enabled her, through supporting patients to access appropriate care, as demonstrated by the case studies, to assist management of GP workload to allow them to focus on the more vulnerable groups. GB highlighted the influence initially of Dr Lorraine Boyd, formerly of Millfield Surgery, and thereafter of HE.

Members commended GB's work noting the holistic, person centred approach and inclusion of the voluntary and community sectors. MC applauded GB as a "trailblazer" for the Care Co-ordinator role emphasising opportunities for replication that would be cost effective and noting that it also provided opportunities for non clinical staff.

Members sought and received clarification on aspects of GB's work, including utilisation of the model for other vulnerable groups, such as patients with dementia and within cancer care. Discussion also included opportunities to improve data sharing from the context of ensuring all agencies had relevant information and additionally ensuring patient choice was taken into account. GB advised that a number of practices were taking an approach of appointing for example Cancer or Dementia Champions to fulfil a similar role to hers.

NW additionally noted that the keynote speech at the October Protected Learning Time was Electronic Palliative Care Co-ordination Systems (EPaCCS) and the new requirements in the Quality and Outcomes Framework (QOF) for end of life care.

4. Minutes of the Meeting held on 4 July 2019

The minutes of the meeting held on 4 July were agreed subject to addition of CS under Present.

The Governing Body:

Approved the minutes of the meeting held on 4 July 2019 subject to the above amendment.

5. Matters Arising from the Minutes

Report on the work relating to physical health checks for people with severe mental illness: See item 13 below.

Integrated Performance Report – Assurance on progress with actions to address four hour A and E performance and condition specific review of attendances at A and E from Practices: AL reported that the NHS England Emergency Care Intensive

Support Team was providing support to York Teaching Hospital NHS Foundation Trust and detailed work was taking place across the York and Scarborough system. Three task and finish groups had been established to respond to issues emanating from system flow. These related to delayed transfers of care, under fives and 16 to 24 year olds. The results of a survey undertaken in the Emergency Department on the York site in August would be reported to the Health and Care Resilience Board, formerly the A and E Delivery Board, and then to the CCG's Finance and Performance Committee but, notably, around a fifth of attendances had been from out of area.

With regard to communication with primary care about signposting and referring to IAPT (Improving Access to Psychological Therapies) DN reported that colleagues from Tees, Esk and Wear Valleys NHS Foundation Trust were working with primary care in terms of placing workers and the CCG's regular Practice Communication included information about the service. DN also advised that a new Head of Service had been appointed.

The Governing Body:

Noted the updates.

6. Accountable Officer's Report

MC referred to the report which provided an update on turnaround, local financial position and system recovery; operational planning; the CCG Improvement and Assessment Framework 2018/19; York and North Yorkshire Long Term Plan Stakeholder Engagement Event; Primary Care Protected Learning Time; the UK's exit from the European Union; Joint commissioning and the Better Care Fund; York Health and Wellbeing Board Annual Report; Emergency preparedness, resilience and response; Governing Body membership changes; and strategic and national issues.

MC also referred to the national campaign for managed repeat prescriptions which aimed to maximise the patient experience in respect of medicines management. She assured members that the managed repeat prescription service would not totally cease and vulnerable patients would be maintained on the present system. AB reported that the changes were supported by the Local Medical Committee. In response to discussion on the need for further communication to patients, including use of the nhs app, MC agreed to review the material circulated by the Communications Team. Discussion would also take place with Healthwatch to promote communication.

MC explained that the Quality and Patient Experience Committee would receive a detailed report on the NHS England and NHS Improvement changes to improve the Friends and Family Test. She noted that this test, the largest collection of patient experience in the world, now included a question about overall experience and the restriction on response timescale had been removed.

SB additionally confirmed that the second Prescribing Indicative Budgets scheme would be launched imminently. He also advised that the multi-year system financial

plan, at agenda item 9, would be submitted to the Humber, Coast and Vale Health and Care Partnership by 20 September and would be presented to the October Finance and Performance Committee prior to final submission in November.

The Governing Body:

1. Received the Accountable Officer's report.
2. Noted that further consideration would be given to communications relating to the managed repeat prescription service.

HN joined the meeting

7. Risk Update Report

HN referred to the report presented to provide assurance that risks were being strategically managed, monitored and mitigated, highlighting the new format which enabled variation through the year to be followed.

MC explained that training sessions for all staff, including the Governing Body, were taking place in terms of risk statements and risk appetite. She also noted that there were varying views on the approach to risk presentation to the Governing Body which would be resolved during the training.

Members welcomed the new format of the report. Detailed discussion ensued regarding the need for an escalation process through the committee structure to ensure "no surprises" for the Governing Body, consideration in the context of system partners and an overall more comprehensive report. RW emphasised that the Governing Body GP members required greater awareness of risks as they did not attend other forums where discussion took place. It was agreed that York Teaching Hospital NHS Foundation Trust A and E performance, Referral to Treatment and the Total Waiting List be added to the risks for the Governing Body. PG added that risks outside the CCG's control had not previously been included.

In response to AB noting pressures on General Practice were not incorporated as a specific risk discussion included recognition of primary care resilience and workforce capacity as a risk. AL advised in this regard that a rapid review of practices was currently taking place and a staff survey was planned. Primary care risks would be escalated via the Primary Care Commissioning Committee.

The Governing Body:

1. Welcomed the new format of the risk report noting that further development would take place in response to the planned risk training sessions.
2. Requested that York Teaching Hospital NHS Foundation Trust A and E performance, Referral to Treatment and the Total Waiting List be added to the risks for the Governing Body.

HN left the meeting

FINANCE AND PERFORMANCE

8. Financial Performance Report 2019/20 Month 4

In presenting the report which forecast delivery of the CCG's £18.8m deficit plan SB also explained the context of the system plan, the agreed £11.2m cost savings split equally across the organisations and the CCG's £2.4m contingency resource. He noted the challenge of managing variable expenditure against fixed commissioner budgets and highlighted a c£2m risk emanating from an increase in the national tariff for Category M drugs which had a forecast additional spend of c£664k for the CCG; a £331k in-year additional spend as a result of settlement of NHS Property Services invoices for 2017/18 and 2018/19; and forecast activity above plan costing a potential c£1m with the independent treatment centres. SB however compared the current position of needing to find a further £2m of mitigations with that of last year where the unmitigated deterioration to plan was c.£10m at this point of the year, and c.£4m of recovery actions were identified and delivered to achieve the year end position finally reported. He also noted that Month 6 would give a good indication of the likely year-end position. SB also noted the possibility of unknown cost impacts in the remainder of the year, such as potential impact from exiting the European Union.

In addition to commending the improved position on the previous year and the resolution of the position with NHS Property Services, members sought and received clarification on a number of areas. With regard to the independent sector activity SB confirmed that the organisations concerned were working with the CCG to understand the reasons for the increase in activity and highlighted that this work was part of the longer term plan for improving capacity and efficiency in orthopaedic and musculo skeletal (MSK) services but that such a culture change took time to achieve. He also noted patient choice was a factor.

In conclusion NW emphasised the right care at the right time by the right people approach.

The Governing Body:

Received the month 4 Financial Performance Report.

AL left the meeting; CA joined the meeting

9. Financial Planning and 10. Long Term Plan for Vale of York and Humber Health and Care Partnership

CA outlined the challenging and intense planning process, as an organisation and as a York and Scarborough system, to meet the regulatory planning requirements for the five year planning period through to 2023/24. She noted that the presentation was a working slide pack which captured the current position with planning and progress with identifying priorities for improvement work for the CCG with partners. CA highlighted that the clinical engagement in all priority workstreams was critical and the fact that the cost reduction programmes and the proposed single workplan for urgent and emergency care for the repurposed Health and Care Resilience Board were now Chief Officer led. CA also emphasised that the system was working to

ensure that the five year plans were realistic in terms of financial recovery, performance recovery and service improvement and the impact of agreed and emerging workstreams within the five year timescales.

SB presented financial aspects of the plan highlighting the system approach to clinically-led workstreams underpinning the financial plan, securing financial stability through the fixed contract values, and under commitment of growth which would lead to multi-year financial recovery and a strategic approach to multi-year investment. Five priority workstreams, which would be clinically led, had been identified for the Vale system for 2019/2021:

1. Prime provider model for MSK/ trauma and orthopaedics
2. Delayed transfers of care/domiciliary care development/wider care market management
3. Rapid expert input to transform outpatient care
4. Mental health development
5. Primary care development/ Primary Care Networks - Anticipatory care

SB noted the potential for Estates to be added as a sixth workstream. He emphasised the advantages of a fixed resource contract and longer term planning as this enabled a strategic approach to investment and a willingness on the part of providers in terms of risk in the early years if there was confidence in later investment.

SB referred to information forecasting the CCG's financial position across the five years 2019/20 to 2023/24 and resulting in a planned deficit of £3.8million in 2023/24, i.e. the current version of the plan does not return the CCG to balance over the four years. He noted this strategic approach to investment had enabled Tees, Esk and Wear Valleys NHS Foundation Trust to employ and train a number of workers now, in anticipation of future funding described in the CCG's plan.

SB explained that the CCG's priorities remained the Mental Health Investment Standard, investment in primary care and maintaining areas of pre-commitment. Thereafter investment would be distributed across the acute sector which would be at a lower level than previously with the associated requirement for the system to achieve greater efficiency. SB noted the importance of joint working approach in this regard.

SB advised that planning guidance was still awaited but the timescale was 20 September for submission of draft plans to the Sustainability and Transformation Partnership and the end of November for final submission. He also noted the aim of contracts, potentially for five years, being signed by the November submission which would enable mobilisation in quarter four.

SB confirmed that York Teaching Hospital NHS Foundation Trust's planning was on the basis of the fixed commitment from the CCG as described. He emphasised however that detailed discussions, including both secondary and primary care clinicians, were taking place in development of a credible plan based on clinically led and enabled change. SB explained the governance processes from the regulator

perspective reiterating the commitment to producing a credible plan with clinically engagement.

CA explained the 'Starting Point' of planning and prioritising in the Vale system. She described the challenge of articulating a clear and credible improvement plan due to the complexities of the various system requirements and multi-footprints, also referring to the earlier performance discussion. CA highlighted significant gaps in terms of current clinical workforce capacity in some specialties and services which resulted in pressures on delivery of additional diagnostic and elective care activity to return to performance targets. She noted the need for improved infrastructure for out of hospital care as one of the major requirements for the transformation work which would support sustainable performance recovery to targets over the five year period.

In terms of the planning 'asks' CA referred to the requirement to respond to the improvements and targets outlined in the NHS Long Term Plan Implementation Framework, the key planning milestones through to November 2019, and the Humber, Coast and Vale Care Partnership as an emerging Integrated Care System who were co-ordinating the long term planning with NHS England and NHS Improvement across the three places in the Sustainability and Transformation Plan footprint. She noted engagement events were taking place as part of the Humber, Coast and Vale planning process and also advised that there would be confirm and challenge sessions with the Humber Coast and Vale and NHS England and NHS Improvement team as part of the development of the planning submission on 27 September 2019.

CA noted the 'plan on a page' which described the local 2019/20 and 2020/21 priorities as outlined previously by SB and then the ambition of, by 2021/22, progressing towards a population health-led transformed out of hospital care co-produced by emerging clinical networks with Primary Care Networks and partners delivering fully integrated community based urgent and anticipatory care incorporating prevention at the right time. She proposed seeking Governing Body ratification of the system and Humber, Coast and Vale long term planning submission in September at the October meeting, and then a subsequent formal approval of the final plans at the November meeting before submission.

Members discussed clinical capacity in support of the planning processes and also noted concern in the context of capacity of the Primary Care Network Clinical Directors. AB suggested discussion via the Local Medical Committee in this regard. Further consideration of clinical involvement would take place outside the meeting.

The Governing Body:

Noted the ongoing work in respect of the Long Term Plan for Vale of York and Humber Health and Care Partnership incorporating the York and Scarborough place and system plans.

11. Integrated Performance Report Month 3

CA referred to the report which provided a triangulated overview of CCG performance across all NHS Constitutional targets identifying causes of current performance levels and work being undertaken by CCG partners across a number of different forums and working groups in the local York and Scarborough and Ryedale system and wider Humber, Coast and Vale Health and Care Partnership to drive performance improvement.

CA explained that performance against the diagnostics and referral to treatment targets continued to be a major concern but noted that many recovery plans were in place. Cancer 62 day performance had improved to July 2019 and there was potential for two week waits in dermatology to improve in response to use of dermatoscopes but this would be formally confirmed with NHS England and NHS Improvement in terms of performance reporting from October. CA also reported that the referral to treatment Total Waiting List position was lower than projected as referrals to month five had reduced, though the capacity challenges in some specialties as noted earlier were reducing the number of clock stops.. She noted the CCG's annual rating of 'Requires Improvement' in the 2018/19 Improvement and Assessment Framework was unlikely to change until the financial position improved.

NW advised that representatives from the dermatology department at York Teaching Hospital NHS Foundation Trust were attending the September Council of Representatives which would provide an opportunity to discuss pressures and concerns in this specialty.

RW highlighted incidents of delays experienced in obtaining x-ray results and also in gastroenterology. CA noted she would follow up regarding the former and MC requested that RW escalate the latter so that the CCG could seek assurance but noted she was not aware of any incidents in gastroenterology being reported.

Discussion ensued in the context of: the increasing in two week referrals; concern about both the patient experience and risk related to routine reporting performance deteriorating due the pressures created by increasing fast track referrals; the work to support and mitigate some of these pressures for example through the outpatients transformation (Rapid Expert Input) and the resilience in primary care in face of the current capacity pressures; the need to understand patient behaviour in respect of the Emergency Department Front Door; the impact of not having well developed system approaches to prevention locally; and how the emerging work to understand local population health needs would support the local system in developing new models of care and support the ambition to have more sustainable services moving forward. CA noted that she had been asked to chair the System Performance Group.

MC additionally requested that concerns about access be reported via the YOR-Insight button on the Referral Support Service section of the CCG's website.

The Governing Body:

Received the month 3 Integrated Performance Report.

CA left the meeting

ASSURANCE

12. Safeguarding Children Annual Report 2018/19

MC referred to the report presented to provide assurance that the CCG was meeting its statutory responsibilities in terms of safeguarding children. The report also provided an update against the 2018/19 Designated Professionals for Safeguarding Children Strategic Plan and the key development priorities for 2019/20.

With regard to the increase in the number of Looked After Children in the City of York MC explained that an Improvement Plan had been implemented following the Local Government Association Peer Review and Ofsted Inspection. She noted that the Improvement Board was overseeing this plan and the number of Looked After Children was expected to plateau.

In response to NW referring to the introduction of the Multi Agency Safety Hub (MASH) as a single point of referral MC advised that City of York Council was reviewing its priorities. This included strengthening MASH and consideration was being given to employment and funding of a safeguarding representative at all times.

Members welcomed the new format of the annual report.

The Governing Body:

Received the Safeguarding Children Annual Report 2018/19.

13. Update on work relating to physical health checks for people with severe mental illness

In presenting the report which described the requirements for CCGs to improve the physical health of patients with severe mental illness to ensure that 60% of 'active' patients on the Quality Outcome Framework Mental Health Register receive a comprehensive physical health check at least annually, DN referred to previous patient stories and mental health as one of the Governing Body's priorities. She also noted that health checks for people with severe mental illness were an Improvement Assessment Framework (IAF) indicator for 2019/20.

The report explained: the transformation funding approved by the CCG Executive Committee to commission a Local Enhanced Service in primary care to deliver these health checks; reporting requirements; activity and delivery in 2018/19; activity and delivery in 2019/20, including data collection and quarter one activity; the Local Enhanced Service developed with the North Yorkshire CCGs; negotiation with the Local Medical Committee; and implementation of the Local Enhanced Service including provision by the CCG of a standardised template, free training and pathway guidance for practices and arrangements with Tees, Esk and Wear Valleys NHS Foundation Trust for appropriate sharing and exchanging of accurate and up-to-date information such as test results. With regard to the latter DN explained that information could be obtained from EMIS practices but all SystemOne practices were required to agree and currently York Medical Group and Tadcaster Medical Centre had not yet done so. DN highlighted the potential savings identified by the Yorkshire

and Humber Academic Health Science Network, impact on the lives of this vulnerable patient group of not being part of screening programmes and also resulting future pressure on services and specifically in primary care. She noted that South Hambleton and Ryedale Primary Care Network had indicated their willingness in principle to pilot the Local Enhanced Service.

RW, whilst recognising the role of the Local Medical Committee in terms of securing funding for additional areas of work for GPs, expressed concern that, particularly given her specific interest in care for people with mental health problems and from the Primary Care Network perspective, she had not been aware of the Local Medical Committee discussions about this proposed Local Enhanced Service. RW also expressed concern about inequity in the event of the Local Enhanced Service being implemented in one Primary Care Network as proposed.

Detailed discussion ensued including the tensions between the proposed costings, which were considerably below those offered by some other CCGs across the country, and the overall aim of providing good quality care but with recognition of finite resources. Aspects of additional payments through the Quality and Outcomes Framework, the Amber Drugs Local Enhanced Service and Prescribing Indicative Budgets were also noted to contribute to the resource required for this delivery. Further consideration was required outside the meeting to reach a resolution and progress implementation of physical health checks for people with severe mental illness which were both beneficial to patients and cost effective for the future. Additionally, there was a need to address the concern about communication between the Local Medical Committee and practices.

AB commended the patient centred focus of the discussion emphasising the need for a system approach to resolve the position. He also highlighted the role of the Local Medical Committee whose constitutional obligation was to advise on costings for services but not to stop primary care taking up the offer of Local Enhanced Services funding. RW outlined that this would be discussed at the Selby Town Primary Care Network and expressed her view that much of this work was already done in practices but may need better coding.

NW requested a progress report to the next meeting.

The Governing Body:

1. Received the update on work relating to physical health checks for people with severe mental illness.
2. Requested a progress report at the next meeting.

14. Audit Committee Annual Report 2018/19

PG highlighted that, with the exception of the referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 by the CCG's external auditors due to the financial deficit, the report was overall positive and commended this in view of the complexity of the organisation. PG advised that action plans were in place to address internal audit Limited Assurance reports and welcomed the improvements in narrative and timescales in this regard.

RW referred to four cases of financial irregularities in General Practice and sought clarification about prevention and counter fraud support for these significant issues. SB advised that NHS England and NHS Improvement commissioned counter fraud services for General Practice but noted that the local Head of Anti-Crime Services did offer ad hoc support with the CCG's support. The potential for a counter fraud session at a future Protected Learning Time was noted.

The Governing Body:

1. Ratified the Audit Committee Annual Report 2018/19.
2. Noted the potential for Anti-Crime Services to be asked to present a session at a future Protected Learning Time event.

HN rejoined the meeting

15. Emergency Preparedness, Resilience and Response – NHS Vale of York CCG Arrangements

HN referred to the detailed report which described the process by which NHS organisations were mandated to plan for and be able to respond to a wide range of incidents and emergencies that could affect health or patient care. The CCG had assessed itself as “Substantially” compliant overall in relation to compliance with the NHS core standards for Emergency Preparedness, Resilience and Response (EPRR), part of the annual EPRR assurance process for 2019/20.

HN advised that planning associated with the UK's exit from the European Union was separate from these arrangements and confirmed that the Accountable Officer was involved in this regard.

The Governing Body:

Approved the Emergency Preparedness, Resilience and Response Self-assessment and compliance rating.

HN left the meeting

RECEIVED ITEMS

The Governing Body noted the following items as received:

16. Executive Committee chair's report and minutes of 5 June and 5 and 17 July 2019.
17. Audit Committee chair's report and minutes of 11 July 2019.
18. Finance and Performance Committee chair's report and minutes of 27 June and 25 July 2019.
19. Primary Care Commissioning Committee chair's report and minutes of 11 July 2019.

20. Medicines Commissioning Committee recommendations of 12 June and 10 July 2019.

21. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 7 November 2019 at West Offices, Station Rise, York YO1 6GA.

Close of Meeting and Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

A glossary of commonly used terms is available at:

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NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 5 SEPTEMBER 2019 AND CARRIED FORWARD FROM PREVIOUS MEETING

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
5 September 2019	Accountable Officer Report	<ul style="list-style-type: none"> Further consideration to be given to communications relating to the managed repeat prescription service 	MC	
5 September 2019	Update on work relating to physical health checks for people with severe mental illness	<ul style="list-style-type: none"> Further update to the next meeting 	DN	7 November 2019
5 September 2019	Audit Committee Annual Report 2018/19	<ul style="list-style-type: none"> Anti-Crime Services to be asked to present a session at a future Protected Learning Time event 	SB	

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
5 September 2019	Risk Report	<ul style="list-style-type: none"> York Teaching Hospital NHS Foundation Trust A and E performance, Referral to Treatment and the Total Waiting List to be added to the risks for the Governing Body 	HN	

Community Care Coordination: South Hambleton and Ryedale Primary Care Network

Gill Barrett

Macmillan Cancer & Community Care Coordinator

5 September 2019

Background

- Joined NHS in February 2017
- 2-year project; 20 hours per week; funded by Macmillan; based at Millfield Surgery, Easingwold
- Extended in 2018 to include frail patients; weekly hours increased to 35; band increased from 4 to 5
- Background: 35-years in financial services including branch banking; human resources; client services; operations, business change and project management
- Business experience: people development, problem solving, process redesign, business implementation readiness, risk and issue management
- Personal experience: managing people with chronic health conditions; death of parents from cancer, CKD and heart disease; carer for family member with alcohol dependency following stroke

Role Deliverables

- Improve the patient experience from the point of diagnosis throughout their cancer journey
- Include cancer (and subsequently frail) patients
- Raise the proactive input from Primary Care at all stages
- Provide a clear and accessible point of contact for guidance, support and navigation
- Fully integrate into local service delivery
- Encompass contributions from health, social care and voluntary agencies

Year 1: Cancer Coordination

- Gather and review patient data
- Learn about patients' experience / pathways
- Increase understanding of organisational model and roles including NHS, GP practice, hospital, hospice, community, Macmillan
- Get to grips with medical jargon
- Source national and local support (information and services)
- Clarify what gaps if any exist
- Learn from other projects through networking and research
- Develop own knowledge and skills
- Commence patient and carer contact
- Integrate role into practice structure
- Engage with community groups

Challenges

- Building credibility
 - Share case studies to demonstrate added value and support provided
 - Liaise with similar community-based project teams to share and apply best practice
 - Explain new type of roles funded by Macmillan
- Inconsistent / non-existent Cancer Care Reviews (CCR)
 - Make patients aware they are entitled to have a CCR with their GP if they want one
 - Support GP education with support from York Teaching Hospital Foundation Trust Recovery Package project; increase awareness of benefits of holistic reviews with minimal impact on GP time
- Identifying at what stage of their cancer journey a patient is at
 - Introduce consistent coding; encourage EMIS Web and System One codes to be quoted on all cancer pathway documentation e.g. diagnosis, treatment summary, care plans, hospital discharge letters
- Encouraging patients to come forward
 - Publication in local press
 - Display information in practice reception(s)
 - Write to all newly diagnosed patients
 - Monitor all cancer related documentation from secondary care and contact when appropriate
 - Survey patients to ascertain their views

Year 2: Developing the Service

- Embed and develop 'added value' activities and stop any that are not working; streamline Coordinator own administration tasks to create capacity
- Raise awareness via local press and Community Day
- Attend York Teaching Hospital Foundation Trust Project Steering Group meetings
- Attend cancer support groups
- Improve focus of practice MDT meetings via use of 'traffic light' coding i.e. Red, Amber, Green
- Identify emerging needs and preferred priorities for care at an earlier stage
- Obtain patients' consent to share additional information via NHS Summary Care Record (SCR)
- Encourage greater use of templates to populate SCR
- Code information already recorded by GPs in consultation notes and from hospital documentation to aid tracking and reporting
- Identify carers and offer support
- Extend cancer care coordination to other GP practices and include frail patients

Year 3: Frailty Coordination

- Extend care coordination to include frail patients and implement in other North Locality GP practices
- Deliverables:
 - To improve the quality of life of patients with frailty in the North Locality (now SHaR)
 - To improve the communication between stakeholders providing care to frail patients
 - To increase the proportion of frail patients with a care plan and therefore the number of patients for whom their wishes are understood and fulfilled
 - To give parity of esteem to severely frail (non-cancer) end of life care
 - To direct non-clinical work away from GPs in the management of frail patients to free up time for complex clinical decisions: right person doing the right task
- All severely frail and some moderately frail patients identified and coded
- Default risk assessment status is Amber unless GP advises otherwise
- All deaths, newly diagnosed cancer patients, those on the Gold Standards Framework, all coded Red, and any Amber whose frailty score has increased and / or who have had an unplanned admission are reviewed at monthly MDT meetings
- MDT meetings include GPs, DNs, Practice Nurses, Social Care, Community Therapy and Mental Health teams, Specialist Palliative Care nursing and Care Coordinator

Friday 30 August 2019

- Referred Millfield patient to North Yorkshire County Council Living Well service
- Exchanged emails with Coordinator from Home from Hospital service regarding a Pickering patient under their care following their recent visit
- Telephoned same Pickering patient to provide update; had spoken to her the previous week at the request of GP after she was discharged from hospital; consent given to arrange for local care provider to call her to discuss private care package and refer to Social Care for adult care assessment
- Telephoned Terrington patient at the request of her GP as socially isolated but reluctant to engage
- Telephoned Pickering patient regarding her carer responsibilities. Had spoken to her previously and offered advice. Had seen GP recently and asked for further contact as previous discussion had been helpful. Emailed further information on local services that her father might be persuaded to use
- Reviewed cancer documents received from York Hospital for Millfield patients; as a result telephoned 3 people to check on progress
- Sent letters to newly diagnosed patients offering support and a point of contact
- Checked tasks; telephoned daughter of couple registered with Millfield surgery. Her sister is main carer now in hospital following a stroke; unable to look after their parents short-term and will need to consider long term arrangements; agreed to discuss care needs with her father at the weekend and email requirements this week
- Reviewed Millfield's prostate cancer patients under active surveillance; initiated invitations letters to patients whose PSA test is due this month to arrange an appointment with a nurse
- Updated patient records in Aadastra to alert GP Out of Hours and 111 services of any relevant care notes

Case Study 1: Fear of cancer returning

- Patient called in unexpectedly several weeks after receiving introduction letter
- Tearful; 12-years post diagnosis and treatment, fit and well but struggling to cope with fear that cancer will return prompted by mother's recent recurrence (family history / genetic link)
- Reviewed Macmillan literature; provided local sources of support including Cancer Psychology Service (CPS)
- Returned 1-week later; had been using mindfulness techniques with some success but requested referral to CPS
- Confirmed with GP and referral submitted; referral accepted and added to waiting list
- Patient's response when advised was 'I can't tell you how much this means to me'
- Recent notes confirm patient received 4 counselling sessions

Case Study 2: Help at home

- Neighbour (practice receptionist) raised concern regarding patient's general deterioration and low mood
- Mentioned he was having difficulty climbing stairs at home to empty catheter bag. Wife unable to help. Been on housing association waiting list for several months for bungalow and also waiting for equipment to be installed in current property
- Telephoned patient. Had been unable to check for available housing online as no internet access. Contacted housing association. Agreed to send paper copy of waiting list each week. Was unaware of patient's condition so increased priority on W/L and agreed to call patient to confirm when grab rails and raised loo seat were being fitted
- Some weeks later, patient and his wife moved to bungalow with adaptations made to address their needs
- Patient later called to meet Coordinator to ask for benefits advice, Blue Badge, and seat for shower as concerned about falling. In course of conversation opportunity arose to highlight benefits of future care planning and sent Age UK Life Book for him to complete

Case Study 3: Palliative care


- 2ww referral; advanced pancreatic cancer diagnosed, chemotherapy offered but best supportive care recommended by consultant
- In the meantime, DN asked to complete continence assessment and referred to Coordinator after visit; family had many questions they wanted answers to so contacted hospital to bring forward FU appointment
- Subsequently daughter-in-law requested home visit; checked CPD for latest hospital notes and took related information for family to review ahead of further meeting with consultant
- Arranged for GP review following hospital appointment; printed supporting notes from CPD for continuity and awareness
- Consent to share enhanced SCR, DNACPR and ADRT completed
- Monitored patient records weekly in order to update EPaCCS template; all parties were aware of patient and family's preferred priorities for her care
- Patient died at home with her family and all care in place 1-month after diagnosis
- Letter of condolence sent and call made to husband shortly after funeral to offer support

Case Study 4: End of life care

- Widow living alone at home. Supportive family not local. No carers.
- Best supportive care diagnosis given. DNACPR completed. EPaCCS template started.
- Patient wished to be cared for at home. Enquired about cost of installing stairlift. Coordinator contacted NYCC and relayed information provided to patient and family.
- Arranged for Macmillan Benefits Adviser to call patient to submit DS1500 and complete Attendance Allowance application.
- Following an unavoidable hospital admission, made several phone calls to hospital discharge liaison, district nurse, palliative care nurse and GP to facilitate her early discharge home to give her the opportunity to sort her affairs as her family had requested.
- Patient was discharged home and died within 2-weeks with her family in attendance.

Any Questions



Item Number: 6	
Name of Presenter: Phil Mettam	
Meeting of the Governing Body Date of meeting: 7 November	 Vale of York Clinical Commissioning Group
Report Title – Accountable Officer’s Report	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report To provide an update on a number of projects, initiatives and meetings that have taken place since the last Governing Body meeting along with an overview of relevant national issues.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	
Impact Assessments Please confirm below that the impact assessments have been approved and outline any risks/issues identified. <input type="checkbox"/> Quality Impact Assessment <input type="checkbox"/> Data Protection Impact Assessment <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Sustainability Impact Assessment	

Risks/Issues identified from impact assessments: N/A
Recommendations The Governing Body is asked to note the report.
Decision Requested (for Decision Log)

Responsible Executive Director and Title	Report Author and Title
Phil Mettam Accountable Officer	Sharron Hegarty Head of Communications and Media Relations

GOVERNING BODY MEETING: 7 NOVEMBER 2019

Accountable Officer's Report

1. Turnaround, local financial position and system recovery

- 1.1 The CCG's overall financial position remains under pressure although we are slightly better than our year-to-date plan by £389k at the end of September. There are emerging cost pressures, including national prescribing costs and the now confirmed slippage on the system recovery schemes that have been added to the forecast outturn, all of which are detailed in the finance report. The CCG has developed and implemented plans to mitigate these to the extent that all risks and mitigations have now been built into the CCG's forecast outturn that remains in line with plan.
- 1.2 QIPP delivery at Month 6 is £630k off plan. This largely relates to Prescribing, which always had a stretching target, by £505k, as PIB2 has only just started to be rolled out and £161k from the System Recovery Schemes in plan, but not delivered up to September 2019. Prescribing savings slippage of £1.0m has now been built into the forecast together with £2.6m of slippage for the system savings. However, we have delivered £8.2m of savings for the year in total, with the forecast premised on delivering £11.3m.
- 1.3 The CCG has made good progress with system partners in terms of the multi-year plan and as part of the Humber, Coast and Vale STP requirement to submit the final combined version on the 15 November 2019. There is a presentation of the key details of this plan later in this meeting, but it continues the principles we have talked about here previously fixing key aspects of the money to allow for the required investment in Mental Health and Primary Care so that we can have the clinical discussions and transformation we require to live within our budget. Crucially, the plan is now premised on meeting the notified control totals, this looks challenging in 2020-21 and will require the CCG and system partners to go further to hit this, but they do provide a realistic trajectory for 2021-22 onwards.

2. Operational Planning

- 2.1 The CCG has continued to work with partners to consider how to deliver the priorities for service delivery and transformation locally. The NHS Long Term Plan Implementation Framework provides a clear set of ambitions for improving outcomes for patients for commissioners and providers to consider alongside the financial allocation received for our population. As part of the development of our Long Term Plan we have had to work with providers across all part of the health system to agree our priorities, the associated performance improvement trajectories and associated investment required to deliver this over the planning period.

- 2.2 The NHS Mental Health Implementation Plan for 2019-20 to 2023-24 frames the ambition for improving mental health care for all ages and people locally and therefore the CCG has worked with Tees, Esk and Wear Valleys NHS Foundation Trust to develop a proposed investment profile for the use of the Mental Health Investment Standard monies that the CCG is committed to making available in full. This work has prioritised in particular Peri-Natal Mental Health, CAMHS, IAPT and Early Intervention in Psychosis services including tackling the backlog of work associated with some of these services. The investment will focus on delivering more sustainable and integrated physical and mental health care for local people working with providers across the sectors to deliver this.
- 2.3 We have continued our joint planning with partners delivering acute care across the York-Scarborough system including our NHS England and NHS Improvement colleagues. Within the fixed envelope we have aligned with York Teaching Hospital NHS Foundation Trust we have worked hard to consider and develop a challenging, but realistic improvement trajectory for key performance measures in particular tackling the total waiting list, Emergency Care Standard and Cancer targets over the planning period. Continuing to work within a fixed contract value is critical to achieving these so that we can facilitate the clinical conversations that need to happen between primary, secondary and mental health colleagues to help deliver these. The ambition is that this approach will be embedded within the increasingly integrated models of care based around Primary Care Networks (PCNs).

3. Primary Care Protected Learning Time

- 3.1 The latest protected learning time event for primary care on Tuesday 15 July 2019 was once again very successful. Around 300 professionals from our primary care community joined the CCG in what has been viewed by many of the previous participants as a very positive and useful event. The next event takes place on the 23 January 2020.

4. Joint Commissioning

- 4.1 Regular meetings of the Joint Commissioning Strategic Group between the CCG and City of York Council have focused on the system shift towards anticipatory care, and integrating services, such as reablement, around individuals in the community. The group also provides a forum for 'horizon scanning' and planning for future changes in regulatory frameworks or funding priorities.
- 4.2 Following Health and Wellbeing Board ratification earlier in the year, the All Age Learning Disability Strategy was launched at a celebration event on 21st October. It was held at the Priory Street Centre, and was extremely well attended, with representation from organisations across the city, including of

course the CCG, and many people with learning disabilities and carers. The All Age Learning Disability Strategy aims to make York a truly inclusive city for all, where people with learning disabilities lead a good life, making decisions on the things that matter to them. On the day everyone was asked to make a pledge to do something to help this come about. The CCG pledged its support to enable peer advocates with lived experience to get their message across directly to clinicians and people providing services, for example through drama performances at a Protected Learning Time session. The All Age Learning Disability Partnership welcomes new members and is an inclusive group, creating collaboration between people with learning disabilities, carers and people working in the city. The partnership is now working on action plans to deliver the four strategic priorities:

- Education / life-long learning and employment
- Independent living
- Participating in society
- Being as healthy as possible

5. Better Care Fund

5.1 Better Care Fund (BCF) plans were submitted to NHS England and NHS Improvement at the end of September 2019. The approval of plans for the Vale of York is expected after the national assurance process concludes throughout November 2019.

5.2 In York the planning process for BCF 2020-21 will commence with a co-production event on 14 November 2019 which will be hosted by the BCF Performance and Delivery Group, the formal partnership that reports to the Health and Wellbeing Board.

5.3 Planning guidance for 2020-21 has not yet been published but a further one year plan is expected to be required.

6. System and winter resilience communication plans

6.1 Once again the CCG is leading on the coordination of its system partners patient and public messages to help the local community make informed choices about where, when and how to access healthcare.

6.2 The current work, which is the winter phase of a year-round system resilience approach, targets all demographic groups and features a range of campaign messages including those that will reach parents and carers of young children, people with long term conditions, older and vulnerable people.

7. Primary care estates

- 7.1 The CCG and Millfield Surgery are delighted to announce that significant national funding has been approved to improve the practices' facilities to reflect the growing local population in and around Easingwold and the local services that they need.
- 7.2 Work has begun on the development of a new medical centre in Tollerton. The new facilities; comprising six consulting rooms, a dispensary, staff room, patient waiting room, reception and parking area, will replace Tollerton Surgery which is currently based in two converted semi-detached bungalows at Hambleton View. The practice is scheduled to relocate to the new premises in September 2020.

8. Emergency, Preparedness, Resilience and Response update

- 8.1 The latest NHS England and NHS Improvement workshop took place on the 22 October 2019. The event focused on managing scenarios such as supply disruption to medicines, fuel and food and reviewing business continuity plans. The Emergency, Preparedness, Resilience and Response confirm and challenge session will be taking place on the 18 November 2019. Daily SitRep reporting has been stood down for the current period following the announcement of a general election scheduled for the 12 December 2019.

9. Hambleton, Richmondshire and Whitby CCG move to Humber, Coast and Vale Health and Care Partnership

- 9.1 In a move supported by NHS England and NHS Improvement, Hambleton, Richmondshire and Whitby Clinical Commissioning Group has moved from the North East and North Cumbria Integrated Care System into the Humber, Coast and Vale Health and Care Partnership. This move will be formalised from April 2020.

10. Strategic and national issues

- 10.1 In Autumn 2019, an Information Standards Notice (ISN) will be published to announce the new Maternity Record Standard (under the Health and Social Care Act 2012). Standardising data capture will support interoperable record sharing, giving everyone involved in ante-natal care quicker access to health and care information, regardless of whether they are in a hospital or community setting. It will also help individuals to manage their own maternity information giving them more personalised and focused appointments. Organisations will have 12 months from publication of the ISN to comply with the standard.
- 10.2 NHS England launched a national framework tender for adalimumab on 17 September 2018 with a minimum award period running from 1 December

2018 to 30 November 2019. NHS England has extended the Adalimumab Framework from its current expiration date of 30 November 2019 to 31 March 2020. Adalimumab suppliers have been informed to ensure the availability of stock for patients.


- 10.3 The Friends and Family Test guidance to improve the Friends and Family Test (FFT) as a tool for enabling continuous improvement in healthcare services has been published. The changes take effect from 1 April 2020 and include a replacement FFT question.
- 10.4 On Monday 7 October 2019 Public Health England (PHE) launched England's first NHS campaign to improve mental health literacy: Every Mind Matters. The campaign is designed to help people, including patients and staff, discover simple steps to achieving better mental health. At its heart is a website full of expert advice and practical tips. It includes a free online tool for users to create an action plan to deal with stress and anxiety and help them feel more in control. The campaign will be launched with PR, TV and digital advertising
- 10.5 The NHS Long Term Plan included suggested changes to the law to help implement the Plan faster. In Spring 2020, NHS staff, partner organisations and interested members of the public were invited to give their views on proposals. The NHS has published its response to the views it received during engagement and set out its recommendations to government and parliament for an NHS Bill. This Bill could help deliver improved patient care by removing barriers and promoting collaboration between NHS organisations and their partners. The NHS Long Term Plan included suggested changes to the law to help implement the Plan faster. In Spring, NHS staff, partner organisations and interested members of the public were invited to give their views on proposals. The NHS has published its response to the views it received during engagement and set out its recommendations to government and parliament for an NHS Bill. This Bill could help deliver improved patient care by removing barriers and promoting collaboration between NHS organisations and their partners.
- 10.6 The National Institute for Health and Care Excellence (NICE) has published an impact report which focuses on how NICE's evidence-based guidance contributes to improvements in maternity and neonatal care services. These improvements include a 65% decrease in neonatal admissions and a 60% decrease in emergency caesarean section rates, between 2016 and 2019, after implementation of NICE quality standard on multiple pregnancies. Since publication of the first NICE maternity impact report, there has also been an increase of trusts providing women with high-throughput non invasive prenatal testing for fetal rhesus D genotype.

10.7 NHS England and NHSX have published a list of accredited suppliers of electronic patient record solutions, to give purchasers in the NHS more confidence in their route to digitisation. NHS England and NHSX have developed a new section on the Health Systems Support Framework to help organisations and integrated care systems get best value for money when buying new digital services, software and infrastructure. Eight companies – who have been evaluated and assured to deliver the most robust systems – are on the framework’s Lot 1 list and meet a wide range of key criteria including ability to integrate with other IT systems.

10.8 People with progressive neurological conditions are experiencing delays in diagnosis and treatment, fragmented and uncoordinated services, limited availability of neurospecialist rehab and reablement and a lack of psycho–social support. The RightCare Progressive Neurological Conditions Toolkit has been developed in collaboration with Parkinson’s UK, MS Society, MS Trust, MND Association, Sue Ryder, MSA Trust and PSP Association and NICE. It supports commissioners to review local pathways in order to identify where potential improvements could be delivered. If implemented successfully, the toolkit can support people with neurological conditions to be managed closer to home and ensure they get the right care, at the right time.

11. Recommendation

11.1 The Governing Body is asked to note the report.

Item Number: 7	
Name of Presenter: Abigail Combes	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 7 November 2019	
Report Title – Draft Board Assurance Framework	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report <p>The CCG are required to utilise a Board Assurance Framework which should link to the Strategic Objectives of the organisation. This has taken some time to develop a draft.</p> <p>Attached to this cover sheet is the first draft of a Board Assurance Framework developed following discussion with some of the Executive Team although the words in the draft are produced by the Head of Legal and Governance as a first draft.</p> <p>Governing Body are asked to consider the layout of the document and whether the link to the strategic objectives is appropriate or whether the layout should be different or set out in a different way.</p>	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

The Governing Body should approve a Board Assurance Framework linked to the Strategic Objectives to be updated by Executive Committee at the meeting prior to each Governing Body meeting. This should come to each public session of the Governing Body in future with the facility to defer specific items for further discussion if they require private discussion for legitimate reasons consider the duty of transparency.

Decision Requested (for Decision Log)

The Governing Body approve the use of a Board Assurance Framework

Responsible Executive Director and Title	Report Author and Title
Phil Mettam, Accountable Officer	Abigail Combes, Head of Legal and Governance

Draft Board Assurance Framework

NHS Vale of York CCG

Strategic Objectives

Strengthen	<ul style="list-style-type: none">• GP services and support practices working closer together within their communities• Breaking down the barriers between community services at a local level• Clinical engagement focused on the patient pathway• Partnerships to support the transformation of hospital services
Improve	<ul style="list-style-type: none">• Access and quality of mental health services for adults and children• Cancer outcomes and quality
Facilitate and influence	<ul style="list-style-type: none">• Strategic partnerships with local government and providers• Greater focus on working locally• The creation of Integrated Care System or Partnership that provides better services for the local population
Develop	<ul style="list-style-type: none">• Leaders for the future
Deliver	<ul style="list-style-type: none">• Financial sustainability of the local health and care system

Strengthen Primary Care to meet demand out of hospital and support with the development of partnership working focussed on the patient pathway

Impact

5				
4			PRC.11;	
3				
2			PRC.12	
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions
PCN Development	Dr Andrew Lee	The CCG has invested in two lead officers at a Senior level (8D) to support the primary care networks to develop themselves into viable providers within the local system. The way in which these two individuals work and the way in which the PCNs behave is very different and therefore the work is undertaken at different paces and with different styles. The PCNs are developing at different rates, in part because of legacy issues in certain areas of the Vale which are outwith the control of the CCG. This may affect the speed of the development of the PCN.
Estates and Workforce	Dr Andrew Lee	Stephanie Porter, Assistant Director for Primary Care is working on support primary care workforce by attending international recruitment events and supporting and encouraging initiatives such as prescribing indicative budgets within primary care. The CCG currently has in place prescribing indicative budgets in relation to.....and is working on the following initiatives.....It is anticipated that this will support primary care in the following ways....
Transforming Primary Care	Dr Andrew Lee	Primary Care is having to look at the way it operates to take account of the changing landscape and the need to work to reduce pressure on the acute system whilst sustaining services in primary care notwithstanding potential workforce challenges. To this end, the Primary Care team are working on three specific projects:- a) Rationalising and transforming urgent care – Gary Young b) Embedding a Population Health approach with a focus on prevention and anticipatory care – Lisa Marriott c) Transformation of referral services to provide support to primary care through Rapid Expert Input/Advice and Guidance – Shaun O'Connell

Improving Access and Quality of Mental Health Services for Adults and Children

Impact

5		MH.02		
4		JC.30	JC.26a; JC.26b	
3				
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions
Dementia Targets	Denise Nightingale	<p>Dementia targets are not being met and in fact are getting worse.</p> <p>Case finding in care homes continues and TEWV are undertaking a deep dive of roles within their team. There has been the recent recruitment of a band 7 post which will increase capacity.</p> <p>Referrals for the memory service continue with the average waiting time for assessment being 8 weeks.</p>
Autism/ADHD	Denise Nightingale	<p>Although there is no specific performance target required, the waits are long for diagnosis and therefore treatment and support is not in place for patients as quickly as would be beneficial for those patients.</p> <p>The investment which has been put in is showing some sign of improving waiting lists but further work is required. The provider (TEWV) is intending to eliminate the backlog by mid 2020 and remain on track to do this.</p>
CAMHS	Denise Nightingale	<p>Although the waiting lists are long and not improving rapidly, the CCG is content that the lists are appropriately risk managed by the provider. Patients are risk assessed and signposted to the correct services and overseen throughout the waiting list.</p>

Facilitating and influencing partnership working to create high quality services for the population

Impact

5				
4		ES.38	QN.04; QN.05; QN.06; ES.01	
3				
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions
Working with the Local Authority on Delayed Discharges to get the right care in the right place at the right time	Phil Mettam	<p>Venn work – trying to enhance dom care to support system beds. Market management appraisal</p> <p>System Discharge Policy – Why not home Why not today adult discharge policy</p> <p>Improved daily reporting – each day all DTOCS</p> <p>BCF schemes</p> <p>ECIST work programmes</p>
Supporting providers to ensure safe high quality services	Michelle Carrington	<p>ECS performance under target and flow issues resulting in 12 hour trolley waits. This is particularly on the Scarborough site. Risk Summit actions to improve ECS performance. Improved assurance and actions to reduce harm underway.</p> <p>Hospital (Community) Acquired Infection – York Teaching Hospitals NHS Foundation Trust but primarily Scarborough site. Following C-Diff and Norovirus outbreaks. System wide Outbreak Plan now in place.</p> <p>CQC report – safe domain 'inadequate' Scarborough site – Lead Commissioner for the contract. Conversation with the Chief Nurse for North Yorkshire confirms she is content to remain the responsible link Chief Nurse for this particular issue on the Scarborough site however we will keep a watching brief. This work will be overseen by the newly formed Patient Safety Improvement Board set up by NHSE/NHSI.</p> <p>RTT – Long waiting lists. Clinical risk assessments of the waiting lists have been put in place but this does not cover all waiting lists. There will be a joint quality, safety and performance meeting to better understand the risk and mitigation.</p>
Sustainable Acute Fixed Contract Value	Simon Bell	<p>The CCG has agreed a fixed value contract with the Trust. This is based on a number of savings assumptions to be delivered through a number of cost reduction initiatives. There remains a risk attached to each of the initiatives that the numbers attached to them were too ambitious or that there are reasons beyond the CCGs control which means they cannot deliver the projected results.</p>

Improving access and quality of cancer services

Impact

5				
4		JC.19;		
3				
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions
Cancer 62 days	Phil Mettam	<p>Performance improved slightly in August. Breaches are split across the tumour types with no particular speciality worst affected. The Trust have confirmed that they are continuing to progress towards the April 2020 aim to diagnose patients within 28 days.</p> <p>Recovery plans are in place for all tumour sites not achieving the 62 Day Standard and these are monitored in the Care Groups on a weekly basis. A new Cancer Delivery Group and Strategic Board has been established in September 2019 to oversee the governance arrangements around meeting this target and collaborative work across the system including primary care continues.</p>
2 Week Waits	Phil Mettam	<p>A large proportion of the 2 week wait breaches are made up of dermatology referrals. This is in large part because of the way these are reported which is being reviewed currently with NHSE/I support. There has been some positive reporting however that the number of CCG breaches reduced from 95 in July 2019 to 19 in August 2019. Of slight concern is that the Trust cannot offer a specific reason for this improvement therefore continued close monitoring will be required to ensure that this is not a one off improvement.</p>


Investing in and developing leaders for the future of the system

Impact

5	COR.02			
4	ES.37		COR.03	
3	PRC.13		COR.04	
2		COR.01		
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions
NHS Vale of York CCG Staff Wellbeing Strategy	Michelle Carrington	Following the 'Engaging for Success' session a number of staff have indicated a desire to be involved in the work around OD for the organisation and staff wellbeing. We have a draft Health and Wellbeing framework (Staff Wellbeing Strategy) and we are developing the Organisations Coaching Offer.
NHS Vale of York CCG Organisational Development Plans	Michelle Carrington	As above, the CCG continue to work with staff on this since the 'Engaging for Success' session and have developed draft Leadership Development Programme; Management to Leadership Programme; OD plan on a page
Shared Organisational Development	Phil Mettam	We have met with the Local Authority to understand the process they are going through to develop OD within the Local Authority. We have also undertaken work to understand the Leadership programmes with the Regulators and the STP.

Item Number: 8									
Name of Presenter: Paula Middlebrook									
Meeting of the Governing Body Date of meeting: 7 November 2019	 Vale of York Clinical Commissioning Group								
Report Title – Quality and Patient Experience Report									
Purpose of Report <i>(Select from list)</i> To Receive									
Reason for Report <p>To provide the Governing Body with a highlight update on progress regarding recent quality and safety activities across healthcare services commissioned by the CCG.</p> <p>A more detailed report has been discussed at the Quality of Patient Experience Committee (QPEC) in October 2019.</p>									
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<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council								
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	Risk Rating								
Emerging Risks									

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

N/A

Recommendations

The Governing Body is requested to:

- Accept this update on the quality and safety information and activity for commissioned services.
- Agree whether they are satisfied they are sighted on the current quality and safety concerns and assured that proposed actions are appropriate to manage effectively any quality and safety issues or risks.

Decision Requested (for Decision Log)

N/A

Responsible Executive Director and Title

Michelle Carrington
Chief Nurse

Report Author and Title

Paula Middlebrook
Deputy Chief Nurse

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1. Purpose of the Report

The purpose of this report is to provide the Governing Body with a highlight update on progress regarding recent quality and safety activities across healthcare services commissioned by the CCG.

A more detailed report has been discussed at the Quality of Patient Experience Committee (QPEC) in October 2019.

2. Quality in Primary Care

Workforce Strategy

A draft workforce strategy has been presented and discussed at the Primary Care Commissioning Committee in May 2019. Following positive feedback the CCG is further developing the strategy and will commence work with primary care colleagues to implement the recommendations.

Unity Health

Following previous concerns identified by the CQC, Unity Health have now been fully re-inspected. This follows a change in their registration from Wenlock Drive to Kimberlow Hill. The inspection took place in July 2019 with the published report in September 2019 rating the organisation as overall 'Good' with 'Requires Improvement' in the effective domain.

The full report: <https://www.cqc.org.uk/location/1-6303123282>

Doc-onestop (digital consultations)

Doc-onestop is a private provider of digital consultations offered by a GP based in London, and provided a walk in offer at Whitworth pharmacy in York. Initially registered with the CQC in September 2018, the CQC undertook an inspection in July 2019 and found to be Inadequate across all domains. Voluntary suspension has been enacted and the service discontinued. There is no risk to patients as health / medical advice is now gained through usual access routes.

3. Infection Prevention & Control (IPC)

C Difficile Infection (CDI) Outbreak update at York Teaching Hospital NHS Foundation Trust (YTHFT)

YTHFT declared the CDI outbreak over on the 17 September 2019, confirming that a total of 29 C diff rybotype001 cases had been identified. The outbreak lasted more than 27 weeks. The shared CCG Lead Nurse for IPC provided CDI specific training

across the wards on the Scarborough site and has undertaken a number of observational audits. This has been welcomed by the staff that have engaged in the training and responded well to any observations made.

A number of estate and storage issues have had an impact upon IPC compliance on the wards. Staff have made adjustments to manage this to reduce cross infection.

The trust continues to hold C diff meetings to ensure the work streams and learning identified throughout the outbreak remains a priority.

As a result of the outbreak the Trust has breached its 2019/20 objective by 5 cases as of the 20 September 2019.

An internal Trust business case to resolve the issues regarding environmental cleaning is yet to be agreed. A progress update will be requested at the November Quality and Safety Contract meeting.

Multi Resistant Staph Aureus (MRSA) Blood Stream Infection (BSI)

MRSA remains a zero tolerance measure in 2019/20. There have been three cases of MRSA BSI reported in July for YTHFT.

Two of the three cases were identified as avoidable.

4. Serious Incidents (SIs)

NHS Patient Safety Strategy, July 2019

A new NHS Patient Safety Strategy was published in July 2019. <https://improvement.nhs.uk/resources/patient-safety-strategy/>

Cultural change is at the heart of the strategy. The strategy seeks to embed an approach grounded in an understanding of safety theory, recognising that harm cannot be prevented simply by people striving to avoid error (the 'perfection myth'). It repeatedly emphasises the importance of replacing the blame culture associated with root cause analysis approaches with a "systems based patient safety" approach based on transparency, blame-free learning, systems thinking, human factors and just culture principles.

Roles, responsibilities and key areas for change are identified within the strategy.

The CCG will therefore be reviewing our Quality Strategy to ensure our practice is in line with delivering the national requirements and that our provider's policies and processes are aligned.

Key Issues from Provider Trusts:

York Teaching Hospital Foundation Trust (YTHFT)

Internal discussions to improve the management of Serious Incidents within YTHFT are continuing. There is recognition that improvements are required to the quality of investigations, identification of appropriate actions and completion of investigations within a timely manner.

Never Events (NE)

There have been no further Never Events reported. The CCG continues to obtain on-going assurances following the previous incidents in order to prevent recurrence.

Falls and Pressure Ulcers

The number of reported incidents is decreasing however recurrent themes are evident and some concerns regarding lack of embedding learning. The outcome is awaited of a detailed review of pressure ulcers within the Trust.

Radiology

Discussion took place at the CCG / YTHFT September Quality and Safety contract meeting regarding all Serious Incidents relating to radiology. YTHFT Chief Nurse and Deputy Director of Patient Safety will provide an update regarding quality involvement in the system radiology improvement plans. The CCG has also ensured that radiology improvement working groups are sighted on serious incidents related to this service.

Tees, Esk and Wear Valleys Trust (TEWV)

Of significance is an increase in the number of incidents reported which has impacted on capacity within the Trust investigation team, resulting in an increased number of extensions requested to report deadlines. The CCG has requested TEWV to ask the organisations' plans to mitigate longer term impacts of this.

5. Quality Assurance from Providers

An assurance program is in place to support a systematic approach to quality assurance for all CCG contracts.

York Teaching Hospital Foundation Trust (YTHFT)

An unannounced CQC inspection took place in July with the final report published in October 2019. The focus of the inspection was largely on the Scarborough and Bridlington sites and therefore did not change the overall rating for the Trust.

The revised ratings were as follows:

Note: YTHFT retained previous rating as inspection did not occur at York site

Domain	YTHFT Overall	Scarborough	Bridlington
Overall rating	Requires improvement	Requires improvement	Requires improvement
Are services safe?	Good	Inadequate	Good
Are services effective?	Good	Requires improvement	Good
Are services caring?	Good	Good	Good
Are services responsive?	Good	Requires improvement	Good
Are services well-led?	Requires improvement	Requires improvement	Requires improvement

Key areas identified for improvement within the visit / report reflects issues identified previously with the following actions identified that the Trust must undertake:

Trust wide:

- The trust must ensure it has a robust process for identifying learning from deaths and serious incidents and ensure this is systematically shared across the organisation. **(Reg 17)**

Scarborough Urgent and Emergency Care:

- The service must ensure all medical staff in its urgent and emergency care service at Scarborough hospital are compliant with all aspects of mandatory training. **(Reg 18)**
- The service must ensure all medical and nursing staff in urgent and emergency care services at Scarborough hospital complete the required specialist paediatric life support training to enable them to safely care for children in the department. **(Reg 18)**
- The service must ensure it has enough, suitably qualified, competent and experienced medical and nursing staff in its urgent and emergency care service at Scarborough hospital, to meet the RCEM recommendations, including enough staff who are able to treat children in an emergency care setting. **(Reg 18)**
- The service must ensure medicines are managed safely in its urgent and emergency care service at Scarborough hospital. **(Reg 12)**

The full report is available on the following link: <https://www.cqc.org.uk/provider/RCB>

Progress against actions are being monitored through the Trust / CCG Quality and Safety sub contract meeting. A separate 'Patient Safety Improvement Board' is also scheduled for the 20th November which will be chaired by NHSE/I.

12 Hour Emergency Department Trolley Waits

A key concern remains regarding the number of Emergency Department trolley waits in excess of 12hrs, occurring mainly at the Scarborough site. This was the focus of an earlier NHSE/I Risk Summit. Collaborative work is taking pace to understand the reasons for the waits and actions to reduce. These include the overall flow in and out of hospital and internal escalation processes.

Year	Number of breaches Scarborough site	Number of breaches York site
2016/17	52	24
2017/18	72	10
2018/19	53	8
2019/20	105 (year to– 29/10/19)	2 year to date

All 12 hour trolley waits are declared as serious incidents. To date all serious incidents have been de-logged as the CCG has had assurance that the time spent by patients in ED, patients had had their needs assessed and care provided. In agreement with YHFT we are collaborating on a piece of work to ensure that the right level of information and assurance is obtained to ensure that harm has not occurred to patients 'further down the line' which may be attributed to their initial long wait in ED.

Diagnostic Waiting Times

Due to the on-going reduction on performance for diagnostics waiting times at YTHFT, a risk assessment is scheduled to determine any patient risks associated with delays in diagnostic procedures, particularly radiology, endoscopy and histopathology.

Tees, Esk and Wear Valleys Trust (TEWV)

CQC unannounced inspection is now complete with the 'well-led domain' re-inspection planned for November 2019.

The Retreat – Attention Deficit Hyperactivity Disorder (ADHD) Services

Waiting lists for assessment are now in excess of 14 months.

Although work has been undertaken to review the pathway and consider a future model, demand is increasing and outstripping commissioned capacity.

Further work is therefore required to consider options for reducing waiting times.

The Retreat had their CQC inspection for the ADHD service in July and a published report in October 2019 with the following ratings.

Overall rating	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

The full report is available on the following link: <https://www.cqc.org.uk/location/1-119173823>

A CCG clinically led quality visit is scheduled for January 2020 to review progress against improvements required.

6. Patient Experience Update

Formal Complaints

29 complaints were registered in the CCG during the four month period May to August 2019: Where there are lessons learnt or complaints upheld, appropriate actions are taken to help prevent recurrence.

- 11 complaints related to eligibility for the Patient Transport Service (PTS) provided by the Yorkshire Ambulance Service (YAS).
8 complainants were found to be eligible and transport was re-instated. 3 complainants were not found to be eligible.
- 10 complaints related to Continuing Healthcare (CHC). Following investigation, 2 of the complaints were upheld, 3 partially upheld, 4 not upheld and 1 complaint is still open.
- 3 complainants raised issues relating to adult mental health services. 1 complaint was subsequently withdrawn by the complainant, 2 complaints were upheld.

- 2 complainants were unhappy with the Body Mass Index (BMI) / smoking thresholds for elective surgery. 1 complaint was upheld, 1 not.
- 2 complaints referred to Child and Adolescent Mental Health Services (CAMHS) and were partially upheld.
- 1 complainant was unhappy with the repeat prescribing policy. This was not upheld.

Parliamentary & Health Service Ombudsman (PHSO)

The PHSO is the final stage of the NHS complaints procedure for complainants who remain unhappy with the NHS organisation's attempts to resolve their complaint. The CCG has not been advised of any complaints currently being investigated.

Vale of York CCG Concerns

191 concerns/enquiries were managed by the Patient Relations Team between May and August 2019. This figure does not include the cases where straightforward information and advice was given, as these are not recorded.

- 37 of these contacts related to changes to the repeat prescribing service change being implemented from 1 September 2019. The change means that pharmacies will no longer be able to order repeat prescriptions directly on behalf of patients and is intended to reduce the risk of errors, reduce the number of unwanted medicines being received by patients and potentially identify any patients who are not taking medication as they should be. The Patient Relations Team provided explanations and clarity on the options and choices for patients to choose from.
- In addition, 175 contacts were received from a persistent contactor which required no further action (but all contact has to be reviewed in case of genuine issues or concerns for investigation).

Compliments

8 people contacted the CCG directly with positive feedback

- The Patient Relations Team received positive feedback from four contacts for their assistance in resolving issues.
- The CHC team received a thank you from two people for their service.
- Positive feedback was received for two CCG policies – FreeStyle Libre and the End of Life Strategy.

7. Patient Engagement Update

CCG Improvement and Assessment Framework (IAF), Patient and Community Engagement Indicator

NHS Vale of York Clinical Commissioning Group (CCG) has been awarded a 'Good' rating from NHS England against the annual assessment for the Improvement and Assessment Framework (IAF) 'Patient and Community Engagement Indicator'. This assesses how well a CCG has involved the public and demonstrated a commitment to supporting continuous improvement in public participation.

The 2018-19 rating has been awarded after scores were collated from five assessment criteria including equalities and health inequalities, feedback and evaluation, day-to-day practice, annual reporting and governance.

Some of the work which has contributed to the 'Good' rating includes our work:

- Engaging and involving rural communities
- To address health inequalities
- Building partnerships with local authorities, the voluntary sector, MPs and health trusts to improve health and wellbeing
- Engaging patients, service users and providers to coproduce clearer information and develop services
- Creating regular opportunities for patients and service users to talk at CCG meetings which about their experiences of health and care services

Effective engagement with Patient Participation Groups (PPGs)

With a move to Primary Care Networks (PCNs), and an increased focus on population health, there is an opportunity to engage local population in the development of services and improving patient experience. The CCG Communications and Engagement team are working with local PPG and lay representatives to identify new ways of strengthening and effective PPG/lay engagement within the new PCNs.

8. Quality in Care Homes and Domiciliary Care

The Senior Quality Lead and team continue to promote quality care provision and resident experience, supporting domiciliary care organisations and Care Homes through current work streams and aspiring programmes.

Joint approach to support Care Homes and the Domiciliary Care sector

Quality Leads from NHS Vale of York CCG (VoY CCG) and Scarborough and Ryedale CCG (SRCCG) continue to work together to support improvements within care homes and domiciliary care. Aimed at preventing unnecessary admissions from care homes and promoting flow/ discharge, key schemes include

- the Capacity Tracker
- mental health support
- the hospital transfer pathway standards
- 'React to Red'
- safe discharge
- falls prevention
- advanced care planning
- identification of the deteriorating resident.
- Sepsis

Links with the University of York continue to develop in particular with the Social Policy Research Unit (SPRU) unit where academics and researchers are keen to link in order to progress joint working. The Senior Quality Lead has been identified as a co applicant in a formative evaluation of a new resource for Social Care service users, teachers, practitioners and policy makers.

Quality Improvement and the Clinical Leadership Fellow

Following a successful bid for funding from Health Education England (HEE), the VOY CCG was pleased to welcome Ciarán Ferris as a Clinical Leadership Fellow in August. This is an innovative opportunity to increase capacity within the CCG to support continued improvements within across primary and secondary care with a focus upon development of social prescribing, care navigation, sepsis management and ensuring system wide learning from primary and secondary care mortality reviews.

Awards / Good Practice

A poster entitled 'The NHS Vale of York CCG approach to React to Red' was displayed at the Patient Safety Congress in July. A poster will be presented for display at the Wounds UK conference in November 2019.

The 'React to Red' work has been shortlisted by the HSJ (patient safety) awards and the Nursing Times (Care of Older People) awards. The awards ceremonies will be held at the beginning of November.

9. Care Homes and Adult Safeguarding Update

St Catherine's Nursing Home, Shipton by Beningbrough – Wellburn Care

The CQC completed a two day focused inspection (safe and well-led domains) in August 2019 with the report published in October 2019.

Overall rating for this service: Requires Improvement

Is the service safe? Requires Improvement

Is the service well-led? Requires Improvement

The full report is available on the following link <https://www.cqc.org.uk/location/1-126290477>

Actions have been put in place around highlighted areas of concern regarding medicines management; delivery of training; and clinical support and supervision. The home has a voluntary suspension in place to new admissions.

Derwent House (Riverside Care Complex), Kexby - Sure Healthcare Ltd.

The organisation took the decision to stop providing nursing care following an inspection by CQC in August 2019. The local authority and CCG continue to work with the home to support improvement work. The home has a voluntary suspension in place to new admissions.

Osborne House, Selby - Crown Care II LLP

The provider received a rating of good in all domains following an inspection in May 2019. Subsequently there have been safeguarding concerns raised therefore a repeat inspection has been undertaken with the outcome awaited.

The home is in organisational safeguarding processes with on-going support from the local authority's quality improvement team. The home has a voluntary suspension in place to new admissions.

Lake & Orchard, Kelfield, York – Sanctuary Care

The home is in organisational safeguarding processes and the quality improvement team are providing on-going support.

10. Research and Development

Research Capacity Funding (RCF)

In the qualifying period 1st October 18 – 30th September 2019, 19 GP practices in the NHS Vale of York CCG recruited 725 participants into non-commercial research studies. This is great news and confirms we will be in receipt of the minimum RCF payment of £20k in the financial year 20/21. Use of these monies is yet to be defined but will need to adhere to the strict criteria for continued support of research activity.

11. Children and Young People

Special School Nursing and Community Children's Nursing Transformation Plan

The CCG has been working with YTHFT to develop a transformation plan for special school nursing and community children's nursing provided by YTHFT. Following significant delays throughout 2019 in progressing this work by YTHFT, the CCG and YTHFT Chief Nurses have met to agree reinvigorating the program. Progress will be monitored by the CCG/provider Quality and Safety contract meeting.

Community Paediatric Continence Service

The CCG supported additional funding to enhance the Community Paediatric Continence Service (CPCS) provided by YTHFT to deliver an improved service to children and young people in our locality and ensure a NICE compliant service. This secured an additional specialist nurse post. The new service offer commenced in September 2019.

End of Life care and support for children & young people

NHSE have been leading a project with the Yorkshire & Humber Children's Palliative Care Network (YHCPN) across the Humber Coast and Vale footprint to review and improve Palliative and End of Life Care for children and young people. The project sets out to review and assess how feasible a national service specification to ensure equitable standards of care and support for children, young people and their families can be delivered. The draft service specification describes how three tiers of service; universal, core and targeted should be seamless and of good quality and can emulate the national standards set out in 'Together for Short Lives' and NICE through a managed clinical network (MCN).

Demographically across the Yorkshire & Humber region there are significant variations in the demands for this service.

The challenge for York, specifically for community children's nursing is that only 'ad hoc' support can be provided and not meet the 24/7 support standards set out in the proposed framework.

This has been challenging for the project group and a range of options has been developed to feedback to NHSE with an on-going options appraisal.

Special Educational Needs and Disability (SEND)

Education Health & Care Plans (EHCPs)

On the 6th June 2019, the CCG (Senior Quality lead, Children & Young People) took part in an SEN challenge day, facilitated by Education services, City of York. This was essentially a quality audit and a sample (20) of Education Health and Care Plans were reviewed from a multi-agency perspective. As well as scrutinising the content and process, the audit involved speaking with parent/carers to gain their views and opinions. Areas of improvement were identified and agencies informed. It has been suggested that the audit takes place twice a year rather than annually and will assist in providing on-going assurance regarding the quality of EHCPs.

Short breaks for children & young people with SEND

The CCG is working with the community children nursing service (hosted by YTHFT) who provide 'in reach support' to the short break residence at The Glenn to ensure there is a sustained and robust approach to supporting the health needs of children accessing the service.

The integrated care pathway is now approved and a joint agreement between the CCG and CYC for children's continuing care agreed.

City of York has consulted with the CCG on the job description for the workforce supporting short breaks to ensure the health responsibilities are included.

Building work has commenced on the new centre of excellence which is scheduled to be completed in summer 2020. The centre will then accommodate the short breaks service and 'The Glenn' will close.

New Further Education Service Provision 19-25 in York

Minster Provision is a new facility which has been created through a partnership between Applefields School, Askham Bryan College and City of York Council. This new facility provides further and higher education courses for young people aged 19 – 25 years who have complex health and educational needs. The provision has been adapted to provide up to seven young people with life experiences and support in a safe yet engaging post school environment.

Young People attending the college all have an education, health and care plan (EHCP).

The CCG is supporting the service to ensure safe approaches to medication administration through procurement of advanced medication awareness training and support to ensure appropriate policies are in place.

EHCP tribunals

The CCG has introduced a new standard operating procedure with local authorities to support the organisation's commitment to resolving issues and prepare for tribunals in a more cohesive way. There are currently 4 tribunals in process.

Selby Free School

North Yorkshire County Council has succeeded in its capital bid to build a new special school in the Selby area which falls within the VOY CCG boundary. The school is scheduled for completion in 2021 and will predominantly support children and young people with learning disabilities and challenging behaviours, although this is not exclusive and the school may accept students with complex physical / medical needs alongside their learning disability. This will mean that children and young people will be able to access a local school as opposed to being placed out of area (residential or day pupil attendance). This is likely to have an impact on health commissioned resources predominantly therapies and nursing support. NYCC will continue to keep the CCG involved on progress from a stakeholder perspective.

12. Children and Young People's Mental Health

Mental Health Support Teams in School (MHST)

The CCG, jointly with Scarborough and Ryedale CCG, and in partnership with North Yorkshire County Council and TEWV bid for NHSE funding for two MHSTs, in Selby and Scarborough Ryedale areas.

The bid was successful and provides funding to March 2021 to implement the teams.

MHSTs are intended to be part of the graduated offer of response from early intervention through to specialist support. It aligns with the principle of whole pathway commissioning being pursued with TEWV.

The teams have three roles:

1. Deliver evidence based interventions for pupils with low to moderate level difficulties, in low mood or anxiety

2. Advise and support the school mental health lead in developing whole school approaches
3. Advise and offer consultations to staff to support pupils with difficulties

Each MHST has four educational mental health (EMH) workers with additional supervisors and team leaders. The funding is for employment and training of the EMHs, who will be recruited during Autumn 2019 to commence training in January / February 2020. The teams are expected to work with around 500 pupils in the year, across a population of 8000 pupils.

Eating Disorders

TEWV has been awarded funds from the New Models of Care programme to develop the eating disorders team. The funding will facilitate a more integrated eating disorder service and fund implementation of a consistent approach to physical health checks for young people in their care. Changes in the service expect to be implemented by Q4.

Arts Therapy Award

York Mind has run for some years an Arts Therapy award for young people with mental health difficulties. The Award uses art as a means of analysing and expressing emotions and has received excellent feedback around good outcomes.


The CCG, in partnership with City of York bid for national funding to extend the Award to children aged 12 and above, who are on the edge of care or at risk of exclusion or being unable to be at school. The funding is for three years to 2022, on a match funding bases between Public Health England, City of York and the CCG.

13. Conclusion and Recommendations

The Governing Body is requested to:

- Accept this update on the quality and safety information and activity for commissioned services.
- Agree whether they are satisfied they are sighted on the current quality and safety concerns and assured that proposed actions are appropriate to manage effectively any quality and safety issues or risks.

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Item Number: 9	
Name of Presenter: Karen Hedgley	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 7 November 2019	
Report Title – City of York Safeguarding Children Board Annual Report (2018/19)	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report	
<p>To share highlights on how the City of York Safeguarding Children Board has led the developments in safeguarding children practice across the City during 2018/19:</p> <ul style="list-style-type: none"> • The work undertaken across the partnership to support identification and response to all forms of exploitation of children, including sexual and criminal exploitation • How the individual agencies and the partnership have developed processes to aid the identification of child neglect. In particular the introduction of ‘Was not brought’ pathways across the health economy • The success of the ‘Early Adopters’ funding which resulted in the City of York Safeguarding Children Board moving to the new multiagency safeguarding arrangements at an earlier point than other areas across the region. In particular, significant progress in engaging education settings in the safeguarding children agenda • The outcome from the Joint Targeted Area Inspection in 2018 (JTAI) which identified some good practice across the partner organisations and key areas for improvement, including the work to addressing Harmful Sexual Behaviours in children and young people • The progress against actions arising from local Learning Reviews and how these have resulted in some key developments in safeguarding practice across the City <p>To provide assurance to the Governing Body that the CCG is contributing effectively to the work of the partnership in safeguarding children:</p> <ul style="list-style-type: none"> • The CCG Chief Nurse, along with the Chief Constable for North Yorkshire Police and the Director of Children’s Services, led on the development of the new City of York Partnership arrangements (as required by statutory guidance: <i>Working Together to Safeguard Children, 2018</i>) • The Designated Nurse has led on establishing the revised arrangements for undertaking multiagency reviews and audits (as required by <i>Working Together to Safeguard Children, 2018</i>) 	

To highlight the priorities and challenges for the newly established City of York Safeguarding Children Partnership during 2019/20 and how the CCG will play an integral role in taking these forward:

- The Chief Nurse and Designated Professionals will play a key role in embedding and refining the new safeguarding children partnership arrangements.
- To work with other partners to improve the way in which the partnership monitor, scrutinise and challenge safeguarding children practice across the City
- The Designated Nurse will lead health partners in taking forward the actions arising from the JTAI. This includes the work to take forward the NSPCC Harmful Sexual Behaviours Framework

Strategic Priority Links

- | | |
|--|--|
| <input type="checkbox"/> Strengthening Primary Care | <input type="checkbox"/> Transformed MH/LD/ Complex Care |
| <input checked="" type="checkbox"/> Reducing Demand on System | <input type="checkbox"/> System transformations |
| <input type="checkbox"/> Fully Integrated OOH Care | <input type="checkbox"/> Financial Sustainability |
| <input type="checkbox"/> Sustainable acute hospital/ single acute contract | |

Local Authority Area

- | | |
|--|---|
| <input type="checkbox"/> CCG Footprint | <input type="checkbox"/> East Riding of Yorkshire Council |
| <input checked="" type="checkbox"/> City of York Council | <input type="checkbox"/> North Yorkshire County Council |

Impacts/ Key Risks

Risk Rating

- Financial
- Legal
- Primary Care
- Equalities

Emerging Risks

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:


N/A

<p>Recommendations</p> <ul style="list-style-type: none"> • The Governing Body is asked to note the CCG's contribution to partnership working in order to safeguard children across the City • To agree that progress against the 2019/20 City of York Safeguarding Children Partnership priorities will be shared via the Designated Nurse's report to the Quality and Patient Experience Committee and if necessary any areas of concern will be escalated to the Governing Body
<p>Decision Requested (for Decision Log)</p> <p>No decision required</p>

Responsible Executive Director and Title	Report Author and Title
Michelle Carrington , Executive Director of Quality and Nursing / Chief Nurse	Karen Hedgley, Designated Nurse Safeguarding Children and Children in Care

The full report is available as an annex at <https://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/#nextGB>

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Item Number: 10	
Name of Presenter: Paula Middlebrook	
Meeting of the Governing Body Date of meeting: 7 November 2019	 Vale of York Clinical Commissioning Group
Report Title – Safeguarding Adults Annual Report 2018/19	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report The Safeguarding Adults Annual Report provides an overview of the work of the Safeguarding Adults team in 2018/19. The report was also received at the Quality and Patient Experience Committee on 10 October.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments: N/A

Recommendations

Governing Body is recommended to receive the report as assurance.

Decision Requested (for Decision Log)**Responsible Executive Director and Title**

Michelle Carrington
Chief Nurse

Report Author and Title

Christine Pearson
Designated Nurse Safeguarding Adults

SAFEGUARDING ADULTS

ANNUAL REPORT 2018-19

 Scarborough and Ryedale Clinical Commissioning Group	 <i>Harrogate and Rural District</i> <i>Clinical Commissioning Group</i>
 Hambleton, Richmondshire and Whitby Clinical Commissioning Group	 <i>Vale of York</i> <i>Clinical Commissioning Group</i>

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Designated Professionals for Safeguarding Adults

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Nurse Consultant for Safeguarding in Primary Care

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Named GPs for Safeguarding Adults

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Safeguarding Adult Annual Report 2018-19

1.0 Introduction

- 1.1 We are pleased to present the second Safeguarding Adults Annual Report which provides a summary of the work undertaken by the Safeguarding Adults team in 2018-19 on behalf of the four Clinical Commissioning Groups (CCGs) in North Yorkshire and York.
- 1.2 The report describes the national context for safeguarding adults; the local arrangements in place and how the CCG discharges its duties in relation to them.
- 1.3 The report includes key achievements in 2018/19 against the Safeguarding Adult Strategy and the challenges and opportunities for 2019/20.

2.0 National Context 2018-19

2.1 The Care Act

2.1.1 The Care Act 2014 and supplementary Care and Support Statutory Guidance 2014 placed adult safeguarding on a legal footing and identifies the three statutory partners of the Safeguarding Adult Board as being the Local Authority; the Police; and the NHS (CCG).

2.1.2 The Care and Support Guidance was last updated in October 2018. Whilst Chapter 14 Safeguarding is the main reference point, an overview is also maintained of other relevant chapters. In 2018/19 of particular significance for the Safeguarding Adults team has been:

- ✓ Chapter 1-Promoting Well-Being – respecting individuals' choices and wishes in line with the principles of Making Safeguarding Personal.
- ✓ Chapter 5 – Managing Provider Failure and other service interruptions – the team have worked with the CCG Quality Leads; Local Authorities and the Care Quality Commission to support struggling providers to return to safe care delivery; or to manage the safe transfer of individuals with the highest level of health need where provider locations have been removed.

2.2 Prevent

2.2.1 In June 2018 following a review of the counter-terrorism strategy held after the attacks in Manchester and London a revised CONTEST - The United Kingdom's Strategy for Countering Terrorism was published.

In relation to the work of CCG Safeguarding Team in 2018/19 the following statements under the Prevent domain in the revised CONTEST are highlighted as being of particular local significance and therefore the focus of our activity:

To safeguard and support those vulnerable to radicalisation, to stop them from becoming terrorists or supporting terrorism, we will:

- ✓ Focus our activity and resources in those locations where the threat from terrorism and radicalisation is highest.
- ✓ Build stronger partnerships with communities, civil society groups, public sector institutions and industry to improve Prevent delivery.
- ✓ Re-enforce safeguarding at the heart of Prevent to ensure our communities and families are not exploited or groomed into following a path of violent extremism.

2.2.2 In September 2018 the Prevent Duty Toolkit for Local Authorities and Partner Agencies was published. This is intended as supplementary information to the Prevent Duty Guidance for England and Wales.

2.3 NHS Outcomes Framework 2018-19

The NHS Outcomes Framework identifies that sustainable quality improvements are achieved when the focus is on outcomes, rather than being process driven. The NHS Outcomes Framework sets out five overarching high-level outcome domains for quality improvements. In terms of safeguarding, all CCGs must gain assurance from their commissioned services in two areas:

Domain 4: Ensuring people have a positive experience of care.

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

2.4 NHS England Assurance Framework

NHS England's Safeguarding Accountability and Assurance Framework (2015) clearly outlines the safeguarding roles, duties and responsibilities of CCGs and organisations who commission NHS health and social care. The framework identifies how these roles are discharged; how statutory duties are fulfilled across the health system; how the health system works in partnership with the Local Authorities to discharge its statutory safeguarding duties; and how the performance of the wider NHS with respect to the duties and priorities defined elsewhere will be delivered and assured. In 2018-19 NHS England have completed a revision of the framework. Publication of the revised framework is anticipated later in 2019.

2.5 Mental Capacity Act and Deprivation of Liberty Safeguards

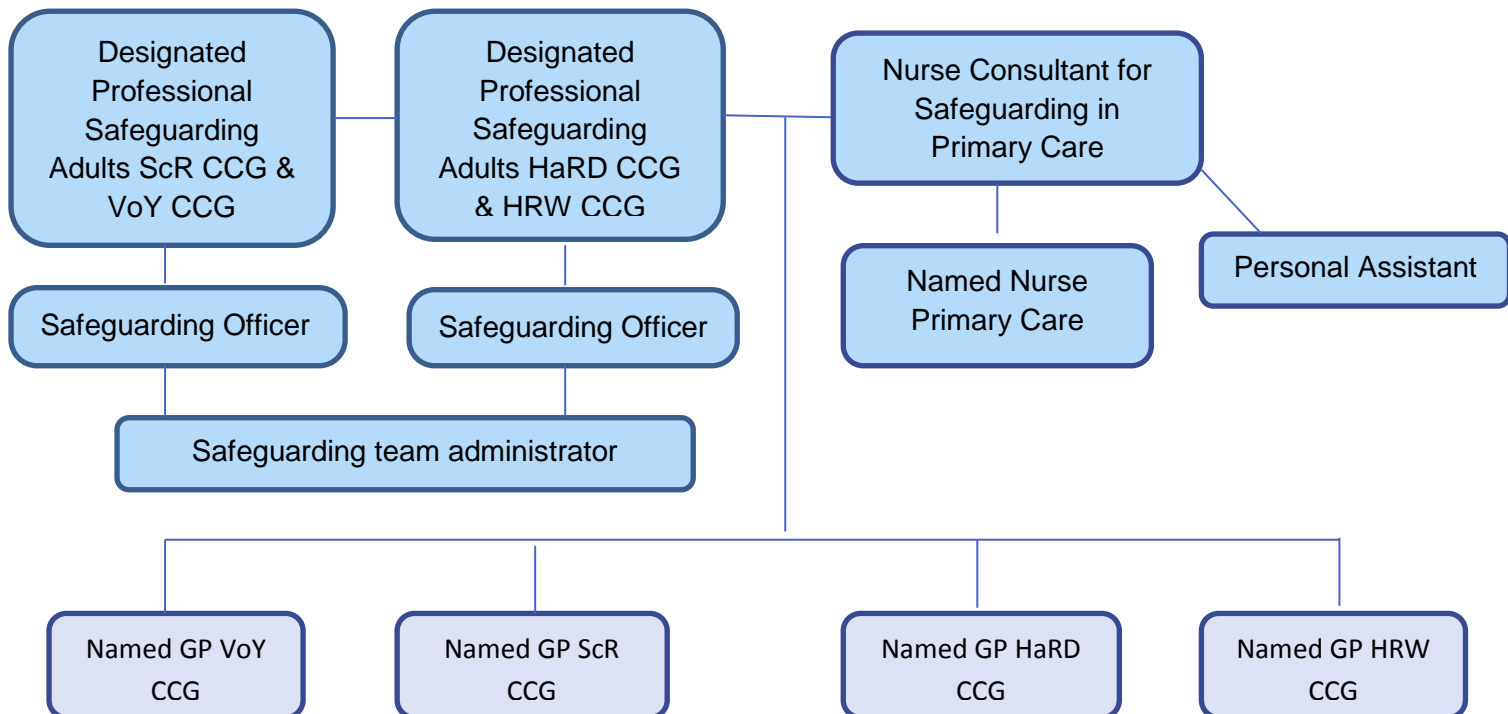
The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

In some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving people of their liberty in either a hospital or a care home, extra safeguards have been introduced, in law, to protect their rights and ensure that the care or treatment they receive is in their best interests. The safeguards were introduced to provide a legal framework around deprivation of liberty.

In 2018-2019 the Mental Capacity Act has gone through an amendment process in parliament. The Mental Capacity (Amendment) Act 2019 introduces changes to the arrangements and responsibilities for authorising deprivation of liberty known as 'Liberty Protection Safeguards'. A new Code of Practice is being developed and publication is anticipated later in 2019 with enactment of the new arrangements expected in 2020.

3.0 The Safeguarding Adult Team

3.1 The chart below illustrates the current arrangements for the CCGs and Primary Care



3.2 Current team, hours contracted and line management arrangements

Role	Whole Time equivalent	Line Managed by
Designated Professional	2 wte	Executive Nurse S&R CCG
Nurse Consultant Safeguarding in Primary Care (adults)	0.5 wte	Executive Nurse S&R CCG
Personal Assistant (adults and children) Primary Care	0.2 wte	Nurse Consultant Primary Care
Named Nurse for Primary Care (adults)	0.2 wte	Nurse Consultant Primary Care
Named GP (1 per CCG)	PA hours commensurate with CCG population	Individual CCG Executive Nurse
Safeguarding Officers	2 wte	Designated Professional
Team Administrator	1 wte	Designated Professional

4.0 Key Achievements against Strategic priorities in 2018/19

4.1 Strategic Priority 1: Review CCG performance against statutory obligations

- ✓ An internal audit of CCG safeguarding adult arrangements completed by Audit Yorkshire cited significant assurance in the processes in place. The recommendations have been accepted by the CCGs and an action plan developed to address them is nearing completion.
- ✓ A new CCG safeguarding adult training strategy has been developed in line with Adult Safeguarding: Roles and Competencies for Health Care Staff; which was published as a first edition in August 2018.
- ✓ The CCG safeguarding adult policy is being revised to incorporate clearer process in line with Joint Multi-Agency Safeguarding Adult procedures and managing allegations against those in a position of trust.

4.2 Strategic Priority 2: To further develop and embed robust assurance processes in relation to safeguarding adults' arrangements in CCG provider organisations

- ✓ Local Quality Requirements have been revised to facilitate more qualitative reporting by providers.
- ✓ Attendance at key NHS Trust internal governance meetings has enabled closer working across the safeguarding network and progression of a supportive relationship between the CCG and the Trusts.

- ✓ Where internal meeting attendance is not in place regular meetings with NHS Trust Safeguarding Leads have been established.
- ✓ Submission of key performance data to the Home Office in relation to the Prevent Duty has been established since March 2017. The Designated Professionals now also receive this data on a quarterly basis from the main NHS providers.
- ✓ The Health Partnership Group chaired by the Designated Professional takes place on a quarterly basis as peer support for health providers; enabling sharing of information and best practice. The meeting is well attended by safeguarding leads in provider organisations.

4.3 Strategic Priority 3: To support and continue to develop strong multi-agency partnerships across North Yorkshire and the City of York

4.3.1 North Yorkshire Safeguarding Adults Board (NYSAB)

- ✓ The CCG representatives have attended all SAB meetings in 2018/19; deputising when required for NHS England colleagues. The CCG Safeguarding Adult team are fully engaged with the work of the NYSAB.
- ✓ The Designated Professional chairs the NYSAB Performance and Quality Improvement subgroup which collates and analyses data regarding safeguarding outcomes, arranges audits/ deep dives into service data as required, and monitors themes and trends of safeguarding activity. The Designated Professional is deputy chair for the Learning and Review subgroup which reviews and monitors cases meeting the threshold for statutory Safeguarding Adult Review in accordance with Section 44 of the Care Act, and non-statutory Safeguarding Adult Review.
- ✓ The CCG Chief Nurse chairs the NYSAB Communications and Engagement subgroup, which combines reporting between the NYSAB, the North Yorkshire Safeguarding Children Partnership (NYSCP) and the Community Safety Partnership (CSP).
- ✓ The North Yorkshire Safeguarding Adults Board Annual Report will be published on their website: <http://safeguardingadults.co.uk/> this will detail progress and engagement regarding strategic outcomes, and set priorities for the forthcoming year.

4.3.2 City of York Safeguarding Adults Board (SAB)

- ✓ The Board recruited a new SAB independent chair – Tim Madgwick (former deputy chief constable North Yorkshire Police). Tim started his induction to the post in early 2019 and chaired his first SAB meeting in March 2019 paying tribute to his predecessor Kevin McAleese who had sadly passed away earlier in the month.

- ✓ Data collection on behalf of the SAB has demonstrated that the number of safeguarding concerns raised averages around 300 per quarter and of those approximately 40% progress to a section 42 enquiry. It has been noted that the complexity of enquiry work has increased greatly and managing risk is often the main factor for frontline staff.
- ✓ Making safeguarding personal is a key outcome measure for the SAB. Each SAB meeting starts with a safeguarding story from practice presented by a partner agency. These place emphasis on the choices; rights; freedoms; and well-being of the individual whilst also considering the factors of protection and prevention. SAB members have been challenged as to how we share the messages from these stories across agencies and networks.
- ✓ The Designated Professional chairs the Safeguarding Adult Review (SAR) subgroup on behalf of the SAB and actively manages the case tracker which details both the completed and on-going cases which have met the criteria for consideration of a Section 44 review. The membership has grown in strength and experience during the year and has completed a workplan to demonstrate the evidence of this. As an addition for 2018/19 the meeting now includes a focus on learning from SARs published in other SAB areas.
- ✓ The Designated Professional has attended all SAB meetings in 2018/19; deputising for the VoY CCG Executive Nurse when necessary; and also for NHS England colleagues.

4.3.3 North Yorkshire Community Safety Partnership

- ✓ The Nurse Consultant has been actively engaged in the development of the revised Joint Domestic Abuse Strategy for North Yorkshire and York.
- ✓ The Designated Professional supported the development of a multi-agency process in North Yorkshire for statutory Domestic Homicide Review (DHR)
- ✓ The Designated Professionals and Nurse Consultant have provided panel representation for a completed DHR. Learning for Primary Care from the DHR in 2018/19 has been incorporated into the Primary Care Hot Topics training for 2019/20.

4.3.4 North Yorkshire Prevent Partnership

- ✓ The Designated Professional represents the CCG on the Prevent Partnership Board providing updates to the Board on activity and engagement from health partners and from NHS England's regional Prevent Forum.
- ✓ The Nurse Consultant and Designated Nurses for Safeguarding Children are members of the York and North Yorkshire multi-agency Channel panels representing the CCG and Primary Care. Both these panels have made progress in embedding and developing their strength in membership and information sharing in 2018/19.

4.3.5 Additional Multi-Agency Partnerships led by North Yorkshire Police which are integral to safeguarding work and with active involvement from the CCG Safeguarding Team in 2018/19 are:

- ✓ Serious and Organised Crime Board – awareness of County Lines has been added to the training programme for Primary Care
- ✓ Modern Slavery Partnership – the CCGs’ have published a Modern Slavery and Human Trafficking statement on their website and have actively engaged in raising awareness of modern slavery.
- ✓ MATAC – multi-agency tasking and co-ordination – is a multi-agency initiative to tackle the serial perpetrators of domestic abuse. CCG/health involvement with the process was paused following initial engagement and is awaiting national direction before progress continues.

4.4 Strategic Priority 4: To ensure the completion of the NHS England Safeguarding Assurance Action Plan

- ✓ The outstanding action from the plan has been completed following the national publication of the Adult Safeguarding: Roles and Competencies for Health Care Staff in August 2018 and subsequent development of the CCG Safeguarding Adult Training Strategy.

4.5 Strategic Priority 5: Supporting Safeguarding Adult Practice across the health economy of North Yorkshire and York

- ✓ The CCG and Primary Care safeguarding team have supported enquiry work where complex health issues are a predominant factor and where a multi-agency response to high-risk cases is required.
- ✓ The team successfully recruited an experienced safeguarding practitioner to the post of adult safeguarding officer following a vacancy of four months.
- ✓ There has been a significant contribution from our two safeguarding officers who have been involved in over a hundred and seventy cases in 2018/19 with the locality teams across the North Yorkshire region and in York. This has been a small increase on the total for 2017/18.
- ✓ The main categories of abuse in cases with CCG involvement have been neglect (93 cases) and physical abuse (51 cases).

Table 1 below shows the number of cases with CCG involvement per CCG area:

HaRD	HRW	SCR	VOY	Others
34	15	59	58	3

- ✓ The number of quality assurance visits completed with partners in NYCC to independent care providers has remained consistent at just under thirty in 2018/19. These visits enable early identification of safeguarding; quality and

safety issues in order that interventions can be offered to support providers to deliver safe care and protection.

Table 2 shows the number of quality assurance visits completed per CCG area

Quarter	Total Visits	HaRD	HRW	SCR	VOY
1	7	0	3	2	2
2	14	3	2	4	5
3	5	4	0	0	1
4	1	0	0	0	1
Total 2018/19	27	7	5	6	9

- ✓ The safeguarding team continue to offer support and advice to practitioners with regards actions required for potential safeguarding concerns. Practitioners accessing the safeguarding team for advice and support has steadily increased as awareness of adult safeguarding has developed.
- ✓ The Designated Professionals completed supervision training utilising the Morrison's 4x4x4 model. Safeguarding adult supervision has become a recognised necessity following its inclusion as a requirement for practitioners in the Adult Safeguarding: Roles and Competencies for Health Care Staff. The roll out of supervision practice will continue as a priority.
- ✓ The Safeguarding Administrator has made substantial progress in cleansing the database in line with new General Data Protection Regulations; reconfiguring the case ledger to improve data recording and collection; and leading on the development of new systems and processes to support the work of the team.

4.6 Strategic Priority 6: To continue to develop and embed safeguarding adults' arrangements in Primary Care

- ✓ All North Yorkshire and York CCG GP Practices completed the NHSE safeguarding self-assessment audit in order that areas of risk can be identified and gaps addressed.
- ✓ An NHSE extended and updated electronic version of the tool has been developed and practices encouraged and supported in the completion of it to enable them to audit their own safeguarding practice systems and processes to determine whether they are up to date with statutory requirements and standards for good practice. Where areas for development have been identified within practices, support has been offered by the Nurse Consultant and Named GPs to ensure that risks are appropriately addressed and effective safeguarding arrangements are in place.
- ✓ Further development of information sharing between GPs and multi-agency risk assessment conferences (MARAC) for high risk domestic abuse has been completed. All North Yorkshire and York GP practices now have the opportunity to contribute to the MARAC risk assessment for any victims of domestic abuse and associated children. This process not only ensures that a

holistic risk assessment for victims and their children is completed but also ensures that GPs are aware of their patients who are at risk of domestic abuse enabling support as appropriate to be offered .

- ✓ Work has been completed to ensure that any non-attendance by adults with care and support needs at health appointments is risk assessed and appropriate actions taken or reasonable adjustments made to support future attendance.
- ✓ 'Hot Topics' safeguarding level 3 training sessions have been delivered to Primary Care staff as a bespoke educational programme which enhances quality training provision and accessibility for Primary Care practitioners across North Yorkshire and York offering discussions of local and national case studies and safeguarding issues relevant to their practice. During 2018/19 615 Primary Care staff attended Hot Topics training which covered Safeguarding Adults Reviews and learning from 'Mrs A', Advocacy and the Mental Capacity Act, Safeguarding Adult revised joint Policy and Procedures, Self-Neglect and Prevent. The team has seen an increase year on year in attendance at training events and in 2018/19 attendance increased by 31% from the previous year's total. In addition the team delivered safeguarding awareness sessions to 147 staff and bespoke training for key primary care staff on the management of safeguarding information in GP practice.
- ✓ Safeguarding leads meetings are held on a quarterly basis and continue to be well attended; providing supplementary safeguarding training and peer support for the dedicated safeguarding practice leads for each GP surgery.
- ✓ The Named GP for HaRD CCG continues to work as the Royal College of General Practitioners' (RCGP) Clinical Champion for Safeguarding. In conjunction with the Nurse Consultant a key achievement has been the development of the RCGP Adult Safeguarding Tool Kit. The tool kit has now been published for practice use <https://www.rcgp.org.uk/clinical-and-research/safeguarding/adult-safeguarding-toolkit.aspx>

4.7 Strategic Priority 7: To support, develop and embed the Learning Disability Mortality Review (LeDeR) Programme across North Yorkshire

- ✓ The CCG has embedded local delivery of the Learning Disability Mortality Review Programme (LeDeR) for North Yorkshire and York.
- ✓ Monies from NHS England enabled recruitment of a part-time specialist lead nurse
- ✓ With the support of multi-agency partners a Steering Group has been established to progress learning from the completed reviews.
- ✓ A separate LeDeR annual report detailing the progress made with the programme will be published alongside this safeguarding adult annual report.

5.0 Overview of delivery of Safeguarding Adults' Strategy – challenges and opportunities for 2019/20


Significant achievements have been included in section 4 as evidence in year one (2018/19) of delivering the Safeguarding Adults' Strategy; it is intended as a summary and by no means provides a full representation of the breadth of the safeguarding agenda and the complexity in the work of the team. The team's

success has been achieved with the support of the CCG Executive Leads for Safeguarding and by working closely with the Quality Teams in each CCG.

The challenges and opportunities for 2019/20 will include the following:

- Sharing and embedding learning from statutory reviews across the health economy
- Further developing training opportunities for safeguarding specialist practitioners and also frontline staff
- Working closely with GP Practices; health partners and multi-agency partners to implement the Joint Multi-Agency Safeguarding Policy and Procedures in North Yorkshire
- Understanding and developing processes for the implementation of Liberty Protection Safeguards
- Developing the network and strategy with NHS England that brings together Safeguarding Professionals across the STP/ICS footprint

The progress and realisation of year two of delivering the strategy will be further detailed in the 2019/20 safeguarding adults' work-plan.

Item Number: 11			
Name of Presenter: Denise Nightingale			
Meeting of the Governing Body Date of meeting: 7 November 2019	 Vale of York Clinical Commissioning Group		
Report Title – Update on work relating to physical health checks for people with severe mental illness (SMI)			
Purpose of Report <i>(Select from list)</i> To Receive			
Reason for Report Further to the report to the Governing Body on 5 September 2019, this paper provides an update on current activity to deliver physical health checks for people with a severe mental illness in primary care and on progress to implement a Local Enhanced Service aimed at ensuring that 60% of ‘active’ patients on the mental health Quality Outcome Framework (QOF) receive a comprehensive physical health check at least annually. This is included as an Improvement Assessment Framework (IAF) indicator in 2019/20.			
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability </td> </tr> </table>		<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability
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<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council	<input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council		
Impacts/ Key Risks <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	Risk Rating		
Emerging Risks The risk of not implementing a local enhanced service in primary care is that no improvements will be made to the physical health of patients with severe mental illness and it is highly likely that the CCG would miss the target included within the Improvement Assessment Framework (IAF.) In addition this could further increase the differential between mortality and morbidity already recognised for those with a severe mental illness.			

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

There may be disparity of service provision across some practices for patients with severe mental illness in accessing services.

CCGs have a legal duty to eliminate health inequalities

Recommendations

Members of the Governing Body are asked to note and consider the contents of this paper.

Decision Requested (for Decision Log)**Responsible Executive Director and Title**

Denise Nightingale, Executive Director of Transformation, Complex Care and Mental Health

Report Author and Title

Sheila Fletcher
Commissioning Specialist, Adult Mental Health

Update on work relating to physical health checks for people with severe mental illness (SMI)

1. Background and context

Evidence shows that people with severe mental illness (SMI) die up to fifteen- twenty years younger than the average population; one of the greatest health inequalities in England.

Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. This disparity in health outcomes is partly due to physical health needs being overlooked, both in terms of identification and treatment.

A new target set by NHS England aims to increase the uptake of physical health checks for patients with SMI to 60% within 2019/20.

SMI refers to all individuals who have received a diagnosis of schizophrenia, or bipolar affective disorder, or who have experienced an episode of non-organic psychosis.

In March 2019, the VOY CCG Executive Committee approved funding to implement a Local Enhanced Service (LES) in primary care. It is proposed that this will result in people with SMI receiving a more comprehensive physical health check and the likelihood of identifying disease earlier, preventing ill-health and promoting wellbeing. It is proposed that this option also represents the best chance of achieving the 60% target set by NHS England.

2. Reporting requirement

Twelve elements are included within the new physical health assessments. These are outlined at Annex 1 below.

3. High-level quarter 2 activity

The quarter 2 report is available at Annex 2 below.

In summary:

- Performance **has increased to 26.1% from *25.8% in Q1 of 2019/2019.**
*The Governing Body is asked to note that this number differs from the data provided by Embed and presented in the last report in September
- Quarter 2 data shows that 26.1% of patients on the QOF Mental Health register had received the first six elements of the health check. One of the elements was below 50% (blood lipid including cholesterol test). The other five elements had achievement rates between 53% - 74%, indicating that the CCG is potentially close to achieving the 60% target, despite the seemingly low figure of 26.1%.

4. Summary of previous activity

For comparison, the table below outlines previous performance data of people receiving all of the first six elements of the health check:

2018-19 Quarter	No on SMI registers	All 6 PH checks	%
2	2629	356	13.2
3	2528	387	15.3
4	2631	463	17.6
2019-20			
1	2559	661	25.8

5. Local Enhanced Service

It is agreed that the physical health checks represent additional work over and above those included in the Quality Outcome Framework (QOF) but that the work is unlikely to result in an increase in the number of appointments as these patients are already invited for an annual health check. The view is that an estimated twenty minutes additional work is required to undertake the additional health checks over and above what is included in a QOF appointment which is expected to be 30 minutes. The approach the CCGs have taken to costing this service is based on a mid-point band 6 nurse. This amounts to a payment of £11.50

The purpose of the scheme is to encourage practices to provide a comprehensive physical health check for people on practice SMI QOF lists.

5.1 An approach to identifying improvements

A 'heat-map' is available at Annex 3 below. This is a useful visual outline of current individual practice performance and highlights where potential improvements could be made - both for achieving compliance and to ensure good quality patient outcomes.

For example four practices achieved less than 30% on the first six health checks which form part of the core standard measure. All practices, with the exception of Scott Road and Kirbymoorside, achieved less than 30% against checks seven and eight which **are not** included as part of the standard measure.

In this context, the payment of £11.50 could look more attractive if practices only having to engage by increasing one or two tests to improve the overall individual practices' position.

It is suggested that by working with practices using this data and approach, the CCG will exceed the locally agreed 30% target for 2019/20 and move towards overall 60% compliance in 2020/21, while at the same time moving towards a strategy to make changes and improvements that focus on really improving care for patients. This can be seen as a move to continual improvement in which the CCG is sighted on the

compliance standards of service while acting to improve where needed and delivering the best outcomes and experience for people with a severe mental illness.

5.2 Implementing the LES

Negotiations have taken place with all the Primary Care Networks (PCNs) with the exception of Tadcaster and Selby. Individual practices have also been contacted.

Generally PCN clinical directors and individual GPs are supportive of the LES and recognise the importance of identifying and offering, where appropriate, early intervention and treatment for individuals who are at a greater risk of morbidity and mortality. The CCG has heard that that further funding maybe needed to undertake the comprehensive health checks and the follow-up interventions required as a result however many practices have indicated their willingness to trial the LES for this year.

In addition, PCNs feel the LES cannot be delivered on a PCN basis and are accepting the LES is a decision for individual practices. This related more to the maturity and workload for PCNs rather than the principle of it being led by them. GPs felt however that it is a long-term strategic objective for PCNs and a priority in terms of their work on reducing health inequalities.

It was suggested that during this trial period practices engage with the LES and 'opportunistically augment existing efforts' for example QOF, amber drugs testing and the NHS health check. It was generally agreed to test the LES and evaluate feedback and the different practice approaches to delivery in the New Year.

The CCG is now formally offering the LES to all primary care practices as an interim position for 2019/20. An evaluation will take place in February 2020 following quarter three data submission and the lessons learned taken to move towards a strategy for a further enhanced version of the service for potential implementation in 2020/21.

At the time of writing, individual practices have been asked to confirm they accept sign up to the enhanced service or decline to participate. Early indications are there is a willingness to engage with the LES among practices with the exception of York City Centre PCN. The clinical director has put the offer to practices and they are not happy to accept it at the present funding offer.

Discussions are on-going in the CCG on how to mitigate the disparity and inequality in the service offer for patients in these York practices.

6. Free training and pathway guidance for practices

Work Place Event Management (WPEM) Ltd is working with the Vale of York CCG to deliver two identical sessions which will be offered at different venues within the Vale of York. Training will be led by the Project Lead with The Yorkshire & Humber Academic Health Science Network (AHSN).

The updates will include education around the importance of physical health checks for people with severe mental illness and the use of the Bradford Physical Health

Review Template as a user-friendly tool that guides healthcare professionals to identify patients with conditions including high blood pressure, diabetes and cardiovascular problems.

The AHSN Yorkshire & Humber have funded an E-Learning Module which can be undertaken as additional training which is CPD recognised.

Venues & Times

Wednesday 4th December 2019 - York Novotel, YO10 4FD

Thursday 5th December 2019 – The Parsonage Hotel, Escrick, YO19 6LF

7. Recommendations

The Governing Body is requested to note and comment on this report.

Physical Health Physical health Checks in Severe Mental Illness (PHSMI)

The comprehensive assessment should include:

1. A measurement of weight (BMI or BMI + Waist circumference)
2. A blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate)
3. A blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)
4. A blood glucose test (blood glucose or HbA1c measurement)
5. An assessment of alcohol consumption
6. An assessment of smoking status
7. An assessment of nutritional status, diet and level of physical activity
8. An assessment of use of illicit substance/non prescribed drugs
9. Medicines reconciliation and review
10. Indicated follow-up interventions
11. Access to relevant national screenings
12. General physical health enquiry into sexual health and oral health

CCGs are asked to report on the delivery of the relevant follow-up interventions where these are indicated by the health check. Data on interventions 7-12 is to be captured to support local understanding of service delivery and benchmarking in 2019/20 **and does not form part of the core standard measure.**

Annex 2

Quarter 2 data report

	2019/20 technical guidance ref.	Number of patients	Percentage of patients receiving check	Time period
The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' (Denominator):	1.2.1	2,587		at period end
Of the above, patients who have had (Numerators):				
1. measurement of weight (BMI or BMI + Waist circumference)	1.4.1	1,427	55.2%	in 12 months to period end
2. blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate)	1.4.2	1,917	74.1%	
3. blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)	1.4.3	1,178	45.5%	
4. blood glucose test (blood glucose or HbA1c measurement)	1.4.4	1,379	53.3%	
5. assessment of alcohol consumption	1.4.5	1,734	67.0%	
6. assessment of smoking status	1.4.6	1,803	69.7%	
All six physical health checks - note this cannot be greater than the minimum figure reported in 1 to 6 above.	1.2.1	675	26.1%	

Note that an individual who has received all six physical health checks should **also** be reported against **each** physical health check, 1 to 6.


The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' (Denominator):		2,587		at period end
Of the denominator above, patients who have had (Numerators):				
7. assessment of nutritional status/diet and level of physical activity	1.6.1	211	8.2%	in 12 months to period end
8. assessment of use of illicit substance/non-prescribed drugs	1.6.2	95	3.7%	
9. medicines reconciliation or review	1.6.3	1,684	65.1%	

Annex 3

SMI Register and physical Health Check performance - September 2019 - Heat Map

PCN	Practice Name	SMI Register Q2	1.Weight	2.BP Check	3.Blood Lipid	4.Blood Glucose	5.Alcohol Consumption	6.Smoking Status	7.Nutrition	8.Illicit Substances	9.Medicines Reconciliation	All 6 physical Health Checks
NIMBUSCARE - Neighbourhood 1	MyHealth	88	47.7%	65.9%	34.1%	38.6%	75.0%	77.3%	4.5%	0.0%	20.5%	18.2%
NIMBUSCARE - Neighbourhood 1	Elvington	32	50.0%	81.3%	50.0%	62.5%	71.9%	59.4%	0.0%	0.0%	68.8%	25.0%
NIMBUSCARE - Neighbourhood 1	Pocklington	95	47.4%	73.7%	40.0%	47.4%	66.3%	67.4%	5.3%	3.2%	78.9%	25.3%
NIMBUSCARE - Neighbourhood 2	Front Street Surgery	62	58.1%	77.4%	61.3%	53.2%	64.5%	64.5%	0.0%	0.0%	50.0%	27.4%
NIMBUSCARE - Neighbourhood 2	Haxby Group Practice	218	44.0%	68.3%	45.9%	58.3%	53.2%	53.2%	0.5%	2.8%	61.9%	18.3%
NIMBUSCARE - Neighbourhood 2	Old School Medical Practice - Copmanthorpe	28	42.9%	78.6%	25.0%	42.9%	71.4%	71.4%	3.6%	0.0%	57.1%	3.6%
NIMBUSCARE - Neighbourhood 3	Priory Medical Group	516	56.8%	74.0%	35.3%	48.6%	69.0%	69.0%	0.0%	3.3%	75.2%	24.0%
Selby Town	Posterngate Surgery	110	67.3%	70.9%	45.5%	52.7%	68.2%	68.2%	4.5%	0.0%	69.1%	32.7%
Selby Town	Scott Road Medical Centre	81	66.7%	82.7%	69.1%	72.8%	79.0%	79.0%	49.4%	13.6%	70.4%	50.6%
Selby Town	The Escrick Surgery	23	52.2%	82.6%	47.8%	56.5%	87.0%	87.0%	4.3%	0.0%	21.7%	26.1%
Selby Town	Beech Tree	86	52.3%	70.9%	38.4%	51.2%	64.0%	75.6%	1.2%	1.2%	37.2%	25.6%
South Hambleton And Ryedale	Helmsley Medical Centre	26	50.0%	80.8%	61.5%	69.2%	65.4%	65.4%	19.2%	0.0%	84.6%	26.9%
South Hambleton And Ryedale	Kirkbymoorside Surgery	45	60.0%	84.4%	51.1%	44.4%	75.6%	75.6%	31.1%	13.3%	86.7%	31.1%
South Hambleton And Ryedale	Terrington Surgery	7	14.3%	71.4%	28.6%	71.4%	100.0%	100.0%	0.0%	0.0%	85.7%	0.0%
South Hambleton And Ryedale	Millfield Surgery	40	37.5%	72.5%	40.0%	52.5%	57.5%	57.5%	0.0%	5.0%	65.0%	22.5%
South Hambleton And Ryedale	Pickering Medical Practice	67	79.1%	82.1%	70.1%	76.1%	83.6%	77.6%	0.0%	3.0%	92.5%	46.3%
South Hambleton And Ryedale	Tollerton	15	26.7%	86.7%	66.7%	66.7%	73.3%	66.7%	0.0%	0.0%	93.3%	0.0%
South Hambleton And Ryedale	Stillington	17	58.8%	94.1%	41.2%	58.8%	94.1%	64.7%	0.0%	0.0%	94.1%	11.8%
Tadcaster & Selby	South Milford Surgery	55	70.9%	81.8%	69.1%	70.9%	69.1%	69.1%	0.0%	1.8%	65.5%	41.8%
Tadcaster & Selby	Tadcaster Medical Centre	45	53.3%	77.8%	35.6%	44.4%	60.0%	60.0%	0.0%	0.0%	44.4%	20.0%
Tadcaster & Selby	Sherburn	40	57.5%	87.5%	82.5%	80.0%	80.0%	72.5%	0.0%	2.5%	87.5%	40.0%
York City Centre	Jorvik Gillygate Practice	213	52.6%	76.5%	38.0%	43.2%	70.9%	72.8%	6.1%	6.1%	75.6%	25.8%
York City Centre	East Parade	25	48.0%	32.0%	48.0%	68.0%	56.0%	60.0%	0.0%	0.0%	0.0%	20.0%
York City Centre	Dalton Terrace	96	45.8%	83.3%	51.0%	55.2%	70.8%	63.5%	0.0%	1.0%	74.0%	22.9%
York City Centre	Unity	79	49.4%	72.2%	35.4%	45.6%	62.0%	63.3%	1.3%	6.3%	73.4%	13.9%
York Medical Group	York Medical Group	478	59.8%	70.5%	50.0%	54.2%	61.3%	61.3%	25.1%	5.4%	55.0%	28.5%
VoY CCG		2587	55.2%	74.1%	45.5%	53.3%	67.0%	66.8%	8.2%	3.7%	65.1%	26.1%

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Item Number: 12	
Name of Presenter: Dr Shaun O’Connell, Sarah Tilston	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 7 November 2019	
Report Title – Update to Rapid Expert Input project	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report	
<p>Background</p> <p>The current model of delivering outpatient services has remained largely unchanged for decades. Current financial pressures, increases in demand, coupled with advances in technology and a renewed national focus on reducing the proportion of appointments delivered in a non-face to face way, means that there is the opportunity to make a step change improvement in outpatient services. The NHS Long Term Plan sets out the aspiration nationally for a third of outpatient contacts to be delivered via a non-face to face way in the next five years and there is a need to respond to and deliver that aspiration locally</p> <p>Traditionally, elective care services in England are delivered via hospital-based models with patients often have one or more outpatient attendances for specialist diagnostics or assessment before either being discharged or receiving treatment. Following treatment, they may have further outpatient attendances for post-operative assessment and/or ongoing monitoring. It is recognised that often this model of care is not the best for patients.</p> <p>At recent System Delivery Boards, the system partners committed to progress the delivery of the REI programme of work and the aim of the update is to brief the Governing Body with further detail and context around the programme.</p> <p>What is Rapid Expert Input (REI)?</p> <p>The Rapid Expert Input (REI) Programme aims to put in place a model of outpatient-based care that is best for patients – getting them the input they need, from whichever source, as promptly and in the simplest way possible.</p> <p>The programme of work is based upon establishing clear pathways of care, setting standards for primary and secondary care clinicians (in investigating and sharing information) and empowering clinicians to get patients to the expertise that they think patients require, without having to default to the traditional model of first arranging a face to face outpatient appointment.</p>	

The work has the following specific aims:

- Preventing patients having to have multiple visits to the hospital
- Make the system simpler and easier for everyone to navigate by establishing clear information on local pathways and the expectations of primary and secondary care teams
- Enabling primary care providers, and their patients, get rapid expert input
- Reducing the administrative burden of managing referrals and booking appointments for both primary and secondary care.
- Provide specialist teams with an easy to access range of options to access for patient management, so default booking a face to face appointment only takes place if it is clinically necessary and the best thing for the patient.
- Reduce duplication between primary and secondary care.
- Ensure that it is clear at all stages of the process who is clinically responsible for the patient.
- Improve communication between primary and secondary care and give better transparency and clarity to everyone about where a patient is in their care journey and what decisions have been made about their care.
- Ensure a record is maintained of communications and the outcomes of interactions are available within the clinical systems used by both primary and secondary care
- Ensure we have the sufficient capacity to continue to provide access to services in times of heightened demand
- Minimise the environment impact through reducing unnecessary travel for patient and staff involved in delivering outpatient services

Strategic Priority Links

- | | |
|---|--|
| <input type="checkbox"/> Strengthening Primary Care | <input type="checkbox"/> Transformed MH/LD/ Complex Care |
| <input checked="" type="checkbox"/> Reducing Demand on System | <input checked="" type="checkbox"/> System transformations |
| <input type="checkbox"/> Fully Integrated OOH Care | <input type="checkbox"/> Financial Sustainability |
| <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract | |

Local Authority Area

- | | |
|---|---|
| <input checked="" type="checkbox"/> CCG Footprint | <input type="checkbox"/> East Riding of Yorkshire Council |
| <input type="checkbox"/> City of York Council | <input type="checkbox"/> North Yorkshire County Council |

Impacts/ Key Risks

- Financial
- Legal
- Primary Care
- Equalities

Risk Rating

Emerging Risks

The risks to the project are recorded

Impact Assessments

Initial assessments have been completed but it is recognised that there will be a need for them to be re-visited in line with re-framing of the programme.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Quality Impact Assessment | <input checked="" type="checkbox"/> Equality Impact Assessment |
| <input checked="" type="checkbox"/> Data Protection Impact Assessment | <input checked="" type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

The Governing Body is asked to note the paper and presentation and to support the continuation of the Rapid Expert Input programme of work.

Decision Requested (for Decision Log)

To note the progress currently made and to support the implementation of Phase 1 and further support the development of Phase 2 where appropriate.

Responsible Executive Director and Title Dr Nigel Wells; Clinical Chair	Report Author and Title Sarah Tilston, Senior Service Improvement Manager
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Annexes (please list)

Annex A – Rapid Expert Input – paper for System Delivery Board

RAPID EXPERT INPUT PROGRAMME – PHASE 1

October 2019



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6. The technical solution	8
7. The plan.....	9
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1. Introduction

There is a national ambition within the NHS Long Term Plan¹ to reduce the number of face-to-face outpatient appointments by a third over the next five years. This paper outlines how the Rapid Expert Input (REI) programme of work (in conjunction with other internal Outpatient Transformation work) will contribute towards meeting this nationally mandated target.

Traditionally, elective care services in England are delivered via hospital-based models with patients often have one or more outpatient attendances for specialist diagnostics or assessment before either being discharged or receiving treatment. Following treatment, they may have further outpatient attendances for post-operative assessment and/or ongoing monitoring. It is recognised that often this model of care is not the best for patients.

At September 2019's System Delivery Board, the system partners committed to progress the delivery of the REI programme of work and this paper aims to offer further detail and context around the programme, as well as specifying the resource requirements needed for delivery of Phase 1 of the project.

2. Aims and objectives

The Rapid Expert Input (REI) Programme aims to put in place a model of outpatient-based care that is best for patients – getting them the input they need, from whichever source, as promptly and in the simplest way possible.

The programme of work is based upon establishing clear pathways of care, setting standards for primary and secondary care clinicians (in investigating and sharing information) and empowering clinicians to get patients to the expertise that they think patients require, without having to default to the traditional model of first arranging a face to face outpatient appointment.

The work has the following specific aims:

- Preventing patients having to have multiple visits to the hospital
- Make the system simpler and easier for everyone to navigate by establishing clear information on local pathways and the expectations of primary and secondary care teams
- Enabling primary care providers, and their patients, get rapid expert input
- Reducing the administrative burden of managing referrals and booking appointments for both primary and secondary care.

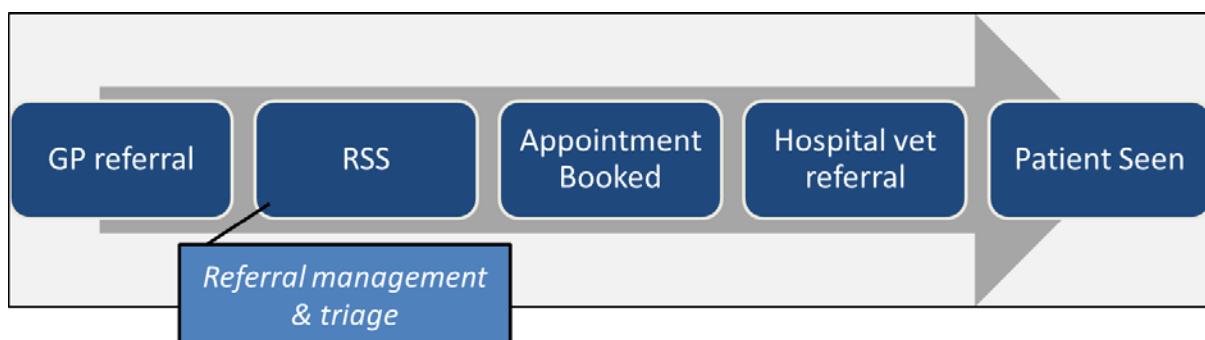
¹ [NHS Long Term Plan](#)

- Provide specialist teams with an easy to access range of options to access for patient management, so default booking a face to face appointment only takes place if it is clinically necessary and the best thing for the patient.
- Reduce duplication between primary and secondary care.
- Ensure that it is clear at all stages of the process who is clinically responsible for the patient.
- Improve communication between primary and secondary care and give better transparency and clarity to everyone about where a patient is in their care journey and what decisions have been made about their care.
- Ensure a record is maintained of communications and the outcomes of interactions are available within the clinical systems used by both primary and secondary care
- Ensure we have the sufficient capacity to continue to provide access to services in times of heightened demand
- Minimise the environment impact through reducing unnecessary travel for patient and staff involved in delivering outpatient services.

3. Background

The current model of delivering outpatient services has remained largely unchanged for decades. Current financial pressures, increases in demand, coupled with advances in technology and a renewed national focus on reducing the proportion of appointments delivered in a non-face to face way, means that there is the opportunity to make a step change improvement in outpatient services. The NHS Long Term Plan sets out the aspiration nationally for a third of outpatient contacts to be delivered via a non-face to face way in the next five years and there is a need to respond to and deliver that aspiration locally.

In recent years, CCG initiatives have helped manage the demand for outpatient services. The chart below depicts a simplified version of the current process that is in place for the management of outpatient referrals across the Scarborough & Ryedale and Vale of York CCGs.



The work to date has successfully managed the growth in the population and the aging population, in that first outpatient activity has remained largely flat.

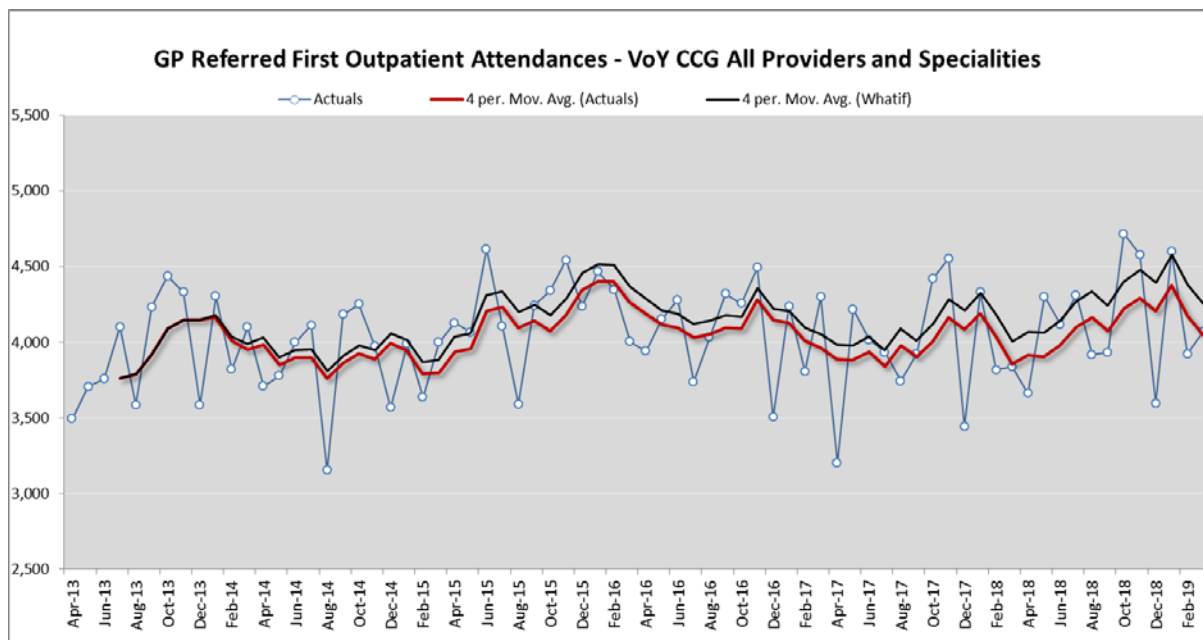


Chart 1 - GP referred first attendances - VoY only

Despite this progress, in the process described above, **for the vast majority of referrals, the hospital based clinical team do not input into the decisions around what care the patient should receive until after an outpatient appointment has already been booked.** This input comes too late in the process to easily enable teams to manage that referral differently.

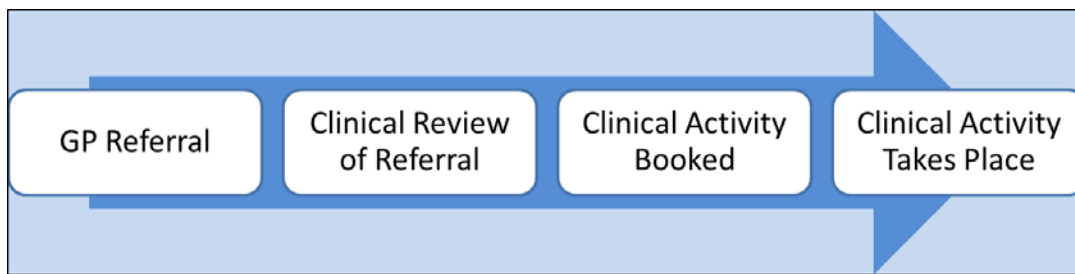
This lack of clinical input into early decision making then contributes to the following issues that then arise:

- Around 11% of new outpatient appointments at the Trust are cancelled at some point – as some patients are initially booked into the wrong service
- Long waits for patients to be seen in some specialties – in some specialties the waiting times for a non-urgent new outpatient appointment are 40 weeks +.
- Due to these long waits, patients present on multiple occasions to primary care, for on-going support into their condition, to ask GPs to contact the hospital, arrange other care in primary care and/or to ask for help in deciphering the multiple letters they may have received from the hospital cancelling or rescheduling appointments.

4. What is Rapid Expert Input?

Rapid Expert Input (REI) is a new way of managing requests for specialist opinion - which will ultimately lead to the transformation of traditional Outpatient services. It aims to empower clinical specialists so they have a range of choices around how to care for patients in a non-inpatient setting, so they don't have to default to seeing all referred patients in a traditional outpatient clinic.

The simplified chart below sets out what the process around the management of referrals should look like in the future.



Rapid Expert Input starts with publishing clear information on local pathways and the expectations of primary and secondary care teams. This helps all know the expectations of GPs, in terms of investigations and clinical management, and specialists know what is expected of them, in ordering secondary care level investigations and initiating treatment.

As requests for specialist support are generated, the Rapid Expert Input pathway, ensures all referrals are reviewed clinically **before** the patient appointment is booked. Rapid Expert Input stops the artificial distinction, and massive duplication of specialist input that occurs with Advice and Guidance requests and traditional referrals. Potentially, both Advice and Guidance requests and referrals could be merged into one pathway reducing current duplication of effort.

The clinical review allows the reviewing clinician to decide on the best, most clinically appropriate way to manage that patient. Certain options are currently available to clinicians in Phase 1, but it is anticipated that Phase 2 of the REI programme aims to make more options available to clinicians, allowing them to manage patients differently and more efficiently. These options will vary by specialty but may include such options as:

- Nurse-led clinics
- Phone and video consultation clinics
- The option of providing the referrer with management advice so patients can be cared for in primary care or in the community
- A face to face outpatient appointment with the consultant team
- Straight to diagnostic test, after which the result can be reviewed virtually and then a secondary decision can be reached as to what next steps are needed (which may include one of the above options)
- Direct to list
- Redirection to a more appropriate specialist team

The outcome of the clinical review will be displayed on an IT platform (ICG) that is shared between primary and secondary care, so that there is visibility of what is happening to each individual patient available to all. The software the CCGs have been using to date provides detailed analysis on administrative and clinical triage and individual referrer data so clear comparisons of variation can be attained. Patients may also be contacted so they too are clear as to what will be happening next in their care.

5. Progress to date

CCG demand management via the Referral Support Service

The CCGs have been using the ICG software, administrative triage and clinical triage in some specialities for many years. This has controlled the additional activity that would have been required for growth in population and the aging population and has been in stark contrast to what has happened in England as a whole.

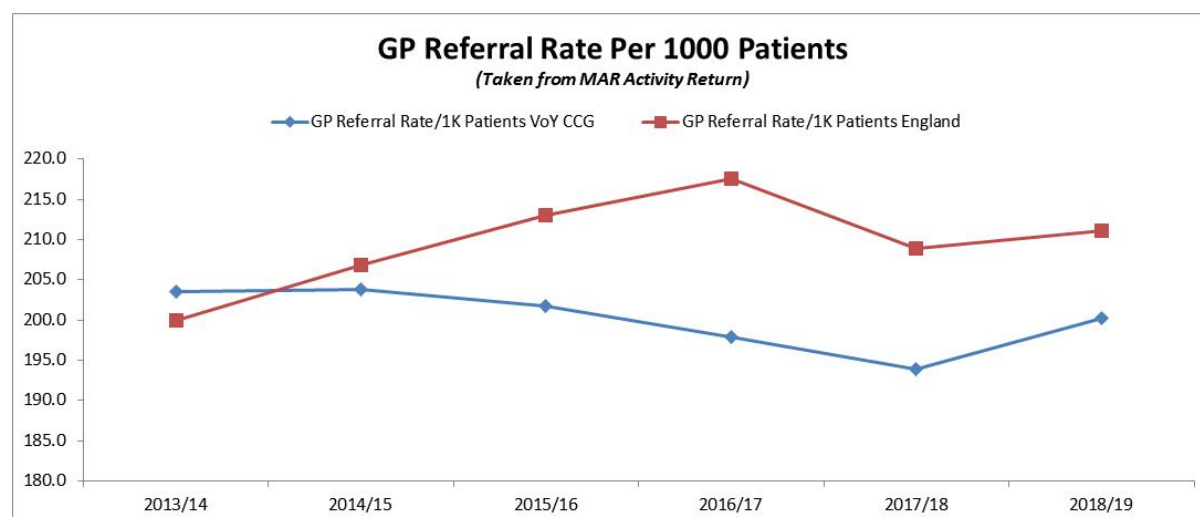


Chart 2 - GP referral rates - VoYCCG only

Although variation in activity is governed by some seasonal factors the 4 month average activity growth from April 2013 to March 2019 appears to be relatively flat. If activity had increased at the same rate as population growth (the 'What if' scenario), there would be around 100 additional attendances each month in the last 12 months, represented by the gap in the red and black lines. (Based on follow up ratios of between 1.2 and 1.3 this represents a system 'cost avoidance' of some £12-15 million).

YTHFT pilots

For in excess of 12 months, pseudo-pilots of Phase 1 of the REI process have been running in Rheumatology and Dermatology within the Trust. These pilots have not given reviewing clinicians access to the full suite of all possible options that they may want to develop in their specialty (Phase 2), but they have allowed clinicians access to referrals **prior** to them being booked into outpatient clinics. This has enabled referrals to:

- be reverted back to primary care with management advice, avoiding the need for patients to attend in person
- be "upgraded" so that patients have been seen earlier
- be 'downgraded' so patients can be prioritised accordingly and urgent appointments assigned to the correct cohort of patients
- re-directed to other hospital services

In numerical terms, the outcome of the pilot in Rheumatology is depicted in the diagram below.

Diagram 1. Outcomes of ten months of early clinical review of outpatient referrals in Rheumatology in Scarborough & Ryedale CCG

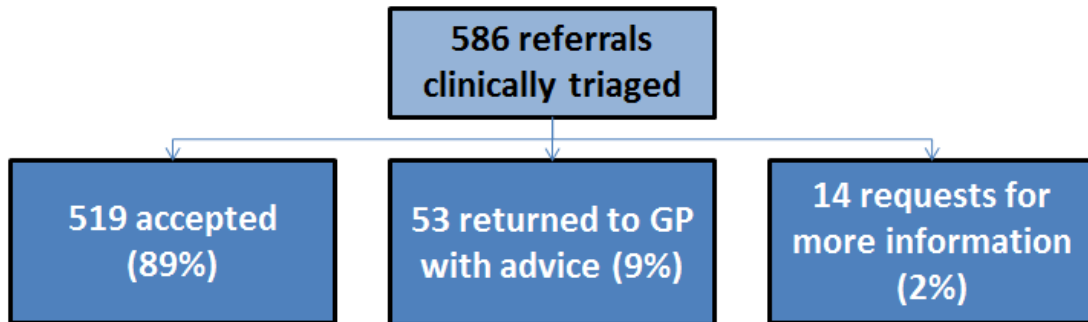


Diagram 2. Outcomes of seven months of early clinical review of outpatient referrals in Rheumatology in Vale of York CCG

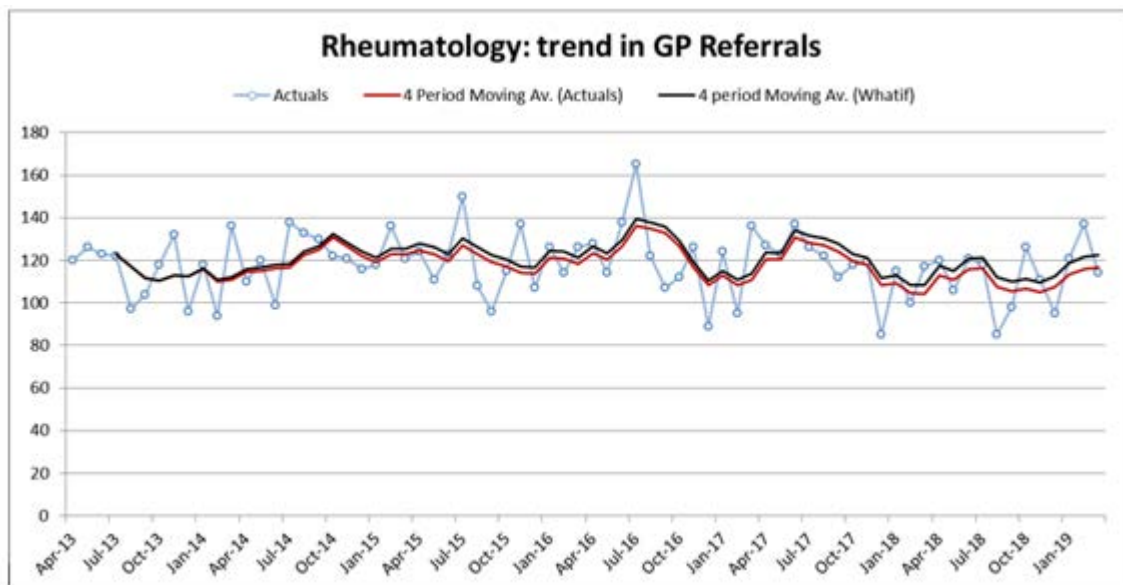
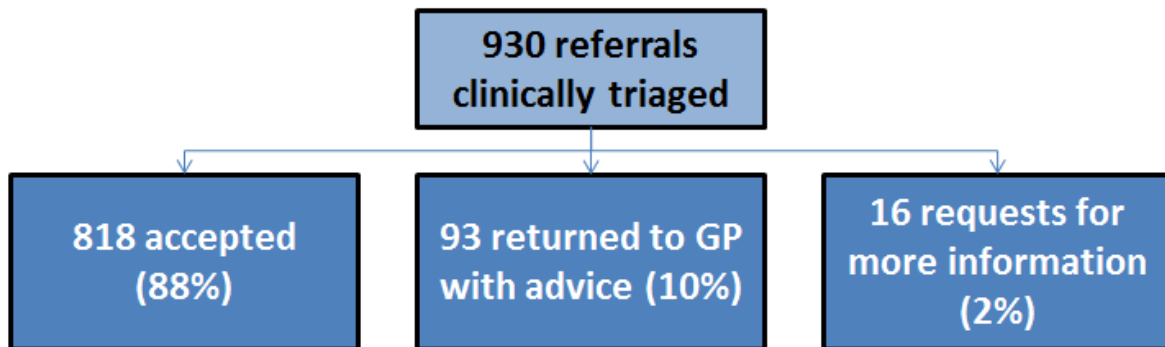


Chart 3 - Rheumatology trends - VoYCCG only

Meetings

In the last ten months there have been two significant workshops held across the York-Scarborough system.

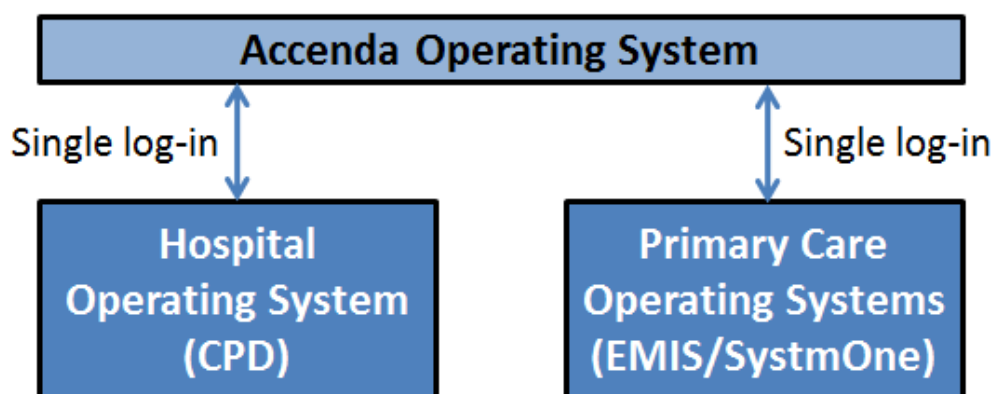
In November 2018, around 60 people met to discuss if they wanted to pursue this initiative further. The group included hospital consultants, GPs, LMC representatives, practice managers, hospital directors and those responsible for the running and booking of clinic appointments. The outcome of the meeting was broad support for the principle of REI, but caution that in implementing such a model, it didn't have any adverse unforeseen consequences, especially on primary care.

Following the meeting work began to understand what an IT platform for REI may look like. A number of IT providers were approached for an initial conversation and in April 2019 two providers were asked to come to York to present what they could offer. Following the presentations, a decision was made to work with a company called Accenda (who also currently provide the IT infrastructure for the Referral Support Service in York and Scarborough CCGs).

Since that time, progress in agreeing an IT specification has not been as rapid as would have been preferable. This is in part due to technical checks to understand how Accenda products would link to the hospital IT system (called CPD) and primary care systems.

6. The technical solution

A connection will be made between the Accenda Operating System and the hospital Operating System. To achieve this, Accenda will expose a 'web service' interface allowing the CPD worklist screen to access a live list of referrals currently waiting clinical input. The high-level technical solution being proposed is depicted below.



Consultants working from their CPD worklist screen would be able to view the list of patient referrals using the live feed from the Accenda System, explore other clinical information simultaneously in CPD, and then be able to open up a clinical triage screen to record their outcome.

To ensure the clinical decisions are also recorded into the patient record held within the CPD system, another web-service, this time on the CPD side would allow the system to upload a triage summary attachment into CPD so there continues to be one whole patient clinical record on CPD.

Once in the Accenda System, GPs and primary care would be able to correspond with the hospital teams and also track and monitor the progress of referrals into the secondary care system. Clinicians should be able to do all of this with only one single log-in to their host operating system, thus avoiding the need for multiple passwords and usernames.

The outcome of initial scoping meetings would seem to indicate that the major development needed for Phase 1 of REI will be the development of a link between the Accenda system and the hospital operating system. It should be noted that there is already a link in place between the Accenda systems and primary care systems so this shouldn't require any further development.

7. The plan

The Rapid Expert Input programme is working towards delivery in two distinct phases. These two phases are described in the boxes below:

PHASE 1	PHASE 2
<ul style="list-style-type: none">• Establish the IT link between Accenda System and both Primary and Secondary Care Systems• Convene clinical specialty working groups of primary and secondary care clinicians to agree how referrals should be managed between them• Train primary and secondary care clinicians in how to use the Accenda System• Ensure adequate time in job plans of all clinicians to create and review referrals• Switch over all secondary care based specialties to reviewing their referrals on the Accenda System• Evaluate	<ul style="list-style-type: none">• Re-convene clinical specialty working groups to identify the extra options clinicians want to have available to them when reviewing referrals• Complete the IT development work, required to achieve the above point specialty at a time• Agree formal launch dates with each specialty working group as to when the updated options will go-live• Evaluate• On-going training and communication with all parties involved in managing referrals

The first phase will see the IT link created between the systems and specialty working groups being convened. For Primary care at this point there will be minimal change to how they work – referrals will be sent in the same way as they are now. Specialty working groups will be working through how they want different clinical conditions to be managed, and importantly will clarify expectations of each area, e.g. who will order which diagnostic test or what sort of “work up” would it be reasonable for primary care to have done prior to referring to secondary care.

The major difference will be from the secondary care end, as clinical review will be done on the Accenda System and there will also be the added option of interacting with colleagues in Primary care about a patient prior to any activity being booked. This should have the immediate effect of getting more patients to the right care they need first time. There will need to be a pause at this point while the impact of the work is evaluated.

Phase two will see the more detailed specialty work begin. The aim of this work will be to give clinicians the bespoke list of options they would like to have available to them that will allow referrals to be managed differently. The suggestion is that specialty working groups are reconvened, and they will need to map out the pathways they wish patients to follow in this new system. Their output should be on a standardised template and given to colleagues in the IT development team to implement the outcome of their clinical discussions on the IT platform.

8. Timeframes

For Phase 1 implementation, we have set a target of April 2020. However, the timeframes around will be dependent on the IT work being completed on time by both Accenda and the Trust IM&T department.

While the technical work is being completed there are two other important pieces of work to be done. Firstly, key to the success of this work is the communication and engagement with clinicians across the local system. The REI working group will have an important role in agreeing the engagement strategy and supporting discussions with colleagues about how REI will work and what it will mean for them. Secondly, the working group will need to design the evaluation and monitoring piece associated with this work. Following implementation of Phase 1 and prior to Phase 2 commencing, a robust evaluation should be undertaken to ensure the work is progressing as initially envisaged and this will also help inform the next phase.

When Phase 2 does commence, this is likely to take significantly longer than phase 1, as it will involve detailed, specialty by specialty work to be completed, mapping out pathways and agreeing jointly across primary and secondary care how services should be set up. Dependent in part on how a “specialty” is defined


9. Outstanding issues to be addressed

This transformational initiative raises a number of other issues that will need to be worked through collaboratively, and agreed upon between primary and secondary care teams if REI is to be a success. Those issues include:

- **IMPACT ON SERVICES** - How will the impact of REI for forecasted and following the implementation of Phase 1 how will markers will be used to ensure that it isn't having any undesired impacts on other parts of the healthcare system
- **IMPACT ON PATIENTS** – There is a need to continually ensure that patients are having a positive experience of any new ways of working – will need to link with both CCG, Primary Care and Trust patient groups and patient experience teams.

- **CHOICE** - How will patients being referred into secondary care be offered a choice of provider?
- **COUNTING** - How will patients being referred in this way be counted and coded? How will they contribute to the RTT performance position if they are never seen physically in the hospital?
- **COMMUNICATION** - This change could affect every practice in the region and every hospital specialty. Communicating and engaging with that number of people needs a bespoke plan.
- **TRAINING** - Time needs to be built into the work to ensure that all users of the new system are properly trained to use it correctly.
- **OUT OF AREA REFERRALS** – How will patients from CCGs other than Vale of York and Scarborough & Ryedale CCGs be able to use this system and still be referred into York Trust services?

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Item Number: 14	
Name of Presenter: Michael Ash-McMahon	
Meeting of the Governing Body Date of meeting: 7 November 2019	 Vale of York Clinical Commissioning Group
Report Title – Financial Performance Report Month 6	
Purpose of Report For Information	
Reason for Report To brief members on the financial performance of the CCG and achievement of key financial duties for 2019/20 as at the end of September 2019. To provide details and assurance around the actions being taken.	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

The Governing Body is asked to note the financial performance to date and the associated actions.

Decision Requested (for Decision Log)

Responsible Executive Director and Title Simon Bell, Chief Finance Officer	Report Author and Title Natalie Fletcher, Head of Finance
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Annexes (please list)

Appendix 1 – Finance Dashboard

Appendix 2 – Running Cost Dashboard

Finance and Contracting Performance Report – Executive Summary



April 2019 to September 2019
Month 6 2019/20

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

Issue	Improvement	Action Required
System Recovery Schemes – Year to Date performance	The York and Scarborough system has now reviewed year to date delivery of the System Recovery Schemes, and the CCG has been able to recognise £465k of savings in the year to date position.	Monthly system review of savings delivered year to date.
Continuing Healthcare	The CHC financial position continues to underspend against plan. The financial plan provided for a £1.5m contingency plan for high cost packages. There has been no expenditure incurred against this from April to September, and the forecast now assumes that there will be a £750k underspend against this contingency.	On-going monitoring of expenditure trends.
Additional risks to forecast outturn delivery	The CCG has now included all known and quantified risks within the forecast outturn position, and has identified mitigations to offset these in full. This means that the CCG is still forecasting delivery of plan, but with no additional risks included on the monthly non ISFE return to NHS England.	Monthly report to Executive Committee on value of the identified risks as they materialise and delivery of the offsetting mitigations.

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

Issue	Deterioration	Action Required
System Delivery Schemes (Forecast Outturn)	<p>The York and Scarborough system has now reviewed forecast delivery of the System Recovery Schemes. Forecast delivery is £3.4m against a plan value of £11.2m. This results in a shortfall of £7.8m across the system, £2.6m of which impacts the Vale of York financial position. The CCG has released the £2.4m contingency provided for in plan to offset the vast majority of this shortfall.</p>	<p>System Delivery schemes continue to be managed through System Delivery Board (SDB) with forecast delivery being monitored and agreed by system partners as schemes are developed.</p>
QIPP	<p>The CCG has now reduced the forecast delivery of the Prescribing Indicative Budgets QIPP scheme to £1.0m. This results in a £1.0m shortfall on this specific scheme, and £831k across the CCG's QIPP programme as some other schemes are forecast to deliver additional savings over plan.</p>	<p>PIB2 roll out has commenced in September and Medicines Management team support to PCNs taking part will be crucial to ensure that savings are achieved.</p>

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. Development of system multi year financial plan – The CCG is awaiting feedback from NHS England on the STP financial plan submitted in September. An updated version of the plan is due for submission on 1st November with final submission on 15th November. The York and Scarborough system have reviewed the recurrent impact of the 2019-20 System Recovery Schemes and will now need to build this into the financial plan for 2020-21 onwards. NHS England has now released organisational control totals for the 4 year planning horizon and the CCG will be working with system partners to agree how this impacts on financial plans and the financial recovery trajectory.

2. System Recovery Schemes – The System Recovery Schemes are now forecast to deliver £3.4m which is a £7.8m shortfall on plan. System Delivery schemes continue to be managed through System Delivery Board (SDB) which will focus on ensuring delivery of the £3.4m forecast cost reduction.

3. In year mitigations – The CCG has identified and quantified several risks to the financial position including slippage on QIPP and the increased activity at Ramsay. A set of in-year mitigations were agreed at Executive Committee on 18th September. The forecast financial position at Month 6 includes these risks and mitigations. The value of the identified risks as they materialise and delivery of the offsetting mitigations will be reported to Executive Committee on a monthly basis.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	Year to Date				2019-20 Forecast Outturn			
	Target £m	Actual £m	Variance £m	RAG rating	Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation					7.5	7.1	0.5	G
In-year total expenditure does not exceed total allocation (Programme and Running costs)					491.1	509.9	(18.8)	R
Better Payment Practice Code (Value)	95.00%	99.68%	4.68%	G	95.00%	>95.00%	0.00%	G
Better Payment Practice Code (Number)	95.00%	97.25%	2.25%	G	95.00%	>95.00%	0.00%	G
CCG cash draw down does not exceed maximum cash draw down					509.1	509.9	(0.8)	R

- 'In-year total expenditure does not exceed total allocation' – outturn expenditure is forecast to be £18.8m higher than the CCG's in-year allocation, but is in line with the CCG plan.
- 'CCG cash drawdown does not exceed Maximum Cash Drawdown' – this is currently showing as red on the RAG rating due to the NHS England calculation which includes an arbitrary value for depreciation and will be corrected later in the year as it has been in previous years.

Financial Performance Summary

Summary of Key Financial Measures

Indicator	Year to Date				2019-20 Forecast Outturn			
	Target £000	Actual £000	Variance £000	RAG rating	Target £000	Actual £000	Variance £000	RAG rating
Running costs spend w ithin plan	3.4	3.4	0.1	G	7.1	7.1	(0.0)	G
Programme spend w ithin plan	252.4	252.0	0.3	G	502.9	502.9	0.0	G
Actual position is w ithin plan (In-year)	(9.4)	(9.0)	0.4	G	(18.8)	(18.8)	0.0	G
Actual position is w ithin plan (Cumulative)					(81.3)	(81.3)	0.0	G
Risk adjusted deficit					(18.8)	(18.8)	0.0	G
Cash balance at month end is w ithin 1.25% of monthly draw down (£000)	472	136	336	G				
QIPP delivery	5.9	5.3	(0.6)	R	14.7	11.3	(3.4)	R

- QIPP delivery Year to Date (YTD) and Forecast Outturn (FOT) – the shortfall relates to prescribing indicative budgets (YTD £505k, FOT £1.0m) and System Recovery Schemes (YTD £162k, FOT £2.6m). These variances are detailed as deteriorations in performance on slide 3, and in more detail in the financial performance report narrative.

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: October 2019

Financial Period: April 2019 to September 2019 (Month 6)

1. Month 6 Supporting Narrative

The year to date plan at Month 6 was a deficit of £9.4m; however the actual deficit is £9.0m, £389k better than planned. This is explained in further detail in the table below.

QIPP delivery at Month 6 is £5.3m against a year to date plan target of £5.9m, £630k worse than plan. The difference relates to slippage on prescribing schemes and system recovery plans. The forecasts relating to these schemes have now been updated to reflect anticipated in year shortfalls – see section 7 for more details.

Reported year to date financial position – variance analysis

Description	Value	Commentary / Actions
Continuing Care	£0.87m	The reported position is based on information from the QA system. A £1.5m contingency has been provided in plan for high cost packages, and this has not been utilised in the year to date position resulting in a £750k underspend.
Primary Care Prescribing	(£0.82m)	£505k relates to slippage on QIPP schemes, £166k relates to Category M price increase from August.
Reserves	(£0.63m)	This relates wholly to the System Recovery Schemes. Year to date delivery of these schemes is now reflected in the York Teaching Hospital Acute line.
Other Acute Contracts	£0.53m	Several of the CCG's smaller acute contracts have had lower activity than plan including Nuffield (£150k), Harrogate (£143k) and Mid Yorkshire (£100k).
York Teaching Hospital NHS Foundation Trust	£0.47m	The year to date delivery of System Recovery Schemes is now reflected on this line, as these schemes relate to reduced planned care costs at YTHFT.
Ramsay	(£0.41m)	Activity at Ramsay continues to be higher than plan based on the Month 5 flex position and without additional action will result in a £831k over trade. An Activity Query Notice has been issued and two formal meetings have been held. There has been positive engagement by Ramsay with a number of further actions and options being evaluated.
Other Services	(£0.39m)	The CCG has agreed a position with the NHS

NHS Vale of York Clinical Commissioning Group
Financial Performance Report

		Property Services arbitration team for the settlement of 2017/18 and 2018/19 invoices. The NHS PS Board has now confirmed this agreement. This creates an in-year pressure of £381k, but represents a significant discount on the outstanding bills and means the CCG has no on-going financial liability for Bootham Park Hospital estate from 1 st April 2019.
Other Acute Commissioning	£0.23m	£260k system support funding has been carried forward – this is reported as an underspend year to date but is forecast to be spent in full by March.
Other Mental Health	£0.21m	This underspend is due to the forecast profile of the North Yorkshire wide Transforming Care Partnerships (TCP) risk share arrangement, however spend is forecast to be broadly in line with plan across the full financial year.
Other variances	£0.33m	
Total impact on YTD	£0.39m	

2. Forecast Outturn Supporting Narrative

The forecast outturn of £18.8m deficit is in line with plan, however within this position there are several variances which are explained in further detail in the following table.

The forecast outturn includes QIPP delivery of £11.3m, which is a shortfall against the CCG's plan of £14.7m. This variance relates to System Recovery Schemes (£2.6m) and Prescribing (£1.0m).

Forecast in-year financial position – variance analysis

Description	Value	Commentary / Actions
Reserves	(£2.98m)	This variance relates to the £3.72m planned System Recovery Schemes – forecast delivery of these schemes is now reflected in the York Teaching Hospital Acute line. This is offset by further recovery actions of £750k.
Contingency	£2.44m	The CCG's contingency has now been released in full to offset the reduced delivery of the System Recovery Schemes.
Primary Care Prescribing	(£1.72m)	The Prescribing forecast now includes £1.0m slippage on QIPP schemes. It also includes £665k relating to the nationally notified Category M price adjustment, which it is assumed will be managed by CCGs and therefore has been included in the forecast position.
Continuing Care	£1.19m	The forecast position is based on information from the QA system. A £1.5m contingency has been provided in plan for high cost packages. There has been no expenditure incurred against this from April to September, and the forecast now assumes that there will be a £750k underspend against this contingency.
York Teaching Hospital NHS Foundation Trust	£1.14m	The forecast delivery of System Recovery Schemes is now reflected on this line, as the majority of schemes relate to reduced planned care costs at YTHFT.

Other Acute Contracts	£0.89m	Several of the CCG's smaller acute contracts have had lower activity than plan so far in 2019/20 and this pattern is extrapolated in the CCG's forecast.
Ramsay	(£0.41m)	Activity at Ramsay has been higher than plan for April to August. It is assumed that Ramsay spend is managed within the contract value for October to March.
Other Services	(£0.41m)	The CCG has agreed a position with the NHS Property Services arbitration team for the settlement of 2017/18 and 2018/19 invoices as described in the year to date variances.
Other variances	(£0.14m)	
Total impact on forecast	£0.00m	

3. Gap and Key Delivery Challenges

In the Month 6 non-ISFE submission, the CCG did not report any additional risks to delivery of the forecast outturn.

4. Allocations

The allocation as at Month 6 is as follows:

Description	Recurrent / Non-recurrent	Category	Value
Total allocation at Month 5			£428.37m
BCF support (Social care protection increase)	Non-recurrent	Core	£0.22m
Total allocation at Month 6			£428.59m

5. Underlying position

The underlying position reported at Month 6 is a deficit of £21.7m, this is detailed in the table below.

Description	Value
Planned in-year deficit	(£18.84m)
Adjust for non-recurrent items in plan -	
Equipment and wheelchairs non-recurrent prior year payment	£0.20m
Deferred PIB payments	£0.60m
Repayment of 2016/17 system support	£0.33m
Primary Care slippage – non-recurrent QIPP	(£0.60m)
Other non-recurrent items in plan	£0.19m
Underlying position in financial plan	(£18.13m)
Recurrent impact of System Recovery Scheme under delivery	(£2.96m)
Recurrent impact of QIPP under delivery	(£1.00m)
Recurrent underspends in forecast outturn	£0.40m
Reported underlying position	(£21.69m)

6. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 30 September 2019. One of the CCG's statutory requirements is that the cash drawdown in year must not exceed the Maximum Cash Drawdown as determined by NHS England. This is currently showing as red on the RAG rating due to the NHS England calculation which includes an arbitrary value for depreciation and will be corrected later in the year as it has been historically.

The CCG achieved the Better Payment Practice Code in terms of both the volume and value of invoices being paid above the 95% target year to date.

7. QIPP programme

Area	Scheme	Year to Date			Forecast Outturn				Comments
		Plan	Actual	Variance	Plan	Delivered	Forecast	FOT Variance	
Acute Commissioning	Anti-Coagulation Monitoring - move to Primary Care	15	15	0	30	30	30	0	Full year effect, delivered in 2019-20
	Biosimilar drugs (FYE)	1,656	1,656	0	2,384	2,384	2,384	0	Delivered in full through acute contract
	Cost reductions in contract	1,174	1,174	0	2,970	2,970	2,970	0	Delivered in full through acute contract
Complex Care	CHC Packages (FYE)	1,082	1,149	67	1,401	1,443	1,443	42	Delivered in full
	MH Out of Contract Packages (FYE)	207	197	(10)	237	224	224	(13)	Delivered in full
	Review of CHC Packages	371	289	(82)	1,377	289	1,320	(57)	Forecast is based on a detailed package by package savings report and will continue to be monitored throughout the year.
	Fast track post (investment)	(24)	(24)	0	(48)	(24)	(48)	0	
	MH Out of Contract Packages	0	48	48	0	48	101	101	No specific line in plan relating to MH OOC but packages continue to be reviewed. This offsets the small forecast shortfall in CHC to deliver the full level of planned savings across complex care.
Prescribing	Prescribing schemes	541	36	(505)	2,008	36	1,004	(1,004)	Prescribing Indicative Budgets 2 has been rolled out from September 2019 with Primary Care Networks. The forecast delivery of this scheme assumes delivery over the second half of the financial year, and therefore £1.0m slippage against the plan value.
Primary Care	Primary Care investment slippage	300	314	14	600	314	700	100	£314k of slippage has been identified, £296k still to identify against the original plan value of £600k. The forecast delivery now includes an additional £100k slippage following Executive Committee approval of non recurrent mitigations to manage emerging in year pressures
System Recovery Schemes	Independent Sector	333	0	(333)	1,000	0	0	(1,000)	The forecast delivery of System Recovery Schemes has been reviewed and agreed by system partners. The overall forecast delivery across the system is £3.4m against a plan value of £11.2m. This results in a £7.8m shortfall, of which £2.6m impacts the CCG's financial position.
	Cardiology prescribing - DOAC switch	233	0	(233)	700	0	0	(700)	
	Decommissioning non obstetric ultrasounds (YHS)	0	0	0	370	0	230	(140)	
	PTS - decommission saloon cars / tighten criteria	0	62	62	250	62	137	(113)	
	Management costs	60	0	(60)	180	0	0	(180)	
	Other acute cost reductions (YTHFT)	0	403	403	1,220	403	768	(452)	
		5,947	5,318	(630)	14,679	8,179	11,263	(3,416)	
			89%			56%	77%		

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Appendix 1 – Finance dashboard

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn (FOT)			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services																		
Acute Services																		
York Teaching Hospital NHS FT	108,917	108,453	465	90,792	90,792	(0)	18,125	17,661	465	217,212	216,078	1,135	217,212	217,212	(0)	0	(1,135)	1,135
Yorkshire Ambulance Service NHS Trust	7,133	7,133	(0)	5,944	5,945	(0)	1,189	1,189	(0)	14,267	14,267	(0)	14,267	14,267	(0)	0	0	0
Leeds Teaching Hospitals NHS Trust	4,226	4,144	82	3,526	3,465	61	701	679	22	8,497	8,334	163	8,497	8,354	143	0	(20)	20
Hull and East Yorkshire Hospitals NHS Trust	1,656	1,789	(133)	1,382	1,463	(81)	273	325	(52)	3,320	3,551	(232)	3,320	3,469	(149)	0	83	(83)
Harrogate and District NHS FT	1,254	1,111	143	1,044	949	95	210	162	48	2,552	2,259	293	2,552	2,318	235	0	(58)	58
Mid Yorkshire Hospitals NHS Trust	1,063	963	100	893	829	64	170	135	36	2,119	1,917	202	2,119	1,964	155	0	(47)	47
South Tees NHS FT	711	711	(0)	592	592	(0)	118	118	(0)	1,422	1,422	(0)	1,422	1,422	(0)	0	0	(0)
North Lincolnshire & Goole Hospitals NHS Trust	185	182	3	154	146	8	31	36	(5)	369	365	5	369	351	18	0	13	(13)
Sheffield Teaching Hospitals NHS FT	146	122	24	122	122	0	24	0	24	293	269	24	293	293	0	0	(24)	24
Non-Contracted Activity	2,699	2,637	63	2,249	2,249	0	450	387	63	5,398	5,336	63	5,398	5,398	0	0	(63)	63
Other Acute Commissioning	657	426	232	537	308	229	121	118	2	1,382	1,464	(82)	1,382	1,466	(84)	0	(2)	2
Ramsay	2,391	2,803	(412)	1,992	2,467	(474)	398	336	62	4,820	5,232	(412)	4,820	4,820	0	0	412	(412)
Nuffield Health	1,774	1,624	150	1,478	1,332	146	296	292	4	3,574	3,274	300	3,574	3,222	352	0	52	(52)
Other Private Providers	708	611	97	590	547	42	118	63	55	1,415	1,263	153	1,415	1,321	95	0	(58)	58
Sub Total	133,521	132,708	813	111,296	111,206	90	22,225	21,502	723	266,639	265,030	1,610	266,639	265,876	763	0	(846)	846
Mental Health Services																		
Tees, Esk and Wear Valleys NHS FT	22,036	22,052	(16)	18,363	18,379	(16)	3,673	3,673	(0)	44,028	44,044	(16)	44,028	44,044	(16)	0	0	0
Out of Contract Placements	3,676	3,708	(32)	3,064	3,035	28	613	673	(60)	7,353	7,447	(94)	7,353	7,353	0	0	94	(94)
SRBI	608	713	(105)	506	605	(99)	101	107	(6)	1,215	1,365	(149)	1,215	1,336	(120)	0	29	(29)
Non-Contracted Activity - MH	229	107	122	191	191	0	38	(84)	122	458	336	122	458	458	0	0	(122)	122
Other Mental Health	554	349	205	462	218	244	92	132	(39)	1,109	1,141	(32)	1,109	1,143	(34)	0	(2)	2
Sub Total	27,103	26,928	175	22,586	22,428	158	4,517	4,500	17	54,163	54,332	(169)	54,163	54,333	(170)	0	(1)	1
Community Services																		
York Teaching Hospital NHS FT - Community	9,562	9,562	0	7,969	7,969	0	1,594	1,594	0	19,125	19,125	0	19,125	19,125	0	0	0	0
York Teaching Hospital NHS FT - MSK	1,168	1,168	(0)	973	973	(0)	195	195	(0)	2,336	2,336	(0)	2,336	2,336	(0)	0	0	(0)
Harrogate and District NHS FT - Community	1,452	1,472	(20)	1,210	1,258	(47)	242	215	27	2,905	2,923	(19)	2,905	2,941	(36)	0	(18)	18
Humber NHS FT - Community	1,078	1,078	(0)	898	899	(0)	180	180	(0)	2,156	2,157	(1)	2,156	2,157	(1)	0	0	0
Hospices	679	677	2	566	565	1	113	112	1	1,358	1,354	3	1,358	1,355	3	0	(1)	1
Longer Term Conditions	141	141	0	118	119	(2)	24	21	2	282	283	(1)	282	288	(6)	0	(5)	5
Other Community	1,305	1,415	(110)	1,088	1,168	(79)	217	247	(30)	2,592	2,742	(150)	2,592	2,685	(92)	0	58	(58)
Sub total	15,386	15,514	(128)	12,822	12,950	(128)	2,564	2,564	(0)	30,754	30,921	(167)	30,754	30,886	(132)	0	35	(35)


NHS Vale of York Clinical Commissioning Group Financial Performance Report

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Other Services																		
Continuing Care	13,760	12,894	866	11,511	10,813	698	2,249	2,081	168	26,885	25,697	1,188	26,885	26,391	493	0	(695)	695
CHC Clinical Team	625	606	18	533	515	18	92	91	1	1,303	1,300	3	1,319	1,319	(0)	(16)	(19)	3
Funded Nursing Care	2,026	1,942	84	1,688	1,658	31	338	284	53	4,052	4,006	46	4,052	4,102	(50)	0	(96)	96
Patient Transport - Yorkshire	1,117	1,143	(26)	931	952	(21)	186	191	(4)	2,234	2,280	(46)	2,234	2,277	(43)	0	3	(3)
Voluntary Sector / Section 256	280	273	7	233	228	5	47	46	1	560	547	13	560	547	13	0	0	0
Non-NHS Treatment	311	321	(9)	259	263	(4)	52	57	(6)	622	647	(24)	622	645	(23)	0	2	(2)
NHS 111	531	519	12	442	433	10	88	87	2	1,061	1,038	23	1,061	1,038	23	0	0	0
Better Care Fund	5,663	5,666	(2)	4,636	4,638	(2)	1,027	1,028	(0)	11,275	11,280	(5)	11,054	11,059	(5)	221	221	0
Other Services	354	748	(394)	288	638	(349)	66	110	(45)	708	1,115	(407)	692	1,067	(375)	16	48	(32)
Sub total	24,667	24,112	555	20,522	20,137	385	4,145	3,975	170	48,701	47,910	792	48,480	48,446	34	221	(537)	758
Primary Care																		
Primary Care Prescribing	24,227	25,052	(824)	20,165	20,532	(367)	4,062	4,519	(457)	47,319	49,037	(1,717)	47,319	47,710	(391)	0	1,326	(1,326)
Other Prescribing	989	920	69	824	708	116	165	212	(47)	1,978	2,094	(116)	1,978	2,075	(98)	0	18	(18)
Local Enhanced Services	1,206	1,149	57	1,033	992	42	173	157	15	2,242	2,138	104	2,242	2,128	114	0	10	(10)
Oxygen	186	196	(10)	155	162	(7)	31	34	(3)	371	392	(21)	371	389	(18)	0	3	(3)
Primary Care IT	413	399	14	344	328	16	69	71	(2)	826	768	58	826	766	60	0	1	(1)
Out of Hours	1,624	1,645	(21)	1,353	1,367	(14)	271	278	(8)	3,247	3,394	(147)	3,247	3,386	(139)	0	7	(7)
Other Primary Care	1,213	1,226	(13)	1,011	1,003	8	202	223	(21)	2,426	2,403	23	2,426	2,503	(77)	0	(100)	100
Sub Total	29,857	30,586	(729)	24,885	25,092	(207)	4,972	5,494	(522)	58,409	60,225	(1,816)	58,409	58,959	(550)	0	1,266	(1,266)
Primary Care Commissioning	22,461	22,185	276	18,672	18,558	114	3,789	3,627	162	45,265	44,970	295	45,265	45,273	(8)	0	(303)	303
Trading Position	252,995	252,033	962	210,783	210,370	413	42,212	41,663	549	503,932	503,387	544	503,711	503,773	(63)	221	(386)	607
Prior Year Balances	0	7	(7)	0	16	(16)	0	(9)	9	0	7	(7)	0	16	(16)	0	(9)	9
Reserves	(627)	0	(627)	(418)	0	(418)	(209)	0	(209)	(3,515)	(535)	(2,980)	(3,517)	(3,596)	79	2	3,062	(3,060)
Contingency	0	0	0	0	0	0	0	0	0	2,443	0	2,443	2,443	2,443	0	0	(2,443)	2,443
Unallocated QIPP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reserves	(627)	7	(634)	(418)	16	(434)	(209)	(9)	(200)	(1,072)	(527)	(544)	(1,074)	(1,137)	63	2	609	(607)
Programme Financial Position	252,368	252,040	328	210,366	210,387	(21)	42,003	41,653	350	502,860	502,860	0	502,637	502,637	0	223	223	0
In Year Surplus / (Deficit)	(9,425)	0	(9,425)	(7,854)	0	(7,854)	(1,571)	0	(1,571)	(18,849)	0	(18,849)	(18,849)	0	(18,849)	0	0	0
In Year Programme Financial Position	242,944	252,040	(9,096)	202,512	210,387	(7,875)	40,432	41,653	(1,221)	484,011	502,860	(18,849)	483,788	502,637	(18,849)	223	223	0
Running Costs	3,424	3,364	60	2,945	2,816	129	479	549	(69)	7,052	7,052	(0)	7,052	7,052	0	0	0	(0)
Total In Year Financial Position	246,368	255,404	(9,036)	205,457	213,202	(7,746)	40,911	42,202	(1,290)	491,063	509,912	(18,849)	490,840	509,689	(18,849)	223	223	0
Brought Forward (Deficit)	(31,235)	0	(31,235)	(26,030)	0	(26,030)	(5,206)	0	(5,206)	(62,471)	0	(62,471)	(62,471)	0	(62,471)	0	0	0
Cumulative Financial Position	215,133	255,404	(40,271)	179,427	213,202	(33,775)	35,705	42,202	(6,496)	428,592	509,912	(81,320)	428,369	509,689	(81,320)	223	223	0

NHS Vale of York Clinical Commissioning Group
Financial Performance Report

Appendix 2 – Running costs dashboard

Directorate	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn (FOT)			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Joint Commissioning	93	57	36	78	48	30	16	9	6	197	159	37	186	184	2	10	(25)	35
Chief Executive / Board Office	581	507	74	484	424	60	97	82	15	1,162	1,059	103	1,162	1,097	65	0	(37)	37
Planned Care	494	481	14	425	403	21	70	77	(8)	986	963	23	1,015	992	23	(29)	(29)	(0)
Communication and Engagement	126	99	26	113	83	31	13	17	(4)	284	277	7	272	267	4	12	10	3
Contract Management	428	399	30	369	341	28	60	58	2	856	801	56	885	861	24	(28)	(60)	32
Corporate Governance	471	427	45	398	357	40	73	69	4	937	895	42	953	949	4	(16)	(55)	38
Finance	629	588	40	548	489	59	81	100	(19)	1,291	1,262	29	1,309	1,297	12	(18)	(36)	17
Medicines Management	63	64	(1)	53	57	(4)	11	7	3	126	128	(2)	126	129	(3)	0	(1)	1
Quality & Nursing	347	333	13	304	277	27	42	56	(14)	726	720	7	730	716	13	(3)	3	(7)
Risk (SI team)	16	15	1	13	13	0	3	3	0	31	31	1	31	31	1	0	(0)	0
RSS	160	153	7	137	128	10	23	25	(2)	320	332	(12)	330	336	(6)	(9)	(3)	(6)
Primary Care	303	237	66	244	193	50	60	44	16	711	671	40	582	498	84	129	172	(44)
Reserves	(287)	0	(287)	(220)	0	(220)	(67)	0	(67)	(575)	(245)	(330)	(529)	(305)	(224)	(46)	60	(107)
Overall Position	3,424	3,361	63	2,945	2,813	132	479	549	(69)	7,052	7,052	(0)	7,052	7,052	0	(0)	0	(0)

Item Number: 15									
Name of Presenter: Caroline Alexander									
Meeting of the Governing Body Date of meeting: 7 November 2019	 Vale of York Clinical Commissioning Group								
Report Title – Integrated Performance Report Month 5 2019/20									
Purpose of Report <i>(Select from list)</i> For Information									
Reason for Report <p>This document provides a triangulated overview of CCG performance across all NHS Constitutional targets which identifies the causes of current performance levels and the work being undertaken by CCG partners across a number of different forums and working groups in the local Vale and Scarborough and Ryedale system and wider HCV Care Partnership to drive performance improvement.</p> <p>The report captures validated data for Month 5.</p>									
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td><input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Reducing Demand on System</td> <td><input checked="" type="checkbox"/> System transformations</td> </tr> <tr> <td><input checked="" type="checkbox"/> Fully Integrated OOH Care</td> <td><input checked="" type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Strengthening Primary Care	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care	<input checked="" type="checkbox"/> Reducing Demand on System	<input checked="" type="checkbox"/> System transformations	<input checked="" type="checkbox"/> Fully Integrated OOH Care	<input checked="" type="checkbox"/> Financial Sustainability	<input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	
<input checked="" type="checkbox"/> Strengthening Primary Care	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care								
<input checked="" type="checkbox"/> Reducing Demand on System	<input checked="" type="checkbox"/> System transformations								
<input checked="" type="checkbox"/> Fully Integrated OOH Care	<input checked="" type="checkbox"/> Financial Sustainability								
<input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract									
Local Authority Area <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council	<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council				
<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council								
<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council								
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	Risk Rating								
Emerging Risks									

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments: N/A

Recommendations**Decision Requested (for Decision Log)****Responsible Executive Director and Title**

Phil Mettam, Accountable Officer

Report Author and Title

Caroline Alexander, Assistant Director of Performance and Delivery

Vale of York CCG Integrated Performance Report

Validated data to August 2019, Month 5 2019/20

Produced October 2019

Contents

- **Planned Care:**
 - Diagnostics
 - Referral to Treatment (RTT)
 - % of children waiting 18 weeks or less for a wheelchair
 - Cancer
- **Unplanned and Out of Hospital Care:**
 - Emergency Department – York Teaching Hospital NHS Foundation Trust
 - Yorkshire Ambulance Service (YAS)
 - NHS 111 – Yorkshire and Humber
 - GP Out of Hours – Northern Doctors
 - Primary Care Access
 - Delayed Transfers of Care (DTOCs)
- **Mental Health:**
 - Improving Access to Psychological Therapies (IAPT)
 - Early Intervention in Psychosis (EIP)
 - Dementia Diagnosis
 - Children and Young People’s (CYP) Mental Health Services Access Rate
 - Children and Adolescent Mental Health Services (CAMHS) Referral to Treatment (RTT)
 - Children and Young People’s (CYP) Eating Disorders
 - Autism Assessments
 - Annual Health Checks for people with Severe Mental Illness (SMI)
- **Complex Care:**
 - Continuing Healthcare (CHC)
 - Personal Health Budgets (PHBs)
- **CCG Improvement and Assessment Framework**
- **NHS Oversight Framework 2019/20**
- **Clinical Standards Review 2019**
- **Acronyms**

Performance Headlines

1. **Diagnostics & RTT:** lowest Diagnostics performance to date at 18.6% of patients breaching the 6 weeks target and a number of modalities now holding backlogs of patients. RTT is also at its lowest performance to date at 79%

The system performance and quality & safety groups have agreed to undertake a joint stocktake of the risk assessment and stratification processes and risks to patients who are waiting on non-admitted or backlogs waiting lists for diagnostics and elective care.

2. **Cancer 2WW:** performance increased to 94.3% above 93% target which is being driven by the changes to recorded performance around virtual clinical triage of dermatoscope images in dermatology referrals. This is being proposed as a pilot with Leeds to support NHSE/I changes to future performance reporting in relation to future delivery of virtual care in line with the Longterm Plan.

3. **ECS:** 4 hr performance stable but under target. Winter and system resilience update paper tabled on agenda for full discussion.

4. **EIP:** improvement in performance to 73.7% in August

Performance and Programme Overview

Planned Care

Areas Covered:

- Diagnostics
- Referral to Treatment (RTT)
- % of children waiting 18 weeks or less for a wheelchair
- Cancer

Content:

- Summary dashboard
- Narrative
- Supporting data

Vale of York CCG Performance Summary Dashboard – Planned Care

CCG IAF 2018/19	Planning Guidance 2019/20	Quality Premium 2018/19	Category	Indicator	2019/20 Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Previous 3 Quarters				Previous Financial Year 2018/19	Current Financial YTD 2019/20
																		2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2		
Planned Care																							
133a	E.B.4		Diagnostics	Diagnostics: % waiting >6 weeks	≤1%	4.5%	4.4%	7.3%	11.0%	11.1%	8.6%	8.2%	12.7%	13.7%	11.7%	12.2%	18.6%	7.6%	9.4%	12.7%	15.3%	6.5%	13.8%
		Y	RTT	RTT: Total incomplete pathways (waiting list)	<16,544 at March 2020	17,302	17,312	17,019	16,831	16,490	16,987	17,143	17,344	18,021	17,849	17,996	18,300	-	-	-	-	-	-
129a	E.B.3		RTT	RTT incomplete pathways: % within 18 weeks	≥92%	85.4%	85.4%	84.4%	84.1%	84.0%	84.3%	83.3%	81.6%	81.9%	80.5%	79.7%	79.1%	84.7%	83.9%	81.3%	79.4%	84.8%	80.5%
	E.B.18		RTT	RTT: incomplete pathways 52 week breaches	0	7	8	6	8	10	7	9	7	4	9	3	1	22	26	20	4	87	24
			RTT	RTT Completed Admitted pathways: % within 18 weeks	-	63.3%	67.5%	63.6%	64.5%	60.6%	63.3%	65.2%	65.1%	64.8%	63.7%	64.5%	64.5%	65.2%	63.0%	64.5%	64.5%	64.4%	64.5%
			RTT	RTT Completed Non-Admitted pathways: % within 18 weeks	-	90.1%	90.1%	89.6%	89.5%	89.5%	90.4%	90.5%	90.9%	89.4%	88.4%	87.7%	88.1%	89.7%	90.1%	89.6%	87.8%	90.5%	88.9%
	E.O.1		RTT	% of children waiting 18 weeks or less for a wheelchair	≥92%	Quarterly indicator												95.8%	88.9%	81.8%	-	95.1%	81.8%
	E.B.6		Cancer	Cancer: 2WW	≥93%	84.3%	91.4%	91.2%	95.9%	86.5%	96.1%	90.7%	88.9%	84.9%	81.7%	88.8%	94.3%	92.6%	91.0%	85.3%	91.4%	91.6%	87.8%
	E.B.7		Cancer	Cancer: 2WW (breast symptoms)	≥93%	100.0%	100.0%	92.2%	88.6%	91.1%	93.1%	82.0%	81.3%	86.1%	92.8%	95.0%	97.3%	93.8%	88.8%	86.2%	96.2%	93.0%	89.8%
	E.B.8		Cancer	Cancer: 31 day first treatment	≥96%	96.3%	94.4%	97.4%	94.6%	94.9%	97.3%	95.4%	95.4%	96.3%	97.9%	96.1%	97.8%	95.5%	95.8%	96.6%	96.9%	96.8%	96.7%
	E.B.9		Cancer	Cancer: 31 day subsequent treatment - surgery	≥94%	90.0%	92.1%	96.4%	85.2%	88.6%	100.0%	90.2%	92.1%	88.6%	90.6%	89.7%	88.9%	92.5%	92.0%	90.4%	89.3%	93.6%	89.9%
	E.B.10		Cancer	Cancer: 31 day subsequent treatment - drug	≥98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	E.B.11		Cancer	Cancer: 31 day subsequent treatment - radiotherapy	≥94%	98.0%	100.0%	100.0%	97.4%	98.0%	98.0%	96.7%	100.0%	98.1%	98.0%	100.0%	100.0%	99.3%	97.5%	98.8%	100.0%	98.8%	99.3%
	E.B.12	Y	Cancer	Cancer: 62 day GP referral	≥85%	71.3%	78.0%	76.8%	78.0%	83.2%	77.8%	82.8%	80.2%	77.9%	84.2%	82.1%	82.4%	77.6%	81.4%	80.8%	82.2%	78.3%	81.4%
	E.B.13		Cancer	Cancer: 62 day Screening referral	≥90%	92.3%	100.0%	75.0%	80.0%	100.0%	76.9%	80.0%	100.0%	88.9%	88.9%	100.0%	90.9%	83.3%	86.2%	92.0%	93.8%	87.7%	93.0%
	E.B.14		Cancer	Cancer: 62 day Status upgrade	-	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	33.3%	100.0%	100.0%	75.0%	60.0%	75.0%	66.7%	77.8%	88.9%	69.2%	83.3%	77.3%

Planned Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Diagnostics	No – 81.4% against >99% target	<p>CCG performance has deteriorated to the lowest point to date at 81.4%, or 18.6% of patients waiting 6 weeks or more for a diagnostic test. This equates to 721 patients from a cohort of 3,871.</p> <p>York Trust performance similarly declined to 81.7% in August 2019. Pressures remain in Endoscopy, Echo CT and Non-Obstetric Ultrasound.</p> <p>The Trust are reporting that their Endoscopy position was impacted in part by a 16% increase in fastrack referrals at York between June (254) and July (306). However, capacity pressures are also affected by the delayed opening of the new unit.</p> <p>Histopathology services are significantly under established in their medical workforce and a review paper and associated recovery plan is in development.</p>	<p>National Intensive Support Team are reviewing diagnostic processes and are working with YTHFT to improve efficiency and develop refreshed recovery plans.</p> <p>New Endoscopy Unit opens at York Hospital on 17 October 2019 which will increase capacity by 10 extra lists per week and will help reduce Endoscopy backlog.</p> <p>Proposal to use the old Endoscopy Unit to increase Echo CT capacity at York.</p> <p>The Trust have recruited a new Radiologist who is anticipated to start in January 2020 to work on MSK/NOUS referrals.</p> <p>There has been an initial pathology workshop held with the pathology teams and primary care clinicians to explore opportunities to ease pressure on the service from inappropriate requests.</p>	<p>Recovery plans have been created for all modalities not achieving the 99% standard and progress against these is being monitored with Care Groups on a weekly basis.</p> <p>18 patients waiting over 13 weeks for Echo scans at Scarborough – clinical risk to be raised with Quality Team.</p> <p>The system performance and quality & safety groups have agreed to undertake a joint stocktake of the risk assessment and stratification processes and risks to patients who are waiting on non-admitted or backlogs waiting lists for diagnostics and elective care.</p>

Planned Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
<p>RTT – Total Waiting List (TWL) and 92% target</p>	<p>No – 79.1% against 92% target and waiting list increasing, but below planned trajectory</p>	<p>The Vale of York CCG TWL as at end August was 18,300 against a target of March 2018 position of 16,544. However this is below the planned trajectory for August of 19,505 so position is better than anticipated at this point in the year.</p> <p>The York Trust TWL as at 11th October was 29,771. The winter stocktake submission on 11/10/19 indicated March 2020 TWL position of 29,989 and June 2020 recovery to 27,752.</p> <p>Referrals have reduced but the TWL has increased by 519 from July to August 2019.</p> <p>The capacity issues experienced in a number of specialties continues to reduce the clearance rate on the TWL despite the reduction in referrals.</p>	<p>The Trust are reviewing all patients waiting over 18 weeks and over 15 weeks to explore expedition or discharge if not appropriate to be seen.</p> <p>The Rapid Expert Input programme of work will mobilise in full for the remaining 5 months of the year to support full roll out of refreshed approach and guidance for each specialty around how to manage patients virtually between primary and secondary care to augment advice and guidance and avoid patients being referred for outpatient face to face appointments.</p> <p>There is also a review and potential refresh of the conditions register underway.</p>	<p>All specialties are undertaking a refresh of their recovery plans (activity and performance delivery) through to year end 19/20 based on Month 6 position. These will inform further actions and escalations to support performance recovery and will feed into further system planning submissions in November.</p>

Planned Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
RTT – 52 week breaches	No – 1 breach in August against zero tolerance target. 24 breaches YTD	Performance was much improved in August with just 1 breach in Urology at YTHFT, this patient has now been treated. For the first time since November 2017, we had no 52 week breaches for Vale of York patients at Leeds Teaching Hospitals Trust.	We are currently on track to meet our submitted trajectory for 2019/20 which built in recovery to zero breaches by October 2019, with a full year total of 27. As at end August we have a full year total of 24, however we are expecting one further 52 week breach at YTHFT in September due to patient cancellation with no further capacity available in time to prevent a breach.	
Children's Wheelchair Waiting Times	Yes	There are just 2 under 19s of a cohort of 36 waiting longer than 18 weeks for a wheelchair, equating to 94.4%.	N/A	N/A

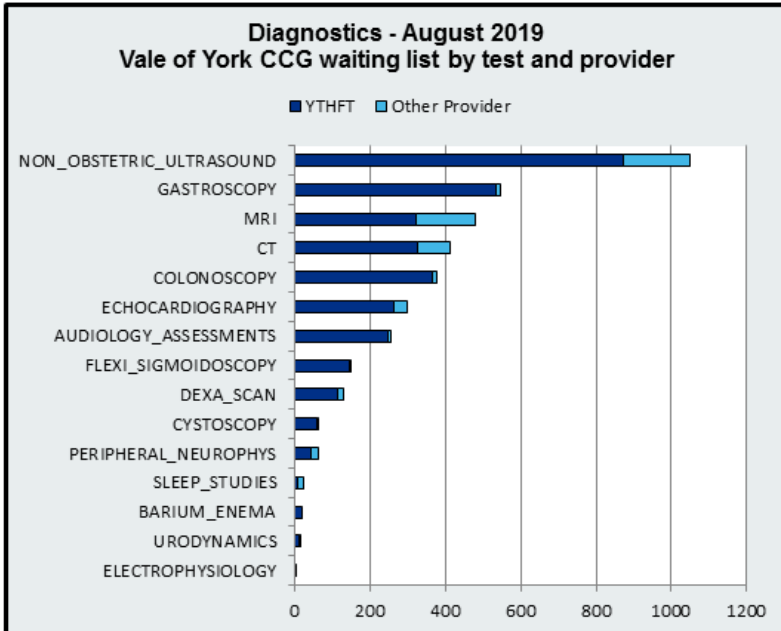
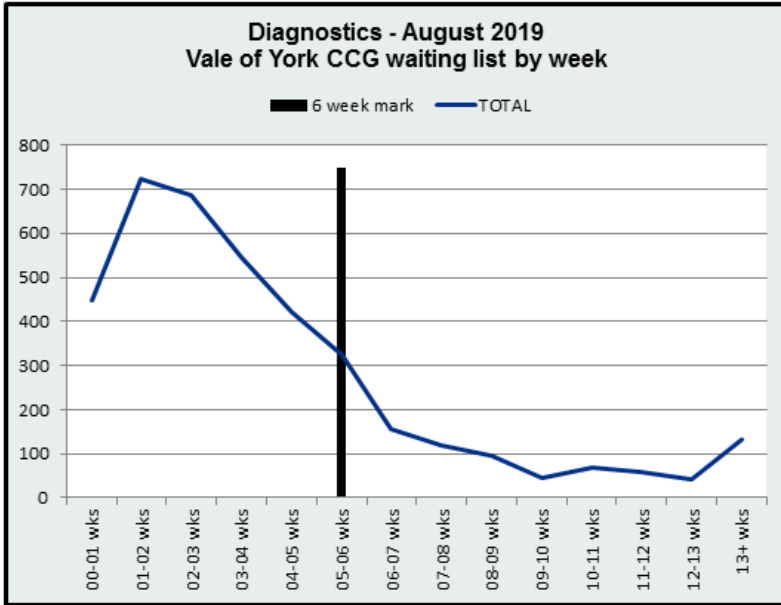
Planned Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Cancer 2WW	Yes – 94.3% against 93% target	<p>The CCG achieved the two week wait target in August for the first time since February. The change in reporting on skin referrals has continued to impact positively on performance, however the key increase in August was due to an improvement in Lower Gastrointestinal performance at York.</p> <p>The number of CCG breaches reduced from 95 in July to just 19 in August, an improvement of 24% in specialty level performance. York Trust are unable to provide a specific reason for this improvement so performance will be monitored in coming months to see whether this is sustained.</p>	NHSE/I are reviewing dermatology reporting guidance to ensure that the changed process for skin referrals meets the criteria to stop the two week wait clock. The outcome of this review will determine sustainability of the overall two week wait target as skin referrals make up a significant proportion of this target at the Trust.	

Planned Care

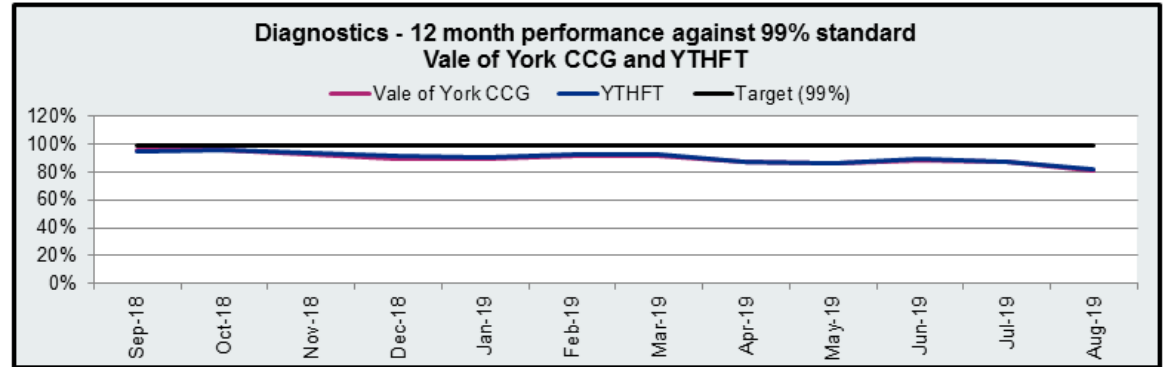
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
<p>Cancer 62 day</p>	<p>No – 82.4% against 85% target</p>	<p>CCG performance was slightly improved in August up to 82.4% from 82.1% in July. This equates to 15 breaches from a cohort of 85. Breaches are split across a range of tumour types with no individual specialty having more than 4 breaches.</p> <p>York Trust performance also saw an improvement in August up to 80.7% from 79.5% in July. The Trust are reporting that progress towards the April 2020 aim to diagnose patients within 28 days continues with performance of 63.2% in July 2019. As yet it is not known what the national target will be for this metric.</p>	<p>York Trust are reporting that recovery plans have been developed for all tumour sites not achieving 62 Day Standard and are monitored with Care Groups on a weekly basis.</p> <p>Pathways have been reviewed for all major tumour groups and work is on-going to embed the timed pathways.</p> <p>Collaborative work with Primary Care and Commissioners is on going to support referral processes.</p> <p>Continued engagement with HCV Cancer Alliance and STP re increasing capacity.</p> <p>YTHFT Cancer governance arrangements have been reviewed and a new Cancer Delivery Group and Strategic Board have been established in September 2019.</p>	<p>The programme of work underway through the Cancer Alliance will be reviewed as the Board and PMO is restructured.</p>

Diagnostics



Diagnostics by Test - Vale of York CCG - August 2019

Diagnostic Test	Total Waiting List	Total >6 weeks	% within 6 weeks (Target ≥99%)	Change from previous month
URODYNAMICS	13	0	100.0%	0.0%
AUDIOLOGY_ASSESSMENTS	254	0	100.0%	0.0%
BARIUM_ENEMA	18	0	100.0%	0.0%
ELECTROPHYSIOLOGY	1	0	100.0%	0.0%
DEXA_SCAN	129	1	99.2%	0.0%
CYSTOSCOPY	64	1	98.4%	-0.4%
CT	411	8	98.1%	-1.3%
MRI	479	19	96.0%	-0.1%
PERIPHERAL_NEUROPHYS	61	3	95.1%	-4.9%
SLEEP_STUDIES	24	2	91.7%	-4.1%
NON_OBSTETRIC_ULTRASOUND	1,048	107	89.8%	-2.1%
ECHOCARDIOGRAPHY	297	66	77.8%	-8.5%
FLEXI_SIGMOIDOSCOPY	147	61	58.5%	-17.1%
COLONOSCOPY	378	178	52.9%	-9.9%
GASTROSCOPY	547	275	49.7%	-13.1%
Grand Total	3,871	721	81.4%	-6.4%



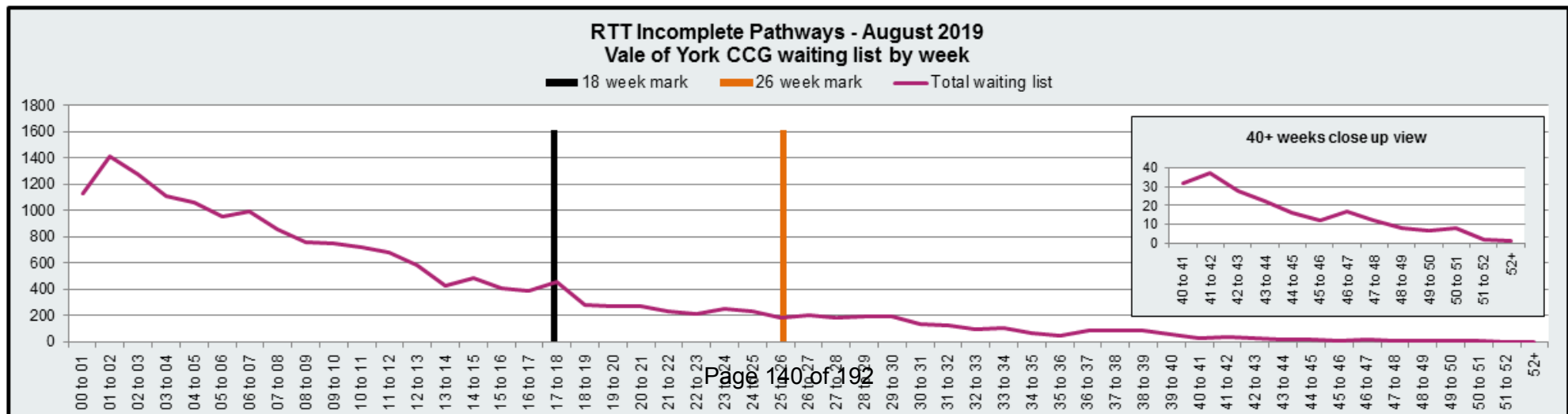
Diagnostics - 2019/20 Plan vs Actual - Vale of York CCG and YHFT

Target ≥99%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	2019/20 Plan	92.0%	92.0%	92.0%	93.0%	93.0%	93.0%	94.0%	94.0%	94.0%	95.0%	95.0%	96.0%
	2019/20 Actual	87.3%	86.3%	88.3%	87.8%	81.4%	-	-	-	-	-	-	-
	Variance	-4.7%	-5.7%	-3.7%	-5.2%	-11.6%	-	-	-	-	-	-	-
YHFT	2019/20 Plan	87.5%	90.0%	91.0%	91.5%	93.0%	94.0%	95.0%	96.0%	97.0%	97.0%	98.0%	99.0%
	2019/20 Actual	87.5%	86.4%	88.9%	87.6%	81.7%	-	-	-	-	-	-	-
	Variance	0.0%	-3.6%	-2.1%	-3.9%	-11.3%	-	-	-	-	-	-	-

Referral to Treatment (RTT)

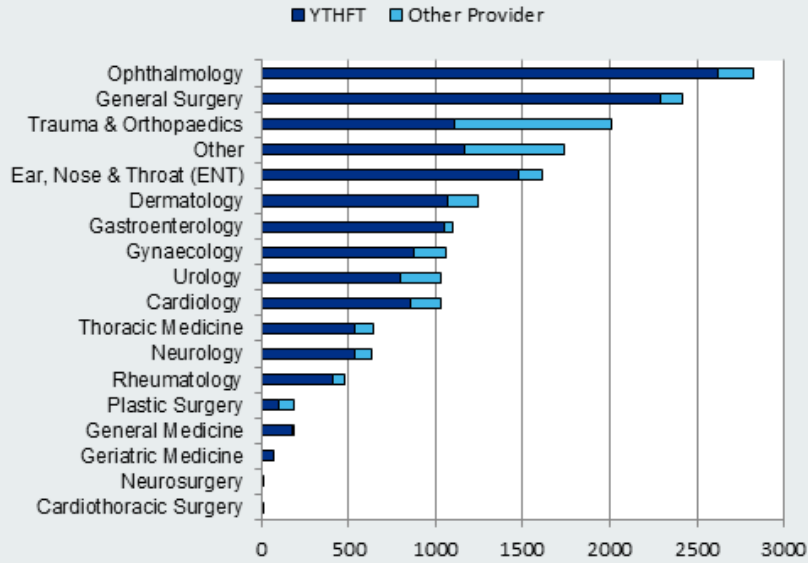
RTT Incomplete Pathways by Specialty - Vale of York CCG - August 2019

Specialty	Total Waiting List	Total pathways >18 weeks	Total pathways >52 weeks	% within 18 weeks (Target ≥92%)	Change from previous month	Median Wait (weeks)	92nd percentile (weeks)
Cardiothoracic Surgery	4	0	0	100.0%	0.0%	-	-
Geriatric Medicine	72	1	0	98.6%	0.8%	4.1	12.1
General Medicine	178	3	0	98.3%	2.8%	4.4	12.9
Neurology	638	58	0	90.9%	-1.0%	8.2	18.8
Other	1,742	177	0	89.8%	-0.5%	6.9	19.8
Neurosurgery	19	2	0	89.5%	0.6%	-	-
Gynaecology	1,060	163	0	84.6%	0.0%	7.6	23.7
Dermatology	1,249	207	0	83.4%	0.3%	7.6	23.5
Trauma & Orthopaedics	2,012	355	0	82.4%	-1.3%	8.5	26.0
Rheumatology	479	91	0	81.0%	4.3%	9.6	23.7
Ear, Nose & Throat (ENT)	1,612	317	0	80.3%	0.4%	8.6	28.0
Cardiology	1,033	220	0	78.7%	-1.1%	9.6	26.7
General Surgery	2,419	516	0	78.7%	-0.1%	7.7	30.0
Gastroenterology	1,100	254	0	76.9%	0.0%	9.4	28.1
Urology	1,034	264	1	74.5%	-0.7%	7.9	33.1
Thoracic Medicine	647	177	0	72.6%	-2.7%	11.0	29.3
Plastic Surgery	184	53	0	71.2%	-7.2%	10.5	31.1
Ophthalmology	2,818	965	0	65.8%	-1.9%	11.5	32.6
Grand Total	18,300	3,823	1	79.1%	-0.6%	8.5	28.1

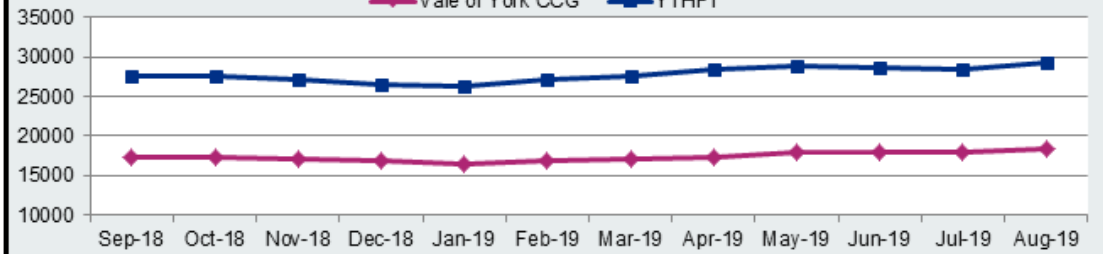


Referral to Treatment (RTT)

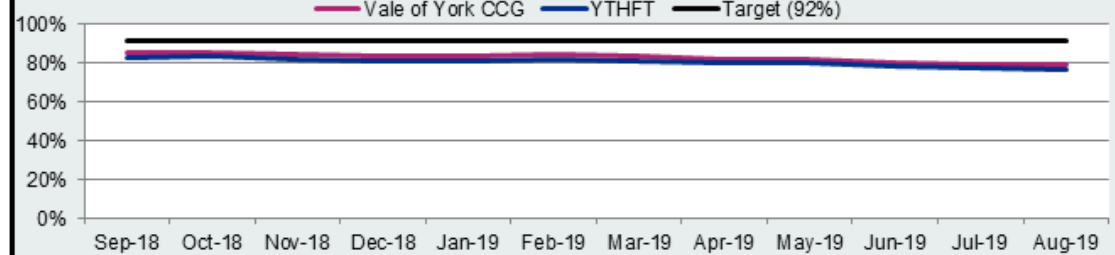
RTT Incomplete Pathways - August 2019
Vale of York CCG waiting list by specialty and provider



RTT - Total waiting list, rolling 12 months
Vale of York CCG and YTHFT



RTT - 12 month performance against 18 week 92% standard
Vale of York CCG and YTHFT



RTT 52 week breaches - Vale of York CCG

Period	Total breaches	Specialty and Provider
Apr-19	7	1 x T&O at Nuffield York (see narrative slide), 1 x Plastic surgery at St George's University FT, 5 x T&O at LTHT
May-19	4	4 x T&O at LTHT
Jun-19	9	5 x T&O at LTHT, 2 x Urology at YTHFT, 1 x Ophthalmology at YTHFT, 1 x Ophthalmology at Queen Victoria Hospital NHS FT
Jul-19	3	2 x T&O at LTHT, 1 x Ophthalmology at Queen Victoria Hospital NHS FT
Aug-19	1	1 x Urology at YTHFT
Sep-19		
Oct-19		
Nov-19		
Dec-19		
Jan-20		
Feb-20		
Mar-20		
YTD	24	

RTT Total Waiting List - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

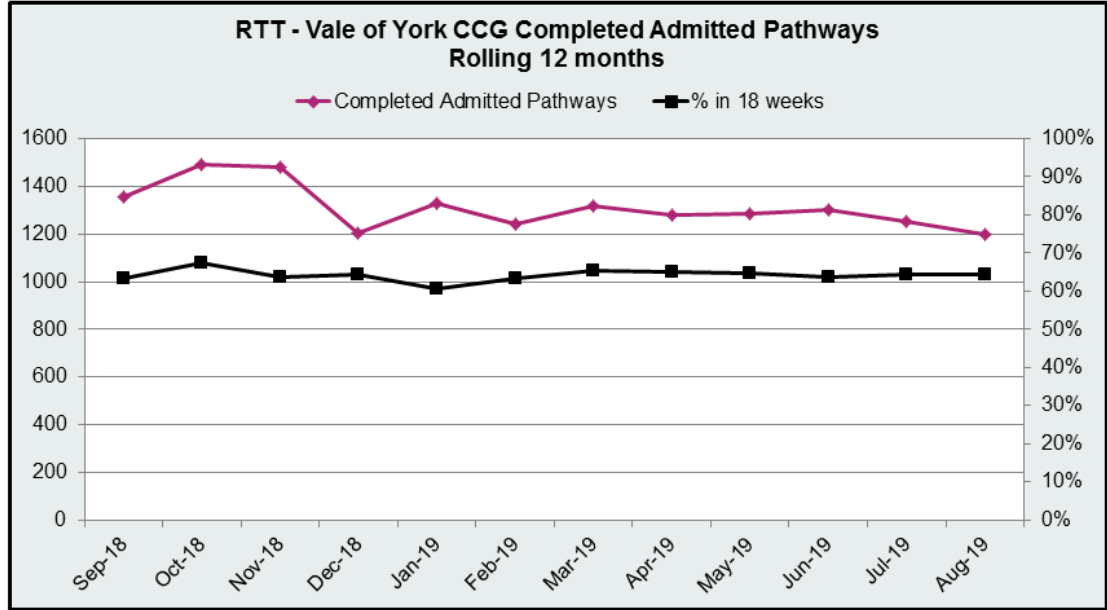
Target <16,544	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
2019/20 Plan	17,464	17,745	18,313	18,899	19,505	20,129	19,622	19,116	18,609	18,103	17,596	17,090
Vale of York CCG 2019/20 Actual	17,344	18,021	17,849	17,996	18,300	-	-	-	-	-	-	-
Variance	-120	276	-464	-903	-1205	-	-	-	-	-	-	-
Target <26,303	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
2019/20 Plan	28,344	28,800	29,722	30,673	31,655	32,668	31,846	31,024	30,202	29,380	28,558	27,736
YTHFT 2019/20 Actual	28,344	28,809	28,727	28,394	29,252	-	-	-	-	-	-	-
Variance	0	9	-995	-2279	-2403	-	-	-	-	-	-	-

RTT Performance against 92% standard - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

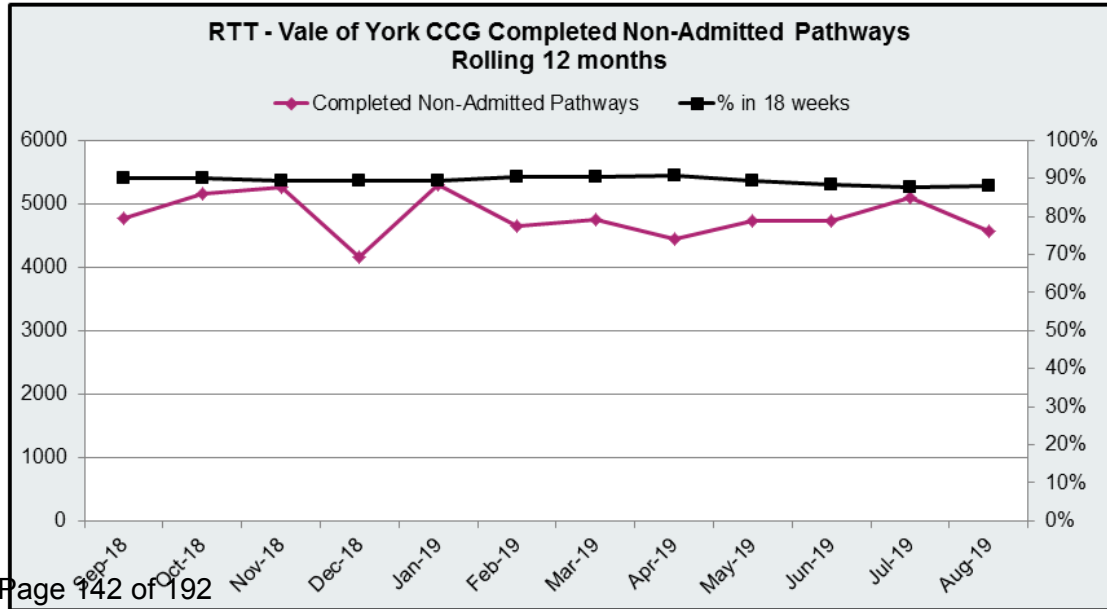
Target ≥92%	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
2019/20 Plan	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%
Vale of York CCG 2019/20 Actual	81.6%	81.9%	80.5%	79.7%	79.1%	-	-	-	-	-	-	-
Variance	0.3%	0.5%	-0.9%	-1.6%	-2.2%	-	-	-	-	-	-	-
Target ≥92%	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
2019/20 Plan	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
YTHFT 2019/20 Actual	80.0%	80.4%	78.3%	77.4%	76.7%	-	-	-	-	-	-	-
Variance	0.0%	0.4%	-1.7%	-2.6%	-3.3%	-	-	-	-	-	-	-

Referral to Treatment (RTT)

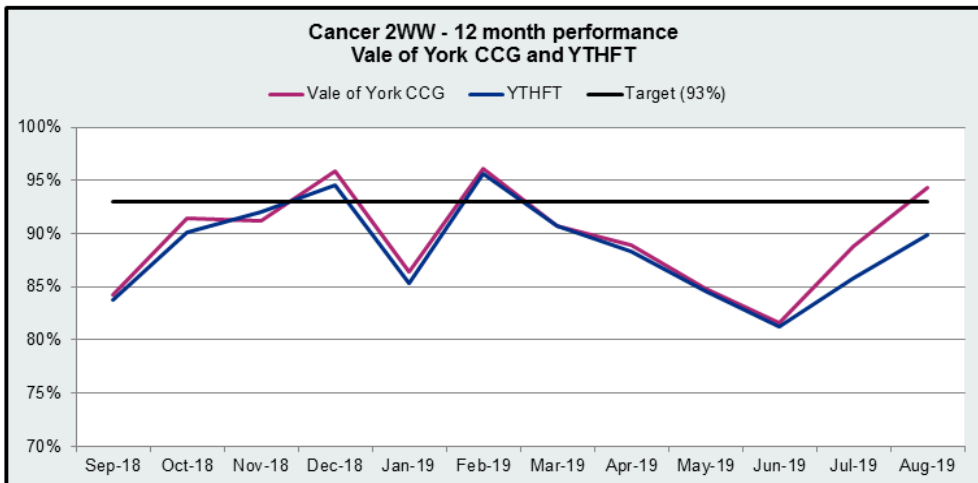
RTT Completed Admitted Pathways by Specialty - Vale of York CCG - August 2019			
Specialty	Total Completed Admitted Pathways	Total pathways >18 weeks	% within 18 weeks
Cardiothoracic Surgery	-	-	-
Geriatric Medicine	-	-	-
Neurology	-	-	-
General Medicine	1	0	100.0%
Thoracic Medicine	1	0	100.0%
Gastroenterology	4	0	100.0%
Neurosurgery	3	0	100.0%
Other	90	13	85.6%
Cardiology	59	10	83.1%
Rheumatology	5	1	80.0%
Plastic Surgery	81	21	74.1%
Trauma & Orthopaedics	216	58	73.1%
General Surgery	179	62	65.4%
Urology	107	41	61.7%
Gynaecology	77	31	59.7%
Ophthalmology	272	121	55.5%
Dermatology	11	6	45.5%
Ear, Nose & Throat (ENT)	93	62	33.3%
Grand Total	1,199	426	64.5%



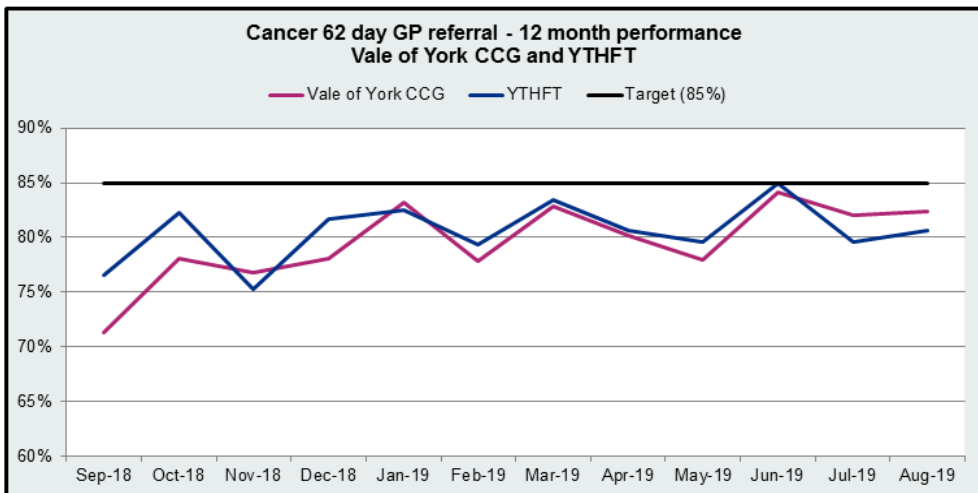
RTT Completed Non-Admitted Pathways by Specialty - Vale of York CCG - August 2019			
Specialty	Total Completed Admitted Pathways	Total pathways >18 weeks	% within 18 weeks
Cardiothoracic Surgery	-	-	-
Neurosurgery	5	0	100.0%
Plastic Surgery	43	0	100.0%
Geriatric Medicine	97	1	99.0%
Ophthalmology	732	17	97.7%
General Medicine	96	4	95.8%
Urology	264	11	95.8%
Gynaecology	292	15	94.9%
General Surgery	575	44	92.3%
Trauma & Orthopaedics	301	27	91.0%
Ear, Nose & Throat (ENT)	344	31	91.0%
Other	532	61	88.5%
Neurology	174	24	86.2%
Dermatology	425	84	80.2%
Cardiology	180	50	72.2%
Gastroenterology	227	66	70.9%
Thoracic Medicine	162	54	66.7%
Rheumatology	123	57	53.7%
Grand Total	4,572	546	88.1%



Cancer Two Week Waits and 62 day GP Referral



Tumour type	Total Treated	Total >2 weeks	% within 2 weeks (Target ≥93%)	Change from previous month
Acute Leukaemia	-	-	N/A	-
Brain/Central Nervous System	-	-	N/A	-
Testicular	-	-	N/A	-
Other	5	0	100.0%	0.0%
Haematological malignancies	8	0	100.0%	0.0%
Lung	22	0	100.0%	0.0%
Children's	1	0	100.0%	0.0%
Breast	182	2	98.9%	1.3%
Upper Gastrointestinal	69	2	97.1%	-0.3%
Urological (exc Testicular)	110	5	95.5%	-1.2%
Gynaecological	69	4	94.2%	-1.7%
Lower Gastrointestinal	273	19	93.0%	24.0%
Head and Neck	124	9	92.7%	-3.8%
Skin	221	21	90.5%	-0.6%
Grand Total	1,085	62	94.3%	5.4%



Tumour type	Total Treated	Total >62 days	% within 62 days (Target ≥85%)	Change from previous month
Brain/Central Nervous System	-	-	N/A	-
Acute Leukaemia	-	-	N/A	-
Children's	-	-	N/A	-
Testicular	-	-	N/A	-
Sarcoma	-	-	N/A	-
Skin	15	0	100.0%	0.0%
Breast	12	0	100.0%	6.7%
Head and Neck	4	0	100.0%	33.3%
Urological (exc Testicular)	23	4	82.6%	-7.7%
Haematological malignancies	5	1	80.0%	-
Lower Gastrointestinal	8	2	75.0%	-2.8%
Upper Gastrointestinal	8	3	62.5%	-15.3%
Lung	7	3	57.1%	20.8%
Gynaecological	2	1	50.0%	-50.0%
Other	1	1	0.0%	-
Grand Total	85	15	82.4%	0.3%

Target ≥93%	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	Plan 93.1%	93.1%	93.0%	93.1%	93.1%	93.0%	93.1%	93.0%	93.0%	93.0%	93.0%	93.0%
	Actual 88.9%	84.9%	81.7%	88.8%	94.3%	-	-	-	-	-	-	-
	Variance -4.2%	-8.2%	-11.4%	-4.2%	1.2%	-	-	-	-	-	-	-
YTHFT	Plan 93.1%	93.1%	93.1%	93.1%	93.1%	93.1%	93.1%	93.1%	93.2%	93.1%	93.1%	93.1%
	Actual 88.3%	84.6%	81.3%	85.9%	89.9%	-	-	-	-	-	-	-
	Variance -4.8%	-8.5%	-11.8%	-7.3%	-3.2%	-	-	-	-	-	-	-

Target ≥85%	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	Plan 80.0%	80.2%	81.0%	81.2%	81.3%	81.8%	82.8%	83.5%	83.9%	84.0%	84.8%	85.0%
	Actual 80.2%	77.9%	84.2%	82.1%	82.4%	-	-	-	-	-	-	-
	Variance 0.2%	-2.3%	3.2%	0.9%	1.0%	-	-	-	-	-	-	-
YTHFT	Plan 80.1%	80.5%	80.9%	81.1%	81.7%	82.0%	82.4%	83.1%	83.6%	83.8%	84.5%	85.0%
	Actual 80.6%	79.5%	85.0%	79.5%	80.7%	-	-	-	-	-	-	-
	Variance 0.5%	-0.9%	4.1%	-1.5%	-1.1%	-	-	-	-	-	-	-

Performance and Programme Overview

Unplanned and Out of Hospital Care

Areas Covered:

- Emergency Department – York Teaching Hospital NHS Foundation Trust
- Yorkshire Ambulance Service (YAS)
- NHS 111 – Yorkshire and Humber
- GP Out of Hours – Northern Doctors
- Primary Care Access
- Delayed Transfers of Care (DTOCs)

Content:

- Summary dashboard
- Narrative
- Supporting data

Vale of York CCG Performance Summary Dashboard – Unplanned and Out of Hospital Care

CCG IAF 2018/19	Planning Guidance 2019/20	Quality Premium 2018/19	Category	Indicator	2019/20 Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Previous 3 Quarters				Previous Financial Year 2018/19	Current Financial YTD 2019/20
																		2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2		
Unplanned and Out of Hospital Care																							
127c	E.B.5		A&E*	A&E: % within 4 hours (YTHFT)	≥95%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%	81.9%	83.2%	81.1%	81.3%	89.4%	82.4%	81.9%	80.3%	87.7%	81.0%
			A&E*	A&E: 12 hour breaches (YTHFT)	0	0	0	0	0	17	8	28	24	26	2	0	7	0	53	52	39	66	91
			YAS	ARP: Category 1 (Life threatening) Mean	00:07:00	00:07:18	00:07:10	00:07:02	00:07:03	00:06:59	00:07:03	00:06:44	00:06:58	00:06:49	00:06:49	00:06:54	00:06:50	-	-	-	-	00:07:21	00:06:52
			YAS	ARP: Category 2 (Emergency) Mean	00:18:00	00:20:19	00:19:58	00:20:29	00:21:03	00:19:49	00:20:02	00:17:40	00:19:40	00:18:38	00:18:46	00:18:17	00:17:04	-	-	-	-	00:20:26	00:18:29
			YAS	ARP: Category 1 (Life threatening) 90th percentile	00:15:00	00:12:28	00:12:23	00:12:13	00:12:15	00:12:08	00:12:05	00:11:28	00:12:06	00:11:56	00:11:56	00:12:11	00:11:53	-	-	-	-	00:12:37	00:12:00
			YAS	ARP: Category 2 (Emergency) 90th percentile	00:40:00	00:42:10	00:41:37	00:42:36	00:44:17	00:41:16	00:41:50	00:35:35	00:40:29	00:38:09	00:38:14	00:37:26	00:34:21	-	-	-	-	00:42:34	00:37:51
			YAS	ARP: Category 3 (Urgent) 90th percentile	02:00:00	01:57:25	01:57:34	01:58:25	02:15:22	01:58:10	01:53:11	01:29:42	01:49:54	01:42:58	01:49:27	01:42:47	01:26:58	-	-	-	-	01:58:44	01:42:47
			YAS	ARP: Category 4 (Less urgent) 90th percentile	03:00:00	03:51:53	02:47:56	03:44:04	03:38:33	03:52:38	03:25:18	03:00:09	03:36:53	03:51:12	04:33:48	04:01:23	02:47:17	-	-	-	-	03:51:57	03:43:18
			NHS 111*	NHS 111: Calls abandoned after 30 seconds	≤5%	0.5%	1.1%	1.2%	0.7%	1.6%	1.7%	1.0%	1.2%	1.2%	1.3%	2.3%	1.2%	1.0%	1.4%	1.2%	1.6%	1.1%	1.4%
			NHS 111*	NHS 111: Calls answered within 60 seconds	≥90%	92.9%	85.0%	82.9%	90.2%	81.6%	79.0%	86.1%	91.8%	90.9%	88.7%	84.1%	86.8%	86.3%	82.3%	90.5%	86.6%	88.1%	88.6%
			GP OOH	GP OOH: Face to face within 2 hours	≥95%	96.9%	97.5%	97.3%	94.9%	88.5%	95.9%	94.9%	89.8%	91.8%	95.2%	93.3%	94.6%	96.4%	92.8%	92.2%	94.0%	95.9%	92.9%
			GP OOH	GP OOH: Face to face within 6 hours	≥95%	98.8%	97.8%	99.6%	95.8%	97.4%	96.9%	98.4%	97.2%	96.7%	98.0%	97.0%	97.7%	97.5%	97.6%	97.3%	97.3%	98.3%	97.3%
			GP OOH	GP OOH: Speak to clinician within 2 hours	≥95%	96.4%	97.4%	95.3%	93.2%	95.3%	91.3%	92.5%	88.6%	90.2%	89.2%	90.6%	91.3%	95.0%	93.2%	89.3%	90.9%	95.0%	90.0%
			GP OOH	GP OOH: Speak to clinician within 2 to 6 hours	≥95%	99.1%	99.5%	98.9%	95.6%	97.5%	95.0%	96.1%	93.1%	95.6%	96.0%	94.7%	94.1%	97.7%	96.2%	94.9%	94.4%	97.7%	94.7%
			GP OOH	GP OOH: Speak to clinician within 6+ hours	≥95%	99.9%	100.0%	99.9%	98.7%	99.2%	99.6%	99.6%	98.9%	99.0%	99.0%	98.7%	99.5%	99.4%	99.4%	98.9%	99.1%	99.6%	99.0%
			GP OOH	GP OOH: Total calls	-	2,831	2,888	2,960	4,099	3,469	3,001	3,040	3,331	3,302	2,983	2,914	3,167	9,947	9,510	9,616	6,081	36,591	15,697
			GP OOH	GP OOH: % of dispositions <2 hours	-	61.6%	61.7%	62.3%	62.6%	63.4%	62.7%	62.6%	61.5%	62.1%	61.5%	61.5%	60.5%	62.2%	62.9%	61.7%	61.0%	60.5%	61.4%
	E.D.16	Primary Care Access	Proportion of the population with access to online consultations	≥75% by March 2020	Data to follow																		
	E.D.17	Primary Care Access	Extended Access appointment utilisation	≥75% by March 2020	Data to follow																		
	E.D.18	Primary Care Access	Proportion 111 can directly book appts into extended access	100% by March 2020	Data to follow																		
		DTOC	DTOC: YTHFT - Acute bed days	-	1,180	1,251	1,059	1,212	1,093	1,067	1,178	1,456	1,529	1,486	1,346	1,325	3,522	3,338	4,471	2,671	13,693	7,142	
		DTOC	DTOC: YTHFT - Non-acute bed days	-	381	357	358	337	385	295	377	277	303	352	235	362	1,052	1,057	932	597	4,182	1,529	
		DTOC	DTOC: YTHFT - Total bed days	-	1,561	1,608	1,417	1,549	1,478	1,362	1,555	1,733	1,832	1,838	1,581	1,687	4,574	4,395	5,403	3,268	17,875	8,671	
		DTOC	DTOC: TEWW - Total bed days (All non-acute)	-	878	858	672	550	557	506	657	673	547	630	454	496	2,080	1,720	1,850	950	9,591	2,800	

*Note that A&E and NHS 111 data is available one month ahead of other data sources which will affect QTD and YTD calculations

Unplanned and Out of Hospital Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
ED 4 hour target	No – 78.1% in September against 95% target	<p>YTHFT are reporting that ED attendances have increased by 9% YTD as at Month 5 (this is above the planned growth of 7% and national growth at 6.7%). This represents 5,500 more attendances during the same period in 19/20 compared to 18/19.</p> <p>Ambulance handovers – deepdive in to the 7 x 12 hour breaches in August and one SI on 30th September (15 breaches on one day)</p>	The York specific and system recovery actions are captured in the Winter Resilience paper.	The Health & Care Resilience Board is developing and capturing a single workplan for the system which will consider additional actions and schemes of work to be delivered within a refreshed governance and delivery framework. This transition will aim to complete by the end of November 2019.
YAS	Yes, ARP Cat 1 met	Yes – met for past 12 months. Cat 2 met consistently in the past 5 months	N/A	
NHS 111	Yes	Improvement in August to 2.3%	On-going monitoring	
GP Out of Hours	Yes		N/A	

Unplanned and Out of Hospital Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
<p>Primary Care Access</p>	<p>N/A – targets apply to year end</p>	<p>Proportion of the population with access to online consultations Priory Medical Group, Haxby Group, Jorvik Gillygate, Front Street and Tadcaster Medical Practices all have Online Consultations software installed and technically enabled. This represents 5 out of 26 Practices, with a combined list size of 129,050 out of a total Vale of York registered population of 361,626 (35.7%)</p> <p>Extended Access Appointment Utilisation Providers of Extended Access (evenings/weekends) appointments are required to report available appointments, number of appointments booked, DNA's, and utilisation on a daily basis.</p> <p>Utilisation is calculated as: (number of appointments booked - DNAs) / available appointments. For the quarter to end June 2019, the average Extended Access appointment utilisation was 89%, up from 70% in March 2019.</p>	<p>The STP continues to fund a Project Manager to assist Practices in deploying the Online Consults software (Engage Consult) and has funded licenses to enable Practices to trial the system for 12 months The CCG plans further engagement with Practices to promote uptake in order to meet the GP Contract Reform target of all patients having access to Online Consults by April 2021.</p> <p>Workforce and GP workload continue to be the main challenges for this service. Providers are consistently meeting national targets but the service may have a greater impact if the number of GP appointments (compared to nurse appointments) could be increased.</p>	

Unplanned and Out of Hospital Care

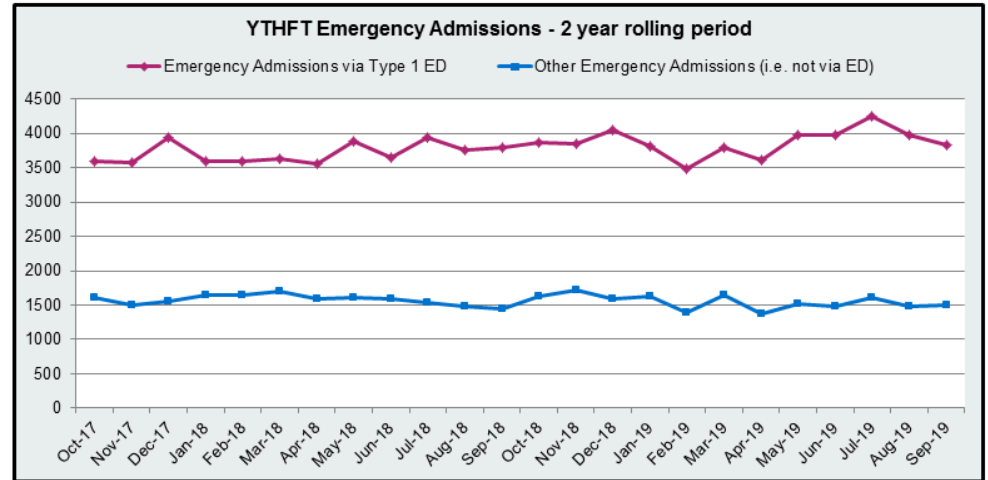
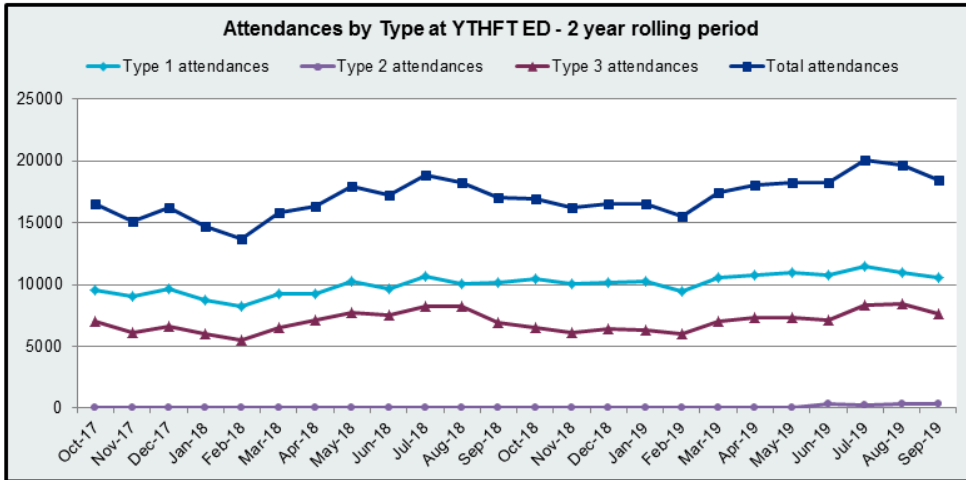
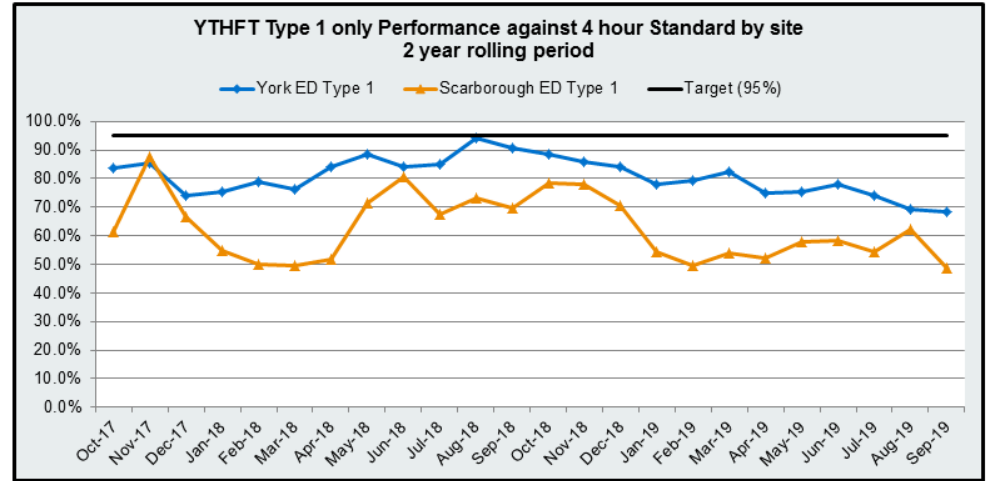
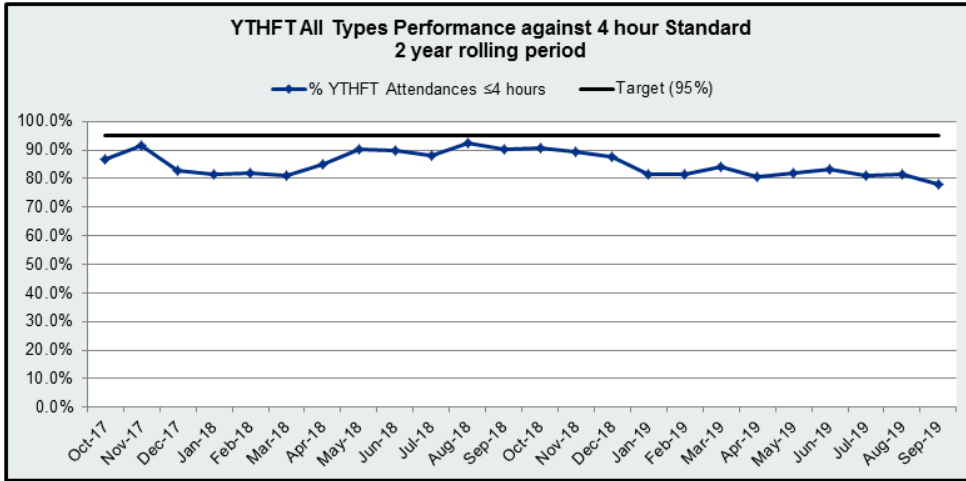
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Primary Care Access (continued)	N/A – targets apply to year end	<p>Proportion of the population that 111 can directly book appointments into the contracted extended access services</p> <p>For the month of August 2019 this figure is 0%.</p> <p>Data collection has moved from monthly to quarterly and therefore the next available update will be following publication of Quarter 2 2019/20 data.</p>	<p>The technical solution is still being worked on regionally. Pilot is planned in Leeds using GP Connect for connectivity – the solution will then be rolled out more widely. No firm timescales for NHS Vale of York CCG Practices at this time.</p>	

Unplanned and Out of Hospital Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Delayed Transfers of Care	No	<p>CYC report that the trajectories for all delays have continued to show marginal improvement since April, although August was the best month and September / October appear worse provisionally.</p> <p>Non acute delays have performed at about the target or below the target since July.</p> <p>Mental health has been performing better than the target.</p> <p>Vale of York CCG Analytics are beginning some joint work with YTHFT Information and Discharge Liaison teams in mid-October 2019 with the aim of improving processes and streamlining single system DTOC reporting in order to gain a more timely understanding of the issues at a local authority level.</p>	<ul style="list-style-type: none"> Trusted transfer project is about to be initiated with 3 care homes, supported by ICG – implementation will depend on identifying a dedicated project manager – the funding is in place for this, and a steering group is being established under BCF and Complex Discharge Steering Group (CDSG). A number of improvements are being progressed through CDSG The single system workplan is focused on improving DTOC as a key measure of impact. York council winter pressures grant plans have been shared Fast track improvement project continues Modelling of detailed clinical fast track demand by locality commenced Brokerage for fast track for NYCC/VOYCCG clients now in place through MOU with NYCC 	See Winter Resilience update paper

Emergency Department - YTHFT

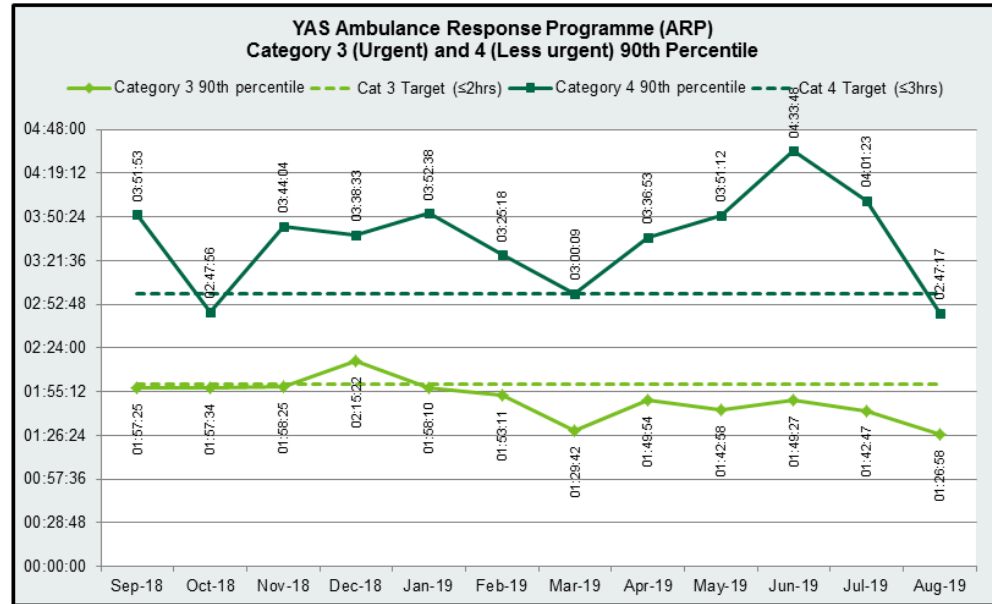
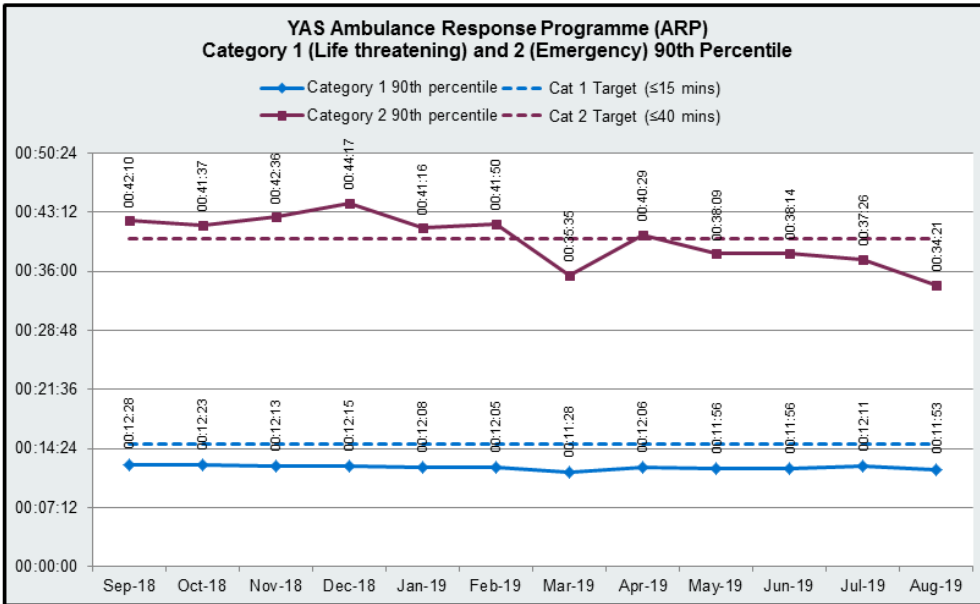
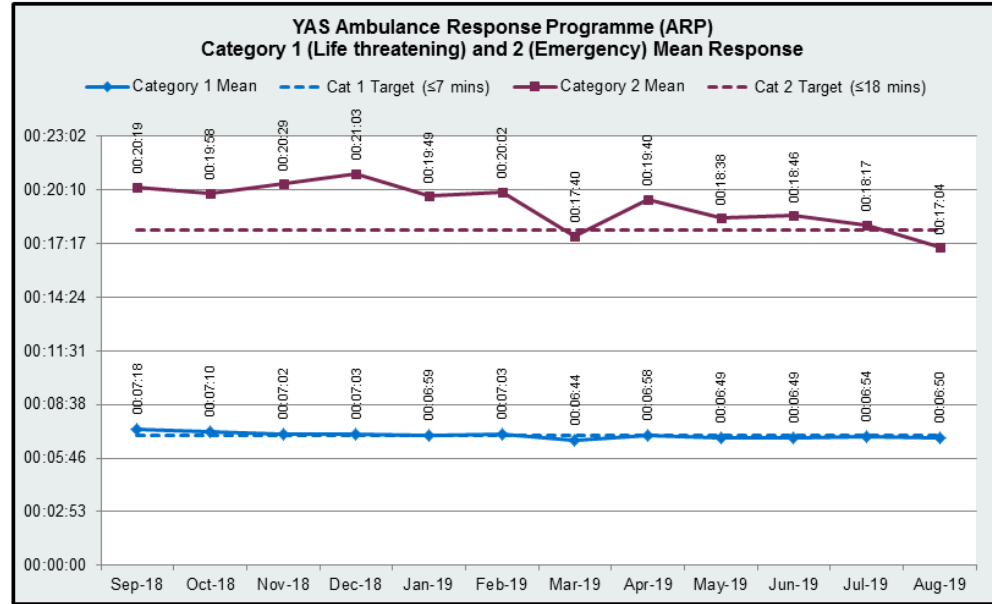
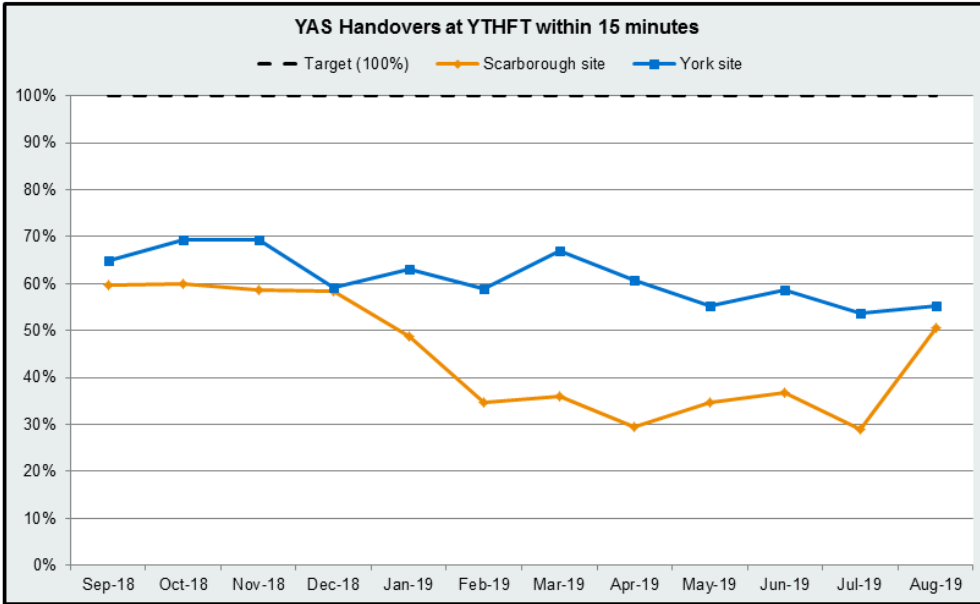
*Note - ED data is available one month ahead of other national data



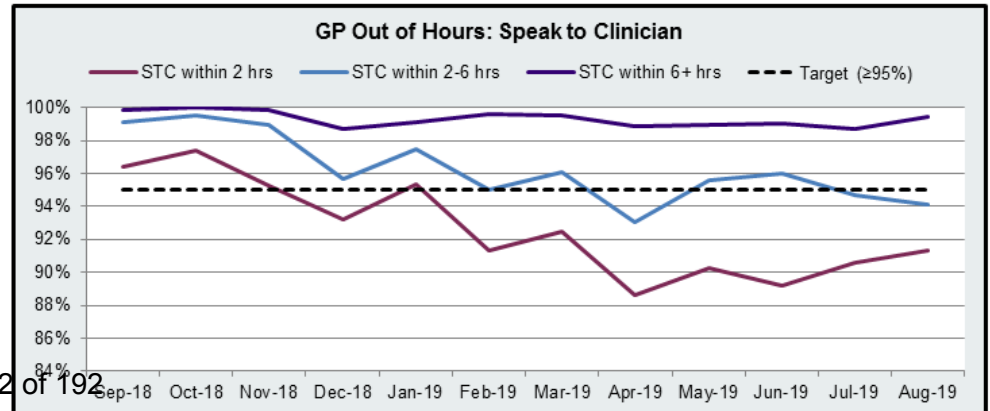
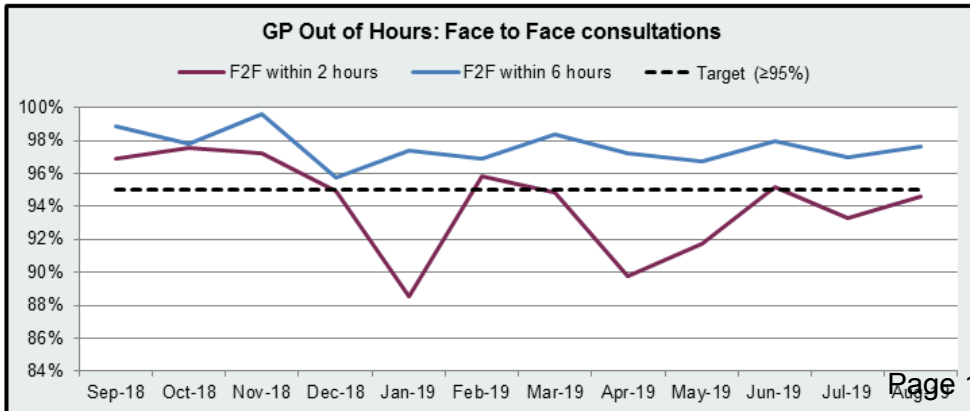
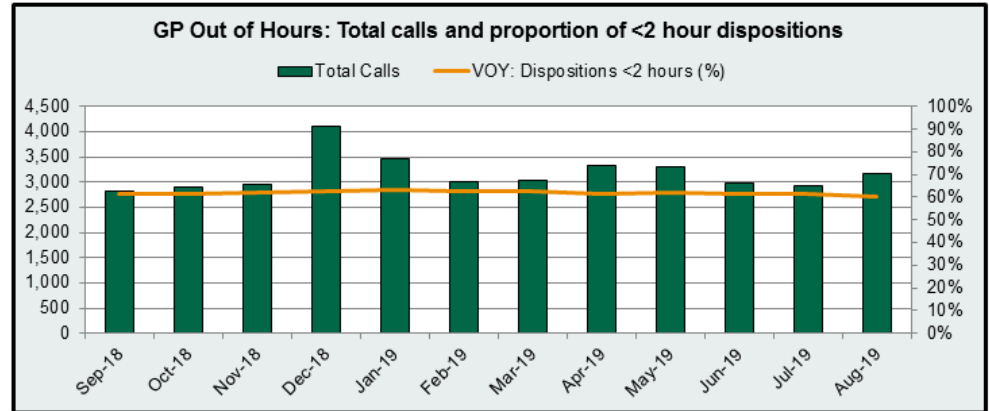
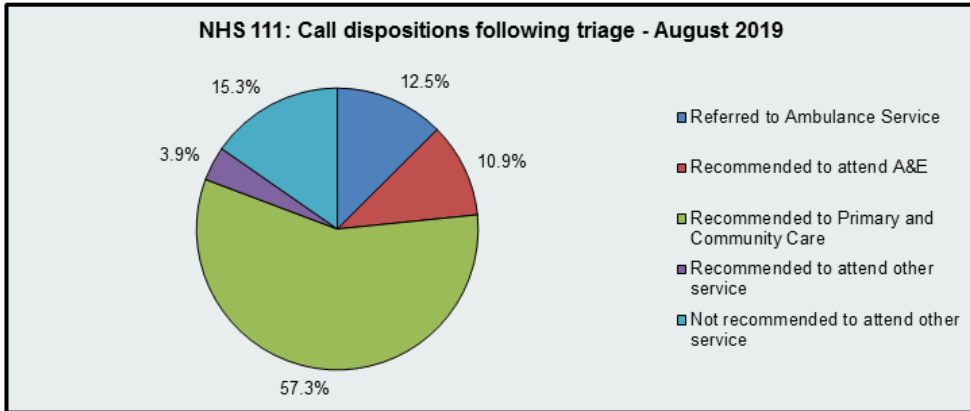
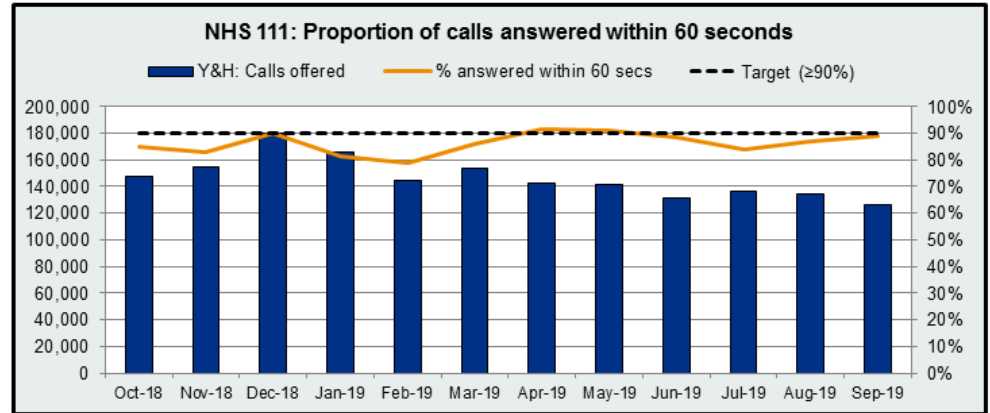
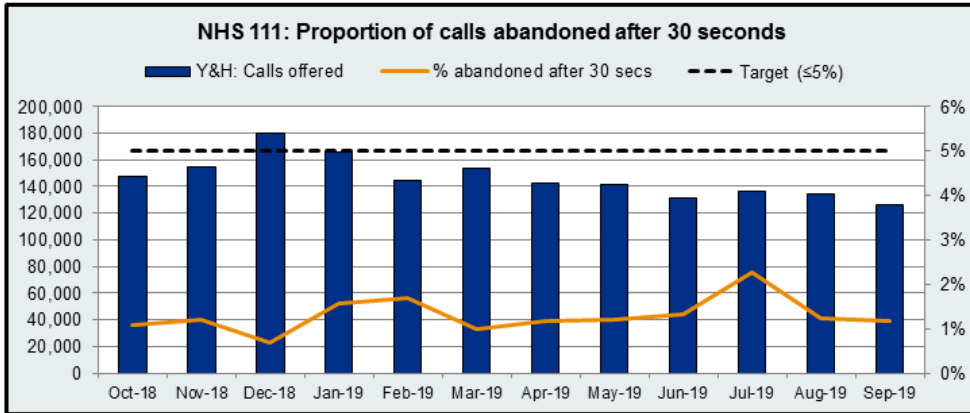
12 hour breaches at YTHFT												
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
24	26	2	0	7	32							91

ED 4 hour target - 2019/20 Plan vs Actual - YTHFT													
Target ≥95%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	2019/20 Plan	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	85.0%	82.5%	90.0%
	2019/20 Actual	80.5%	81.9%	83.2%	81.1%	81.3%	78.1%	-	-	-	-	-	-
	Variance	-4.5%	-4.1%	-3.8%	-6.9%	-7.7%	-11.9%	-	-	-	-	-	-

Yorkshire Ambulance Service (YAS)

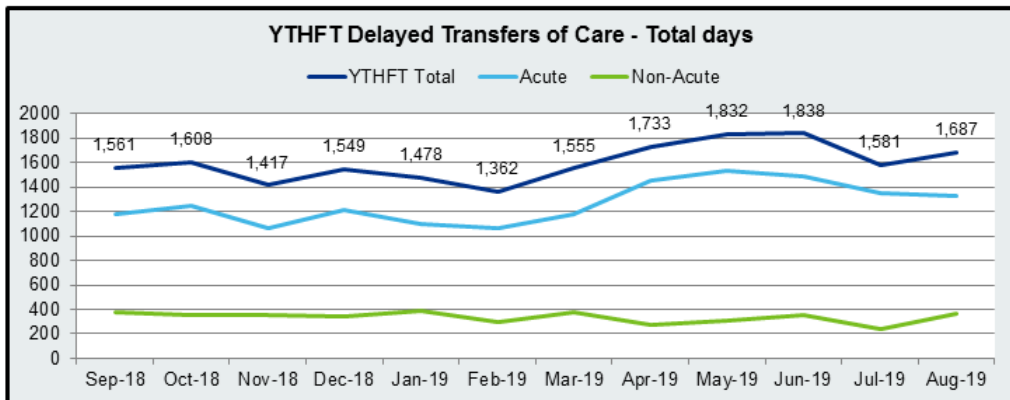


NHS 111 and GP Out of Hours



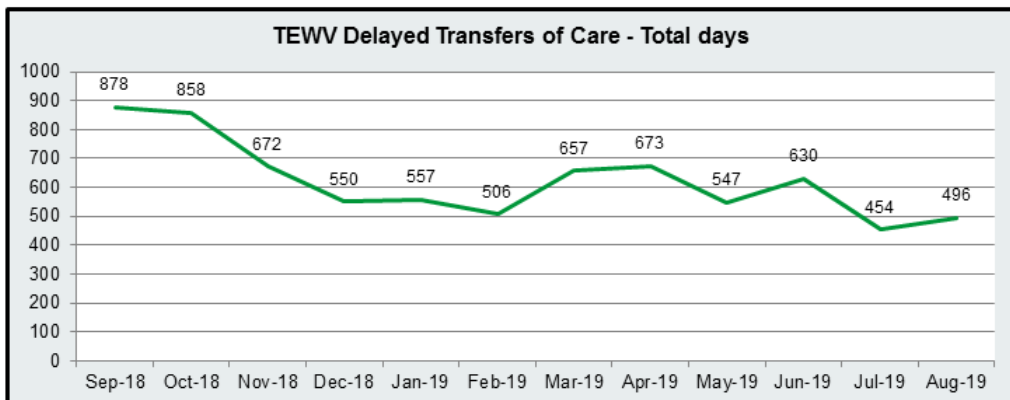
Note - all NHS 111 data is at Yorkshire and Humber level and is available one month ahead of other national data

Delayed Transfers of Care (DTOCs)



YTHFT DTOCs - August 2019

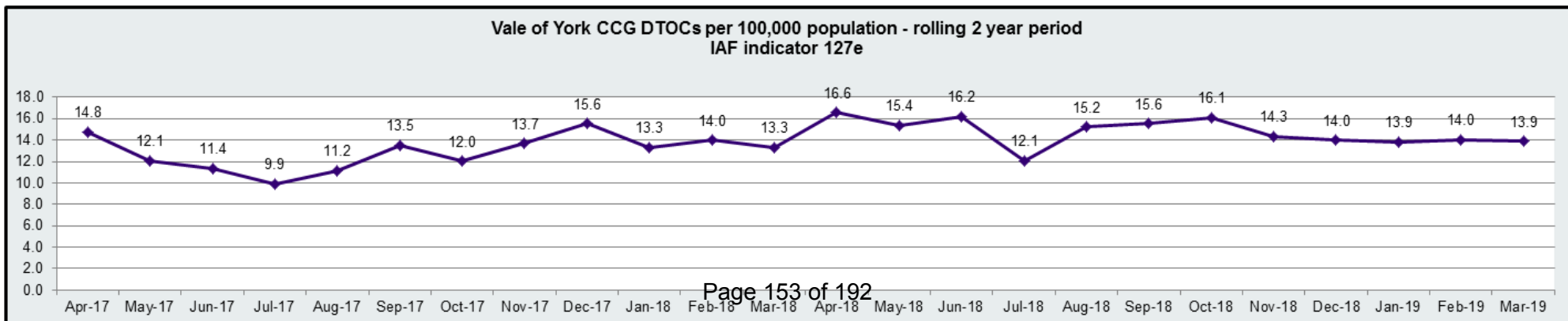
Reason Code	Total bed days	Proportion
C) Waiting Further NHS Non-Acute Care	553	32.8%
D) Awaiting Residential Home Placement or Availability	394	23.4%
A) Completion of Assessment	349	20.7%
E) Awaiting Care Package in Own Home	264	15.6%
DII) Awaiting Nursing Home Placement or Availability	84	5.0%
G) Patient or Family Choice	29	1.7%
F) Awaiting Community Equipment and Adaptions	14	0.8%
I) Housing - Patients Not Covered by NHS and Community Care Act	0	0.0%
O) Other	0	0.0%
B) Public Funding	0	0.0%
H) Disputes	0	0.0%
Grand Total	1,687	100.0%



TEWW DTOCs - August 2019

Reason Code	Total bed days	Proportion
DII) Awaiting Nursing Home Placement or Availability	183	36.9%
I) Housing - Patients Not Covered by NHS and Community Care Act	164	33.1%
DI) Awaiting Residential Home Placement or Availability	62	12.5%
E) Awaiting Care Package in Own Home	42	8.5%
G) Patient or Family Choice	34	6.9%
C) Waiting Further NHS Non-Acute Care	11	2.2%
B) Public Funding	0	0.0%
F) Awaiting Community Equipment and Adaptions	0	0.0%
O) Other	0	0.0%
A) Completion of Assessment	0	0.0%
H) Disputes	0	0.0%
Grand Total	496	100.0%

Note - all TEWW delays are Non-Acute



Performance and Programme Overview

Mental Health

Areas Covered:

- Improving Access to Psychological Therapies (IAPT)
- Early Intervention in Psychosis (EIP)
- Dementia Diagnosis
- Children and Young People's (CYP) Mental Health Services Access Rate
- Children and Adolescent Mental Health Services (CAMHS) Referral to Treatment (RTT)
- Children and Young People's (CYP) Eating Disorders
- Autism Assessments
- Annual Health Checks for people with Severe Mental Illness (SMI)

Content:

- Summary dashboard
- Narrative
- Supporting data

Vale of York CCG Performance Summary Dashboard – Mental Health

CCG IAF 2018/19	Planning Guidance 2019/20	Quality Premium 2018/19	Category	Indicator	2019/20 Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Previous 3 Quarters			Previous Financial Year 2018/19	Current Financial YTD 2019/20		
																		2018/19 Q3	2018/19 Q4	2019/20 Q1				
Mental Health																								
123b	E.A.3		IAPT*	IAPT Access (rolling 3 months)	≥5.5% in Q4 (≥22% full year)	3.6%	3.7%	2.5%	2.8%	2.8%	3.8%	3.6%	3.5%	3.6%	3.5%	3.3%	-	2.8%	3.6%	3.5%	1.1%	14.6%	-	
123a	E.A.S.2		IAPT	IAPT Recovery (rolling 3 months)	≥50%	46.7%	47.5%	46.3%	41.9%	39.1%	44.8%	47.4%	50.0%	48.6%	48.5%	51.4%	-	41.9%	47.4%	48.5%	56.1%	47.2%	50.7%	
	E.H.1_A1		IAPT	IAPT: 6 weeks First Treatment	≥75%	93.1%	94.1%	100.0%	95.5%	95.1%	93.3%	94.3%	97.2%	93.0%	90.3%	91.1%	-	94.8%	94.3%	93.6%	91.1%	92.2%	92.9%	
	E.H.2_A2		IAPT	IAPT: 18 weeks First Treatment	≥95%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	93.5%	93.3%	-	98.7%	100.0%	97.3%	93.3%	99.1%	96.1%	
123c	E.H.4		EIP	EIP: Within 2 weeks (rolling 3 months)	≥56%	46.7%	66.7%	71.4%	65.2%	52.4%	54.2%	44.4%	39.4%	41.2%	51.3%	66.7%	73.7%	65.2%	44.4%	51.3%	86.4%	45.7%	63.9%	
126a	E.A.S.1		Dementia**	Dementia: Diagnosis Rate	≥66.7%	60.9%	60.0%	60.1%	59.6%	59.1%	58.7%	58.6%	58.0%	57.6%	57.3%	57.2%	57.5%	59.9%	58.8%	57.7%	57.3%	60.0%	57.5%	
	E.H.9		CYPMH	Children and Young People's MH Access Rate (rolling 12 months)	34%	38.9%	39.6%	40.5%	41.1%	42.5%	42.7%	42.3%	43.5%	43.8%	44.8%	-	-	-	-	-	-	-	42.3%	-
			RTT***	% of patients starting treatment within 6 weeks of referral - CYP		-	66.3%	57.7%	47.4%	47.6%	53.2%	56.5%	33.3%	43.6%	58.3%	73.4%	73.8%	-	-	-	-	-	-	
	E.H.10		CYPMH	CYP Eating Disorders: Routine cases % within 4 weeks	In year ≥60%, ≥95% by March 2021	Quarterly indicator (rolling 12 months)											56.8%	66.7%	79.2%	-	66.7%	-		
	E.H.11		CYPMH	CYP Eating Disorders: Urgent cases % within 1 week	In year ≥75%, ≥95% by March 2021	Quarterly indicator (rolling 12 months)											62.5%	71.4%	82.6%	-	71.4%	-		
			Autism Assessments	Total number of CYP waiting for a full specialist assessment		208	207	220	208	210	212	208	205	201	199	187	199	-	-	-	-	-	-	
				Of above, waiting up to 13 weeks		-	-	56	51	67	68	76	68	57	61	57	76	-	-	-	-	-	-	
				Of above, waiting 14 to 33 weeks		-	-	84	77	75	75	57	71	84	74	77	80	-	-	-	-	-	-	
				Of above, waiting 34 to 52 weeks		-	-	48	49	41	46	55	52	46	56	46	36	-	-	-	-	-	-	
				Of above, waiting 52+ weeks		-	-	32	31	27	23	20	14	14	8	7	7	-	-	-	-	-	-	
124b			LD AHCs	Annual health check for people on Learning Disability register	≥75%	Quarterly indicator											20.3%	30.5%	-	-	-	-		
	E.H.13		SMI AHCs	Annual health check for people with Severe Mental Illness (SMI)	≥60%	Quarterly indicator (rolling 12 months)											-	17.6%	26.2%	-	17.6%	-		

*IAPT access is calculated differently to other mental health standards in that achievement is based only on Quarter 4 performance, multiplied by 4 to give the CCG's annual rate. There is a notional target of 4.75% in Quarters 1 to 3, however this is for monitoring purposes only and does not influence year-end achievement of this standard. The key target is achievement of 5.5% in Quarter 4, which is multiplied by 4 to give a 2019/20 annual target of 22%. The denominator for this indicator always remains the same at the annual level of need in the population. Monthly data against this target reflects a rolling 3 month position, i.e. April numerator will cover Feb+Mar+Apr. Quarterly data reflects only completed months within that quarter, i.e. in April, Q1 numerator would cover April only, in May it would cover Apr+May and so on. Annual data will be updated only at end Q4 when annual position is available for calculation.

**Dementia Diagnosis data can be at times be available one month ahead of other data sources which could affect QTD and YTD calculations

***TEVV definitions of treatment include self-help and wellbeing advice

Mental Health

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalation required/ underway
IAPT	Yes	<p>Data published nationally has a significant lag so most recent publication covers only up to July 2019 in which performance against the Access target (on a 3 month rolling basis) was 3.3%.</p> <p>More timely local data is available directly from TEWV and shows the confirmed access for the month of September 2019 at 1.48%. The end position for Q2 based on TEWV data is 3.9% of people entering treatment against the locally agreed 3.85% target, however this falls short of the national target of 4.75%.</p> <p>IAPT Recovery performance in July 2019 was 51.4%, meeting the 50% target.</p> <p>The IAPT Recovery performance for the month of September, based on local TEWV data, is 51.94%</p>	On-going implementation of the improvement plan and engagement with primary care, specifically the 4 four main practices which are high prescribers of anti-depressants. Also co-location of an IAPT therapist, currently in one practice and more planned	

Mental Health

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalation required/ underway
EIP	Yes	National data is based on a 3 month rolling position which equated to 73.7% in August, however performance in August as a stand alone month was 90%. Performance is stable against target.	The service has recruited 2 band 6 posts, both of which are in post. This has provided additional capacity for 2 additional assessment slots per week	
Dementia Diagnosis	No	Diagnosis rates decreased in September to 57.1% from 57.5% in August.	<p>Case finding in care homes continues to be undertaken by The York central locality Integrated Care Team and also a psychology assistant recruited by TEWV. Impact of this work should be seen in the next few months.</p> <p>Funding has been allocated for a full-time dementia coordinator role in South Hambleton and Ryedale PCN for 12 months to support increasing diagnosis of dementia and support for patients and their families.</p> <p>The number of referrals to the memory service for 6 months to September 30th is 491 however average waiting time for assessment is 8 weeks.</p> <p>TEWV has recruited to a band 7 post which will increase capacity to manage demand. The service is also undertaking a deep-dive review of roles and functions of the team.</p>	

Mental Health

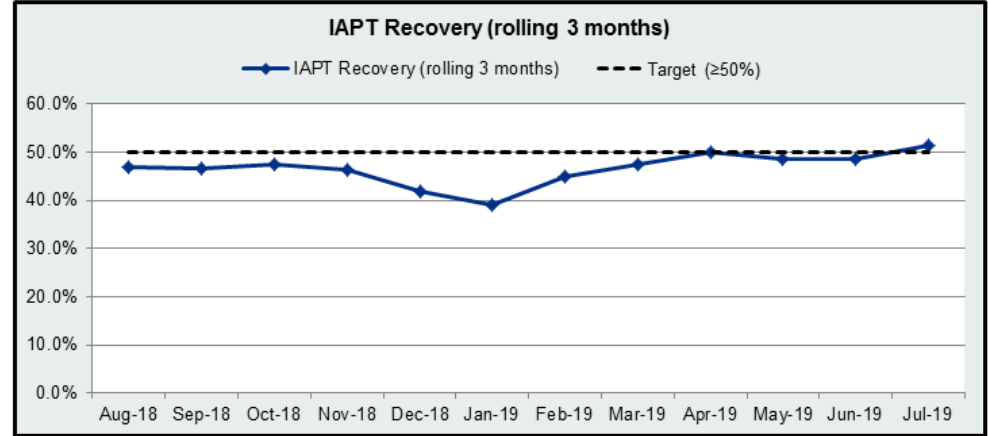
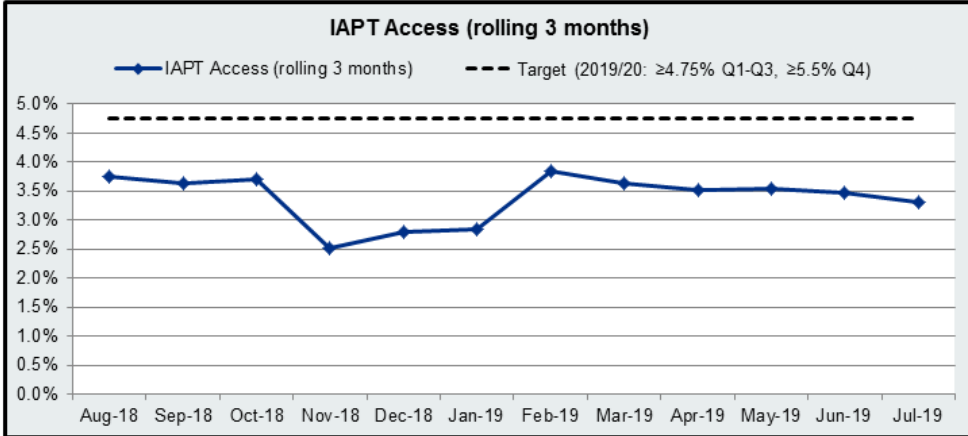
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
CYP Access Rate	Yes	TEWV's performance has remained high against national target for 3 years, and is currently highest across the STP.	Maintain regular monitoring through CMB	None
CAMHS Referral to Treatment (RTT)	No target: monitored monthly via CMB	Current performance YTD at (August 2019) is 63%, with sustained improvement month on month as a result of additional investment into the service.	Maintain regular monitoring through CMB. DQIP plans for report detailing waiting time bands for start of individual treatment: due end Q4	None
CYP Eating Disorders	Trajectory to meet targets by March 2021	TEWV breach report shows all missed cases are due to patient choice.	TEWV has secured further funding through NMC for additional staff in 2019/20 and beyond.	None
Autism Assessments	No specific target	Effect of additional investment shows gradual reduction in waiting times for start of autism assessment.	TEWV plan to eliminate backlog by mid 2020. Continue to monitor regularly through CMB. Exploring work across wider agency group to seek reduction in demand.	None

Mental Health

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Annual SMI Health Checks	No	Q1 performance was 26.2% against the national target of 60% and the local trajectory of 30% for 2019/20.	A Local Enhanced Service to undertake the physical health checks has been offered to primary care with a significant number implementing this from 1 October 2019. 2 education and training events for Primary Care will be held on 6 and 7 December.	

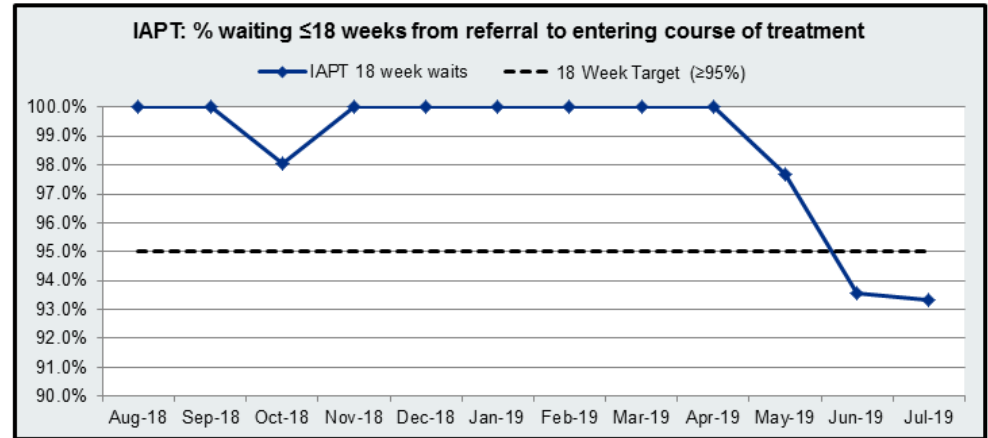
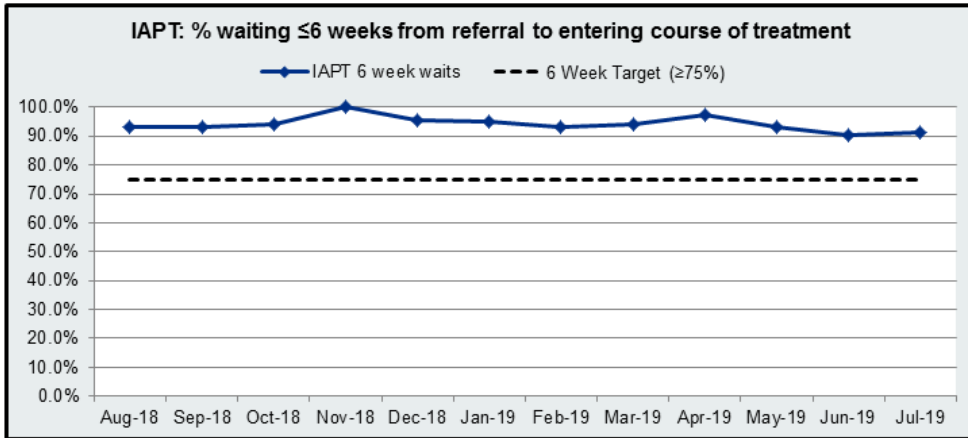
Improving Access to Psychological Therapies (IAPT)

Note - There is a greater time lag in publication for the IAPT data set which will consequently be one or sometimes two months behind other data sets



IAPT Access - 2019/20 Plan vs Actual - Vale of York CCG						
Target ≥4.75% Q1-3, ≥5.5% Q4		Q1	Q2	Q3	Q4	
Vale of York CCG	2019/20 Plan	3.9%	4.0%	4.1%	4.2%	
	2019/20 Actual	3.5%	-	-	-	
	Variance	-0.4%	-	-	-	

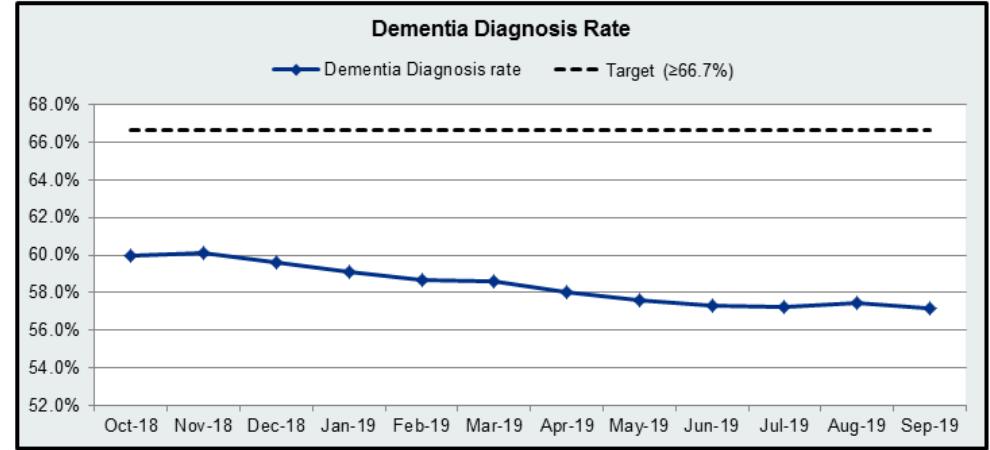
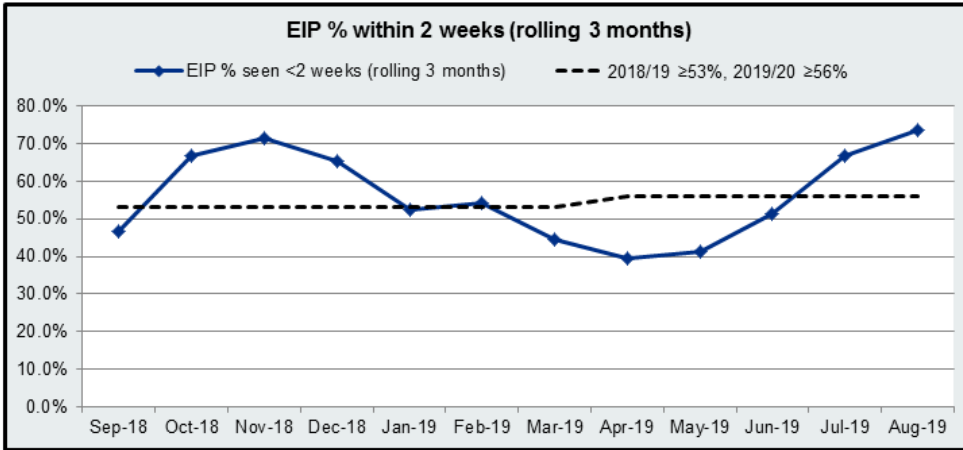
IAPT Recovery - 2019/20 Plan vs Actual - Vale of York CCG						
Target ≥50%		Q1	Q2	Q3	Q4	
Vale of York CCG	2019/20 Plan	50.1%	50.0%	50.0%	50.0%	
	2019/20 Actual	48.5%	-	-	-	
	Variance	-1.6%	-	-	-	



IAPT 6 weeks - 2019/20 Plan vs Actual - Vale of York CCG					
Target ≥75%		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	75.1%	75.1%	75.1%	75.1%
	2019/20 Actual	93.6%	-	-	-
	Variance	18.5%	-	-	-

IAPT 18 weeks - 2019/20 Plan vs Actual - Vale of York CCG					
Target ≥95%		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	95.2%	95.2%	95.2%	95.2%
	2019/20 Actual	97.3%	-	-	-
	Variance	2.1%	-	-	-

Early Intervention in Psychosis (EIP), Dementia Diagnosis and Eating Disorders

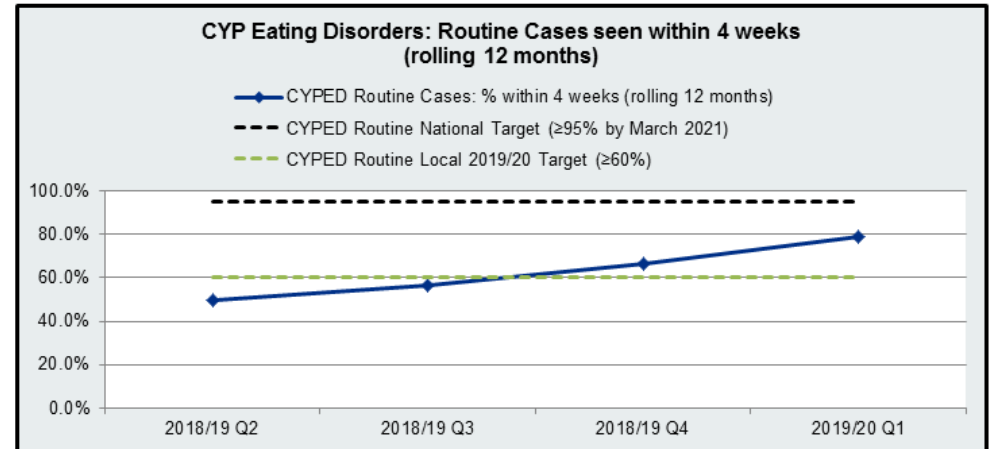
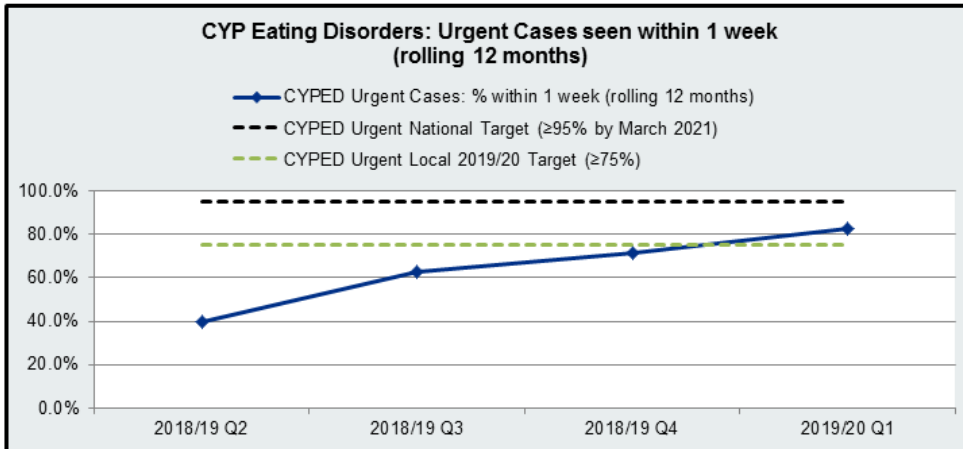


EIP - 2019/20 Plan vs Actual - Vale of York CCG

Target 2019/20 ≥56%		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	54.5%	54.5%	59.1%	59.1%
	2019/20 Actual	51.3%	-	-	-
	Variance	-3.2%	-	-	-

Dementia Diagnosis Rate - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥66.7%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	2019/20 Plan	60.8%	61.0%	61.1%	61.3%	61.5%	61.7%	61.8%	62.0%	62.1%	62.1%	62.1%	62.1%
	2019/20 Actual	58.0%	57.6%	57.3%	57.2%	57.5%	57.1%	-	-	-	-	-	-
	Variance	-2.8%	-3.4%	-3.8%	-4.1%	-4.0%	-4.5%	-	-	-	-	-	-



CYP ED Urgent Cases - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥95% by March 2020		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	76.2%	76.2%	76.2%	76.2%
	2019/20 Actual	82.6%	-	-	-
	Variance	6.4%	-	-	-

CYP ED Routine Cases - 2019/20 Plan vs Actual - Vale of York CCG

Target ≥95% by March 2020		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	51.3%	56.4%	59.0%	59.0%
	2019/20 Actual	79.2%	-	-	-
	Variance	27.9%	-	-	-

Performance and Programme Overview

Complex Care

Areas Covered:

- Continuing Healthcare (CHC)
- Personal Health Budgets (PHBs)

Content:

- Summary dashboard
- Narrative
- Supporting data

Vale of York CCG Performance Summary Dashboard – Complex Care

CCG IAF 2018/19	Planning Guidance 2019/20	Quality Premium 2018/19	Category:	Indicator:	2019/20 Target:	Oct-18:	Nov-18:	Dec-18:	Jan-19:	Feb-19:	Mar-19:	Apr-19:	May-19:	Jun-19:	Jul-19:	Aug-19:	Sep-19:	Previous 3 Quarters	Current QTD	Previous Financial Year:	Current Financial YTD		
																		2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2	2018/19	2019/20
Complex Care																							
131a		Y	CHC	% DSTs undertaken in acute setting	≤15%	2.1%	0.0%	0.0%	0.0%	0.0%	2.1%	3.8%	13.6%	0.0%	6.3%	0.0%	9.5%	0.8%	0.8%	5.6%	5.0%	2.0%	5.3%
		Y	CHC	% of Standard CHC referrals with a decision on DST within 28 days	≥80%	91.5%	68.4%	70.2%	84.3%	96.9%	87.5%	82.1%	85.3%	89.7%	82.5%	86.7%	85.7%	77.3%	88.5%	85.7%	84.7%	74.8%	85.2%
	E.N.1		PHBs	Total Personal Health Budgets in place	330 by March 2020	-	-	-	-	-	-	-	38	39	42	47	74	38	38	38	44	38	44

*Note - CHC and PHB data is generated internally within the CCG and therefore is available one month ahead of other data. Data is published nationally on a quarterly basis only.

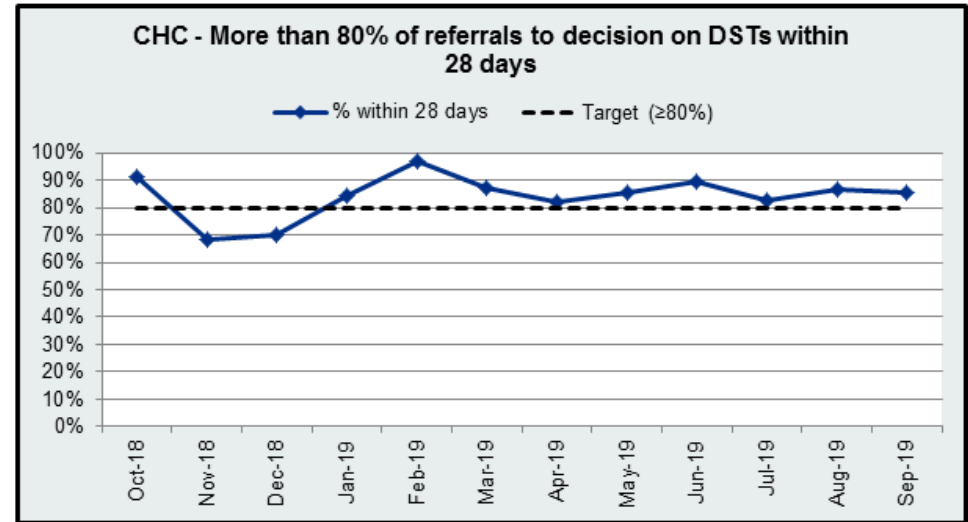
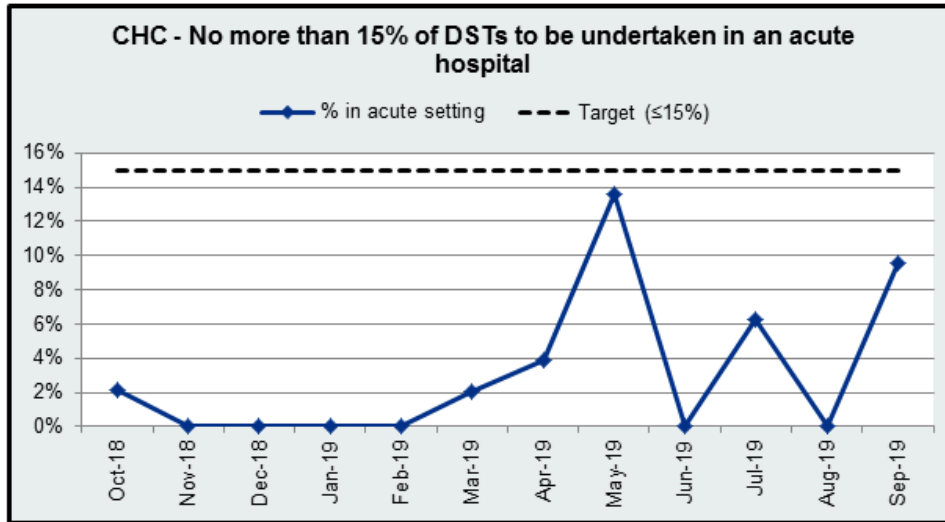
Complex Care

Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
CHC – DST taking place in Acute Hospital	Yes	2 DSTs were performed in an Acute Setting in September. Both cases were considered in detail before proceeding.	The Discharge to Assess pathway works to reduce DST in an Acute Setting although in some cases this activity is necessary	Not Required
CHC – Decisions on DSTs within 28 days	Yes	The target has been met in September. The expectation is that the target will be met in October.	The implementation of iQA continues. Upgrades to the system are continuing which are significantly improving its usefulness. The two additional admin staff have both now started.	Not Required
CHC – Waiting Times	Yes	There were 2 long waiters in September. Both have had DSTs and decisions will be made in October.	A process is now in place to review any long waiters on a regular basis however as the DST booking process has improved it is anticipated that clients will be routinely seen within the required 28 day timeframe	Not Required
Personal Health Budgets	No	The current plan relies heavily on the implementation of Personal Wheelchair Budgets (PWBs). PWBs have started to be offered through a soft launch and the position against plan is expected to improve significantly.	All new CHC clients are considered for PHB eligibility and current CHC packages that may be suitable for PHB have been targeted so PHBs are our default position. We are expanding our PHB offer and working to implement PWBs with our community wheelchair service and PHBs for people with Section117 aftercare.	Not Required

Continuing Healthcare (CHC) and Personal Health Budgets (PHBs)

*Note - CHC and PHB data is generated internally within the CCG and therefore is available one month ahead of other data. Data is published nationally on a quarterly basis only.

CHC Decision Support Tool (DST) in acute setting and CHC Completed referrals to decision



CHC incomplete referrals waiting times and Personal Health Budgets (PHBs)

CHC referral to decision on DST - waits exceeding 28 days							
Period	Within 28 days	1 to 14 days over	15 to 28 days over	29 to 84 days over	85 to 182 days over	≥183 days over	Total over 28 days
Apr-19	Data not available for this month						
May-19	20	0	0	3	1	0	4
Jun-19	15	0	1	2	0	0	3
Jul-19	17	3	0	2	0	0	5
Aug-19	14	0	2	0	1	0	3
Sep-19	19	0	1	1	0	0	2
Oct-19							
Nov-19							
Dec-19							
Jan-20							
Feb-20							
Mar-20							

Personal Health Budgets (PHBs)				
Period	Wheelchair PHBs	CHC PHBs	Other PHBs	Total PHBs*
Apr-19	Data not available for this month			
May-19	0	38	0	38
Jun-19	0	39	0	39
Jul-19	0	42	0	42
Aug-19	0	45	2	47
Sep-19	23	47	4	74
Oct-19				
Nov-19				
Dec-19				
Jan-20				
Feb-20				
Mar-20				

CCG Improvement and Assessment Framework (IAF)



Vale of York

Clinical Commissioning Group

CCG Improvement and Assessment Framework (IAF)

CCGs are assessed annually by NHS England against the Improvement and Assessment Framework (IAF). There are 4 possible achievement ratings to be gained – Inadequate, Requires Improvement, Good or Outstanding. The CCG IAF comprises indicators selected by NHS England to track and assess variation across performance, delivery, outcomes, finance and leadership.

2018/19 Framework and Annual Rating

The Quarter 4 2018/19 IAF dashboard was released to CCGs on 11th July 2019, and confirms that the full year rating for Vale of York CCG for 2018/19 remains static at **Requires Improvement**. Methodology for assessment remains similar to the previous year with the 58 IAF measures divided into 3 domains – Finance (indicator 141b) which accounts for 25% of the total scoring, Quality of Leadership (indicator 165a) which accounts for another 25%, and Other which encompasses all remaining indicators and accounts for 50% of scoring.

Of the two key indicators which between them are worth 50% of the overall scoring, the CCG were rated Red against Finance, and Amber against Quality of Leadership. This is the same rating as achieved in 2017/18 for both indicators.

Detailed scoring data was received from NHS England on 12th August and shows a total score of 0.570 in 2018/19 out of a maximum possible score of 2. This is compared to 0.576 in 2017/18 and 0.488 in 2016/17. In order to achieve a rating of 'Good' the CCG would need to have achieved a score of 1, and a score of 1.45 to be rated 'Outstanding'.

The table on the following slide shows a summary of the CCG's performance position against all indicators. A number of indicators have assigned standards, trajectories, targets or ambitions. These are indicated in the Target column on the following slide with colour coding of Green for achievement and Red for non-achievement.

It should be noted that the Red/Amber/Green colour coding against England Ranking in the IAF dashboard is based where available on national ranking position against all other available CCGs. This may mean that despite achievement of a target or standard, an indicator may still be rated amber in this column. The reason behind the use of quartiles is due to the assessment methodology of NHS England for the IAF Framework, which takes into account distance from national average. An amber rating does not necessarily indicate non-achievement of target but simply that there is possibility for improvement compared to national position.

2019/20 Framework

Details of the 2019/20 assessment method for CCGs and Providers were released in August 2019 and are covered in the NHS Oversight Framework section of this report.

CCG Improvement and Assessment Framework (IAF)

Category	Refreshed (Q4 18/19)	Ref	Indicator	Higher/Lower is better	Target (Green=met, Red=not met)	Time period	CCG value	Direction	England Ranking
Better Health									
Child obesity	Y	102a	% 10-11 year olds classified overweight /obese	Lower is better	-	2015-16 to 2017-18	29.7%	Up	27/195
Diabetes		103a	Diabetes patients who achieved NICE targets	Higher is better	-	2017-18	35.3%	Down	167/195
Diabetes		103b	Diabetes - Attendance of structured education course	Higher is better	-	2017-18 (2016 cohort)	4.2%	Up	140/195
Falls		104a	Injuries from falls in people 65yrs +	Lower is better	-	18-19 Q3	2186	Up	125/195
Personalisation and choice	Y	105b	Personal health budgets	Higher is better	-	18-19 Q4	11	Static	168/195
Health inequalities		106a	Inequality Chronic - Ambulatory Care Sensitive (ACS) & Urgent Care Sensitive (UCS) Conditions	Lower is better	-	18-19 Q2	2196	Up	101/192
Antimicrobial resistance	Y	107a	AMR: appropriate prescribing	Lower is better	0.965	2019 02	0.868	Down	46/195
Antimicrobial resistance	Y	107b	AMR: Broad spectrum prescribing	Lower is better	10%	2019 02	4.4%	Up	2/195
Carers		108a	Quality of life of carers	Higher is better	1	2018	0.60	-	85/195
Better Care									
Provision of high quality care		121a	High quality care - acute	Higher is better	-	18-19 Q3	60	Down	105/195
Provision of high quality care		121b	High quality care - primary care	Higher is better	-	18-19 Q3	65	Down	142/195
Provision of high quality care		121c	High quality care - adult social care	Higher is better	-	18-19 Q3	63	Up	63/195
Cancer	Y	122a	Cancers diagnosed at early stage	Higher is better	53.5%	2017	55.6%	Up	27/195
Cancer	Y	122b	Cancer 62 days of referral to treatment	Higher is better	85%	18-19 Q4	81.4%	Up	62/195
Cancer		122c	One-year survival from all cancers	Higher is better	75%	2016	71.6%	Static	129/195
Cancer		122d	Cancer patient experience	Higher is better	-	2017	8.9	Up	28/195
Mental health		123a	IAPT recovery rate	Higher is better	50%	18-19 Q3	43.8%	Down	185/195
Mental health		123b	IAPT Access	Higher is better	4.75%	18-19 Q3	2.8%	Down	192/195
Mental health	Y	123c	EIP 2 week referral	Higher is better	53%	2019 03	45.7%	Up	189/195
Mental health		123d	MH - CYP mental health services (not available)	-	-	-	-	-	-
Mental health		123e	MH - Crisis team provision	Higher is better	-	2017-18	0.0%	-	114/180
Mental health	Y	123f	MH - Out of Area Placements (OAPs)	Lower is better	-	2019 02	77	Up	114/195
Mental health	Y	123g	MH - Proportion of people on GP severe mental illness register receiving physical health checks in primary care (not available)	Higher is better	60%	18-19 Q4	17.6%	Up	152/195
Mental health		123h	MH - Cardio-metabolic assessments in mental health environments (not available)	-	-	-	-	-	-
Mental health	Y	123i	MH - Delivery of the mental health investment standard (MHIS)	-	-	18-19 Q4	Green	Static	-
Mental health	Y	123j	MH - Quality of mental health data submitted to NHS England (DQMI)	Higher is better	-	2019 01	93.20	-	28/195
Learning disability	Y	124a	LD - Reliance on specialist inpatient care	Lower is better	-	18-19 Q4	52	Down	101/195
Learning disability		124b	LD - Annual Health Check	Higher is better	-	2017-18	54.8%	Up	73/195
Learning disability		124c	Completeness of the GP learning disability register	Higher is better	-	2017-18	0.3%	-	184/195

Category	Refreshed (Q4 18/19)	Ref	Indicator	Higher/Lower is better	Target (Green=met, Red=not met)	Time period	CCG value	Direction	England Ranking
Better Care (continued)									
Maternity		125a	Neonatal mortality and stillbirths	Lower is better	-	2016	4.4	Up	89/194
Maternity	Y	125b	Experience of maternity services	Higher is better	-	2018	82.7	Down	94/195
Maternity	Y	125c	Choices in maternity services	Higher is better	-	2018	53.6	Down	182/195
Maternity		125d	Maternal smoking at delivery	Lower is better	6%	18-19 Q3	12.4%	Down	113/195
Dementia	Y	126a	Dementia diagnosis rate	Higher is better	66.7%	2019 03	58.6%	Down	187/195
Dementia		126b	Dementia post diagnostic support	Higher is better	-	2017-18	78.6%	Up	87/194
Urgent and emergency care		127b	Emergency admissions for UCS conditions	Lower is better	-	18-19 Q2	2488	Up	112/195
Urgent and emergency care		127c	A&E admission, transfer, discharge within 4 hours	Higher is better	95%	2019 03	84.1%	Up	112/195
Urgent and emergency care	Y	127e	Delayed transfers of care per 100,000 population	Lower is better	-	2019 03	14	Down	162/195
Urgent and emergency care		127f	Hospital bed use following emergency admission	Lower is better	-	18-19 Q2	538	Down	148/195
End of life care	Y	105c	% of deaths with 3+ emergency admissions in last three months of life	Lower is better	-	2017	6.3%	Down	45/195
Primary care		128b	Patient experience of GP services	Higher is better	-	2018	87.3%	Up	35/195
Primary care	Y	128c	Primary care access	Higher is better	100%	2019 03	100%	Static	1/193
Primary care		128d	Primary care workforce	Higher is better	-	2018 09	1.2	Up	21/195
Primary care	Y	128e	Primary Care transformation investment	-	-	18-19 Q4	Red	Static	-
Elective access	Y	129a	18 week RTT	Higher is better	92%	2019 03	83.3%	Down	155/195
7 day services	Y	130a	7 Day Services - Achievement of Standards	Higher is better	-	2017-18	2	-	56/195
NHS Continuing Healthcare	Y	131a	% NHS CHC assessments taking place in acute hospital setting	Lower is better	15%	18-19 Q4	0.8%	Static	60/195
Patient safety	Y	132a	Sepsis awareness	-	-	2018	Green	Up	-
Diagnostics	Y	133a	Patients waiting 6 weeks or more for a diagnostic test	Lower is better	1%	2019 03	8.2%	Down	186/195
Sustainability									
Financial sustainability	Y	141b	In-year financial performance	-	-	18-19 Q4	Red	Static	-
Paper-free at the point of care	Y	144a	Utilisation of the NHS e-referral service	Higher is better	-	2019 03	100.0%	Up	1/195
Demand management		145a	Expenditure in areas with identified scope for improvement	-	-	18-19 Q3	Amber	Static	-
Leadership									
Probity and corporate governance	Y	162a	Probity and corporate governance	-	-	18-19 Q4	Green	Static	-
Workforce engagement	Y	163a	Staff engagement index	Higher is better	-	2018	3.8	Up	102/189
Workforce engagement	Y	163b	Progress against WRES	Higher is better	-	2018	0.09	Down	154/189
CCGs' local relationships	Y	164a	Working relationship effectiveness	Higher is better	-	2018-19	61.3	Up	168/195
Quality of leadership	Y	165a	Quality of CCG leadership	-	-	18-19 Q4	Amber	Static	-
Patient and community engagement	Y	166a	CCG compliance with standards of public and patient participation	-	-	2018	Green	Static	-

England Ranking key: Green = top quartile Amber = interquartile range Red = bottom quartile

NHS Oversight Framework (NHS OF)

NHS Oversight Framework (NHS OF)

The NHS Oversight Framework for 2019/20 was published in August 2019, and outlines the joint approach NHS England and NHS Improvement will take to oversee organisational performance and identify where commissioners and providers may need support. The NHS Oversight Framework has replaced the provider Single Oversight Framework and the CCG Improvement and Assessment Framework (IAF).

It is intended as a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers and Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).

NHSE/I have described that changes to oversight will be characterised by several key principles:

- NHS England and NHS Improvement teams speaking with a single voice, setting consistent expectations of systems and their constituent organisations
- a greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals
- working with and through system leaders, wherever possible, to tackle problems
- matching accountability for results with improvement support, as appropriate
- greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

Oversight will incorporate:

- System review meetings: discussions between the regional team and system leaders, drawing on corporate and national expertise as necessary, informed by a shared set of information and covering:
 - performance against a core set of national requirements at system and/or organisational level. These will include: quality of care, population health, financial performance and sustainability, and delivery of national standards
 - any emerging organisational health issues that may need addressing
 - implementation of transformation objectives in the NHS Long Term Plan.

In the absence of material concerns, the default frequency for these meetings will be quarterly, but regional teams will engage more frequently where system or organisational issues make it necessary.

- Focused engagement with the system and the relevant organisations where specific issues emerge outside these meetings.

The specific dataset for 2019/20 broadly reflects existing provider and commissioner oversight and assessment priorities. A brief summary is provided on the next slide.

NHS Oversight Framework (NHS OF)

A brief summary of the indicators contained within the framework is outlined below.

- ❖ The 2019/20 framework 65 indicators in total, plus a sub-set of approximately 30 provider based indicators
- ❖ 54 indicators have been carried over from the 2018/19 CCG IAF
- ❖ 1 of the 54 indicators has retained its reference but with definition amended:
 - 128c in the 2018/19 framework was 'Proportion of population benefiting from extended access services'. 128c in the 2019/20 framework has been amended to a placeholder indicator titled 'Patient experience of booking a GP appointment' with the comment 'The work to develop the specific metric will be taken forward as part of the National Access Review'.
- ❖ 4 indicators from the 2018/19 framework have been removed:
 - 121c – High quality care – adult social care
 - 123e – Mental Health - crisis team provision
 - 123h – Mental Health – cardio-metabolic assessments in mental health environments
 - 128e – Primary care transformation investment
- ❖ 6 new indicators for CCG oversight have been added:
 - 134a – Evidence based interventions
 - 124d – Learning disabilities mortality review: % of reviews completed within 6 months of notification
 - 129b – Overall size of the waiting list
 - 129c – Patients waiting over 52 weeks for treatment
 - 123k – CYP and eating disorders investment as a percentage of total mental health spend
 - 109a – Reducing the rate of low priority prescribing
- ❖ There are 4 indicators contained in the framework not previously monitored by the CCG, these are provider oversight measures:
 - Effectiveness of shared objective-setting and teamworking
 - Providing equal opportunities and eliminating discrimination
 - Black and minority ethnic (BME) leadership ambition for executive appointments
 - Reducing/eliminating bullying and harassment from managers and other staff
- ❖ In addition to the 4 indicators above, a fifth indicator has been added which references a sub-set of provider oversight indicators:
 - Quality of Care metrics: a set of 30 quality proxies to identify any emerging quality concerns at acute, mental health, ambulance and community trusts
 - This sub-set has been queried with the NHSE/I Oversight and Assessment team as the provider annex contains more than 30 metrics so clarity has been sought on which are to be included for assessment.

Clinical Standards Review 2019

- In March 2019 an interim report was published by Professor Stephen Powis, NHS National Medical Director, setting out recommendations for determining whether patients would be well served by updating and supplementing some of the older targets currently in use across the NHS. Professor Powis has proposed a number of revised standards which will be rigorously field tested during 2019/20 to gather further evidence on clinical, operational, workforce and financial implications. These standards apply to four service areas:
 - Mental Health
 - Cancer
 - Urgent and Emergency Care
 - Elective Care
- 2019/20 will therefore be a transition year between the old targets and updated standards.
- Field testing of the new suite of access standards will take place at a selection of sites across England, before wider implementation. The approach and timeframe for this testing varies across the four service areas according to the nature of care and the changes that are being proposed. Prior to testing, detailed guidance will be provided to test sites to ensure clarity and consistency in what they are testing and measuring, and to support robust evaluation.

Urgent and emergency care

- The following hospital trusts have worked with the NHS nationally to agree how they will safely test the urgent and emergency care proposals, and began the first phase of the trial from May 22nd 2019: Cambridge University Hospitals, Chelsea and Westminster Hospital, Frimley Heath, Imperial College Healthcare, Kettering General Hospital, Luton and Dunstable University Hospital, Mid Yorkshire Hospitals, North Tees and Hartlepool, Nottingham University Hospitals, Plymouth Hospitals, Poole Hospital, Portsmouth Hospitals, Rotherham, West Suffolk.
- The first six-week phase of testing explored whether an average (mean) time in A&E could be implemented safely, and provide clinicians with a useful measure of activity and patient experience. Findings from this phase were that the measure was introduced successfully across all sites, with no reported safety concerns linked to the testing. The Clinical Advisory Group for this workstream, and the trusts involved, therefore support that a second phase of testing should go ahead, beginning Wednesday 31 July.
- This phase will include:
 - measuring time to initial assessment;
 - collecting data to examine the feasibility of measuring how fast critically ill or injured patients arriving at A&E receive a package of tests and care developed with clinical experts, and;
 - test sites to continue monitoring average (mean) total time in department and long waits from arrival, aiming for continual improvement.

- The list of critical conditions included in testing in this phase is: stroke, major trauma, heart attacks (MI – STEMI), acute physiological derangement (including sepsis), and severe asthma.
- Later in the process, neighbouring mental health trusts will be testing standards for urgent community mental health services that can prevent avoidable A&E attendances by providing mental health crisis care in more suitable environments where possible.
- When people do need to attend A&E, the trusts above will be measuring how long people who arrive at A&E experiencing a mental health crisis wait for a psychiatric assessment and, where required, a transfer to appropriate mental health care.

Routine (elective) care

- The following hospital trusts have worked with the NHS nationally to agree how they will safely test the elective care proposals, and will begin the first phase of the trial from early August: Barts Health, Calderdale and Huddersfield, East Lancashire Hospitals, Great Ormond Street Hospital for Children, Harrogate and District, Milton Keynes University Hospital, Northampton General Hospital, Surrey and Sussex Healthcare, Taunton and Somerset, The Walton Centre, University Hospitals Bristol, University Hospitals Coventry and Warwickshire.
- These trusts will be testing the use of an average (mean) wait measure for people on the waiting list as a potential alternative to a threshold target, currently set at 18-weeks, to see whether keeping the focus on patients at all stages of their pathway can help to reduce long waits.
- They will also be helping to understand the impact of removing a third of outpatient appointments on both the current 18-week threshold or a potential mean, in order to set a more appropriate standard in the future.

Cancer

- The following hospital trusts have worked with the NHS nationally to agree how they will safely test the elective care proposals, and will begin the first phase of the trial from late August: Mid Essex Hospital Services, Epsom and St Helier University Hospitals, Kingston Hospital, Chesterfield Royal Hospital, Northampton General Hospital, Doncaster and Bassetlaw Teaching Hospitals, East Lancashire Hospitals, Warrington and Halton Hospitals, Hampshire Hospitals, The Royal Bournemouth and Christchurch Hospitals, Torbay and South Devon.
- These trusts will be testing the use of a faster diagnosis standard for people with suspected cancer – meaning that people can expect to be told whether or not they have cancer within 28 days of an urgent referral from their GP or a cancer screening programme – instead of the current standard of seeing a specialist within 14 days, with no measurement of when someone should be told the result.

Mental health

- The interim report proposes new standards across different types of mental health care, and these require different approaches to testing.
- The following trusts will test different aspects of the proposed new standards for urgent and emergency mental health care: Cambridgeshire and Peterborough, Central North West London, East London, Livewell South West, Northamptonshire Healthcare, Nottinghamshire Healthcare, Rotherham, Doncaster and South Humber, South West Yorkshire, Surrey and Borders, and Berkshire, Tees, Esk and Wear Valley, West London
- As described above, these trusts will work with their neighbouring hospital trusts who are participating in the testing of proposed new A&E standards. They will also help NHS leaders to better understand the impact of the new standards in the context of efforts to deliver more care quicker and closer to home.
- A further 12 areas of the country are already piloting the four-week waiting time standard for children and young people's community Mental Health Support Teams. These are: Bromley, Buckinghamshire, Camden, Doncaster and Rotherham, Gloucestershire, Greater Manchester, Haringey, Northumberland, Oxfordshire, South Warwickshire, Stoke on Trent and North Staffordshire, Tower Hamlets
- Work is underway to design a field-testing approach for the proposed four-week standard for adult community mental health services, and confirm which organisations will be involved. Details will be published here when they are confirmed.
- Testing is expected to begin in all sites by October 2019.

Evaluation

- As well as assessing the data from trial sites, the NHS will commission an independent evaluation of the field testing, which will include the impact they have had on patient experience and staff.
- To support this, NHSE/I will work with several local Healthwatch across England to understand the effect of the proposed new standards on people's experience of A&E. This evidence, along with other data about people's experience of care, will help to make sure that the new standards take into account the needs of those who use services.
- Where appropriate standards will roll out from Autumn 2019, with final recommendations to be published in spring 2020. In the meantime, we will continue to monitor all existing standards which remain in force until the completion of this review. At this stage the definitions of the new proposed standards are not detailed enough to attempt to produce local baselines, but the CCG and York Trust will begin to shadow monitor these new standards as soon as we are able.
- Slides outlining the current and proposed standards across the four service areas were submitted to Finance and Performance Committee in March 2019.

Acronyms

Acronyms

2WW	Two week wait (urgent cancer referral)	DQIP	Data Quality Improvement Plan
A&E	Accident and Emergency	DTOC	Delayed Transfer of Care
AEDB	Accident and Emergency Delivery Board	ECS	Emergency Care Standard (4 hour target)
AHC	Annual Health Check	ED	Emergency Department
AIC	Aligned Incentive Contract	EDFD	Emergency Department Front Door
CAMHS	Child and Adolescent Mental Health Services	EMI	Elderly Mentally Infirm
CHC	Continuing Healthcare	ENT	Ear Nose and Throat
CIP	Cost Improvement Plan	F&P/F&PC	Finance and Performance Committee
CMB	Contract Management Board	FIT	Faecal Immunochemical Test
COPD	Chronic Obstructive Pulmonary Disease	FNC	Funded Nursing Care
CQC	Care Quality Commission	GA	General Anaesthetic
CQUIN	Commissioning for Quality and Innovation	GPSI	GP with Special Interest
CSF	Commissioner Sustainability Fund	HCV	Humber Coast and Vale
CT	Computerised Tomography Scan	IAF	Improvement and Assessment Framework
CYC	City of York Council	IAPT	Improving Access to Psychological Therapies
CYP	Children and Young People	ICS	Integrated Care System
DEXA	Dual Energy X-ray absorptiometry scan	IST	Intensive Support Team
DNA	Did not attend	LD	Learning Disabilities

Acronyms (cont.)

MDT	Multi Disciplinary Team	QP	Quality Premium
MHIS	Mental Health Investment Standard	RRV	Rapid Response Vehicle
MIU	Minor Injuries Unit	RSS	Referral Support Service
MMT	Medicines Management Team	RTT	Referral to Treatment
MRI	Magnetic Resonance Imaging	SOP	Standard Operating Procedure
MSK	Musculoskeletal	S&R/SRCCG	Scarborough and Ryedale CCG
NHS	National Health Service	STF	Sustainability and Transformation Fund
NHSE	NHS England	STP	Sustainability and Transformation Plan
NHSI	NHS Improvement	SUS	Secondary Uses Service
NYCC	North Yorkshire County Council	TEWV	Tees Esk and Wear Valleys NHS Foundation Trust
OOH	Out of Hours	T&O	Trauma and Orthopaedics
PCH	Primary Care Home	TIA	Transient Ischaemic Attack
POLCV	Procedures of Limited Clinical Value	ToR	Terms of Reference
PMO	Programme Management Office	VOY	Vale of York
POD	Point of Delivery	WLI	Waiting List Initiative
PSF	Provider Sustainability Funding	YAS	Yorkshire Ambulance Service
PTL	Patient Tracking List	Y&H	Yorkshire and Humber
QIPP	Quality Innovation Productivity and Prevention	YTHFT	York Teaching Hospital NHS Foundation Trust

Chair's Report: Executive Committee

Date of Meeting	7 August, 4 and 18 September and 2 October 2019
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee reviewed a number of areas. These included:

- The following commissioning responsibilities:
 - Continuous Glucose Monitoring of Type 1 Diabetes
 - Bariatric Surgery
 - Speech, language and communication for young people in York
- Assurance related to:
 - GP Opel reporting
 - Children and Young People Local Transformation Plan Quarter 4
- Financial matters during 2019/20 including:
 - Measures to ensure delivery of the financial plan
 - A proposal to develop a further Prescribing Incentive Scheme
- Corporate issues such as:
 - A review of the Individual Funding Request process
 - Readiness for EU Exit
 - A new provider of Occupational Health
 - GP reporting of Safeguarding Children and Vulnerable Adults

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

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Chair's Report: Audit Committee

Date of Meeting	26 September 2019
Chair	Phil Goatley

Areas of Note from the Committee Discussion

- Audit Committee was pleased to approve for 2019/20 the two key documents which govern the working relationship between the CCG and Audit Yorkshire as its internal auditors. These were the Internal Audit Charter and Working Together Protocol. In addition Committee Members approved the external auditor's Audit Strategy Memorandum that sets out the approach to delivering the 2019/20 audit.
- The quality of management responses to agreed internal audit recommendations has improved, but remains a work in progress to ensure that, in all cases, executive leads describe meaningfully the action(s) that will meet the internal audit recommendation for improvement and the realistic timescales for completion. This is essential both for progress tracking and to demonstrate due diligence and a mindset focused on improving services and their governance for the public, auditors and regulators.
- Audit Committee Members were very pleased to receive a positive report on progress achieved in establishing robust counter fraud measures. In particular this was centred on:
 - > positive working between the Audit Yorkshire Counter Fraud Team and the CCG's HR Team;
 - > establishment of a new joint working concordat.
- There was good news at Audit Committee about the robust management in the CCG of conflicts of interest. In the last two months there had been no reported breaches of the CCG's governance framework.
- Audit Committee asked that the guidance produced by Audit Yorkshire on combatting fraud in primary care is presented to Governing Body for information. This is intended to help GP colleagues test and/or put in place robust counter measures to prevent fraud.

Areas of Escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Chair's Report: Finance and Performance Committee

Date of Meeting	22 August and 26 September 2019
Chair	David Booker

Areas of note from the Committee Discussion

22 August

The Committee:

- Noted with concern orthopaedics overtrade with Ramsay Hospital and requested an update at the next meeting.
- Noted concerns regarding some elements of QIPP savings, especially achievement of prescribing. Andrew Lee to lead on a review of staffing resource to strengthen recovery.
- Noted the five year financial plan and the need to strengthen system clinical leadership.
- Agreed a number of contract extensions.

26 September

The Committee:

- Noted with concern that the system recovery plan would not deliver the planned savings of £11.2m. Implications of this, along with other financial challenges, will require the Executive Team to continue to review mitigations. NHS Vale of York CCG remains committed to a five year strategy for recovery.
- Reviewed the current overspend against budget with Ramsay Hospital for orthopaedic services and approved a co-operative approach to resolve the issues. Regular reporting was requested.
- Made a number of recommendations to the Governing Body relating to contracts for urgent care.
- Approved the Better Care Fund funding proposals but noted the need for clarification of priorities and the utilisation of resources with particular regard to improving delayed transfers of care. Phil Mettam to lead on the review.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Primary Care Commissioning Committee

Date of Meeting	19 September 2019
Chair (Interim)	Julie Hastings

Areas of note from the Committee Discussion

The Committee:

- Emphasised the need to be mindful of the pressures in primary care noting that the CCG would give this consideration in the context of risk mitigation and resilience.
- Acknowledged and supported discussion of financial resources between the Primary Care Commissioning Committee and the Finance and Performance Committee.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	10 October 2019
Chair	David Booker on behalf of Julie Hastings

Areas of note from the Committee Discussion


The Committee should initiate a focused review at a subsequent meeting of the mental health services provided for children and young people in the Vale of York, including representatives from Tees, Esk and Wear Valleys NHS Foundation Trust.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 21	
Name of Presenter: Dr Andrew Lee	
Meeting of the Governing Body Date of meeting: 7 November 2019	 Vale of York Clinical Commissioning Group
Report Title – Medicines Commissioning Committee Recommendations August 2019	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report These are the latest recommendations from the Medicines Commissioning Committee – August 2019	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

For information only

CCG Executive Committee have approved these recommendations

Decision Requested (for Decision Log)**Responsible Executive Director and Title**

Dr Andrew Lee
Director of Primary Care and Population Health

Report Author and Title

Faisal Majothi
Senior Pharmacist

Recommendations from York and Scarborough Medicines Commissioning Committee August 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA590 : Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis		Fluocinolone acetonide intravitreal implant is recommended, within its marketing authorisation, as an option for preventing relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye. It is recommended only if the company provides it according to the commercial arrangement.	RED	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than ££9,000 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment will be similar.
NHSE commissioned Technology Appraisals – for noting					
2.	TA588 : Nusinersen for treating spinal muscular atrophy		Nusinersen is recommended as an option for treating 5q spinal muscular atrophy (SMA) only if: <ul style="list-style-type: none"> • people have pre-symptomatic SMA, or SMA types 1, 2 or 3 and • the conditions in the managed access agreement are followed 	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA589 : Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity		Blinatumomab is recommended as an option for treating Philadelphia-chromosome-negative CD19-positive B-precursor acute lymphoblastic leukaemia in adults with minimal residual disease (MRD) of at least 0.1%, only if: <ul style="list-style-type: none"> • the disease is in first complete remission and • the company provides blinatumomab according to the commercial arrangement 	RED	No cost impact to CCGs as NHS England commissioned.
4.	TA591 : Letermovir for preventing cytomegalovirus disease after a stem cell transplant		Letermovir is recommended, within its marketing authorisation, as an option for preventing cytomegalovirus (CMV) reactivation and disease after an allogeneic haematopoietic stem cell transplant (HSCT) in adults who are seropositive for CMV. It is recommended only if the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.

Formulary applications or amendments/pathways/guidelines				
5.	Brivaracetam for Epilepsy	Adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 16 years of age with epilepsy. To be used to be in place of levetiracetam for epilepsy patients with unacceptable side effects such as irritability or insomnia, or in those where levetiracetam has been avoided due to a history of mood change or behavioural disturbance and also to have another antiepileptic in their treatment toolkit. It would be reserved for patients who are resistant to at least 2 other antiepileptic drugs. It is significantly more expensive than other similar drugs.	Change from BLACK to AMBER SI	<p>It is significantly more expensive than other similar drugs. But no significant cost impact to CCGs expected as restricted and patient numbers expected to be low.</p> <p>Brivaracetam 50mg BD = £1685 per patient pa Levetiracetam 750mg BD = £95 per patient pa</p> <p>Restricted to initiation by Dr Johnson and Dr Datta.</p>
6.	Dose of PPIs for gastroprotection with antiplatelets	The MCC recommend that a dose of 15mg of lansoprazole daily should be used for gastroprotection with antiplatelets. This is to be added to PPI deprescribing pathway.	N/A	May result in cost saving as 15mg lansoprazole is less expensive than 30mg.
7.	Indapamide 1.5mg Modified Release Tablets	Two studies were identified which showed no significant differences between IR and MR indapamide in terms of antihypertensive efficacy. Indapamide MR tablets cost around three times the price of the IR tablets, therefore the IR tablets are the more cost-effective option of the two.	BLACK	<p>Indapamide IR 2.5mg tab, 28 = 94p.</p> <p>Indapamide MR 1.5 mg tab, 30 = £3.40.</p>
8.	Oral iron - review of current products on formulary	Agreed no change to current formulary choices of Ferrous fumarate tabs/caps/syrup (1 st choice) and Ferrous sulphate tabs (2 nd choice). Sytron® remains 2 nd choice oral liquid	GREEN	<p>Ferrous fumarate tabs/caps = £1.30 - £3.75 for 28 days</p> <p>Ferrous sulphate = £3.24 for 28 days</p>
9.	Melatonin 3 mg film coated tablets (Colonis Pharma) Melatonin 1 mg/mL oral solution (Colonis Pharma)	Only licensed for Jet Lag in adults Colonis Pharma oral solution contains propylene glycol, ethanol and sorbitol so unsuitable for use in children for off-label indications. Off-label Circadin® remains most cost-effective preparation in children.	BLACK	n/a

10.	Vitamin B compound strong tablets	Confirmed that Vit b compound strong is BLACK except for re-feeding syndrome when is it AMBER SI.	n/a	Potential cost saving if formulary position enforced.
11.	Octreotide – clarification of formulary status	Confirmed that use in palliative care for bowel obstruction or high output stomas is AMBER SR	n/a	n/a
12.	Alimemazine tablets and oral liquid	Received a request to complete a “Do Not Prescribe” tool for alimemazine from VoY CCG. However MCC have previously black listed alimemazine in June 2017). While the formulary lists alimemazine as a BLACK drug, it only mentions the liquid. The decision was for both tablets and liquid as stated in the tool.	BLACK	n/a
13.	Sodium Aurothiomalate (Myocrisin®) injection 10mg/0.5mL, 50mg/0.5mL	Recently been discontinued by the manufacturer and no licensed direct alternative is available. It was agreed to stand down the existing shared care for Sodium aurothiomalate and remove the product from the formulary as it has been discontinued. Existing patients should be switched to an alternative DMARD following advice/review from rheumatology	Removed from formulary as discontinued.	No significant cost impact expected as low numbers of patients on Gold injection currently and other DMARDs of a similar cost. Gold 50mg injection = £13 a month Azathioprine 150mg OD = £15 a month Methotrexate oral = £20 a month Methotrexate inj = £66 a month Mycophenolate = £13 month
14.	Liraglutide (Saxenda®)	Confirmed that not approved for use for weight management as per MCC recommendation Oct 2015. This will be reviewed in March 2020 when NICE TA published	BLACK	n/a
15.	Oral contraceptives medal ranking	Updated version approved by MCC	n/a	n/a
16.	AgaMatrix Wavesense Jazz glucose monitoring system in Antenatal diabetes	MCC approved the use of the Wavesense test strips, solely for the purposes of pilot of new app in antenatal diabetes.	n/a	Cost price is less than GlucoRx currently.
17.	Bath and shower preparations for dry and pruritic skin conditions	MCC agreed these should all be listed as BLACK on the formulary as per recommendation in NHSE – Items which should not routinely be prescribed in primary	BLACK	Cost saving.

		care – updated June 2019. BATHE trial showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. Soap avoidance and ‘Leave-on’ emollient moisturisers can still be used for treating eczema.		
18.	TEWV Discharge on Psychotropic Medication Algorithm	A flowchart to guide the length of supply required at in-patient discharge, to support appropriate transfer of care to community teams or primary care, was endorsed by MCC.	n/a	No cost to CCGs expected.
19.	TEWV Dexamfetamine Shared Care	A new document, completing the set of shared care guidelines for ADHD medication, was approved by MCC.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
20.	TEWV Bipolar Disorder Medication Pathway	A draft of this new algorithm was approved by MCC.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
21.	TEWV Clozapine Annual Review Checklist	This new checklists to be completed by specialists and shared with GPs for information was approved by MCC.	n/a	No significant cost to CCGs expected as all the proposals are current practice.