Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

4 July 2019 9.30am to 12.30pm

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.	Verbal	Patient Story	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
4.	Pages 5 to 17	Minutes of the meeting held on 2 May 2019	To Approve	All
5.	Verbal	Matters arising from the minutes		All
6.	Pages 19 to 63	Accountable Officer's Report	To Receive	Phil Mettam Accountable Officer
7.	Pages 65 to 73	Risk Update Report	To Receive	Abigail Combes Head of Legal and Governance

FINANCE AND PERFORMANCE – 10.40am				
8.	Pages 75 to 90	Financial Performance Report 2019/20 Month 2	To Receive	Simon Bell Chief Finance Officer
9.	Pages 91 to 137	Integrated Performance Report Month 1	To Receive	Caroline Alexander Assistant Director of Delivery and Performance
ASSURANCE – 11.20am				
10.	Pages 139 to 163	Quality and Patient Experience Report	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
11.	Pages 165 to 166 Full Report in Separate Document	2018/19 Annual Report and Annual Accounts	To Ratify	Simon Bell Chief Finance Officer
12.	Presentat-ion	Role of CCG Research and Development Manager	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
RECEIVED ITEMS – 12.25pm **Committee minutes are published as separate documents**				
13.	Page 167	Chair's Report Executive Committee: 17 April, 1 and 15 May 2019		
14.	Page 169 to 170	Chair's Report Audit Committee: 23 May 2019		
15.	Pages 171	Chair's Report Finance and Performance Committee: 25 April and 23 May 2019		
16.	Pages 172	Chair's Report Primary Care Commissioning Committee: 9 May 2019		
17.	Pages 173	Chair's Report Quality and Patient Experience Committee: 13 June 2019		
18.	Pages 175 to 186	Medicines Commissioning Committee: 10 April and 8 May 2019		

NEXT MEETING				
19.	Verbal	9.30am on 5 September 2019 at West Offices, Station Rise, York YO1 6GA	To Note	All
CLOSE – 12.30pm				
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

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Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 2 May 2019 at Bar Convent, Blossom Street, York YO24 1AQ

Present

Dr Nigel Wells (NW) (Chair)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member, Finance and Performance Committee Chair
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Phil Goatley (PG)	Lay Member, Audit Committee Chair
Dr Andrew Lee (AL)	Executive Director of Primary Care and Population Health
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Keith Ramsay (KR)	Lay Member, Chair of Primary Care Commissioning Committee, Quality and Patient Experience Committee and Remuneration Committee
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Caroline Alexander (CA) – for item 9	Assistant Director of Delivery and Performance
Dr Aaron Brown (AB)	YOR Local Medical Committee Liaison Officer, Selby and York
Sarah Fiori (SF) – for item 11	Senior Quality Lead
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

There were two members of the public present.

There were no questions from members of the public.

Prior to commencing the agenda NW referred to the information in item 5 regarding Governing Body membership. He reiterated appreciation for KR's commitment to the CCG following his resignation on appointment as Chair of Mid Yorkshire Hospitals NHS Trust. NW also noted appreciation of Dr Arasu Kuppuswamy's contribution to the CCG; his three year tenure as Secondary Care Doctor Member had ended on 31 March.

AGENDA

STANDING ITEMS

1. Apologies

There were no apologies.

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.

3. Minutes of the Meeting held on 4 April 2019

The minutes of the meeting held on 4 April were agreed.

The Governing Body:

Approved the minutes of the meeting held on 4 April 2019.

4. Matters Arising from the Minutes

Accountable Officer Report - Clarification to be sought regarding clinical and GP engagement in the review of mass treatment and vaccination plan for North Yorkshire and York: SS reported on discussion with Dr Kathryn Ingold, Public Health Consultant at North Yorkshire County Council, who had confirmed there had been CCG but not GP engagement throughout development of the plan to date; HE and RW had now been invited to join this work. SS noted that there had however been clinical engagement via Public Health England. She also assured members about local City of York Council vaccination arrangements and that CCG engagement would be sought for development of an implementation plan in the event of the need for mass vaccination. AB offered Local Medical Committee engagement to facilitate discussion with the North Yorkshire CCGs.

Risk Update Report - Alternative models of monitoring eating disorder patients to be explored: DN reported that Tees, Esk and Wear Valleys NHS Foundation Trust had begun discussions with GPs regarding their concerns and that the Chief Nurse of NHS Scarborough and Ryedale CCG was leading discussions with York Teaching Hospital NHS Foundation Trust in respect of appointment of a paediatrician reiterating the potential for an out of area appointment. DN also emphasised the need for close working between Tees, Esk and Wear Valleys NHS Foundation Trust, who were wanting to strengthen this service, and General Practice; progress would be monitored through the Contract Management Board. AB had circulated the Local Medical Committee's letter to Tees, Esk and Wear Valleys NHS Foundation Trust regarding the eating disorder service concerns and also noted from the GP perspective that he would update members on system meetings taking place during May.

Financial Performance Report 2018/19 Month 11- Clarification to be provided re whether the £140k saving under Other Primary Care Prior Year Balances was ringfenced: SB advised that he had responded directly to AB that this related to the £3 per head funding. In response to AB seeking further clarification, for example regarding Personal Medical Services monies, SB agreed to respond to specific questions outside the meeting.

The Governing Body:

1. Noted the updates.
2. Noted that AB would circulate updates on system meetings during May from the GP perspective.
3. Noted that SB would respond to AB on specific questions outside the meeting.

5. Accountable Officer's Report

PM presented the report which provided an update on turnaround, local financial position and system recovery; operational planning; York Mental Health Partnership Board event; primary care protected learning time; joint commissioning and the Better Care Fund; CCG 360^{o} stakeholder survey 2018/19; EU exit preparations; emergency preparedness, resilience and response; Governing Body membership changes; and strategic and national issues.

PM reflected in detail on the time since his initial meeting with KR referring in particular to their discussion about the CCG's response to imposition of legal Directions and to the clinical reset of the Governing Body. PM commended KR's objective, consistent and professional approach; his support and advice through times of change had been much appreciated. PM wished KR well in his new role. In response KR thanked PM and apologised for the short notice period due to his appointment being from 1 June. KR commented on the changes and challenges since the CCG's establishment and commended the clinical reset of the Governing Body which emphasised patient focus, adding that he would miss the CCG.

With regard to the CCG's overall financial position for 2019/20 PM reported that, although progress had been made, the contract with York Teaching Hospital NHS Foundation Trust had not yet been agreed. Discussions were taking place across the local system to move all partners towards an equal role in delivering financial balance but the prospect for the health system was that 2019/20 would be the first of a number of years when there would be the requirement for reduced costs for infrastructure and workforce. The focus would be on substantial re-provision of services, transformation of care in terms of home, prevention and personal resilience which was in line with both the CCG's statutory duties and commissioning intentions. PM advised that the CCG was required to resolve the contract issues with York Teaching Hospital NHS Foundation Trust by 14 May, the deadline for submission of an agreed plan to NHS England and NHS Improvement being the 15th. He emphasised the need for the Governing Body to maintain clinical focus and the commitment to patients, prevention and reducing health inequalities, whilst understanding the financial challenge.

PM commended the success of the second protected learning time event attended by c270 healthcare professionals and noted the wide range of break out sessions. He also referred to comments on social media about the value of the afternoon.

NW explained that this second protected learning time event had been informed by feedback from the initial event, particularly in respect of the increase to two workshop sessions and networking opportunities; feedback from the April event would inform the July date. NW also welcomed the opportunity provided to facilitate a meeting of the Local Medical Committee.

HE, RW and AB provided further positive feedback from the protected learning time and noted that, although there had been no significant effect on out of hours during the Practices' closure, opportunities should be taken to share successful arrangements. MC additionally noted that one of the sessions planned for the July protected learning time would provide a particular focus for nurses and healthcare assistants. NW emphasised that these events were also opportunities for training in terms of quality and safety.

PM referred to the CCG 360^{o} stakeholder survey 2018/19 noting that this was an annual requirement from which the results were often used as benchmarking. The questions, set nationally, were not the same as in previous years therefore a direct comparison was not possible. However, in overall terms the CCG had improved across the majority of indicators. PM noted supportive comments from many stakeholders, including the Local Authorities, and variable comments from the 15 General Practice responses. Members would give detailed consideration to the results at the Part II meeting later in the day.

The Governing Body:

Received the Accountable Officer's report.

6. Risk Update Report

PM referred to the report presented to provide assurance that risks were being strategically managed, monitored and mitigated. It described details of current events and risks escalated to Governing Body by its committees for consideration regarding effectiveness of risk management approach. No new risks had been identified since the last Governing Body meeting.

PM noted that the rating for QN.02 potential risk to quality of care and patient safety at Unity Health had decreased; a number of other ratings were unchanged. With regard to events JC.26a Child and Adolescent Mental Health Services waiting lists and assessment, JC.26b Children's Autism and JC.26c Children and young people eating disorders, PM reported that the Quality and Patient Experience Committee had agreed that these be removed from the Committee's Risk Register and managed through the Officer Team but the Finance and Performance Committee had not supported this proposal. DB explained that the latter wished to maintain oversight in view of the ongoing concerns about waiting lists.

Detailed discussion ensued on risk reporting to enable the Governing Body to achieve the requisite scrutiny and provide assurance. PM explained that work was taking place to develop new ways of working in the context of the CCG's strategic objectives that aligned a risk approach and also fulfilled the statutory requirements.

DN referred to the children's autism waiting list and assured members that, although this remained a red risk, work was taking place to reduce numbers waiting and utilise the investment. The waiting list position would not be resolved immediately. She also reported on a meeting with Tees, Esk and Wear Valleys NHS Foundation Trust and NHS England and NHS Improvement in respect of a Child and Adolescent Mental Health Service pathway bid which was an example of system risk alignment and in accordance with the development of Integrated Care Systems.

Detailed discussion focused on the need to align CCG risks with those in primary care and other local partners, notably York Teaching Hospital NHS Foundation Trust and the Local Authorities, to facilitate a shared understanding and enable improvement through system working. SS offered assurance, for example in respect of the Child and Adolescent Mental Health Services risks, that City of York Council would equally recognise them and noted that discussions were taking place. She agreed to discuss with Local Authority colleagues potential to share risk registers in appropriate forums. AL additionally advised that the Local Resilience Forum received the top three risks of each organisation but there may be a need for consideration of reporting arrangements.

Further discussion included: the context of General Practice being able to introduce change at speed and associated opportunities for collaborative working; the role of auditors to share risks; the need for a refresh of the definition of risk on the CCG's risk registers; and the current development of the Board Assurance Framework which would enable a greater understanding of risk.

The Governing Body:

1. Received the risk update report.
2. Noted that SS would discuss potential to share Local Authority risk registers in appropriate forums.

FINANCE AND PERFORMANCE

7. Financial Performance Report 2018/19 Month 12 and 8. Financial Plan 2019/20

SB explained that the final outturn for 2018/19 had been in line with the £18.6m forecast deficit and the draft accounts had been prepared on this basis. The 2018/19 draft Annual Report and Accounts had been completed well within the required timescale and had been presented to the Audit Committee on 23 April. Final approval would be sought from the Audit Committee on 23 May prior to submission on 29 May; no issues had been identified to date.

SB referred to the £14.0m deficit against the CCG's control total and associated requirements. He explained this from the perspective of the 2.7% or c.£13m year on year increase in spend from 2017/18 to 2018/19 compared to the 2.5% rise in Retail Prices Index and the wider context of 3.7% real terms growth in the NHS from 1947 to 2017.

SB explained that the 2019/20 draft Financial Plan was currently as submitted on 4 April with a planned deficit of £21.0m against the £14.0m deficit control total. He also reported that there remained a £3.3m alignment gap between the CCG's proposed £238.1m contract with York Teaching Hospital NHS Foundation Trust and their figure of £241.4m. Across the system, i.e. NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust, this £10.3m distance from control total was part of the total £18.2m system control total gap. The savings requirement to close this gap was above 5%. This was in the context of the regulators' perspective for a maximum 3% commissioner savings programme and 2% for providers. SB emphasised that for the CCG to meet the regulators' requirements the CCG would need a savings programme in the region of three times greater than it had ever previously achieved and at a level of risk greater than was ordinarily acceptable to the regulators.

Discussion ensued in the context of the merger of the three North Yorkshire CCGs and the newly formed NHS England and NHS Improvement regulatory regime. PM detailed the development of a system, as opposed to an organisation, approach highlighting the need for alignment of Boards and Governing Bodies and their respective management teams but with emphasis on clinical risk assessment and risk to the population. Shared priorities were key to achieving change.

In response to the detailed discussion PM and NW agreed to develop a proposal for system partnership working, including the voluntary sector and regulators, to facilitate agreement of shared priorities to achieve change.

The Governing Body:

1. Received the month 12 Financial Performance Report.
2. Noted the update regarding the 2019/20 Financial Plan.
3. Requested that PM and NW develop a proposal for system partnership working, including the voluntary sector and regulators, to facilitate agreement of shared priorities to achieve change.

CA joined the meeting

9. Integrated Performance Report Month 11

CA, who had heard the discussion at the previous item, noted that performance was best considered jointly by all partners in the context of the system and not in isolation within the assurance frameworks of each organisation. She noted that the CCG's 58 Improvement and Assessment Framework indicators required triangulation of multiple workstreams and actions across various partners for effective reporting to the regulators.

CA explained that validated year end performance data would be available mid May and feedback was awaited from the regulators on the proposed CCG trajectories for 2019/20. She would present the information at the next meeting on both.

CA referred to the performance report which provided a triangulated overview of CCG performance across all NHS Constitutional targets; programme overviews relating to planned care; unplanned and out of hospital care; mental health, learning disability and complex care and children; the 2018/19 CCG Improvement and Assessment Framework; and Quality Premium 2018/19; core supporting performance information was included in a number of annexes. The report included identification of causes of current performance levels and the work being undertaken to drive performance improvement by CCG partners across a number of different forums and working groups both in the local York and Scarborough and Ryedale system and the wider Humber, Coast and Vale Care Partnership.

CA highlighted that month on month performance was relatively stable although below target in some areas and noted the improvement work that had taken place throughout 2018/19. In this regard she referred to improved and sustainable performance around cancer two week waits where the only current concern remained the dermatology pathway. Likewise the achievement at target in March of the continuing healthcare key performance indicators and the Improving Access to Psychological Therapies performance target.

With regard to diagnostics six week wait performance CA explained that 11 of the 15 specialties had failed to meet the 99% target in February. Partnership working was taking place to address these areas locally and at Humber, Coast and Vale Care Partnership. The radiology recovery plan, currently being developed, included work to achieve a more effective and sustainable approach to managing current MRI, CT endoscopy and ultrasound capacity locally.

CA referred to headlines of deterioration in performance. Provisional March data showed an improvement from 81.5% in February to 84% for A&E four hour performance against the 95% target. CA noted the future direction of travel around linking acuity and waiting times for emergency care services outlined in the Clinical Standards Review which would confirm future A&E performance targets from the autumn.

CA noted that, despite deterioration in January and February, the CCG had the highest performance across the Humber, Coast and Vale Cancer Alliance against the 85% cancer 62 day treatment target. She also noted the proposed trajectory for returning to this target by March 2020 through the work of the York Teaching Hospital NHS Foundation Trust Cancer Board and as a Cancer Alliance. The 2019/20 programme would be aided by £4.35m transformation funding across the Humber, Coast and Vale Cancer Alliance.

In respect of delayed transfers of care CA explained that a new Better Care Fund policy framework had been published but the associated guidance was awaited, and there was no date for the Green Paper to be published. Impact assessment and any actions and work would be considered via the Complex Care Group.

CA reported that 18 week referral to treatment performance was now focused on the total waiting list and the position as at 31 March 2019 was now the level to be maintained throughout 2019/20. Work was taking place at specialty level to optimise referrals and capacity, and manage patient expectations.

In response to KR referring to the improvements in continuing healthcare and Improving Access to Psychological Therapies, with regard to the former DN expressed appreciation to the team for their work. She also referred to the context of the QIPP (Quality, Innovation, Productivity and Prevention) target and market management emphasising the need for the position to be constantly monitored.

DN highlighted that there was a decrease in the number of referrals to Improving Access to Psychological Therapies which may be partly due to the self referral option. Both the CCG and Tees, Esk and Wear Valleys NHS Foundation Trust were concerned as the current commissioned performance was not expected to be achieved. The contract position was also below the national target. DN explained that detailed work was taking place with Practices, including prescribing data and variance. She highlighted the impact of waiting times on recovery. Discussion ensued in this regard with concerns that mental health targets may be unrealistic; an approach of living with, rather than recovery, would be more appropriate for many individuals.

In response to AB seeking clarification about the Child and Adolescent Mental Health Services percentage aged 17+ with a transition plan, DN explained that data issues were being investigated by Tees, Esk and Wear Valleys NHS Foundation Trust. This was an in month issue and overall there had been an improvement in Child and Adolescent Mental Health Services.

The Governing Body:

Received the month 11 Integrated Performance Report.

CA left the meeting

ASSURANCE

10. Quality and Patient Experience Report

MC presented the report which provided an overview of the quality of services across the CCG's main providers and an update on the quality improvement work of the CCG's Quality Team relating to quality improvements affecting the wider health and care economy. Key pieces of improvement work included: Special School Nursing Review as part of review of the 0 – 19 pathway, Care Home Strategy development, maternity services transformation and workforce transformation. The key messages from the April meeting of the Quality and Patient Experience Committee were also included.

With regard to the patient story at the Quality and Patient Experience Committee MC noted that the care home manager who had attended had subsequently received a national Avery Care Leadership Award following nomination by SF.

MC advised that Practices would receive the full anonymised Care Quality Commission Ready Programme report which would also be shared with Practice Managers at their meeting on 4 June. In response to HE referring to the recommendation that Practices should consider systems and processes they can implement to help them identify the 1% of patients expected to die in the next 12 months, including the consideration of a care coordinator role and implementation of the newly approved “Daffodil Standards” to improve end of life care for all patients, MC noted that most Practices were ready for an inspection but these were among a number of areas for system wide work that had been highlighted. Discussion also ensued in the context of the risk update report discussion at item 6 above, with particular reference to opportunities for a standardised approach, Primary Care Networks and inclusion at future protected learning time events of the “Daffodil Standards” and risk.

MC referred to concerns about prevalence of norovirus at York Teaching Hospital NHS Foundation Trust and commended the open and transparent multi-agency review. She highlighted the actions for improvement and noted the new Chief Nurse appointment as Director of Infection, Prevention and Control.

MC reported that Never Events remained a concern and investigations were ongoing regarding the two events of wrong site surgery. MC emphasised, however, that immediate action had been taken to address these.

MC noted the levels of uptake of flu vaccination and the associated supply and demand rates.

MC referred to the Medicines Management update noting that this workshop had evaluated well at both the protected learning time events. She highlighted that an assessment was currently being undertaken on the CCG’s position on Freestyle Libre in the context of the national commissioning standard.

In response to KR enquiring about reducing spend on over the counter available medicines as referred to under strategic and national issues in PM’s report at item 5, discussion highlighted that, although the principle of not routinely prescribing such items was right and there was a need for increased promotion both nationally and locally, this was a multi factorial issue. Aspects included the need to take account of individual circumstances, availability of local chemists and the duty of GPs to not deny care; impact on GP time in this regard was also noted. MC agreed to request an update from the Medicines Management Team on local practice and if the introduction of the proposal had led to any financial savings.

MC highlighted changes to the 2019/20 Commissioning for Quality and Innovation (CQUIN) schemes noting that these were based on best practice, where best practice could be implemented more rapidly, and there had been improved clinical engagement with providers. MC additionally noted inclusion of antimicrobial resistance as an indicator for York Teaching Hospital NHS Foundation Trust, again referred to under strategic and national issues in PM’s report at item 5.

In respect of the patient experience update MC highlighted the acquisition of Ulysses for patient experience management which would produce reports in a variety of ways.

MC commended the research and development work advising that there would be a presentation on this at the July Governing Body meeting. HE emphasised the importance of primary care research in terms of evidence for good practice, opportunities for funding and workforce benefit.

MC highlighted the work of Karen McNicholas, Senior Quality Lead, Children and Young People, noting development of a service specification with York Teaching Hospital NHS Foundation Trust for special school nursing and community children's nursing; the Internal Audit of community paediatrics and special school nursing; the engagement to continue provision of short breaks for disabled children and young people; and improvements in waiting times for wheelchairs. In response to AL commenting on the work required for a Special Educational Needs and Disability (SEND) inspection, MC assured members that, whilst recognising the risk, a joint plan was in place which gave increased confidence in this regard.

In response to DB referring to the children and young people's mental health investment standard indicators and seeking clarification about waiting times for a first appointment, DN and RW explained that there had been improvements. The timescale was approximately a year, depending on the pathway; the key factor was commencement of treatment.

DN referred to the autism update and highlighted that the additional funding had removed 65 children from the waiting list; Tees, Esk and Wear Valleys NHS Foundation Trust was still receiving referrals with a conversation rate of no more than 60%. She advised that a significant element of the 2019/20 mental health investment standard funding would be channelled into services for children and young people. AB noted potential opportunities emanating from Primary Care Networks, such as GPs with a Special Interest and specialist nurses.

DB reported on recent discussions with Barnardos who had in some areas been involved in work that had reduced waiting lists from 39 weeks to six weeks. DN expressed appreciation to DB for initiating the approach to Barnardos. She described the evidence from Barnardos' work, notably a single point of access with triage and treatment based in the same building. Such an approach may be useful as the system moved towards whole children's commissioning pathway incorporating prevention and flowing to Tier 4 services.

The Governing Body:

1. Received the Quality and Patient Experience Report.
2. Noted that MC would request an update on local practice relating to prescribing of over the counter available medicines and if the introduction of the proposal had led to any financial savings.

SF joined the meeting

11. Care Homes and Domiciliary Care

Work Plan 2019/20 and 'React to Red'

SF gave a detailed presentation comprising an overview of work with partners through 2018/19, the work plan for 2019/20 and the CCG's participation in the NHS England 'React to Red' programme. The latter aimed to reduce the incidence of skin damage in care homes by providing a standardised, consistent and collaborative approach to pressure ulcer prevention. Of the 83 care homes in the CCG area 66 had participated in 'React to Red'; feedback from both the individual and system levels was positive.

SF highlighted the areas of work in which care homes and domiciliary agencies would continue to be supported to provide high quality, cost effective care through partnership working with stakeholders from health, social care and the third sector.

MC emphasised the need for sustainability but highlighted that currently there were only two members of team to carry out the work plan across the 83 care homes. She also noted that care homes had welcomed the work programme which had resulted in improved engagement with the CCG and the strengthening of the Partners in Care Forum.

The Governing Body

Commended the achievements of the 'React to Red' programme and noted the care home and domiciliary care work plan for 2019/20.

SF left the meeting

12. End of Life Care Strategy

In presenting the End of Life Care Strategy, approved by the Quality and Patient Experience Committee, MC particularly commended the work of Dr Victoria Turner (VT), Public Health Registrar, in its development. MC explained that this system wide strategy, developed with Local Authorities and providers, was one of three documents; an action plan and a citizens' charter were being developed. As part of the launch the strategy would be presented at Health and Wellbeing Boards.

Jenny Brandom, Deputy Chief Nurse, who was in the audience, reiterated the key role played by VT in this collaborative system work noting that the action plan was being prioritised for implementation.

Members discussed potential alignment of the End of Life Strategy with those currently adopted by the Local Authorities.

The Governing Body

Ratified the End of Life Care Strategy.

ADDITIONAL ITEM - PREVENTION CONCORDAT FOR BETTER MENTAL HEALTH

DN explained that NHS England had enquired whether the CCG had signed up to the Prevention Concordat for Better Mental Health which promoted good mental health and was one of the recommendations in the *Five Year Forward View for Mental Health*. She noted, following sign, up, there was availability of resources to implement an action plan for this programme.

DN advised that the CCG was partly covered through sign up by the City of York Health and Wellbeing Board. She sought and received support for her proposal to ascertain whether North Yorkshire Health and Wellbeing Board had also signed up. DN noted that she would also seek clarification about the action plans to ensure the CCG's work was represented in this.

The Governing Body

Delegated authority to DN to progress sign up by the CCG to the Prevention Concordat for Better Mental Health and associated action plans.

RECEIVED ITEMS

The Governing Body noted the following items as received:

13. Executive Committee chair's report and minutes of 20 March and 3 April 2019.

14. Finance and Performance Committee chair's report and minutes of 28 March 2019.

15. Quality and Patient Experience Committee chair's report and minutes of 11 April 2019

16. Audit Committee chair's report and minutes of 23 April 2019.

17. Medicines Commissioning Committee recommendations of 12 December and 13 March 2019.

18. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 4 July 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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Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 2 MAY 2019 AND CARRIED FORWARD FROM PREVIOUS MEETING

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 April 2019 2 May 2019	Risk Update Report	• Alternative models of monitoring eating disorder patients: AB to circulate update on system discussions from the GP perspective	AB	
2 May 2019	Risk Update Report	• SS would discuss potential to share Local Authority risk registers in appropriate forums	SS	
2 May 2019	Financial Performance Report 2018/19 Month 12 and Financial Plan 2019/20	• PM and NW to develop a proposal for system partnership working, including the voluntary sector and regulators, to facilitate agreement of shared priorities to achieve change	PM/NW	

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Item Number: 6

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Date of meeting: 4 July 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Accountable Officer's Report

Purpose of Report
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

☒Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital- single acute contract
☐Transformed MH-LD- Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts- Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Covalent Risk Reference and Covalent Description

Emerging Risks (not yet on Covalent)

Recommendations

The Governing Body is asked to note the report.

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

GOVERNING BODY MEETING: 4 JULY 2019

Accountable Officer's Report

1. Turnaround, local financial position and system recovery

1.1 Following the 2019-20 Financial Plan submission on the 4 April 2019 the CCG, with partners from York Teaching Hospital NHS Foundation Trust and NHS Scarborough and Ryedale CCG, jointly identified an additional system cost reduction plan and the associated governance arrangements. This work, which included regulator support and input, identified further potential savings of £11.2m and led to the development of the fixed upper contract value for the main provider contract with all partners taking an equal share, £3.7m of the required cost reduction. A revised financial plan was submitted on the 15 May 2019 with a deficit of £18.8m and a total savings requirement of £14.7m.

1.2 The CCG has made a positive start to the year as the plan at the end of May 2019 was for a deficit of £3.1m and the actual deficit is £2.9m. This is £220k better than planned.

1.3 QIPP delivery at Month 2 is £1.5m against a year to date plan target of £1.7m and the CCG has already been able to action £7.0m of savings for the year compared to the overall target. Although this is a reasonable start, much of the required system cost reduction is profiled over the last half of the year and requires action in the next month or so to ensure we maximise delivery.

2. Operational Planning

2.1 The CCG is working with partners to deliver the priorities captured in its Operational Plan for 2019-20, framing and aligning these as required alongside emerging developments such as the joint system cost reduction programme and with Primary Care Networks as they establish. Priorities remain local work to transform outpatients and how our patients access elective care in our system, including developing new models of care for pressured specialties such as ophthalmology and dermatology.

2.2 The CCG is also now focusing on developing the medium-term priorities and the local response to the ambition captured in the NHS Long Term Plan with partners working in an increasingly collaborative system approach. There are a number of joint planning sessions with key partners scheduled throughout the summer, and the CCG is also working closely with both the North Yorkshire and York Senior Leadership Executive and the Humber, Coast and Vale Health and Care Partnership to ensure all opportunities for collaborative working at scale can benefit our local priorities. The early conversations around how system partners can work with Primary Care Networks to co-

produce a vision of what integrated out of hospital care could look like are now starting.

2.3 The CCG continues to bring clinicians and service operational leads together to support the delivery and further planning of change and improvement, and there has been a commitment to align local primary care and acute hospital protected learning time days from September to support shared learning and relationship building.

2.4 NHS England, NHS Improvement, the Academic Health Science Network and NHS Digital Leadership Academy are also providing change management and organisational development support for various programmes of work including the local outpatients transformation programme.

3. Primary Care Protected Learning Time

3.1 The third protected learning time event for primary care will take place on Wednesday 3 July 2019. Hundreds of professionals from our primary care community will be joining the CCG in what has been viewed by many of the previous participants as a very positive and useful event.

3.2 Dr Warren Larkin, a renowned Consultant Clinical Psychologist, will be delivering the opening presentation on ‘Addressing Childhood Adversity in Professional Practice’. The workshop sessions will give participants a wide choice of different topics to choose from and add to their learning. They include back pain management and analgesia, building a suicide safer community, digital engagement, fertility, colorectal and anaemia pathways, liver function and biochemistry tests, prescribing, paediatrics, safeguarding and wound care.

4. Patient and Public Participation Annual Report 2018-19

4.1 The attached Patient and Public Participation Annual Report for 2018-19, commended at the June meeting of the Quality and Patient Experience Committee for ratification by the Governing Body, highlights our work to have meaningful conversations with our Vale of York communities. We want to see primary care at the centre of service delivery so we can ensure that hospital based care focuses on the elements that can only be done in a hospital setting. That is why 2018-19 saw our engagement and involvement plans focus on clinical engagement to help create opportunities for professional learning and development for local GPs, practice nurses, Allied Health Professionals, Health Care Assistants, Physician Associates. Our clinical engagement events are peer-led, providing an opportunity for primary care and secondary care colleagues to share their expertise and insight.

4.2 The report also provides a useful retrospective of our work, including a summary of the outcomes and improvements that have been put in place.

5. Primary Care Networks in the Vale of York

5.1 To help meet the needs of patients, our member practices are embarking on a new way of working together with community, mental health, social care, pharmacy, hospital and voluntary services, in local areas that will be known as primary care networks.

5.2 The networks; which require formal approval from NHS England, will focus on work that builds upon current primary care services and ultimately enable proactive, integrated health and social care that will provide clear benefits for patients and clinicians.

5.3 Approval to move to six primary care networks is expected at the beginning of July 2019. The networks, presented in the table below, are based upon GP patient lists, serving natural communities of around 30,000 to 50,000 people.

Primary care network		Practices within the network
South Hambleton and Ryedale		Terrington Surgery Helmsley Surgery Kirkbymoorside Surgery Tollerton Surgery Pickering Medical Practice Stillington Surgery Millfield Surgery
Selby Town		Scott Road Medical Centre Escrick Surgery Posterngate Surgery Beech Tree Surgery
York City		East Parade Medical Practice Unity Health Jorvik Gillygate Practice Dalton Terrace Surgery
Tadcaster and Selby		Sherburn Group Practice Tadcaster Medical Centre South Milford Surgery
Nimbus Care	Neighbourhood 1	Priory Medical Group
	Neighbourhood 2	Haxby Group Practice Front Street Surgery Old School Medical Practice
	Neighbourhood 3	Elvington Medical Practice Pocklington Group Practice My Health Group
YMG		York Medical Group

6. Humber, Coast and Vale Healthcare Partnership Primary Care Strategy 2019-2024

6.1 The Humber, Coast and Vale Health and Care Partnership (HCVHCP) has finalised their Primary Care Strategy for 2019-2024. This strategy is to be signed off by all the CCGs and will underpin how the GP Forward View programme will be delivered and be used as a catalyst for change in addition to supporting the emerging Primary Care Networks (PCN). The strategy has been created:

- To ensure primary care is able to act as a system leader to deliver the best possible outcomes for patients.
- To provide a foundation on which to build a clear purpose and vision to act as road map for system partners to drive forward new service models and integrated pathways that are focused on patient outcomes not organisational priorities.
- To ensure we have a resilient, robust and vibrant primary care sector working together to meet the needs of the local population

6.2 The following strategic work streams will underpin and be the core enablers in the delivery of the Primary Care Strategy; PCN development aligned to the GP contract reforms, Estates, Digital and Technology, Workforce, Communication and Engagement, Finance and Investment. Enablers to support implementation include:

- a secure and improved funding path for the NHS, averaging 3.4% a year over the next five years, compared with 2.2% over the past five years;
- wide consensus about the changes now needed, confirmed by patients' groups, professional bodies and frontline NHS leaders;
- an acknowledgement that work that commenced after the NHS Five Year Forward view is now beginning to bear fruit, providing practical experience of how to bring about the changes set out in the Plan.

6.3 As part of NHS England's new operating model, increasingly more responsibility and ability to take decisions locally will sit at an ICS level. This approach empowers and enables the ICS and CCGs to decide collectively, how best to deploy primary care funding including GP Forward View (GPFV) funding. HCVHCP is to develop an investment plan as required as part of the planning guidance to enable the Healthcare Partnership to receive funding at a system level for the 4 GPFV programmes. The Primary Care Strategy underpins the delegation of the GPFV funding stream.

7. Joint Commissioning and the Better Care Fund

7.1 Since the previous report there has been little change in the national position on Better Care Fund. The detailed planning guidance for 2019-20 has not yet

been published at the time of writing, but is expected shortly. Health and Wellbeing Boards have been advised that there is no requirement for a Quarter 1 national return as a result of the delay and the refresh of the narrative plan will be submitted through the planning template once it is released.

7.2 The York BCF Performance and Delivery Group held annual evaluation sessions at the end of May 2019, bringing schemes together in two half-day conferences to report on their progress over the past year, share learning and develop opportunities for joint working. These sessions highlighted common challenges across the system:

- workforce challenges – the ability to recruit and retain the staff we need – particularly in the context of the short term funding cycle, which affects the sustainability of services;
- information sharing and digital integration (shared care assessments and records about individuals coming into contact with services);
- the importance of advance care plans for people who are approaching the later years of their lives;
- the need to join up communications across the system to ensure everyone in our community is well informed about the resources available to help them stay independent, including the things they can do themselves to stay resilient for as long as possible; and
- the vital role of strengths based approaches and preventative services as the foundation for our whole system.

7.3 The capacity and demand exercise funded through the York BCF is drawing to its final stages, with presentations to the stakeholders taking place in June and July 2019. This work will provide an evidence base for future planning and commissioning of services, including improving our understanding of the pressures we observe in the system day to day.

7.4 In addition to refreshing the Section 75 Agreement for York BCF, the Joint Commissioning Strategic Group is exploring the opportunities to extend our commitment to pooled budgets in other areas of business, including Public Health.

8. Emergency, Preparedness, Resilience and Response Update

8.1 The EU Exit SitRep reporting has been stood down but is expected to re-commence in September.

8.2 The CCG has been working closely with public health and local authority teams on the Mass Treatment and Vaccination Plan for North Yorkshire and York.

8.3 There was another successful Tour de Yorkshire this May and the CCG is working with its partners around the planning for the UCI Cycle Races that are taking place in neighbouring towns in September 2019. The CCG is working closely with its partners at City of York Council on its plans for the Yorkshire Marathon. The event, which starts at 9.30am on Sunday 20 October 2019, is not expected to affect the access to York Hospital but may impact staff and patients getting in and out of the city.

9. Governing Body membership changes

9.1 The recruitment of Lay Member to the Governing Body continues. The role, which is currently vacant, will focus and lead on public and patient engagement.

9.2 Recruitment of a Secondary Care Doctor member also continues and it is hoped that the successful applicant will be present at September Governing Body meeting.

10. Strategic and national issues

10.1 Many practices are already connected but all practices will be connected to the NHS app by 1 July 2019. Guidance for CCGs and practices has been developed alongside a series of webinars that will help practices to brief their staff, prepare their systems and tell their patients about the NHS App once they are connected.

10.2 NHS England and NHS Improvement have launched a consultation on proposed guidance relating to individuals held within prisons and immigration removal centres who have been detained under the Mental Health Act for assessment and treatment within mental health inpatient services. As commissioners of mental health inpatient services and adult psychiatric intensive care units, CCGs have been asked share views on the proposed guidance.

10.3 NHS England has published the technical guidance and underlying spreadsheets, which explain how the CCG allocations published in January 2019 have been calculated. The latest calculations include a major update to the mental health formula, a brand new Community Health Services model, improved health inequalities adjustments and updated Market Forces Factors (MFF). They also include a revised population methodology, including calculation of annual average GP practice registrations and projecting populations using age-sex specific growth rates within CCGs.

10.4 Delivering the vision of the NHS Long Term Plan will require healthcare that is more personalised and patient centred, more focused on prevention, and more likely to be delivered in the community, out of hospital. It will be enabled by technology and delivered by professionals from different organisations collaborating and co-ordinating their care for each of us. The interim NHS

people plan, developed collaboratively with national leaders and partners, sets a vision for how people working in the NHS will be supported to deliver that care and identifies the actions we will take to help them.

10.5 What is a biosimilar medicine? provides an update on the role of biosimilar medicines in the NHS in England. The guide also provides support on the safe, effective and consistent use of all biological medicines, including biosimilar medicines, to support patients, in line with the principles of shared decision-making. Increased competition in the biological medicines market has the potential to deliver significant savings for the NHS – of at least £400m to £500m per year by 2020-21 which can be reinvested in treatments and improving patient care.

10.6 The NHS Long Term Plan sets out an ambition of 'Supporting people to age well'. The opportunities to improve care for people living with frailty in England are considerable and increasing numbers of people are at risk of developing frailty. More people living with frailty are experiencing unwarranted health outcomes. The RightCare Frailty Toolkit provides systems with guidance on how to provide the best care for people living with frailty. In doing so, people living with frailty should achieve better health outcomes. Health systems, supported by their Delivery Partner, can use this resource as a framework for local improvement discussions.

10.7 Respiratory disease affects one in five people and is the third biggest cause of death in England. To support implementation of the ambitions set out in the NHS Long Term Plan to improve outcomes for patients with respiratory conditions, NHS England and NHS Improvement are working with the British Thoracic Society to establish Respiratory Futures as the central knowledge hub and learning platform for respiratory work supporting the implementation of the Plan.

10.8 NHS England and NHS Improvement, in partnership with all regional teams, have produced system transformation diagnostic Bronze level reports for every STP and integrated care system. They enable systems to look beyond organisational boundaries and bring together information regarding all components of health and care to ensure planning truly reflects the needs of local populations. The reports identify three main high-impact areas where system level focus could improve outcomes and performance.

11. Recommendation

11.1 The Governing Body is asked to note the report.

11.2 The Governing Body is asked to ratify the Patient and Public Participation Annual Report 2018-19.

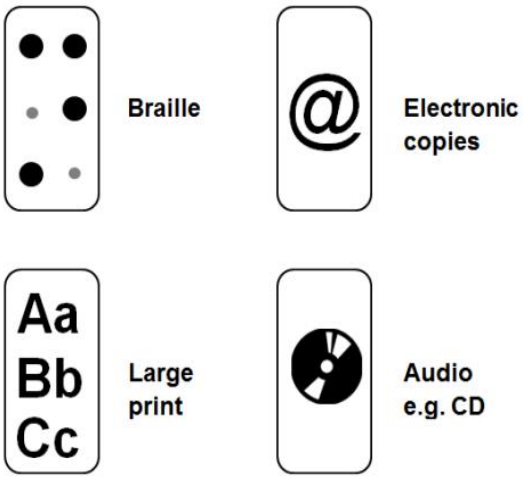
NHS
Vale of York
Clinical Commissioning Group

Patient and Public Participation

Annual Report 2018-19

Alternative formats of documents and information

Information contained in this report can also be requested in other languages. If you need this or if would like additional copies of this report, please contact the CCG.



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Foreword

By the CCG's Accountable Officer

This year's engagement report highlights our work to have meaningful conversations with our Vale of York communities and demonstrates the CCG's commitment to involve patients and other stakeholders in everything that we do.

The engagement and involvement feedback we received in the last year has been used to shape local health and care services and our stakeholders' views have influenced the development of our Commissioning Intentions for 2019-20.

2018-19 also saw our engagement and involvement plans focus on clinical engagement to help create opportunities for professional learning and development for local GPs, practice nurses, Allied Health Professionals, Health Care Assistants, Physician Associates. We want to see primary care at the centre of service delivery so we can ensure that hospital based care focuses on the elements that can only be done in a hospital setting. This is why our clinical engagement events are peer-led, providing an opportunity for primary care and secondary care colleagues to share their expertise and insight.

This report also provides a very useful summary of our work, including outcomes and improvements that have been put in place. We have embedded engagement throughout all of our organisational processes within the CCG and created a wider range of opportunities for our stakeholder to have their say. We have also worked with our most vulnerable patients and service users as our work to tackle health inequalities continues.

Our local Patient Participation Groups and community groups have played a very important role in feeding back views our plans. I'd like to thank them and every other patient and member of the public that has taken the time to talk to us. I promise that we will continue with our work to seek the views of our stakeholders from across the Vale of York.

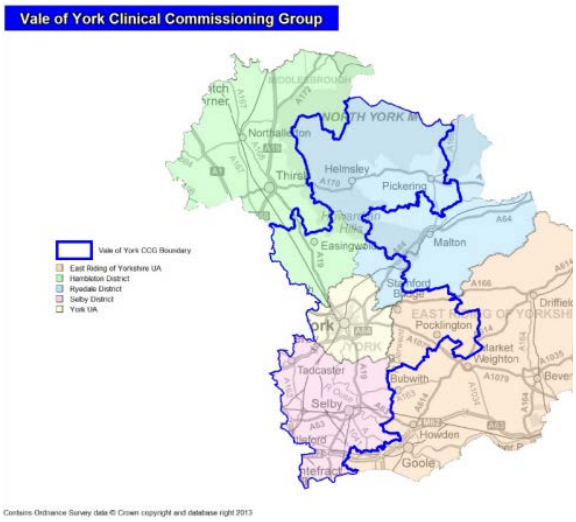
Phil Mettam
Accountable Officer

Part 1

Background, statutory duties and our engagement principles

1. Background

1.1. NHS Vale of York Clinical Commissioning Group (CCG) is an NHS organisation. It is led by local GPs and other clinicians that treat patients every day and understand the needs of the community and the impact that local services have on patients' health. It is responsible for commissioning the following healthcare services in the Vale of York:



- planned hospital care
- urgent and emergency care
- community health services
- mental health and learning disability services
- services that tackle inequality, including children's health and wellbeing

1.2. The CCG services towns and cities including York, Selby, Easingwold, Tadcaster, Pickering and Pocklington and has a population of over 357,000 people. Its vision is to achieve the best in health and wellbeing for everyone in our commmunity and it works closely with a range of partners and population to achieve its goal.

1.3. In 2017-18, the CCG had 26 member practices in its operating area and an annual commissioning budget of £461.7m. The budget is set by central government and is based upon a complex funding formula that reflects the overall health and wellbeing of the Vale of York community.

2. CCG structure

2.1. The CCG is accountable to its Governing Body, its member practices, local patients and the Vale of York community. It is overseen by NHS England, a public body that is part of the Department of Health. It engages with its public formally and informally.

2.2. Public engagement and patient experience is formally reported through the Quality and Patient Experience Committee (QPEC), which meets every two months. It focuses on quality of services within the Vale of York, patient engagement and experience.

2.3. At the start of each committee we hear a patient story to ensure that the service user voice is at the heart of every meeting. A Healthwatch

representative sits on the group, which is chaired by a Lay Chair accountable for patient involvement.

2.4. For each of the committee meetings the Head of Engagement provides an update about patient and public involvement. She discusses recent engagement activity and how this impacts upon commissioning work and decisions.

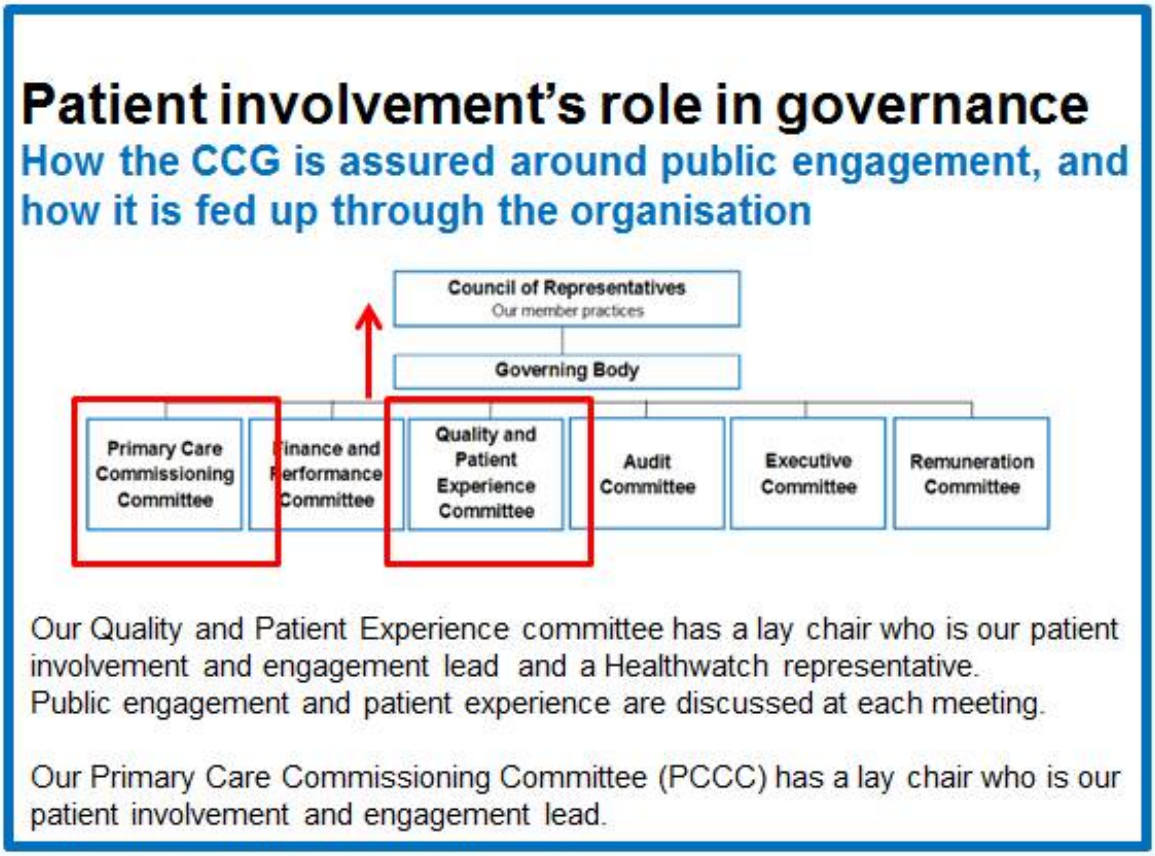


Figure 1 – Governance structure for engagement

3. The duty to engage

3.1. The Health and Social Care Act 2012 (section 14Z2) sets out the legal duty for the CCG to involve the public in the commissioning of services for NHS patients, and in the decisions about services that will be provided to them.

3.2. As part of its statutory duty the CCG is required to implement a number of key engagement activities. However, it commits to going above and beyond the minimum requirements to ensure that patients' needs are at the heart of everything it does. The CCG wants to ensure that it reflects the views of its population and has effective patient, carer and public involvement embedded in its work and in its planning processes.

3.3. The CCG follows and implements a set of guidance issued by NHS England. This statutory guidance outlines best practice for enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services.

4. The CCG's engagement principles

4.1. The CCG has a set of engagement principles based on its core values. As part of this it strives to:

- Hold open, clear informed and collaborative conversations
- Ensure engagement is core to planning, prioritising and commissioning activities
- Develop innovative and interactive approaches to holding engagement conversations
- Seek and listen to views of partners, patients, carers and local citizens
- Be honest and transparent in offering opportunities and discussing constraints and challenges to the delivery of services

4.2. During 2018-19 the CCG began to review its engagement principles. As part of the refresh of its engagement and communications strategy, the CCG wants to ensure that its principles reflect the needs and expectations of the community. Following a number of public forum events and meetings, the CCG's population said that building trust and relationships, regular communications, listening and providing timely feedback, being honest, inclusive and accessible are important principles and that they would like to see these embedded within the CCG's future strategy.

5. NHS Vale of York CCG Constitution

5.1. The NHS is founded on a common set of principles and values. The CCG's Constitution sets out the rights and responsibilities of patients, the public and staff along with the plans it has committed to achieve.

5.2. The Constitution is one of the CCG's pillars of governance. It describes the arrangements in place to discharge its statutory duties and functions and includes the relationships between the Council of Representatives, the Governing Body and the organisation's core management processes.

5.3. Within the Constitution, there is specific reference to how the CCG must make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements.

6. How the CCG engages and involves its population

6.1. The engagement and involvement of patients, partners and other stakeholders is intrinsic to the commissioning and procurement of services. The CCG works closely with its communities to ensure services that are commissioned on their behalf best meet the needs of our Vale of York population.

6.2. The CCG creates a range of engagement and involvement opportunities to gather views. The information received is always rich in personal experience and helps to shape commissioning decisions, service specifications and improvement programmes.

6.3. The CCG believes that involvement is not just the role of an individual, or one team; but the responsibility of everyone in the organisation. It already uses a variety of mechanisms and networks (appendix i) to involve the local population and gather feedback, including:

- Focus groups
- Informal discussions
- Formal consultations
- Public meetings
- Regular stakeholder newsletters
- Social media – such as Twitter and Instagram
- Surveys
- Press and media
- Meetings with voluntary groups

6.4. The CCG's website, newsletters and Twitter are key communications channels. It has over 5,000 followers on Twitter and followers include key stakeholders such as providers, partners, local MPs, councils and voluntary sector partners as well as members of the public.

6.5. We know that not everyone likes receiving information the same way. We try to provide information in alternative formats for our population; so that it can appeal to a wide an audience as possible. We particularly use our relationship with our Voluntary, Community and Social Enterprise (VCSE) networks to help distribute important messages to underrepresented areas of our community.

6.6. During 2018-19 a number of key campaigns around healthy hearts and self-care were launched using a variety of medium including video, social media and use of television radio and printed press.

7. Partnership working

7.1. The CCG works closely with its communities to ensure services that are commissioned on their behalf best meet the needs of our Vale of York population.

7.2. Our partnerships with local authorities have further strengthened and the CCG would like to thank colleagues for their on-going support and positive feedback via the national survey of CCGs. Our stakeholder survey results have improved and we will continue to be led by our values and actively seek opportunities for collaborating to improve outcomes and value.

7.3. The Governing Body's engagement with member practices has grown and strengthened, and this has led to more discussion about services and the specific needs of patients within each of its three localities.

8. Engagement with our population

8.1. Over the last year the CCG has focused its attention on the needs of the local population. During 2018-19 it held thousands of conversations with its communities and facilitated hundreds of events and meetings with partners and the public to help gather views about what is important to them to keep them healthy and well. This rich source of feedback has formed the foundations of the CCG's priorities. It has also proved an essential tool in raising awareness of health prevention messages and involving patients and the public in the review of services and providing feedback to improve services.

8.2. As has been alluded to earlier in this document, working in partnership with health colleagues, local authority partners, voluntary organisations and the wider community is vital for helping to achieve best outcomes for the local population. The CCG could not engage with and care for its residents without the continued support of the community and voluntary sector partners and the CCG would like to thank all of the organisations that have supported vulnerable members of the population to be involved.

Part 2

Our key engagement activities in 2018-19

9. Key engagement activities during 2018-19

9.1. During 2018-19 the CCG worked with its population on a number of key projects. These include:

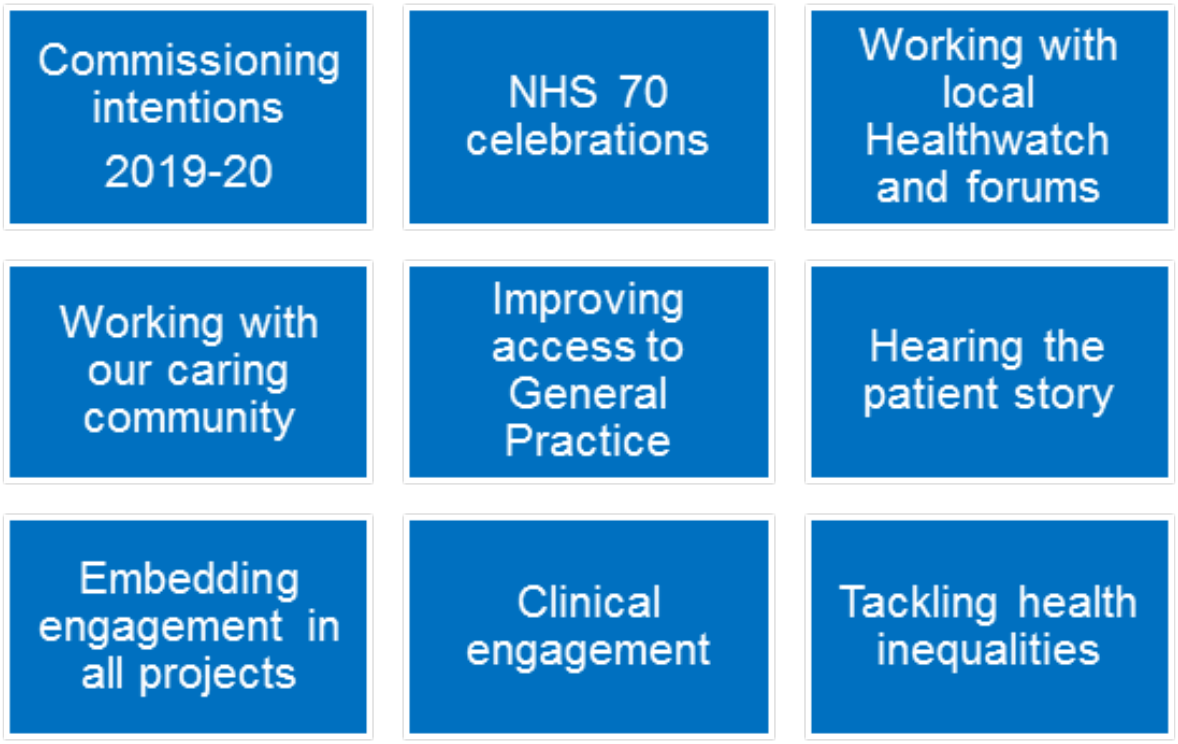


Figure 2 – Key engagement activities in 2018-19

10. Commissioning intentions for 2019-20

10.1 The CCG's commissioning intentions for 2019-20 reflect the views of local people and key community stakeholders with whom the CCG has been in conversations with over the last year.

10.2. During the summer of 2018, the CCG team spoke to hundreds of people and partners within the Vale of York about what they would like to help keep them healthy and well. The CCG's priorities for 2019-20 build on work that has been carried out in 2018-19 while moving towards longer-term planning.

You said	We did / we are doing
We want better access to GP services	Invested over £6.5million to provide improved access to primary care services in the evenings, at weekends and bank holidays
Timely access to mental health services is needed	Invested £220k to improve access to ADHD diagnosis services and Child and Adolescent Mental Health Services
Cancer services are important	Cancer champions Better survival rates Speeding up diagnosis times Improving diagnostic testing
Increase the focus on prevention	Social prescribing - designing better personalised, preventative care to help people to feel well. Launch of a self-care campaign to encourage our community to use NHS services wisely and self-treat many common illnesses and ailments

Figure 3 – You said, we did: Priorities 2018-19

11. Working with local Healthwatch and forums

11.1 The CCG works closely with colleagues at Healthwatch York, North Yorkshire and East Riding of Yorkshire to seek the views of patients, carers and service users. Its role is to provide a single point of contact for people to report their experiences, concerns or their compliments about health and social care. The CCG receives copies of the feedback and uses these to work with providers in primary care, acute care and community services to improve the experience for patients.

11.2 The CCG regularly attends local Healthwatch Assembly meetings and has presented on several occasions during 2018-19.

Date	Activities with Healthwatch partners
April 2018	The CCG's Executive Director for Primary Care and Population presented the CCG's commissioning intentions and priorities for 2018-19. The CCG's Senior Quality Lead talked about the work that is taking place within care homes and the training and support that is offered to staff working with some of the most vulnerable patients in our community to recognise deteriorating residents, to improve safety and to raise awareness of pressure ulcers. The CCG's Quality Lead for Primary Care gave feedback on the development of a Learning Disability nursing service to help improve the uptake of annual health checks.
October 2018	The Executive Director for Primary Care and Population Health gave an update about how the CCG is performing against its priorities of GP services, mental health and cancer services.
January 2019	CCG's Head of Engagement provided an update on areas of patient feedback and where these helped to shape the commissioning intentions for 2019-20. A table top exercise was conducted to gather views to feed into the CCG's communications and engagement strategy and formulate its engagement principles.

Table 4 – Key Healthwatch engagement activities in 2018-19

12. Maternity Voices Partnerships (MVP)

12.1 The CCG accesses a number of forums and channels where patients and members of the public are represented. These groups help assure the CCG's public involvement work.

12.2 In 2018 we set up a Maternity Voices Partnership (MVP) forum and appointed a lay chair, Emily Pickard.

12.3 Previously known as Maternity Services Liaison Committees, a Maternity Voices Partnership (MVP) is a group of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to and co-design local maternity care.

12.4 The group shares, plans events and focuses on collecting patient and service user feedback to improve services.

12.5 As part as our work to increase engagement and seek opinions about certain aspects of maternity services in relation to the national maternity review 'Better Births', we attended a children's activity day event in York in May 2018. We talked to parents about their experience of care, what they though was important and how they might like to be involved in helping to develop your local maternity services. They told us that the following priorities were important to them: Better postnatal and perinatal mental health care, continuity of carer and personalised care. This feedback had contributed to the work plan for the MVP during 2019-20.

13. NHS 70 celebrations

13.1 The National Health Service turned 70 on 5 July 2018. The CCG embraced the celebrations not only as a CCG, but across the Vale of York community to reflect on the history and achievements of one of the nation's most loved institutions. More can be found here: https://www.valeofyorkccg.nhs.uk/nhs70

13.2 During June and July 2018 the CCG organised over 20 events in collaboration with local communities, health partners, local authorities, businesses, libraries and voluntary sector (appendix ii). These events focused on acknowledging the good work of the NHS and its staff, whilst raising awareness around key priorities of self-care, mental health and tackling loneliness and isolation.

Our NHS 70 celebrations in the Vale of York

Date	NHS 70 activities
Community health bus tour on 1, 15 and 18 June 2018	The CCG boarded a double-decker bus to visit various sites across its patch in York, Selby and Easingwold, and members of the public were invited to hop-on board and receive healthcare advice, learn more about health check-ups and sign health pledges. The aim of the tour was to take the celebrations and engagement into some of the most deprived and rural areas of the community in partnership with health, voluntary sector and local authority colleagues.
Involving local employers in helping to improve the health and wellbeing of their staff June and July 2018	Over 50 organisations in York sent representatives along to a business briefing, held in partnership with the CCG, the City of York Council's Public Health team and the local MPs to work with local employers and look at how they can help support the health and wellbeing of their workforce. Many signed up to give health checks to their employees and took leaflets and advice about vaccinations, healthy work place and carers' information. London North Eastern Railway (LNER), formerly Virgin Trains East Coast, was the first organisation to take the opportunity to join forces with the CCG, hosting an event at York Station where staff members signed pledge cards and wrote goodwill messages in the CCG's giant NHS70 birthday card. Staff from the CCG also pledged to donate thousands of miles to the NHS this year, by taking part in regular physical activity throughout 2018 as a collective birthday present to the NHS.
NHS 70 giant birthday card tour June and July 2018	The CCG created a 4ft high birthday card to mark the occasion. In the weeks leading up to the 70th birthday, the birthday card toured all four corners of the Vale of York so people could sign their names or write their messages to express what the NHS means to them and their families. Communities were encouraged to have a conversation about how to keep their communities healthy and well.
1940s themed tea-party celebrations 5 July 2018	The CCG held a 1940s-themed event to celebrate 70 years of the NHS on 5 July and everyone was invited to celebrate and become involved in raising awareness around self-care, tackling loneliness and isolation and supporting those with a mental and physical health condition. The conversations with the community have helped feed into a number of campaigns and the CCG's latest commissioning intentions.

Figure 5 – NHS 70 engagement activities in 2018-19

13.3 We used all of the feedback and pledges from conversations with the community at the NHS 70 events to influence areas of our work and to guide our future planning.

Fig 6 – Examples of the community's feedback that has shaped our work

14. Working with carers

14.1 The CCG is committed to hearing the voice of the carer and their families and this is most notable through its engagement work. The CCG regularly attends the Carers' Advisory Groups (CAG) and other forums such as York Parent

Carers forum. These groups are run by carers and professionals to represent the needs of carers.

14.2 In 2018-19 the CCG has led on the following pieces of work with carers through these forums:

- Understanding the view of carers who use patient transport
- Raising concerns about the change in continence product provider, and working with the hospital Trust to convene a focus group to understand issues of the new product and involving the most vulnerable patients in the process
- Involvement in developing the City of York's new Carers' Strategy
- Providing training around recognition and support for carers within GP surgeries in partnership with York Carers Centre and members of the East Riding of Yorkshire Carers Advisory Group
- Supporting GP surgeries to become carer friendly employers
- Training with carers to recognise pressure ulcers and deterioration of family members
- Review of transition services to support parents of young people with special educational needs and disability (SEND) on moving into adulthood
- Autism pathway review with York Parent Carer Forum (Parents of children with autism) and improving communication tools

15. Improving access to General Practice

15.1 Between February and April 2018 the CCG gave its population the opportunity to think about their needs and then tell the CCG how they would like evening and weekend general practice appointments to be delivered. This was conducted through an online survey and face-to face events in railway stations, colleges and supermarkets to target those who may need appointments outside of normal working hours.

15.2 During our engagement period we were able to look at the equality monitoring information to establish who had completed the survey. At the initial stages of the survey period mainly received responses from our population in the 65 and over age range. As the GP evening and weekend hours may benefit those who may be occupied during the day (caring, working or in education) we wanted to target a wider range of our population. We also noticed a lower take up of people with a learning disability/difficulty.

15.3 We decided to target some specific areas of our population:

- Commuters – by giving out leaflets at rail stations early morning and evening
- Large employers within York – by emailing staff comms teams at Nestle, Aviva and the Council.
- Students – By sending information to universities and speaking to students at York College during a health and wellbeing day.

Where our population received the survey	Percentage of responses
GP practice	18.16%
Local Press	3.77%
CCG website	2.51%
Other website	3.77%
Twitter	7.26%
Facebook	7.54%
Email	21.23%
Given survey	10.06%
Other	28.35 (Highest responses include through work (Nestle), Local library and University)

Figure 7: How people heard about the GP access survey

- We also worked with York People First (an advocacy group run by Trustees who all have a learning difficulty) who sent out the survey with its newsletter.

15.4 The CCG received 1,043 responses through a mixture of online surveys and paper questionnaires.

15.5 In developing the new model of care, the CCG has listened to its population and set up services based on what the population has said they want. This included the days and times they preferred, as well as offering telephone appointments and sessions via the internet through an app called 'PushDoctor'.

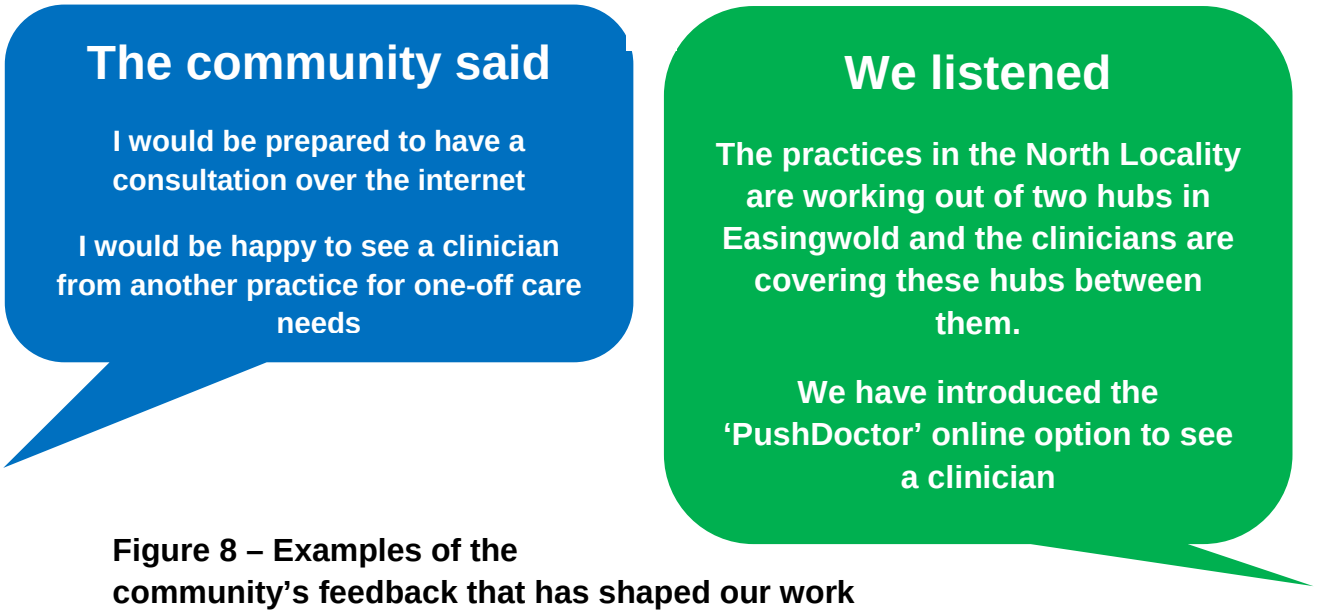


Figure 8 – Examples of the community's feedback that has shaped our work

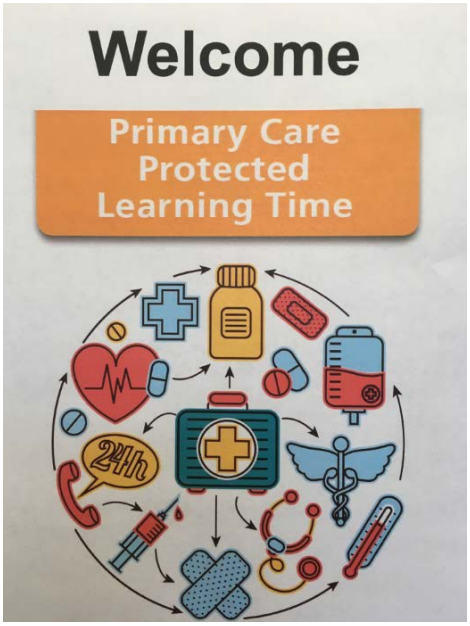
16. Hearing the patient story

16.1 As part of commitment to ensuring the patient, carer and public voice is heard within the organisation, the CCG has now embedded a patient story as a regular item at the start of each Quality and Patient Experience Committee.

16.2 Patient stories bring experiences to life and make them accessible to other people. They encourage those that work in health and social care to focus on the patient as a whole person rather than just a clinical condition or as an outcome. The CCG invites real patients, carers and family members to tell their experience of using those services with the aim of understanding what the organisation needs to do better.

16.3 Within the 2018-19 year the CCG heard a patient story from a family member of a resident of a care home who was part of the Continuing Health Care (CHC) assessment, how it felt to access mental health services in times of crisis, the experience of end of life care services, feedback on child and adolescent mental health services and two stories related to opiate prescribing. These stories have fed into action planning and service development.

17. Clinical engagement



17.1 The Governing Body's engagement with member practices has grown and strengthened, and this has led to more discussion about services and the specific needs of patients across our patch.

17.2 In the past year there has been a great focus on clinical engagement across the Vale of York, in particular with colleagues from Primary Care.

17.3 In early 2019 the CCG, in partnership with Hull and York Medical School, introduced quarterly Protected Learning Time (PLT). These peer-led sessions set aside

dedicated time for Primary Care colleagues to learn and share best practice. We were delighted that over 330 GPs, Registered Nurses, Health Care Assistants, Allied Health Professionals and Physician Associates from across the Vale of York attended the inaugural session in January 2019. Workshops included a focus on resilience, children's mental health and dementia, end of life care, reducing opiate usage, safeguarding and innovation and workforce.

17.4 These events will be the key to forging relationships and building clinical networks over the coming years. This has been an important step forward in creating a structured environment for shared learning which will lead to improved care for patients. It will also create an environment which supports the retention of local clinicians and offers a basis for future recruitment.

17.5 Feedback was hugely positive and colleagues from across primary care have had the opportunity to shape future events.

Fig 9 – Examples of the feedback from primary care that has shaped our work

17.6 During 2018-19 we have been working very closely with our primary care nursing staff. Practice based nursing staff and Health Care Assistants deliver vital work in their important roles. Our lead for Primary Care and colleagues from our Quality and Nursing Team have been instrumental in coordinating a practice nurse engagement network. This includes, building relationships to share learning and improve service delivery/patient care, involvement in the CQC Ready programme, improving communications (Practice Nurse Engagement, website, nurse meetings-local and strategic planning, Practice Nurse Forum 2018), and celebrating success through nominations and winners at the General Practice Nurse Awards 2018 and 2019.

18. Supporting our staff and embedding engagement in all projects

18.1 The CCG has designed a toolkit to provide staff with resources to help them to assess the level of public and patient engagement that is needed within any project large or small. The CCG uses the NHS England patient and public engagement statutory guidelines to assist with decision making. This process includes tools such as a stakeholder mapping process, guidance for equality impact assessments and a template to address if the legal duty needs to be applied.

18.2 The CCG wants to be sure that the decisions it takes make a real, positive difference to its population. To ensure that participation activity reaches diverse communities and groups with distinct health needs the CCG uses a Quality and Equality Impact Assessment tool to assess and measure the potential impact of proposed service changes or reviews, as well as the need for patient and public involvement.

18.3 The CCG provides regular updates to staff to emphasise the importance of involving patients and public in its work. Training sessions were held throughout 2018-19 for all staff to:

- increase awareness of the legal duty to involve
- encourage staff to incorporate communications and engagement throughout any project cycle, and
- improve knowledge of the connection between equality, engagement and health inequalities duties within the NHS.

18.4 The CCG also publishes weekly communication newsletter containing information on future events, feedback from our population and links to useful articles, documents and videos about patient and public participation.

18.5 Opportunities to attend and help at engagement events are also offered by to CCG staff. To date more than 40 colleagues have participated in engagement activities.

19. Tackling health inequalities

19.1 Health inequalities are the differences in the health of different parts of the population. We are committed to addressing health inequalities and understand that some groups of people, including people with protected characteristics` experience different access, experience and outcomes when they use NHS services. The impact of this can be inequalities that affect broad groups of patients, families and carers. Being a member of certain groups e.g. those with a physical disability or a mental illness, Black and Minority Ethnic (BME) groups

and the homeless also play a part, due to social marginalisation, poor access to services and likelihood of income deprivation.

19.2 Tackling health inequalities is a long-term process, but with the strength of partnership working we can shape joint plans for the coming years around the need to promote self-care and prevention work to help people improve their health and wellbeing.

19.3 That is why, in addition to offering tailored and individual support services, the CCG has been working with its Health and Wellbeing Board partners in the City of York, North Yorkshire and the East Riding of Yorkshire to create an environment that makes healthier choices easier. The CCG takes a holistic approach to reducing health inequalities by:

- considering the impact on health inequalities in every decision we make and every policy we deliver;
- allocating resources to where they are needed most;
- working in an integrated way for individuals and communities who suffer poorer health outcomes;
- working with individuals / communities to develop community based solutions to improving the health and wellbeing of our population.

19.4 As part of the Health and Wellbeing Board we use the Joint Strategic Needs Assessment to help identify the health and wellbeing needs of our local population and to inform the development of services and engagement activities to reduce health inequalities.

19.5 The CCG has taken a proactive approach towards the use of engagement in addressing health inequalities, and has undertaken a number of activities designed to increase its reach to diverse groups of people. This has ranged from working with people in our community with a learning disability to understand any barriers they may experience to accessing healthcare. It also includes our work with the Parent Carer Forum to review the autism pathway through to taking a bus into some of our most rural and deprived communities to reach people in locations where the CCG has not historically had a presence. As a result, the CCG has been able to engage with new audiences and gain additional views as to where services are most needed.

Improving better health outcomes for people with Learning Disabilities

Following attendance at a Learning Difficulties (LD) forum run by York CVS, people with Learning Difficulties told us there were a number of barriers which prevented them from accessing healthcare and attending health checks.

Adults and young people aged 14 or over with a learning disability on the GP practice Learning Disability (LD) register should be invited to attend an annual health check. Annual health checks promote early identification of health issues to allow for appropriate and timely care and also provide opportunity to explain the national cancer screening programmes.

However, following a survey with our GP practices a study found evidence of a discrepancy in cancer screening (bowel, breast and cervical) between the LD and non LD population in the Vale of York.

A new LD Support Team in York has been commissioned and is led by a GP Partner from Haxby Group Practice. The LD Support team with the LD population and other stakeholders will produce a healthcare service that is accessible and appropriate to meet the specific needs of the LD community.

Improving access for LD patients will increase the number of health checks completed with the aim of improving health outcomes. Specific goals include: develop a team able to signpost resources for LD patients and carers, advise practices about clinical coding and registers, roll out a new template and easy to read invite documents across all practices, improve the number and quality of annual health checks, improve screening uptake rates, reduce late cancer presentations, reduce early mortality. The team will gather data to evidence an improved healthcare service for the local LD population.

Figure 10 – Improving health outcomes for people with a learning disability

Helping support the vulnerable

The Quality and Nursing Team supports the local nursing and care workforce to ensure that quality and compassionate care is delivered to some of our most vulnerable population. This work includes engagement through education and skills improvement, via initiatives such as pressure ulcer identifications and recognising a deteriorating resident.

In 2018-19 the CCG engaged care homes and has trained 91 per cent of care home staff, with 72 per cent of homes having 100 per cent of their staff trained on the

React to Red (pressure ulcer) programme. In addition a public facing campaign was supported and staff spend time talking to hundreds of members of the public in Tesco to raise awareness about pressure ulcers.

Information about the CCG's work with care homes and domiciliary care agencies is published at https://www.valeofyorkccg.nhs.uk/care-homes-our-partners-in-care-1/react-to-red-skin-stop-pressure-ulcers/.

Figure 11 – Helping support the vulnerable

Palliative Care and End of Life Care services

As part of the on-going improvements for patients in receipt of palliative and end of life care the CCG arranged a number of sessions during Autumn 2018 with clinicians, carers, care homes, service users and the public about their experiences.

The CCG spent a day at the St. Leonard's Hospice Sunflower Centre, talking to patients with a life limiting illness, their families, people who have recently lost loved ones and volunteers. In addition the CCG held a public facing event on 22 November, chaired by the CCG Clinical Lead (GP) for End of Life Care.

This information was used to shape the End of Life Care Strategy and will help to create a soon to be published Citizen's Charter that aims to improve and further develop end of life care and support services.

Figure 12 – Palliative care and end of life care service

20. How we hold providers to account on patient experience and public involvement

20.1 As part of the CCG's legal duty, we monitor our providers' patient experience and feedback through a number of channels including contract management boards, through our patient relations team.

20.2 The Quality Assurance Strategy and accompanying framework sets the CCG's objectives, responsibilities, and governance arrangements for the monitoring and assurance of quality in the services it commissions. One of the main objectives is to ensure that services commissioned are safe, effective, provide good patient experience and ensure continuous improvement.

20.3 We capture feedback from service users about providers through compliments, complaints, patient experience feedback reports and the results from surveys. In addition visits to providers' services are undertaken to review the quality of services.

21. How we have used patient insight and feedback to improve services

21.1 The Engagement and Patient Relations Teams meet each month to analyse patient insight to identify key themes of feedback.

21.2 A strong example from December 2018 includes feedback about the Accessible Health Standards where, at a visit to MySight York, the Head of Engagement was made aware that some of its members had recurrent issues around receiving accessible format information from a local provider. The CCG's Patient Relations Team investigated further and concerns were shared with the provider which resolved the immediate issue for this patient cohort and put in place plans to overcome the issue for other patients.

21.3 Another example, recorded through the CCG's Patient Relations Team and the CCG's work with local carers groups, allowed for the capture of feedback about a change in continence products in June 2018. On investigation, the Provider had procured a new supplier and some service users and carers raised concerns about the product. The CCG's Deputy Chief Nurse liaised with the provider about these issues and arranged an event hosted by the provider listen to patients and their carers. The need for better communication with patients and involving them more in the process was an important learning point taken from this event.

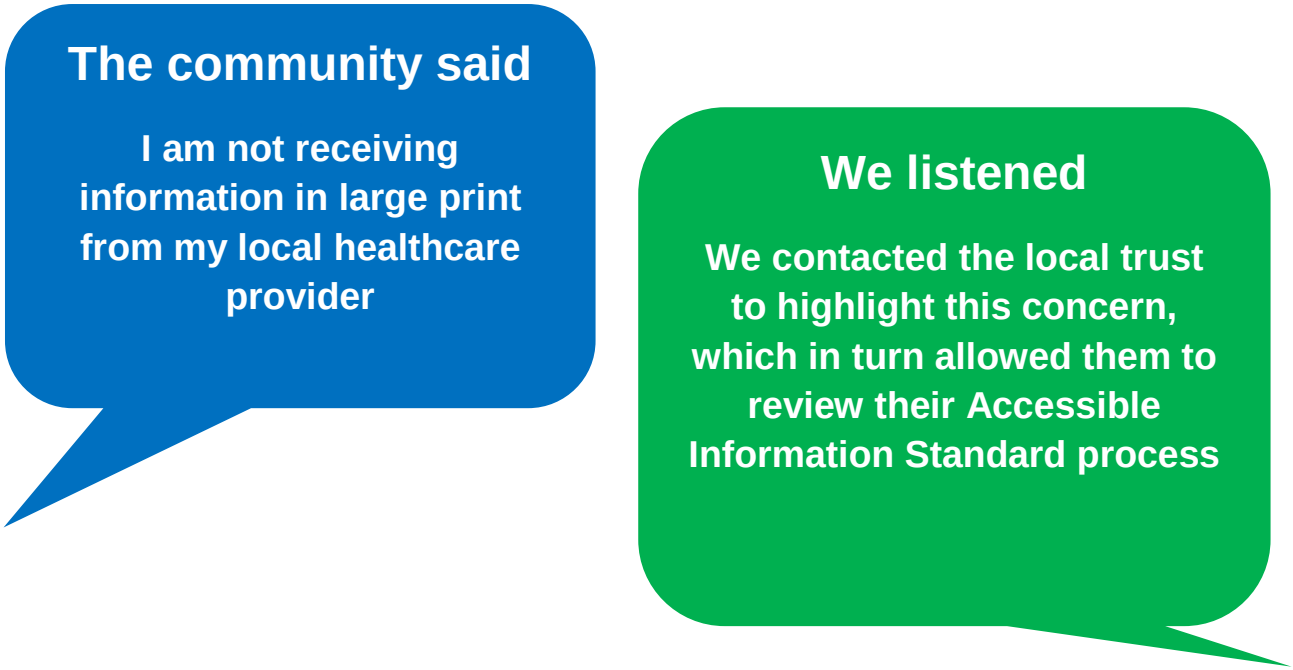


Figure 13 – Examples of patient experience feedback that has shaped the work of our health partners

22. The next steps

22.1 Building on the engagement strategy and engagement action plan the CCG will continue to involve its patients, service users, partners and the wider community in its work. The next year will move into more targeted engagement and communications, focusing on the needs of our local population. The development of Primary Care Networks (PCNs) will encourage more local working and delivering services around the needs of the population.

22.2 We will look to implement the following strategic communication and engagement objectives to support the overarching vision of what needs to be achieved to address local health issues within our community.

22.3 The communications and engagement strategy for 2019-22 will have clear priorities, a long-term focus and to maximise the potential for change on a broader societal level (appendix iii) it will encourage and facilitate stakeholder participation.

- **Person centred**
  Understanding the health needs from a patient / service user perspective to encourage greater community participation.
- **Results oriented**
  Focusing on the positive outcomes for local patients to help them increase their knowledge and adopt healthier behaviours.
- **Evidence based**
  Communication and campaigns will be based on formative research and data that identifies practical solutions for our community. Facts, vision, stakeholder buy-in, and audience participation will be essential for success.
- **Participatory**
  Promote participatory decision making, planning, implementation and evaluation with stakeholders.
- **Promote self-efficacy**
  To reinforce individual and collective self-efficacy to support local communities to assert their will over health inequalities.
- **Using many alternative methods of communication**
  Using dynamic, two-way exchanges of information and ideas through one or a combination of tools that are most appropriate to the audience.
- **High quality**
  Designing high quality communication messages and materials and delivering effective online and offline community-based activities.
- **Sustainable communications programme**
  Reaching new audiences and adapting to changes to achieve a long-term impact that maximises the potential for change on a broader societal level.

Part 3

Our case studies

Working with external partners, John Brown, Healthwatch York

The CCG has a close relationship with Healthwatch York to join up working and engage with patients and the public. There are a number of specific activities throughout the year which demonstrate this.

West Offices stand
Through the CCG, Healthwatch host a stall in West Offices the second Monday of every month. This arrangement is highly regarded by Healthwatch as the best of the functions Healthwatch operates on, largely because of the high footfall which isn't captured anywhere else on a regular basis. In four hours community champions can engage with members of the public visiting the council and sign post them – if necessary – to a relevant organisation. It is also an opportunity to populate questionnaires and receive feedback on services.

John Brown, Healthwatch York said, "West Offices is a brilliant venue for Healthwatch to engage with a mixed population. Having a regular residence means people know where to find us and repeat customers can provide updates on the services they are receiving"

Healthwatch Assembly
The Healthwatch Assembly is a twice yearly event which invites all of the partner organisations who support Healthwatch in anyway. The event is for sharing best practice and engaging in discussions about health and social care issues topical to the Vale of York population. The CCG is a critical partnership which makes formal contribution to the Assembly with senior doctors and GPs contributing to the agenda. This includes facilitating discussions, sharing information and proposing ways to improve patient care and experience.

NHS70 Bus
Healthwatch was one of the organisations who joined in the NHS70 celebrations with the CCG. The double decker bus and giant birthday card directly attracted members of the pubic to come forward and celebrate the services available to them. This created an opportunity for Healthwatch to signpost people in a 'one-stop-shop' space with everyone together. The bus covered a large geographical space and members of the Healthwatch team joined if for the entire duration which strengthened relationships.

John Brown, Healthwatch York said, "The CCG are excellent with partners and always very open in and amongst the public. I believe that Vale of York CCG is among the best of the CCGs for straightforward relationships with other organisations."

Figure 14: Case study one

Hearing the patient story

Jenny Brandom, Deputy Chief Nurse, NHS Vale of York CCG

Patient stories are integral to influencing the decisions Vale of York CCG make in commissioning. They help identify population needs and where to commission services that will be most beneficial.

Listening to patient experience not only empowers the patient but strengthens the relationship the public have with healthcare services. In direct response to patient stories in 2018 – 2019 Vale of York CCG has:

- Worked more collaboratively with providers, local authority and education
- Developed an integrated policy and care pathway with social care to reduce duplicity and improve communications
- Developed targeted transition (from child to adult services) work
- Developed targeted Special Educational Needs and Disability (SEND) work to address reforms required and quality of Education, Health and Care plan
- Worked on a smoother transition from child to adult services

Jenny Brandom, Deputy Chief Nurse said, "Through patient stories, we are able to improve commissioning activities and develop a positive relationship with our population."

"We've heard from a number of people in receipt of mental health services, Continuing Healthcare, Care home provision and children's services to create stories which are shared amongst healthcare professionals."

Patient stories are recorded either digitally or in a document which is presented at Governing Body meetings, other staff meeting, forums, patient experience reviews and cascaded in online communications. This ensures all health and social care professionals who support the population are engaging in how services affect patients directly - using feedback to make informed decisions.

Figure 15: Case study two

Helping vulnerable people

Sarah Fiori, Senior Quality Lead for Care Homes, NHS Vale of York CCG

Through engagement with care home staff in the Vale of York, the CCG participated in NHS England's 'React to Red initiative' which reduced the number of elderly people experiencing pressure ulcers primarily in care settings.

'React to Red' is an NHS pressure ulcer prevention campaign committed to educating about the dangers of pressure ulcers through training to recognise increased risk. Pressure ulcers are largely preventable, posing significant healthcare challenges for the most vulnerable and frail such as pain, reduced mobility, social isolation and increased dependency.

The Senior Quality Lead led the implementation delivered by a Project Nurse and an Assistant Practitioner to reach 1,736 eligible staff across 66 care providers in the Vale of York. Successful delivery relied upon on going engagement with care home staff to build relationships, trust and credibility. This dedicated engagement stimulated enthusiasm for further work benefitting staff, informal carers and residents.

React to Red has been a success across the Vale of York in reducing pressure ulcer incidence and severity by 75%, an example of collaborative working between health, social care and the wider community.

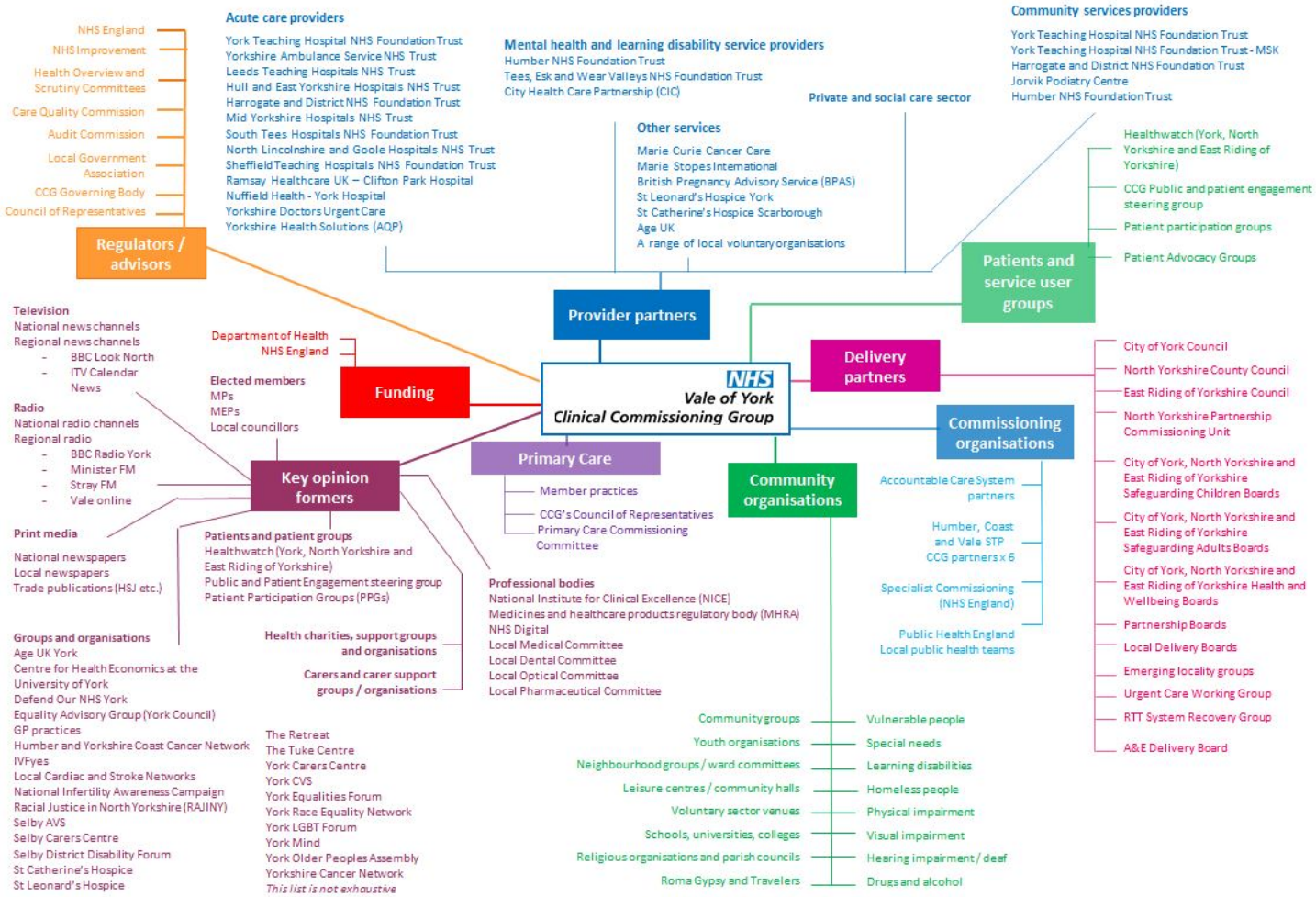
Thanks to the programme other health issues have been identified relating to nutrition and hydration, and mobility and continence. These were able to impact on the reduction of other harms in the elderly such as falls, Urinary Tract Infection (UTI) and Acute Kidney Injury (AKI) which all contribute to increased quality of life for residents.

On-going engagement work with care home staff continues in a new initiative which will follow an approach to reducing the risk of falls.

Figure 16: Case study three

Appendices

Appendix i: Our stakeholder network



Appendix ii: Our NHS 70 events roadshow

Date	Event
8 May 18	Voluntary Sector Forum, 10am-12pm
18 May 18	Acomb Library Explore, 10am-3pm
30 May 18	Mumbler maternity event at York Mount School
1 June 18	Bus Tour York Central – Parliament street and Acomb high street
4 June 18	People Helping People Launch (CVS and CYC)
7 June 18	Tommy Whitelaw: What matters to you? Two sessions
8 June 18	Employers meeting at West Offices 15.30-17.00. Over 50 organisations represented.
11 June 18	West Offices Foyer, 11am-1pm
12 June 18	Festival of Ideas, University of York, 12pm-2pm
15 June 18	Bus Tour Easingwold and Monks Cross
18 June 18	Bus Tour Selby and surrounding areas
2-6 July 18	Acomb, York, Clifton and Tang Hall Libraries NHS7tea party celebrations
2 July 18	Tea and cake at East Riding Carers Advisory Group
3 July 18	Pocklington Carers forum tea and cake
4 July 18	Staff NHS 70 Celebration, 1-2pm
5 July 18	West Offices Tea Party in the foyer, 1-3pm
5 July 18	NHS 70 – celebration at York Minster
7 July 18	Selby War Memorial NHS70 celebrations, 1pm-4pm
19 July 18	Health and wellbeing session with LNER (trains)

Appendix iii: Our communication priorities

> “Communication that creates distinctive, positive discussions that is supported with messages that can position a permanent foothold in the minds of the target audience.”

Positive
Unique
Niche
Competitive
Helpful
Clear
Commands attention
Caters to the heart and head
Communicates a benefit
Conveys trust
Consistent
Calls for action

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Item Number : 7

Name of Presenter : Abigail Combes

Meeting of the Governing Body

Date of meeting : 4 July 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Risk Update Report

Purpose of Report *(Select from list)*
To Receive

Reason for Report

To provide assurance that risks are strategically managed, monitored and mitigated.

This report provides present details of current events and risks escalated to Governing Body by the sub-committees of the Governing Body for consideration regarding effectiveness of risk management approach.

All events have been reviewed by the relevant lead since the last Governing Body.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☒Legal
☒Primary Care
☒Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

N/A

Recommendations

Governing Body is asked to receive the risk report.

Decision Requested (for Decision Log)

Governing Body to receive the Risk Report.

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	Rachael Simmons Corporate Services Manager

GOVERNING BODY: 4 JULY 2019

Risk Update Report

All events have been reviewed since the last Governing Body.

The following new event has been identified :

Reference	RAG	Key Points
ES.38 There is a potential risk that the CCG will fail to deliver its financial plan.	Likelihood 2; impact 4 RAG 8	The scale of the financial challenge for the organisation is such that the CCG will not deliver a 1% surplus in-year or cumulatively in the short term and will likely require a number of years to reach this point. The risk is therefore that the CCG will not deliver its planned in-year deficit.

The risk rating for the following event has decreased:

Reference	RAG	Key Points
JC.26c Children and young people's eating disorders	Likelihood 3; impact 4 RAG 12	Performance against access and waiting times standards continues to improve: 66% routine and 71% urgent cases were seen within target time, against a backdrop of 90 referrals, up from 77 in 2018/2019. Trajectories for 2019/2020 are 75% for urgent and 59% for routine referrals. Since August 2018, all delayed assessments have been due to patient choice.

The ratings for the following events have been reviewed and the ratings remain the same:

Reference	RAG	Key Points
JC.26a CAMHS long waiting lists	Likelihood 4; impact 4 RAG 16	Out turn for 2018/2019 shows increase in referrals from 1903 to 2129, increase of 10%. Only 52% of full assessments are carried out in the 9 week target. TEWV has gained New Care Models funding for whole pathway of care which will offer increased flexibility around resourcing in longer term.
JC.26b Children autism assessments	Likelihood 4; Impact 3 RAG 12	In 2018/19 referrals increased from 234 to 299 with 208 waiting for assessment at end of March. After additional investment in service in 2018 average waits fell to 49 weeks. However, the conversion rate remained low at 54%.

JC.30 Dementia - failure to achieve 67% coding target in general practice	Likelihood 3; impact 4 RAG 12	Diagnosis rates decreased again in May to 57.6% from 58%. TEWV has now cleansed data from memory service and this will be available shortly to reconcile with primary care dementia registers.
PC.02 Primary Care; capacity over winter	Likelihood 3; impact 3 - RAG 9	Parkinson's Disease Nurse appointed and started 17 June 2019.

The following events have been identified as being out of date, thus requiring archiving:

Ref.	**Description**
ES.17 Event	There is a potential risk that the CCG will fail to deliver a 1% surplus in-year. **Archive and replace with new event ES.38 (see below)**
ES.20 Event	There is a potential risk of failure to maintain expenditure within allocation

CORPORATE ON-GOING EVENTS MANAGED BY GOVERNING BODY JULY 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
ES.17 There is a potential risk that the CCG will fail to deliver a 1% surplus in-year.	The scale of the financial challenge for the organisation is such that the CCG will not deliver a 1% surplus in-year or cumulatively in the short term and will likely require a number of years to reach this point.	Failure to retain a surplus of 1% will not have an overall impact on patient care.	AIC including joint cost reduction programme. Joint System Transformation Board.	The CCG has submitted a 2018/19 plan that delivers the required in-year control total deficit of £14m against which it will be measured and for which it would then be able to access Commissioner Sustainability Funding of £14m, a technical adjustment that would mean an in-year break-even position. The CCG will, therefore, not deliver a 1% surplus in-year This is confirmed in the Month 10 financial position as the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan. The CCG and YTHFT respective Boards and Governing Bodies have now agreed the principles of a multi- year financial recovery plan, however the specifics of this (in particular 2019/20 contract value) are still to be agreed. REQUEST ARCHIVE THIS REQUEST AND REPLACE WITH ES.38 BELOW	Michael Ash-McMahon	Chief Finance Officer	4	4	16		15 February 2019
ES.20 There is a potential risk of failure to maintain expenditure within allocation	The scale of the financial challenge for the organisation is such that the CCG will not maintain expenditure within the in-year allocation.		Heads of Terms including Joint QIPP programme Joint Programme Board Capped Expenditure Programme	This is confirmed in the Month 10 financial position as the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan. The CCG and YTHFT respective Boards and Governing Bodies have now agreed the principles of a multi- year financial recovery plan, however the specifics of this (in particular 2019/20 contract value) are still to be agreed. REQUEST TO ARCHIVE THIS EVENT	Michael Ash-McMahon	Chief Finance Officer	**4**	**4**	16		15 February 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
ES.38 There is a potential risk that the CCG will fail to deliver its financial plan.	The scale of the financial challenge for the organisation is such that the CCG will not deliver a 1% surplus in-year or cumulatively in the short term and will likely require a number of years to reach this point. The risk is therefore that the CCG will not deliver its planned in-year deficit.	Failure to deliver the planned in-year deficit will not have an overall impact on patient care.	The CCG has now agreed a fixed upper contract value with its main acute provider. The CCG is part of developing a joint, system cost reduction programme to support the delivery of the financial plan. The CCG is building on the robust processes already in place to deliver its own QIPP. The CCG is investing in Primary Care to support service transformation.	The CCG has approved a plan for submission to NHS England with a planned deficit of £18.8m. This is £4.8m away from the proposed control total and will mean the CCG will not be able to access Commissioner Sustainability Funding. The CCG is actively part of the York-Scarborough system response to the regulator in terms of the system recovery plan, including the principles of multi-year financial recovery. The CCG has delivered the Month 2 year to date planned position.	Michael Ash-McMahon	Chief Finance Officer	2	4	**8**	NEW	13 June 2019
JC.26a CAMHS: long waiting lists for assessment and treatment that significantly extend beyond national constitutional standards	Continued sustained demand since 2015/16 has generated long waiting lists to be assessed and commence treatment. Long waiting lists may adversely affect response to treatment and outcomes. CYP and families experience longer periods of stress and anxiety waiting for appointments and treatment. Poorer or reduced outcomes may have effects on longer term emotional and mental health. There is potential detriment to CCG reputation, and effects on partnerships, e.g. local authority. Additional funding should enable backlogs to be eliminated and waiting times held low into the future, but risks if TEWV cannot recruit or recruit quickly.	Delays in assessment and diagnosis leading to delays in treatment and support options. Poor patient experience.	Governing Body strategic commitment to mental health investment as a priority for the CCG. Service action plan in place and agreed for 2019/2020. Close monitoring at CMB / F&P / QPEC and Governing Body. Commitment to continue school well-being services in York and North Yorkshire funding (in the baseline) to support those with lower level needs. The CCG and TEWV have agreed the approach to investment, performance standards and monitoring for 2019/2020, which will enable an increase in the numbers of children and young people being seen and treated: investment of £189K pa recurring for emotional, ADHD, family therapy and LD services.	Out turn for 2018/2019 shows increase in referrals from 1903 to 2129, increase of 10%: a significant proportion of referrals are signposted out at the Single Point of Access with 79% having a full assessment being retained in service. Only 52% of full assessments are carried out in the 9 week target ,and the additional funding will address this as part of the overall pathway Around half of referrals into service do not meet thresholds of need. TEWV out to advert for additional staff and have appointed to some posts. Capacity and demand analysis will be reviewed for July 2019 contract reports enabling a more detailed trajectory. TEWV has invested in Recovery College Online and Kooth to roll out digital platform support for interim and sub CAMHS support. TEWV has gained New Care Models funding for whole pathway of care which will offer increased flexibility around resourcing in	Susan De Val		**4**	**4**	**16**		26 June 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
			Local Transformation Plan highlights need for early identification and intervention to prevent escalation of symptoms and conditions. This is across the CCG area and engages all agencies.	longer term.							
JC.26b Children's Autism Assessments: long waiting lists and non-compliance with NICE guidance for diagnostic process	For the 5-18 pathway there is a long waiting list. Waits increase the strain and anxiety for families who do not always receive support for other agencies pending diagnosis. Issue is becoming more prominent in media enquiries and MP correspondence.	Delays in assessment and diagnosis mean families wait longer for specialist support in school and other settings. Increasingly diagnosis is regarded as the gateway to school based and social care support. Delays in assessment have consequences for wider SEND support.	Action plan to address issues around waiting list and diagnostic process. Close monitoring at CMB / F&P / QPEC and Governing Body. TEWV has revised internal pathway with a single clinic model to speed up assessment and diagnosis. TEWV has also integrated ASD and ADHD diagnostic process The CCG and TEWV have agreed the approach to investment, performance standards and monitoring for 2019/2020, which will enable an increase in the numbers of children and young people being seen and treated. Investment of £188K into staffing to reduce and maintain waiting times within NICE standards within 12 months.	In 2018/19 referrals increased from 234 to 299 with 208 waiting for assessment at end of March. After additional investment in service in 2018 average waits fell to 49 weeks. However, the conversion rate remained low at 54%. Discussions continue around the conversion rate as it affects the overall waiting list and waiting time. TEWV has appointed to some posts. A revised capacity and demand analysis to enable a detailed trajectory will be provided with contract reports in July to enable a review of trajectories.	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	**4**	**3**	**12**		27 June 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
JC.26c Children and young people eating disorders. Non-compliance with national access and waiting time standards	Higher than anticipated referral rates into the NYY eating disorder service in York hampers TEWV in meeting access and waiting time standards. These patients are usually very ill and require intensive long term care and support. The high volume means patients may not receive early intensive treatment	Delays in assessment and diagnosis and potentially longer periods in treatment with potential for poorer outcomes. Currently unable to develop early intervention activity or training in schools and other community settings.	Action plan across NYY to set out how TEWV will deliver to national standards and examine improving issues around dosage and physical health checks. TEWV's performance improving against local trajectories. Trajectories agreed for 2019/2020. Additional funding provided in 2018/2019 for clinical psychologist. TEWV has recruited part time paediatric support: TEWV is applying in house for NHSE New Models of Care funding to invest in eating disorder services to improve access and waiting times and also intensity of treatment. Close monitoring at CMB / F&P / QPEC and Governing Body.	Performance against access and waiting times standards continues to improve: 66% routine and 71% urgent cases were seen within target time, against a backdrop of 90 referrals, up from 77 in 2018/2019. Trajectories for 2019/2020 are 75% for urgent and 59% for routine referrals, and TEWV state are confident that will meet national targets by 2021. Since August 2018, all delayed assessments have been due to patient choice. Work with primary care leads around physical health checks is developing a pathway and protocol. Further meeting in July 2019 to review. TEWV now has access to consultant paediatric support to advise staff. Risk level reduced May 2019 to reflect improved performance against targets.	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	3	4	12	↓	27 June 2019
JC.30 Dementia - Failure to achieve 67% coding target in general practice.	Non delivery of mandatory NHS England targets. Lack of sufficient providers in some areas resulting in delayed transfers of care or limited choice available to patients. Meeting new standards.	Further pressure from NHS England to rectify this. Service users may not be appropriately flagged and therefore on-going referrals from primary care will not have the relevant information to make reasonable adjustments for their carers support.	CCG leads have devised a comprehensive action plan. CCG to provide focussed support targeting the larger practices with the lowest coding rates. All practices will be encouraged to re-run the toolkit and review all records identified. Controls include: Programme meeting and TEWV CMB.	Diagnosis rates decreased again in May to 57.6% from 58%. 2 initiatives are planned with the aim of increasing diagnosis rates: The central locality Integrated Care Team will be supporting 3 practices with case finding in care homes TEWV has now cleansed data from memory service and this will be available shortly to reconcile with primary care dementia registers.	Sheila Fletcher	Executive Director of Transformation, Complex Care and Mental Health	3	4	12	–	18 June 2019
PC.02 Primary Care; capacity over winter	There are increasing signs that workforce numbers in primary care (GPs, Nurses and other staff) are impacting on capacity. With the additional challenges of winter there is a risk that services	As capacity in general practice is limited by workforce, access to routine and urgent appointments may deteriorate resulting in patients not accessing	Practices are reviewing their provision to match demand to capacity. Access to locums is now limited and so other clinical staff are being asked to support tasks previously performed by GPs. Practices	Tiger Team have taken their individual actions to make rapid and responsive changes to urgent and primary care projects. CoR have had two updates around the on-going resilience work, winter planning group meetings continue,	Steph Porter / Shaun Macey	Executive Director of Primary Care and Population Health	3	3	9	–	22 June 2019

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review
	will not be maintained with consequent risks to patient safety.	care, or accessing care inappropriately (e.g., unnecessary use of A&E). Patients may also not receive regular reviews through routine care as limited capacity switches to manage urgent. This could lead to more patients with long term conditions requiring hospitalisation.	are beginning to work together to address long term capacity issues. On-going work to provide additional staffing progressing; both as an outcome of the January 2019 LTP which endorses and financially supports this approach, and as new schemes transferring staff from acute to community/primary care improve. Current examples include having a First Contact Physio in two practices, a session per week from a geriatrician working in the community and a new mental health team supporting low level problems. A new staff member has been appointed to support Central (York) GPs to evolve. Additional sessions for primary care to see unplanned patients were funded by the CCG in January 2019. Numbers being seen by the Improving Access work have increased and electronic consultations have commenced.	and new lead for the Central locality has taken up post. Work to provide additional physio. support, and bids for funding to provide additional capacity are also on-going. Rollout of Improving Access has demonstrated some of the potential for working together in localities, and cooperative work is starting to grow. Improving Access is giving some pressure to OOH GPs which will need monitoring. Other trials are due to commence in April 2019. New Parkinson's Disease Specialist Nurse appointed and started 17.06.2019.							

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Item Number: 8

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 4 July 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Financial Performance Report Month 2

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 May 2019.

To provide details and assurance around the actions being taken.

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments: N/A

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	**Report Author and Title**
Simon Bell, Chief Finance Officer	Caroline Goldsmith, Deputy Head of Finance Natalie Fletcher, Head of Finance

Finance and Contracting Performance Report – Executive Summary

April 2019 to May 2019

Month 2 2019/20

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

Issue	Improvement	Action Required
QIPP delivery	The forecast outturn includes £5.4m of QIPP which has been agreed via contracts. There is a further £1.6m of QIPP in relation to the full year effect of CHC and mental health out of contract packages which were reviewed in 2018/19.	On-going monitoring
Month 2 financial position	Overall the CCG is £220k better than the planned £3.1m deficit as at the end of May.	On-going monitoring of expenditure trends, in particular around Prescribing and CHC.

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

Issue	Deterioration	Action Required
Prior Year Pressures	Currently the CCG is forecasting a year end position in line with its submitted financial plan. However within this position is a pressure of £21k relating to prior year adjustments. There are still some outstanding areas to finalise for 2018/19 so the impact may change over the next few months.	Finalise outstanding agreements for 2018-19.
NHS Property Services	The CCG provided for historic NHS PS invoices in the 2018/19 outturn based upon the information provided at that time. Negotiations have continued and it is likely that the final agreement, although better than what has been invoiced for, will be higher than that included in the outturn position. This will result in a prior year pressure.	On-going discussions with NHS Property Services to finalise a deal and resolve payment of outstanding invoices relating to 2017/18 and 2018/19.
QIPP shortfall	The year to date QIPP delivery is £195k behind plan. £100k of this relates to the Primary Care investment slippage which has been profiled in since the start of the year and not yet finalised and £77k on Prescribing as there is a two month lag in reporting this expenditure.	Update paper with regards to PIB being drafted for Executive Committee that will describe contractual commitments, possible underspends and options for using. This will provide a fuller assessment of any potential slippage. Prescribing monitoring as part of monthly reporting processes.

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. System recovery – Work is on-going to complete Project Initiation documents (PIDs) for the system recovery schemes. The PIDs will be received by System Delivery Board on 4th July for decision whether to proceed. Clinically led working groups including representation from each organisation are being set up for each scheme and will be charged with a 'task and finish' approach to deliver. In addition, the system has jointly designed a dashboard to report on progress to date and forecast delivery.

2. Financial Recovery Plan – The CCG has begun discussions with system partners to develop a joint medium term financial recovery plan. This will build on the 5 year financial plan that the CCG developed as part of the annual planning process. NHS England / Improvement are due to issue guidance on financial recovery plans this month and timescales for completion and submission are still to be confirmed.

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)					488.7	507.5	(18.8)	R
Better Payment Practice Code (Value)	95.00%	99.44%	4.44%	G	95.00%	>95.00%	0.00%	G
Better Payment Practice Code (Number)	95.00%	96.48%	1.48%	G	95.00%	>95.00%	0.00%	G
CCG cash drawdown does not exceed maximum cash drawdown					506.7	507.5	(0.8)	G

- '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 in line with the CCG plan.

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 within plan	1.2	1.1	0.0	G	7.1	7.1	(0.0)	G
Programme spend within plan	83.8	83.6	0.2	G	500.5	500.5	0.0	G
Actual position is within plan (In-year)	(3.1)	(2.9)	0.2	G	(18.8)	(18.8)	(0.0)	G
Actual position is within 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 within 1.25% of monthly drawdown (£000)	461	283	178	G				
QIPP delivery	1.7	1.5	(0.2)	R	14.6	14.6	0.0	G

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: June 2019

Financial Period: April 2019 to May 2019 (Month 2)

1. Month 2 Supporting Narrative

The plan at Month 2 was for a deficit of £3.1m; however the actual deficit is £2.9m, £220k better than planned. This is explained in further detail in the table below.

QIPP delivery at Month 2 is £1.5m against a year to date plan target of £1.7m. Slippage on prescribing and primary care schemes makes up the majority of the difference – see section 7 for more details.

Reported year to date financial position – variance analysis

Description	Value	Commentary / Actions
Continuing Care	£0.30m	The reported position is based on information from the QA system. The year to date position includes delivery of £36k of QIPP against a QIPP target of £53k.
Other variances	(£0.08m)	
Total impact on YTD position	**£0.22m**	

2. Forecast Outturn Supporting Narrative

The forecast has been prepared in line with the plan submitted to NHS England on 15th May 2019 and includes a deficit of £18.8m. The forecast outturn includes QIPP delivery of £14.6m in line with the plan and including the CCG's share of the £11.2m System Cost Reduction requirement.

3. Gap and Key Delivery Challenges

In the Month 2 non-ISFE submission, the CCG reported risks totalling £2.44m wholly related to potential savings slippage which are offset in full as follows:

Pressures

Description	Expected Value	Commentary
QIPP under-delivery	£2.44m	In-year QIPP slippage
Total	**£2.44m**	

Proposals and contingencies

Description	Expected Value	Commentary
Contingency	£2.44m	0.5% contingency provided for in plan
Total	**£2.44m**	

4. Allocations

The allocation as at Month 2 is as follows:

Description	Recurrent / Non-recurrent	Category	Value
19/20 Opening position	Recurrent	Core	£434.69m
19/20 Opening position	Recurrent	Running costs	£7.54m
19/20 Opening position	Recurrent	Delegated commissioning	£47.16m
19/20 Opening position – reduction for indemnity scheme	Recurrent	Delegated commissioning	(£1.36m)
19/20 IR PELs transfer	Recurrent	Core	£0.63m
18/19 Brought forward deficit	Non-recurrent	Core	(£62.47m)
Total allocation at Month 2			**£426.19m**

NHS England has recently published the CCG Allocations Technical Guidance for 2019-20. Several changes have been made in the calculation of weighted population which informs CCG target allocations for 2019-20. The impact of these changes on Vale of York CCG's share of the national CCG allocation is estimated below.

Change	VoY Impact	Comments
Impact of weighted population updates	0.17%	Move from using October registered population to an average across the year
Impact of revised MFF index	0.00%	Impact of refreshed MFF indices on overall target shares
Impact of revised Mental Health and Learning Disability model	0.62%	Move from using data based on inpatient services only to individual level records covering community, outpatient and inpatient services
Impact of revised expenditure weights	-0.40%	Changes to weightings of the different categories – increases the weight given to MH & LD in the overall formula
Impact of new community services model	-0.24%	Community services has been removed from the general and acute weighting and replaced with a new category created using the Community Services Dataset
Impact of revised approach to health inequalities (SMR<75)	-0.02%	Change to approach to make weighting more responsive to deteriorations in SMR
Net impact on target share of allocation	**0.13%**	

As a result of these changes the Vale of York target allocation has changed from 0.5415% of national allocation in 2018-19 to 0.5423% in 2019-20 – an increase of 0.13% over the 2018-19

share. Although this seems like a minimal change, the national 2019-20 allocation is £78.4bn – therefore the impact of this change for Vale of York is an increase to target allocation of £571k.

The total allocation for CCGs grew by 5.66% for 2019-20, and Vale of York CCG's target allocation grew by 5.79%. The additional growth in Vale of York is partly explained by the changes described above and partly by a higher weighted population growth than average (6.47% vs. 6.22%).

However, Vale of York CCG is an 'above target' CCG. The allocations formula applies a pace of change adjustment to move CCG's towards their target allocation – so the CCG's growth in actual allocation is lower than growth in its target allocation. The CCG's actual allocation grew by 5.37% for 2019-20, compared to the England average of 5.65%. Our distance from target has therefore reduced from 2.60% in 2018-19 to 2.21% in 2019-20.

The CCG's weighted population that results from the allocation model continues to be lower than its raw population. The table below compares Vale of York CCG's weighted population for each category of the allocation formula to that of other CCGs in the Humber, Coast and Vale STP. Also included for comparison is the Vale of York CCG weighting for 2018-19, and the change in the weighting of each category. The Vale of York overall weighting index remains at 0.90, however of note is the change in Mental Health weighting, which reflects the change in calculation method for this element, as described in the table above.

		Population weighted for -								
	Unweighted registrations	General and Acute	Community	Mental Health	Maternity	Prescribing	SMR<75 (Unmet need)	Overall weighted population	**Overall % uplift as a result of weighting**	"Allocation units" per person
East Riding of Yorkshire CCG	304,285	359,504 18%	379,336 25%	262,293 -14%	235,700 -23%	350,861 15%	255,470 -16%	318,226	5%	1.05
Hull CCG	299,081	313,978 5%	325,608 9%	369,164 23%	338,520 13%	340,045 14%	483,345 62%	322,609	8%	1.08
North East Lincolnshire CCG	169,649	183,912 8%	199,311 17%	178,865 5%	189,336 12%	195,594 15%	244,442 44%	182,476	8%	1.08
North Lincolnshire CCG	177,178	196,005 11%	195,176 10%	160,125 -10%	158,916 -10%	195,121 10%	207,281 17%	182,719	3%	1.03
Scarborough and Ryedale CCG	120,480	139,249 16%	163,233 35%	128,544 7%	100,529 -17%	142,255 18%	113,094 -6%	132,705	10%	1.10
Vale of York CCG	**357,152**	**348,810 -2%**	**331,939 -7%**	**284,686 -20%**	**295,384 -17%**	**340,146 -5%**	**301,043 -16%**	**320,297**	**-10%**	**0.90**
Vale of York CCG (previous year)	353,746	346,418 -2%	N/A	263,170 -26%	291,308 -18%	337,829 -4%	299,789 -15%	318,400	-10%	0.90
Category weighting 2019-20		58.92% ⬇	5.08% ⬆	11.86% ⬆	3.30% ⬆	10.85% ⬇	10.00%			
Category weighting 2018-19		65.46%	0.00%	9.95%	3.26%	11.33%	10.00%			

5. Underlying position

The underlying position as at Month 2 is reported in line with the plan as per the table below.

Description	Value
Planned in-year deficit	**(£18.84m)**
Adjust for non-recurrent items in plan -	
Equipment and wheelchairs prior year adjustment	£0.20m
Deferred PIB payments	£0.60m
Repayment of system support	£0.33m
Primary Care slippage – non-recurrent QIPP	(£0.60m)
Other non-recurrent items in plan	£0.19m
Reported underlying position	**(£18.13m)**

6. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 31 May 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 histroically.

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

		Year to Date			Forecast Outturn			
Area	**Scheme**	**Plan**	**Actual**	**Variance**	**Plan**	**Delivered**	**Forecast**	**FOT Variance**
Acute Commissioning	Biosimilar drugs (FYE)	551	551	0	2,384	2,384	2,384	0
	Cost reductions in contract	347	347	0	2,970	2,970	2,970	0
Complex Care	CHC Packages (FYE)	457	457	0	1,401	1,401	1,401	0
	MH Out of Contract Packages (FYE)	91	91	0	237	237	237	0
	Review of CHC Packages	53	36	(17)	1,377	36	1,377	(1,341)
	Fast track post (investment)	(8)	(8)	0	(48)	(8)	(48)	40
Prescribing	Prescribing schemes	77	0	(77)	2,008	0	2,008	(2,008)
Primary Care	Primary Care investment slippage	100	0	(100)	600	0	600	(600)
System Recovery Schemes	Independent Sector	0	0	0	1,000	0	1,000	(1,000)
	Cardiology prescribing - DOAC switch	0	0	0	700	0	700	(700)
	Decommissioning non obstetric ultrasounds (YHS)	0	0	0	370	0	370	(370)
	PTS - decommission saloon cars / tighten criteria	0	0	0	250	0	250	(250)
	Management costs	0	0	0	180	0	180	(180)
	Other acute cost reductions (YTHFT)	0	0	0	1,220	0	1,220	(1,220)
		1,667	**1,473**	**(195)**	**14,648**	**7,019**	**14,648**	**(7,629)**

Appendix 1 – Finance dashboard

	YTD Position			Forecast Outturn (FOT)		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services						
Acute Services						
York Teaching Hospital NHS FT	36,350	36,350	0	217,212	217,212	0
Yorkshire Ambulance Service NHS Trust	2,378	2,378	(0)	14,267	14,267	0
Leeds Teaching Hospitals NHS Trust	1,387	1,344	43	8,497	8,497	0
Hull and East Yorkshire Hospitals NHS Trust	542	549	(7)	3,320	3,320	0
Harrogate and District NHS FT	416	382	34	2,552	2,552	0
Mid Yorkshire Hospitals NHS Trust	359	339	20	2,119	2,119	0
South Tees NHS FT	237	237	(0)	1,422	1,422	0
North Lincolnshire & Goole Hospitals NHS Trust	61	56	4	369	369	0
Sheffield Teaching Hospitals NHS FT	49	49	0	293	293	0
Non-Contracted Activity	900	900	0	5,398	5,398	0
Other Acute Commissioning	197	203	(6)	1,171	1,171	0
Ramsay	778	826	(48)	4,820	4,820	0
Nuffield Health	577	578	(1)	3,574	3,574	0
Other Private Providers	236	236	0	1,415	1,415	0
Sub Total	**44,466**	**44,428**	**39**	**266,429**	**266,429**	**0**
Mental Health Services						
Tees, Esk and Wear Valleys NHS FT	7,322	7,346	(24)	43,929	43,929	0
Out of Contract Placements	1,225	1,129	97	7,353	7,353	0
SRBI	203	277	(74)	1,215	1,215	0
Non-Contracted Activity - MH	76	76	0	458	458	0
Other Mental Health	185	188	(4)	1,074	1,074	0
Sub Total	**9,011**	**9,016**	**(5)**	**54,029**	**54,029**	**0**
Community Services						
York Teaching Hospital NHS FT - Community	3,187	3,187	0	19,125	19,125	0
York Teaching Hospital NHS FT - MSK	389	389	(0)	2,336	2,336	0
Harrogate and District NHS FT - Community	484	473	11	2,905	2,905	0
Humber NHS FT - Community	359	359	(0)	2,156	2,156	0
Hospices	226	226	0	1,358	1,358	0
Longer Term Conditions	47	47	(0)	282	282	0
Other Community	437	454	(17)	2,599	2,599	0
Sub total	**5,131**	**5,138**	**(7)**	**30,761**	**30,761**	**0**

	YTD Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Other Services						
Continuing Care	4,657	4,362	296	26,885	26,885	0
CHC Clinical Team	213	218	(5)	1,279	1,279	0
Funded Nursing Care	675	593	82	4,052	4,052	0
Patient Transport - Yorkshire	372	377	(5)	2,234	2,234	0
Voluntary Sector / Section 256	93	93	1	560	560	0
Non-NHS Treatment	104	101	3	622	622	0
NHS 111	177	171	6	1,061	1,061	0
Better Care Fund	1,826	1,851	(25)	10,956	10,956	0
Other Services	115	115	0	692	692	0
Sub total	**8,233**	**7,880**	**354**	**48,342**	**48,342**	**0**
Primary Care						
Primary Care Prescribing	8,031	8,116	(85)	47,319	47,319	0
Other Prescribing	330	345	(15)	1,978	1,978	0
Local Enhanced Services	374	404	(31)	2,242	2,242	0
Oxygen	62	62	0	371	371	0
Primary Care IT	138	132	6	826	826	0
Out of Hours	541	558	(17)	3,247	3,247	0
Other Primary Care	11	95	(85)	63	63	0
Sub Total	**9,485**	**9,712**	**(227)**	**56,046**	**56,046**	**0**
Primary Care Commissioning	**7,472**	**7,420**	**52**	**45,578**	**45,578**	**0**
Trading Position	**83,798**	**83,593**	**205**	**501,185**	**501,185**	**0**
Prior Year Balances	0	21	(21)	0	0	0
Reserves	0	0	0	(3,168)	(3,168)	0
Contingency	0	0	0	2,443	2,443	0
Unallocated QIPP	0	0	0	0	0	0
Reserves	**0**	**21**	**(21)**	**(725)**	**(725)**	**0**
Programme Financial Position	**83,798**	**83,614**	**184**	**500,460**	**500,460**	**0**
In Year Surplus / (Deficit)	(3,142)	0	(3,142)	(18,849)	0	(18,849)
In Year Programme Financial Position	**80,656**	**83,614**	**(2,958)**	**481,611**	**500,460**	**(18,849)**
Running Costs	**1,185**	**1,149**	**36**	**7,052**	**7,052**	**(0)**
Total In Year Financial Position	**81,841**	**84,763**	**(2,922)**	**488,663**	**507,512**	**(18,849)**
Brought Forward (Deficit)	(10,412)	0	(10,412)	(62,471)	0	(62,471)
Cumulative Financial Position	**71,429**	**84,763**	**(13,334)**	**426,192**	**507,512**	**(81,320)**

Appendix 2 – Running costs dashboard

	YTD Position			Forecast Outturn (FOT)		
Directorate	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**
Joint Commissioning	31	19	12	186	174	13
Chief Executive / Board Office	194	183	11	1,162	1,177	(15)
Planned Care	184	172	12	1,091	1,069	22
Communication and Engagement	45	30	15	272	265	7
Contract Management	145	131	14	870	839	31
Corporate Governance	160	144	16	953	924	29
Finance	224	201	23	1,324	1,280	44
Medicines Management	21	18	3	126	119	8
Quality & Nursing	122	125	(2)	730	739	(9)
Risk (SI team)	6	5	0	31	32	(0)
RSS	49	40	8	291	297	(6)
Primary Care	98	81	18	582	561	22
Reserves	(94)	0	(94)	(566)	(421)	(144)
Overall Position	**1,185**	**1,150**	**35**	**7,052**	**7,052**	**(0)**

Item Number: 9

Name of Presenter: Caroline Alexander

Meeting of the Governing Body

Date of meeting: 4 July 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Integrated Performance Report Month 1 2019/20

Purpose of Report *(Select from list)*
For Information

Reason for Report

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 York and Scarborough and Ryedale system and wider HCV Care Partnership to drive performance improvement.

The report captures validated data for Month 1 and it is presented in a new streamlined format following a full review of key performance targets by Executive leads.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☒Equalities

Risk Rating

Emerging Risks
Impact Assessments Please confirm below that the impact assessments have been approved and outline any risks/issues identified. ☐ Quality Impact Assessment ☐ Equality Impact Assessment ☐ Data Protection Impact Assessment ☐ Sustainability Impact Assessment **Risks/Issues identified from impact assessments:** A summary is being prepared under separate cover for all relevant workstreams which are driving performance improvement to summarise assessments and risks for all CCG or partner work. This will support the Committee being able to closely monitor the impact of all programmes of work the CCG and partners are undertaking.
Recommendations N/A
Decision Requested (for Decision Log) N/A

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam, Accountable Officer	Caroline Alexander, Assistant Director of Performance and Delivery

Vale of York CCG
Integrated Performance Report

Validated data to April 2019, Month 1 2019/20

Produced June 2019

NHS
Vale of York
Clinical Commissioning Group

Contents

Performance and Programme Overview
Planned Care

Areas Covered:

- Diagnostics
- Referral to Treatment (RTT)
- Cancer

Content:

- Summary dashboard
- Narrative
- Supporting data

NHS
Vale of York
Clinical Commissioning Group

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	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Previous 3 Quarters 2018/19 Q2	Previous 3 Quarters 2018/19 Q3	Previous 3 Quarters 2018/19 Q4	Current QTD 2019/20 Q1	Previous Financial Year 2018/19	Current Financial YTD 2019/20
Planned Care																							
133a	E.B.4		Diagnostics	Diagnostics: % waiting >6 weeks	≤1%	4.8%	3.1%	4.1%	6.3%	4.5%	4.4%	7.3%	11.0%	11.1%	8.6%	8.2%	12.7%	5.0%	7.6%	9.4%	12.7%	6.5%	12.7%
		Y	RTT	RTT: Total incomplete pathways (waiting list)	<16,475 at March 2020	17,028	17,329	17,637	17,505	17,291	17,312	17,019	16,831	16,490	16,987	17,143	17,344	-	-	-	-	-	-
129a	E.B.3		RTT	RTT incomplete pathways: % within 18 weeks	≥92%	85.3%	85.1%	86.0%	85.4%	85.4%	85.4%	84.4%	84.1%	84.0%	84.3%	83.3%	81.6%	85.6%	84.7%	83.9%	81.6%	84.8%	81.6%
	E.B.18		RTT	RTT: incomplete pathways 52 week breaches	0	5	10	5	7	7	8	6	8	10	7	9	7	19	22	26	7	85	7
			RTT	RTT Completed Admitted pathways: % within 18 weeks	-	65.3%	65.2%	64.2%	64.7%	63.3%	67.5%	63.6%	64.5%	60.6%	63.3%	65.2%	65.1%	64.1%	65.2%	63.0%	65.1%	64.4%	65.1%
			RTT	RTT Completed Non-Admitted pathways: % within 18 weeks	-	91.4%	92.1%	90.6%	91.7%	90.1%	90.1%	89.6%	89.5%	89.5%	90.4%	90.5%	90.9%	90.8%	89.7%	90.1%	90.9%	90.5%	90.9%
	E.B.6		Cancer	Cancer: 2WW	≥93%	95.8%	94.9%	86.6%	89.6%	84.3%	91.4%	91.2%	95.9%	86.5%	96.1%	90.7%	88.9%	87.0%	92.6%	91.0%	88.9%	91.6%	88.9%
	E.B.7		Cancer	Cancer: 2WW (breast symptoms)	≥93%	92.0%	93.3%	94.0%	97.3%	100.0%	100.0%	92.2%	88.6%	91.1%	93.1%	82.0%	81.3%	97.0%	93.8%	88.8%	81.3%	93.0%	81.3%
	E.B.8		Cancer	Cancer: 31 day first treatment	≥96%	99.1%	99.1%	97.4%	96.8%	96.3%	94.4%	97.4%	94.6%	94.9%	97.3%	95.4%	95.4%	96.8%	95.5%	95.8%	95.4%	96.8%	95.4%
	E.B.9		Cancer	Cancer: 31 day subsequent treatment - surgery	≥94%	93.9%	100.0%	95.6%	94.7%	90.0%	92.1%	96.4%	85.2%	88.6%	100.0%	90.2%	92.1%	93.5%	92.5%	92.0%	92.1%	93.6%	92.1%
	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%	100.0%	100.0%	98.6%	100.0%	98.0%	100.0%	100.0%	97.4%	98.0%	98.0%	96.7%	100.0%	98.8%	99.3%	97.5%	100.0%	98.8%	100.0%
	E.B.12	Y	Cancer	Cancer: 62 day GP referral	≥85%	78.2%	83.2%	74.7%	76.1%	71.3%	78.0%	76.8%	78.0%	83.2%	77.8%	82.8%	80.2%	73.9%	77.6%	81.4%	80.2%	78.3%	80.2%
	E.B.13		Cancer	Cancer: 62 day Screening referral	≥90%	83.3%	95.0%	81.3%	90.0%	92.3%	100.0%	75.0%	80.0%	100.0%	76.9%	80.0%	100.0%	87.2%	83.3%	86.2%	100.0%	87.7%	100.0%
	E.B.14		Cancer	Cancer: 62 day Status upgrade	-	-	-	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	33.3%	100.0%	100.0%	66.7%	77.8%	100.0%	83.3%	100.0%

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 – 12.7% against <1% target	• Lack of capacity to meet Endoscopy demand in York • Lack of staff at Scarborough site to undertake diagnostic work • MRI – YTHFT cannot meet current demand so outsourcing routine work (40 patients per month to Nuffield and 24 patients per month to Thorpe Park). • Complex patients (GA paeds) are seen at York using 2 static scanners. • Cardiac CT – not enough Radiologist capacity so risk stratifying patients. • Ultrasound – 2 Consultants left the Trust and no Locum cover available. • Demand for complex Ultrasound is growing, sonographer capacity is ok but there has been a spike in Obstetrics referrals. Cancer patients are prioritised and seen but MSK patients are impacted. • ECHO – staffing challenges – need ECHO Locum on York site • Dermatology – 3 Consultant vacancies	• There is an over arching radiology recovery plan in place at YTHFT and CCG support a number of workstreams around demand management • Trust have recruited staff for the new Endoscopy Suite which is due to open in September 2019 so capacity is scheduled to increase. • HEE Programme being used to train new Nurse Endoscopists • WLIs being used create additional capacity by extending hours on evenings and Saturdays to cover 'business as normal' demand but won't be able to clear backlog. • New Endoscopy Unit has capacity to grow to meet 2WW demand. • Trust are looking at how to better manage pressures from 'lower spine' and are reviewing lumbar spine pathway with Hull. • Radiologists reviewing on-call solutions to cover both York & Scarborough sites but no identified options to reduce breaches as yet. • YTHFT Inspectors are reviewing criteria for Ultrasound and Fast-track • HCV diagnostics programme	1. CCG to look into duplicate scans with Yorkshire Health Solutions. 2. Consultants are reluctant to work additional PAs due to new tax implications so need to consider options around how to deliver additional capacity. 3. The system needs to consider all these capacity pressures and recovery actions as part of the system cost reduction plan and workstreams related to radiology and endoscopy WLIs. 4. Demand and capacity modelling is exploring options for carving out capacity for current cancer referrals in order to ensure sufficient capacity to prioritise these.

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 – Waiting list and 92% target	No – 81.6% against 92% target and waiting list increasing	Although waiting list has increased in April 2019 we are currently below the submitted 2019/20 Vale of York CCG plan at 17,344 against plan of 17,464. Target for March 2020 is to be below March 2018 position, however it is understood that a position of lower than March 2019 (17,143) would be tolerated by regulators. It should be noted that our March 2018 baseline was amended in May 2019 when some trusts submitted revised data. Our Vale of York CCG baseline has increased by 69 patients from 16,475 to 16,544 due to additional patients from Harrogate and Sheffield Trusts. Although performance is well below 92% target, current performance of 81.6% is 0.3% above the 2019/20 planned position for this month.	The CCG works as part of the System Delivery Board and the planned care programme is considering the workstreams which will support all organisations in managing the Total Waiting List and improving how elective capacity is accessed and used locally. There is an established outpatients transformation programme locally and a collaborative HCV Partnership programme. Both have focused this month on how to progress with a 'digital first' approach to delivering outpatient care. The system is focusing on developing workstreams as follows: ▪ Individual specialties and pathways where there has been greatest increases in referrals and activity and where capacity is challenged ▪ Expanding advice & guidance and accelerating the current change programme to support optimising referrals to the TWL and avoiding face to face attendances ('Rapid Expert Input') ▪ Avoiding face to face attendances where not needed	Further exploration of digital enablers to accelerate outpatient transformation (there has been a successful bid to access support from both NHS Digital Leadership Academy and NHSE/I elective programme) Further work to explore future models of care for T&O/MSK, ophthalmology and dermatology. Primary care practice visits. Mobilising the first Patient-initiated follow-up pilot in Rheumatology

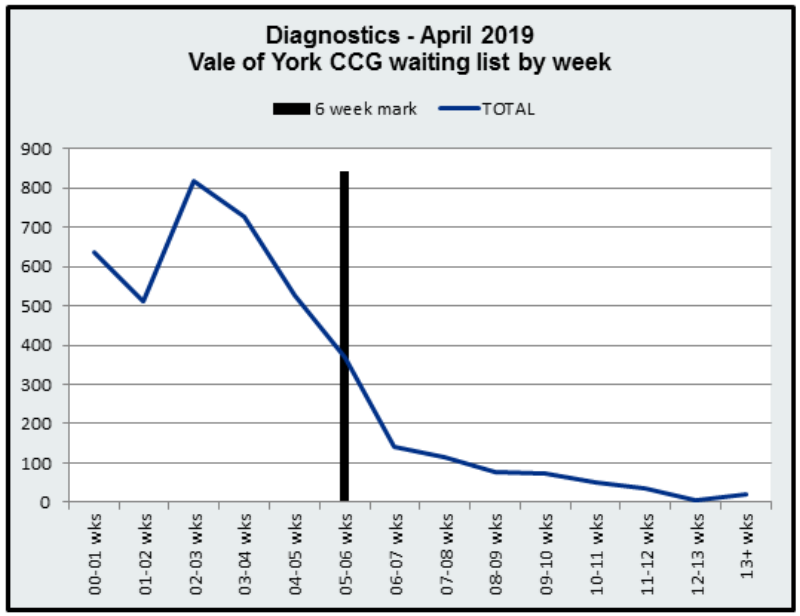
Planned Care

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 – 7* breaches in April against zero tolerance target (*6 when corrected)	The breach at Nuffield in Trauma and Orthopaedics has been confirmed by the provider as an error due to incorrect data input on their new Electronic Patient Record system. This patient's RTT clock should have been stopped in January 2019 and as such is not a genuine 52 week breach. There are another 2 breaches anticipated in the May 2019 data due to this same issue. There was a breach at St George's University FT in Plastic Surgery, which the CCG had not anticipated as no long wait patients had been highlighted in previous months' data at this Trust. It has come to light that the patient was incorrectly added to a non RTT waiting list whilst funding was being requested. This is why the patient was not tracked in earlier weeks. The patient has subsequently been discharged and is not being declared as a May breach. Breaches at LTH for complex spinal patients continue to be an issue with 5 declared in April 2019.	Nuffield have confirmed that they will be be reviewing their data in a more timely manner to ensure future errors on the new system are avoided. Those cases which were incorrectly recorded and therefore showed as breaches in the April and May submissions will be re-submitted with their correct end dates. St George's University FT have reviewed their waiting list to ensure there are no other patients incorrectly added to the non RTT waiting list. Although the CCG is above the zero tolerance target for 52 week breaches, the 2019/20 CCG trajectory of 7 for April 2019 has been met with 7 total breaches which will be reduced to 6 once Nuffield data is revised.	An update has been requested from LTH to understand current position for Vale of York patients in complex spinal.

Planned Care

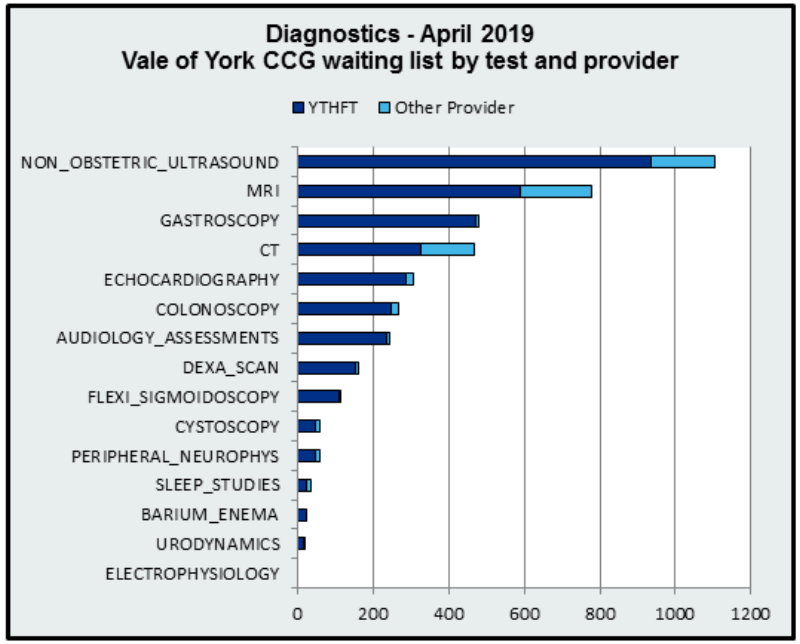
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Cancer 2WW	No – 88.9% against 93% target	The vast majority of 2WW breaches relate to Skin patients. YTHFT currently have 3 vacancies for Dermatology Consultants and are recruiting a Band 6 Cancer Nurse Specialist.	• Risk Stratification of Waiting List patients to prioritise all cancer referrals • Extra sessions on Saturdays are being utilised for Cancer Patients • Introducing One Stop model for 2WW patients – Nurses doing the paperwork to free-up Consultant time • Dermatology working group continue to explore options for expanding the capacity in primary care through GPSIs and minor surgery delivery	Locum holidays will impact on capacity over the summer holidays and this will need to be mitigated
Cancer 62 day	No – 80.2% against 85% target	Specialty level detail is not available at this time due to an error in the Cancer database. Breaches are due to delays with: • Diagnostic tests or treatment plans • Lack of capacity • Complex or inconclusive diagnostics • Patient unavailability or delays for medical reasons Oncology – staff shortages	• Breast outpatient appointments for all fasttrack patients centralised at York but treatment for cancer patients remains at Scarborough • Looking at telemedicine/Skype clinics for palliative patients • Oncology is also fragile at Hull so working with HCV Cancer Alliance re future Oncology services across the patch. Four workstreams covering: Workforce, IT, Acute Oncology and MDT working. • Revised criterion for prostate diagnosis to reduce demand for MRI scans	Local cancer recovery work plan for 2019/20 forward being refreshed in July through joint working group with YTHFT.

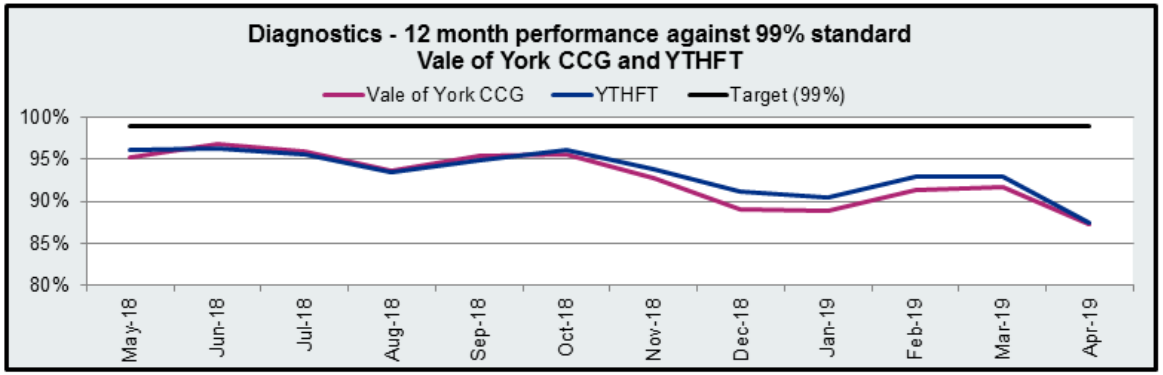
Diagnostics



Diagnostics by Test - Vale of York CCG - April 2019

Diagnostic Test	Total Waiting List	Total >6 weeks	% within 6 weeks (Target ≥99%)	Change from previous month
AUDIOLOGY_ASSESSMENTS	242	0	100.0%	0.0%
URODYNAMICS	17	0	100.0%	0.0%
PERIPHERAL_NEUROPHYS	59	0	100.0%	0.0%
BARIUM_ENEMA	23	0	100.0%	8.3%
DEXA_SCAN	161	2	98.8%	3.3%
CT	468	13	97.2%	-1.2%
CYSTOSCOPY	60	2	96.7%	-1.7%
MRI	779	38	95.1%	0.5%
SLEEP_STUDIES	34	2	94.1%	19.9%
NON_OBSTETRIC_ULTRASOUND	1,103	105	90.5%	-3.8%
ECHOCARDIOGRAPHY	305	76	75.1%	-9.3%
COLONOSCOPY	267	78	70.8%	-8.3%
FLEXI_SIGMOIDOSCOPY	111	37	66.7%	-19.9%
GASTROSCOPY	480	168	65.0%	-13.7%
ELECTROPHYSIOLOGY	-	0	N/A	-
Grand Total	**4,109**	**521**	**87.3%**	-4.5%





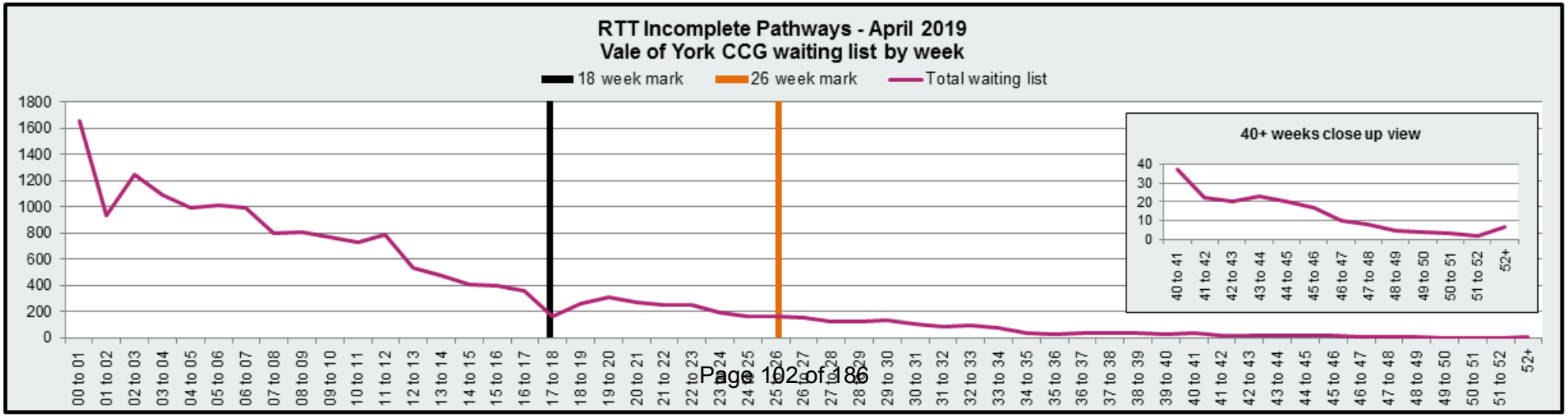
Diagnostics - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

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%	-	-	-	-	-	-	-	-	-	-	-
	Variance	-4.7%	-	-	-	-	-	-	-	-	-	-	-

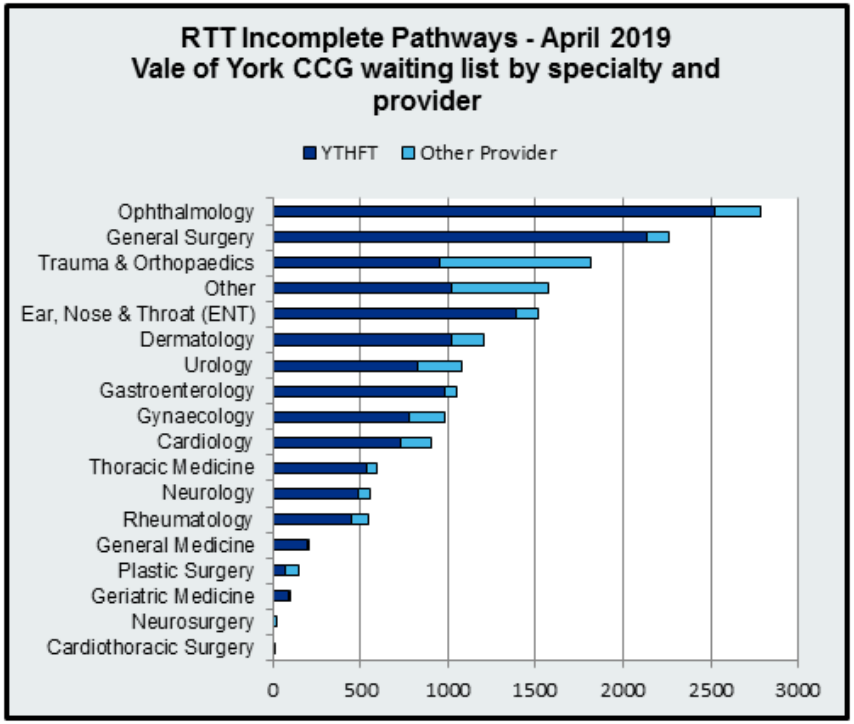
Target ≥99%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	2019/20 Plan	87.5%	90.0%	91.0%	91.5%	93.0%	94.0%	95.0%	96.0%	97.0%	97.0%	98.0%	99.0%
	2019/20 Actual	87.5%	-	-	-	-	-	-	-	-	-	-	-
	Variance	0.0%	-	-	-	-	-	-	-	-	-	-	-

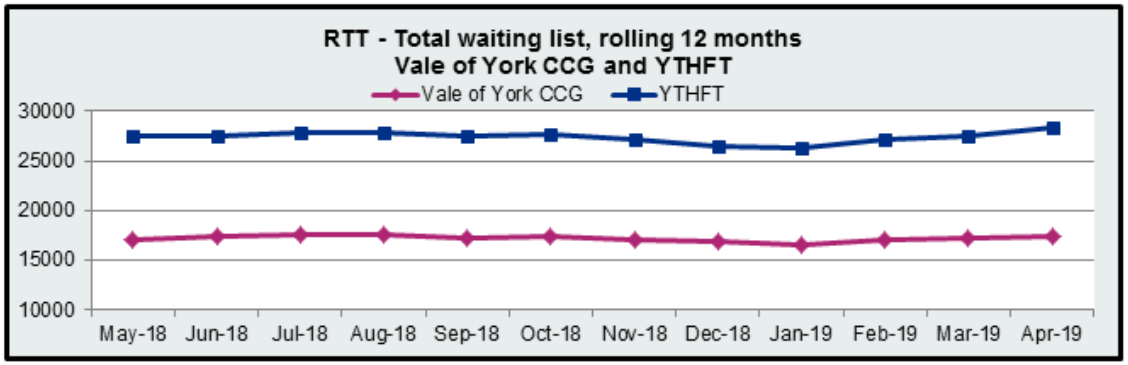
Referral to Treatment (RTT)

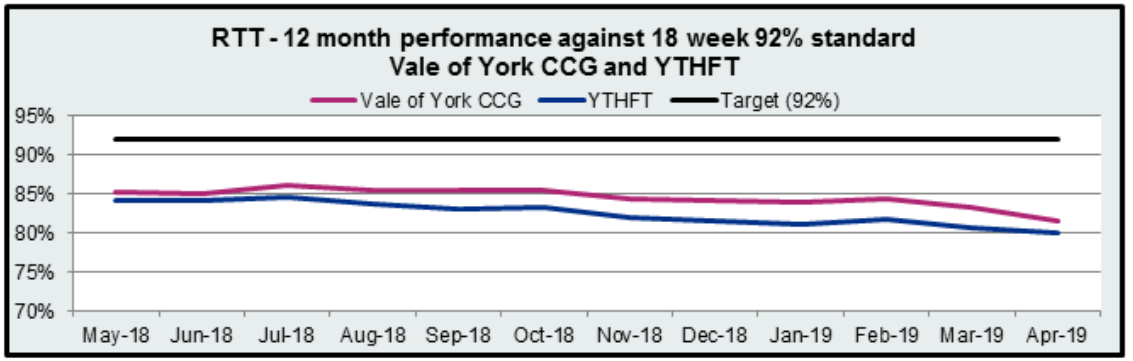
RTT Incomplete Pathways by Specialty - Vale of York CCG - April 2019							
Specialty	**Total Waiting List**	**Total pathways >18 weeks**	**Total pathways >52 weeks**	**% within 18 weeks (Target ≥92%)**	**Change from previous month**	**Median Wait (weeks)**	**92nd percentile (weeks)**
Cardiothoracic Surgery	5	0	0	100.0%	0.0%	-	-
Geriatric Medicine	90	3	0	96.7%	-2.3%	3.0	11.9
General Medicine	204	12	0	94.1%	2.5%	6.7	15.9
Other	1,575	117	0	92.6%	-1.5%	6.5	17.2
Neurology	560	49	0	91.3%	0.3%	7.3	18.5
Gynaecology	985	140	0	85.8%	-3.6%	7.4	21.7
Cardiology	905	141	0	84.4%	-3.6%	8.1	22.4
Ear, Nose & Throat (ENT)	1,513	252	0	83.3%	-2.8%	8.2	23.5
Dermatology	1,208	202	0	83.3%	-1.6%	7.5	23.3
Rheumatology	544	94	0	82.7%	-3.7%	9.5	22.1
Trauma & Orthopaedics	1,814	318	6	82.5%	-2.2%	8.9	23.5
Neurosurgery	22	4	0	81.8%	-3.9%	7.5	24.2
Urology	1,081	227	0	79.0%	-2.8%	7.6	33.3
General Surgery	2,257	483	0	78.6%	-1.7%	7.3	29.1
Plastic Surgery	152	36	1	76.3%	1.6%	5.8	32.2
Gastroenterology	1,048	262	0	75.0%	-4.9%	9.5	28.9
Ophthalmology	2,783	696	0	75.0%	1.2%	8.6	28.3
Thoracic Medicine	598	152	0	74.6%	1.1%	9.9	30.7
Grand Total	**17,344**	**3,188**	**7**	**81.6%**	**-1.7%**	**8.0**	**25.5**



Referral to Treatment (RTT)







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 LTH
May-19		
Jun-19		
Jul-19		
Aug-19		
Sep-19		
Oct-19		
Nov-19		
Dec-19		
Jan-20		
Feb-20		
Mar-20		
YTD	7	

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

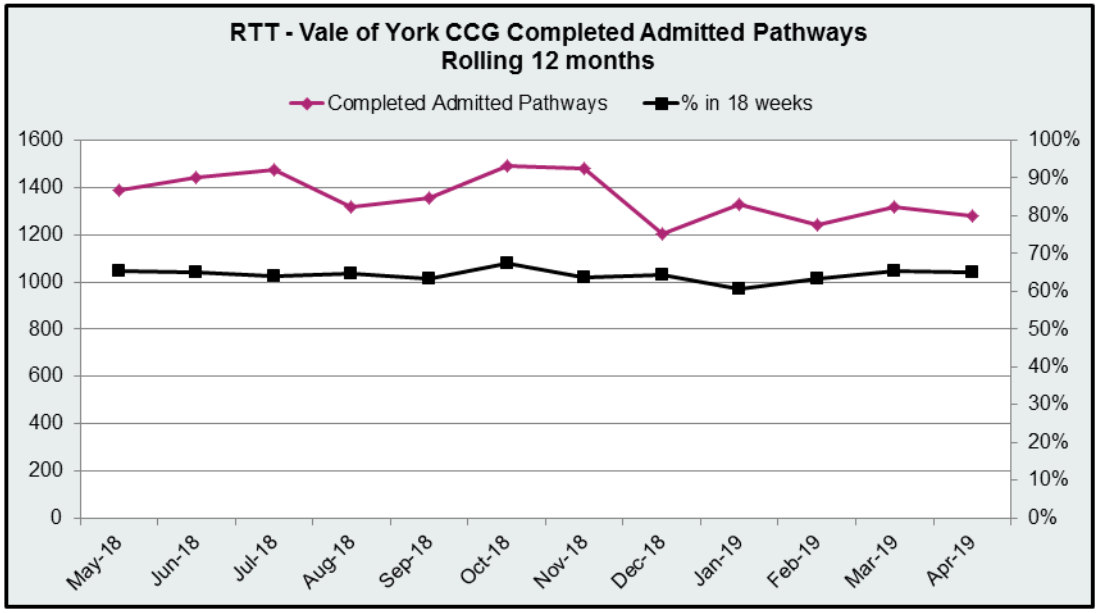
Target <16,475		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	2019/20 Plan	17,464	17,745	18,313	18,899	19,505	20,129	19,622	19,116	18,609	18,103	17,596	17,090
	2019/20 Actual	17,344	-	-	-	-	-	-	-	-	-	-	-
	Variance	- 120	-	-	-	-	-	-	-	-	-	-	-
Target <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**
YTHFT	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
	2019/20 Actual	28,344	-	-	-	-	-	-	-	-	-	-	-
	Variance	0	-	-	-	-	-	-	-	-	-	-	-

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

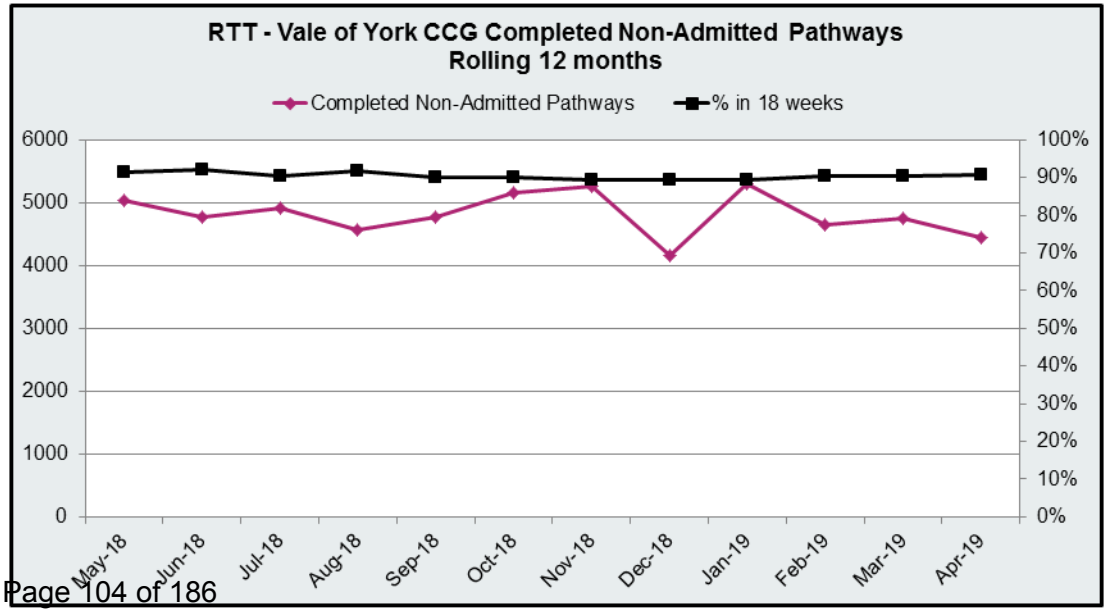
Target ≥92%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vale of York CCG	2019/20 Plan	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%	81.3%
	2019/20 Actual	81.6%	-	-	-	-	-	-	-	-	-	-	-
	Variance	0.3%	-	-	-	-	-	-	-	-	-	-	-
Target ≥92%		**Apr-19**	**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%
	2019/20 Actual	80.0%	-	-	-	-	-	-	-	-	-	-	-
	Variance	0.0%	-	-	-	-	-	-	-	-	-	-	-

Referral to Treatment (RTT)

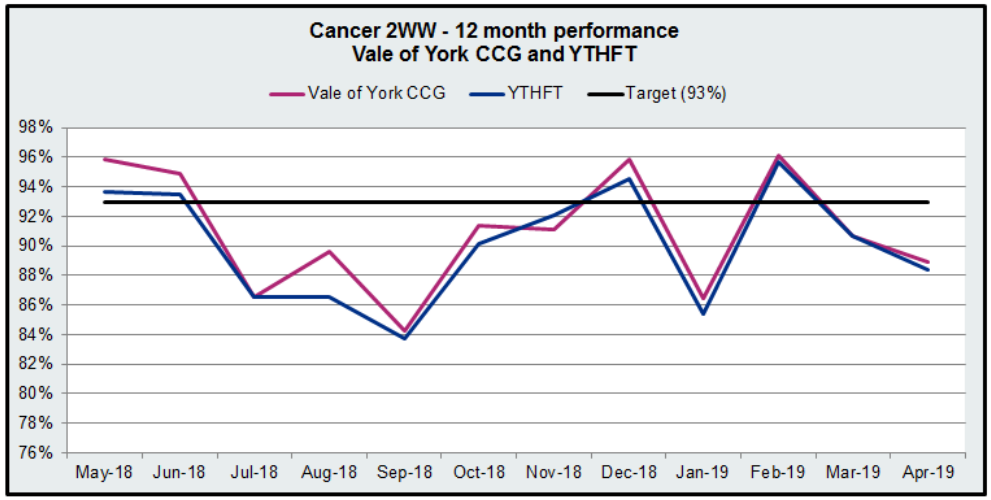
RTT Completed Admitted Pathways by Specialty - Vale of York CCG - April 2019			
Specialty	**Total Completed Admitted Pathways**	**Total pathways >18 weeks**	**% within 18 weeks**
Cardiothoracic Surgery	-	-	-
Geriatric Medicine	-	-	-
General Medicine	-	-	-
Neurology	1	0	100.0%
Rheumatology	5	0	100.0%
Neurosurgery	1	0	100.0%
Dermatology	2	0	100.0%
Gastroenterology	3	0	100.0%
Thoracic Medicine	1	0	100.0%
Plastic Surgery	77	14	81.8%
Trauma & Orthopaedics	278	58	79.1%
Cardiology	51	12	76.5%
Urology	127	35	72.4%
General Surgery	180	52	71.1%
Other	86	25	70.9%
Gynaecology	68	22	67.6%
Ophthalmology	354	189	46.6%
Ear, Nose & Throat (ENT)	83	51	38.6%
Grand Total	**1,317**	**458**	**65.2%**



RTT Completed Non-Admitted Pathways by Specialty - Vale of York CCG - April 2019			
Specialty	**Total Completed Admitted Pathways**	**Total pathways >18 weeks**	**% within 18 weeks**
Plastic Surgery	33	0	100.0%
Geriatric Medicine	98	1	99.0%
Urology	283	7	97.5%
Ophthalmology	805	24	97.0%
Gynaecology	361	14	96.1%
General Medicine	99	4	96.0%
General Surgery	627	33	94.7%
Other	506	33	93.5%
Trauma & Orthopaedics	255	18	92.9%
Ear, Nose & Throat (ENT)	383	28	92.7%
Neurosurgery	8	1	87.5%
Neurology	169	22	87.0%
Cardiology	211	41	80.6%
Gastroenterology	269	53	80.3%
Dermatology	405	84	79.3%
Thoracic Medicine	120	39	67.5%
Rheumatology	111	46	58.6%
Cardiothoracic Surgery	2	1	50.0%
Grand Total	**4,745**	**449**	**90.5%**

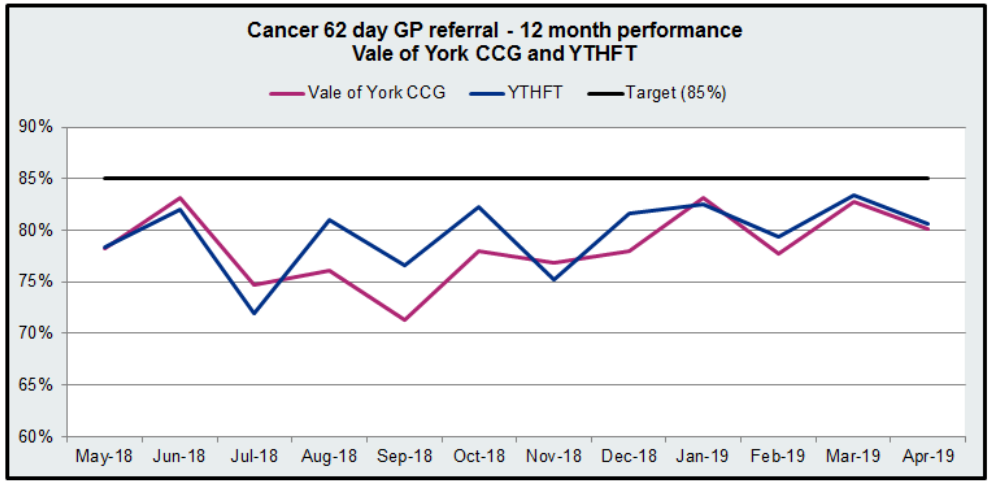


Cancer Two Week Waits and 62 day GP Referral



Cancer Two Week Waits - Vale of York CCG - April 2019

Tumour type	Total Treated	Total >2 weeks	% within 2 weeks (Target ≥93%)	Change from previous month
Testicular	-	-	N/A	- -
Acute Leukaemia	-	-	N/A	- -
Brain/Central Nervous System	-	-	N/A	- -
Other	4	0	100.0%	0.0%
Children's	1	0	100.0%	0.0%
Haematological malignancies	2	0	100.0%	0.0%
Head and Neck	146	4	97.3%	1.7% ▲
Lung	31	2	93.5%	-6.5% ▼
Gynaecological	103	7	93.2%	-3.0% ▼
Breast	219	15	93.2%	2.8% ▲
Lower Gastrointestinal	242	17	93.0%	-4.5% ▼
Urological (exc Testicular)	123	9	92.7%	-3.8% ▼
Upper Gastrointestinal	76	6	92.1%	3.1% ▲
Skin	241	72	70.1%	2.4% ▲
Grand Total	**1,189**	**132**	**88.9%**	**-1.8%** ▼



Cancer 62 day GP referral - Vale of York CCG - April 2019

Tumour type	Total Treated	Total >62 days	% within 62 days (Target ≥85%)	Change from previous month
Detail not available at this time due to an error in the Cancer database				
Grand Total	**96**	**77**	**80.2%**	**-2.6%** ▼

Cancer 2WW - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

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%	-	-	-	-	-	-	-	-	-	-	-
	Variance	-4.2% ▼	-	-	-	-	-	-	-	-	-	-	-
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
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%	-	-	-	-	-	-	-	-	-	-	-
	Variance	-4.8% ▼	-	-	-	-	-	-	-	-	-	-	-

Cancer 62 day GP Referral - 2019/20 Plan vs Actual - Vale of York CCG and YTHFT

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%	-	-	-	-	-	-	-	-	-	-	-
	Variance	0.2% ▲	-	-	-	-	-	-	-	-	-	-	-
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
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%	-	-	-	-	-	-	-	-	-	-	-
	Variance	0.5% ▲	-	-	-	-	-	-	-	-	-	-	-

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

NHS
Vale of York
Clinical Commissioning Group

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	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Previous 3 Quarters 2018/19 Q2	Previous 3 Quarters 2018/19 Q3	Previous 3 Quarters 2018/19 Q4	Current QTD 2019/20 Q1	Previous Financial Year 2018/19	Current Financial YTD 2019/20
Unplanned and Out of Hospital Care																							
127c	E.B.5		A&E*	A&E: % within 4 hours (YTHFT)	≥95%	90.1%	90.0%	88.0%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%	90.3%	89.4%	82.4%	81.2%	87.7%	81.2%
			A&E*	A&E: 12 hour breaches (YTHFT)	0	0	0	0	0	0	0	0	0	17	8	28	24	0	0	53	50	66	50
			YAS	ARP: Category 1 (Life threatening) Mean	00:07:00	00:08:20	00:07:38	00:07:19	00:07:03	00:07:18	00:07:10	00:07:02	00:07:03	00:06:59	00:07:03	00:06:44	00:06:58	-	-	-	-	00:07:21	00:06:58
			YAS	ARP: Category 2 (Emergency) Mean	00:18:00	00:22:54	00:21:30	00:20:29	00:19:26	00:20:19	00:19:58	00:20:29	00:21:03	00:19:49	00:20:02	00:17:40	00:19:40	-	-	-	-	00:20:26	00:19:40
			YAS	ARP: Category 1 (Life threatening) 90th percentile	00:15:00	00:14:11	00:12:55	00:12:31	00:12:05	00:12:28	00:12:23	00:12:13	00:12:15	00:12:08	00:12:05	00:11:28	00:12:06	-	-	-	-	00:12:37	00:12:06
			YAS	ARP: Category 2 (Emergency) 90th percentile	00:40:00	00:48:43	00:45:08	00:42:40	00:39:47	00:42:10	00:41:37	00:42:36	00:44:17	00:41:16	00:41:50	00:35:35	00:40:29	-	-	-	-	00:42:34	00:40.29
			YAS	ARP: Category 3 (Urgent) 90th percentile	02:00:00	02:24:07	02:12:53	02:07:31	01:59:28	01:57:25	01:57:34	01:58:25	02:15:22	01:58:10	01:53:11	01:29:42	01:49:54	-	-	-	-	01:58:44	01:49:54
			YAS	ARP: Category 4 (Less urgent) 90th percentile	03:00:00	03:37:09	02:43:11	03:12:55	02:45:47	03:51:53	02:47:56	03:44:04	03:38:33	03:52:38	03:25:18	03:00:09	03:36:53	-	-	-	-	03:51:57	03:36:53
			NHS 111*	NHS 111: Calls abandoned after 30 seconds	≤5%	1.6%	1.6%	0.8%	0.4%	0.5%	1.1%	1.2%	0.7%	1.6%	1.7%	1.0%	1.2%	0.5%	1.0%	1.4%	1.2%	1.1%	1.2%
			NHS 111*	NHS 111: Calls answered within 60 seconds	≥95%	92.2%	87.5%	89.8%	95.4%	92.9%	85.0%	82.9%	90.2%	81.6%	79.0%	86.1%	91.8%	92.7%	86.3%	82.3%	91.3%	88.1%	91.3%
			GP OOH	GP OOH: Face to face within 2 hours	≥95%	97.5%	99.1%	96.6%	97.7%	96.9%	97.5%	97.3%	94.9%	88.5%	95.9%	94.9%	89.8%	97.1%	96.4%	92.8%	89.8%	95.9%	89.8%
			GP OOH	GP OOH: Face to face within 6 hours	≥95%	99.2%	99.5%	99.4%	99.0%	98.8%	97.8%	99.6%	95.8%	97.4%	96.9%	98.4%	97.2%	99.1%	97.5%	97.6%	97.2%	98.3%	97.2%
			GP OOH	GP OOH: Speak to clinician within 2 hours	≥95%	97.5%	98.4%	95.1%	96.5%	96.4%	97.4%	95.3%	93.2%	95.3%	91.3%	92.5%	88.6%	96.0%	95.0%	93.2%	88.6%	95.0%	88.6%
			GP OOH	GP OOH: Speak to clinician within 2 to 6 hours	≥95%	98.3%	98.6%	99.2%	99.0%	99.1%	99.5%	98.9%	95.6%	97.5%	95.0%	96.1%	93.1%	99.1%	97.7%	96.2%	93.1%	97.7%	93.1%
			GP OOH	GP OOH: Speak to clinician within 6+ hours	≥95%	99.9%	99.9%	100.0%	100.0%	99.9%	100.0%	99.9%	98.7%	99.2%	99.6%	99.6%	98.9%	99.9%	99.4%	99.4%	98.9%	99.6%	98.9%
			GP OOH	GP OOH: Total calls	-	3,093	2,716	2,775	2,676	2,831	2,888	2,960	4,099	3,469	3,001	3,040	3,331	8,282	9,947	9,510	3,331	36,591	3,331
			GP OOH	GP OOH: % of dispositions <2 hours	-	57.5%	53.5%	61.2%	60.5%	61.6%	61.7%	62.3%	62.6%	63.4%	62.7%	62.6%	61.5%	61.1%	62.2%	62.9%	61.5%	60.5%	61.5%
	E.D.16		Primary Care Access	Proportion of the population with access to online consultations	≥75% by March 2020	Data to follow from end Q1 2019/20																	
	E.D.17		Primary Care Access	Extended Access appointment utilisation	≥75% by March 2020	Data to follow from end Q1 2019/20																	
	E.D.18		Primary Care Access	Proportion 111 can directly book appts into extended access	100% by March 2020	Data to follow from end Q1 2019/20																	
			DTOC	DTOC: YTHFT - Acute bed days	-	1,092	1,020	1,071	1,336	1,180	1,251	1,059	1,212	1,093	1,067	1,178	1,456	3,587	3,522	3,338	1,456	13,693	1,456
			DTOC	DTOC: YTHFT - Non-acute bed days	-	358	262	307	301	381	357	358	337	385	295	377	277	989	1,052	1,057	277	4,182	277
			DTOC	DTOC: YTHFT - Total bed days	-	1,450	1,282	1,378	1,637	1,561	1,608	1,417	1,549	1,478	1,362	1,555	1,733	4,576	4,574	4,395	1,733	17,875	1,733
			DTOC	DTOC: TEWV - Total bed days (All non-acute)	-	1,075	1,029	832	974	878	858	672	550	557	506	657	673	2,684	2,080	1,720	673	9,591	673

*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 – 81.9% in May against 95% target	Performance during April (and subsequent months) has been poor; attendances are high, there are staffing issues across the system, and beds have been at capacity, impeding flow.	An action plan has been described and reviewed by system partners on 13/06 with a number of actions and their contributions to improvement modelled. These incorporate short term and medium-long term plans.	All system partners have been alerted to ongoing issues; support and enabling functions (e.g. Patient Transport) are also included.
YAS	Yes	Cat 1 (life threatening) are being met. Cat 2 (emergency) are slightly outside target this month but we believe the system is sustainable & improvements seen in March will be repeated.	N/A There is an ongoing set of KPIs and performance plan that YAS work to across all of their Yorkshire services.	N/A
NHS 111	Yes	We are assured this is sustainable.	N/A	N/A
GP Out of Hours	Yes – apart from 2 hour issues	We are assured the overall picture is sustainable. The 2 hour issues have been present throughout this contract due to the impact of NHS111.	N/A	N/A
Primary Care Access	N/A – targets apply to year end	**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%)	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	

Unplanned and Out of Hospital Care

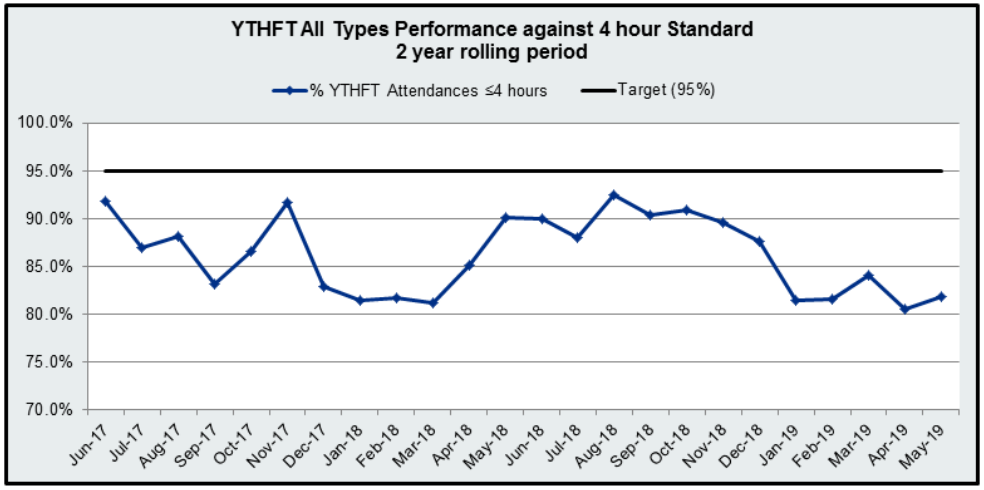
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Primary Care Access (continued)	N/A – targets apply to year end	**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. Utilisation is calculated as: (number of appointments booked - DNA's) / available appointments. For the month of March 2019, the average Extended Access appointment utilisation was 70%. **Proportion of the population that 111 can directly book appointments into the contracted extended access services** For the month of March 2019 this figure is 0%.	The technical solution is still being worked on regionally.	

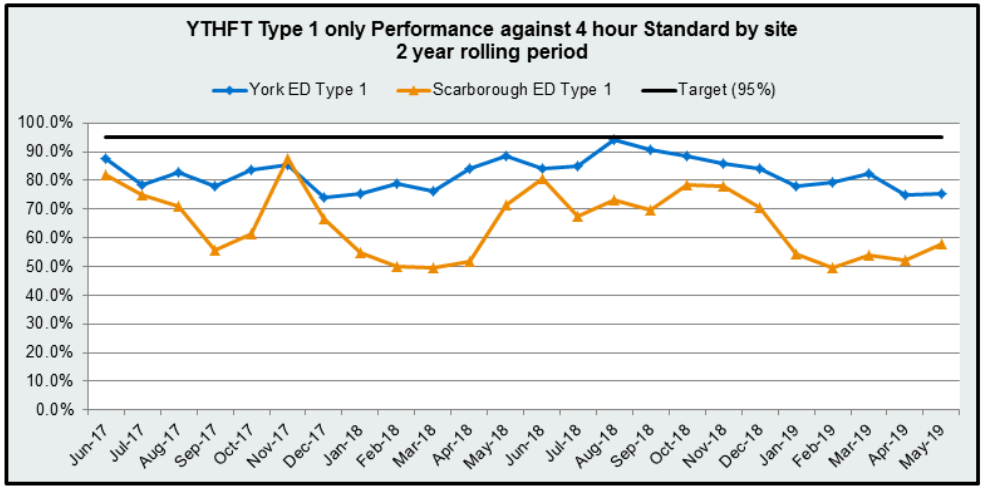
Unplanned and Out of Hospital Care

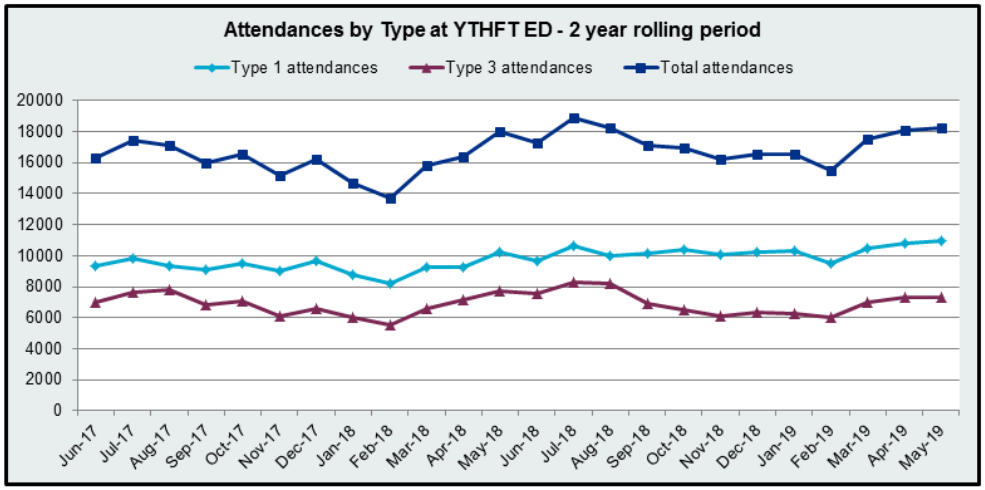
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Delayed Transfers of Care	Overall: no NHS: no ASC: yes	Adult social care figures for DTOC are maintaining performance around the target figure, however York is the worst performer in England on this measure. Since April, the new approach to recording and reporting DTOC may have contributed to a further decline in performance, as we now include some days of delay which we previously did not count.	The main causes for NHS delays are 'waiting for further non-acute care' and waiting for packages of care in the community. Discussions are taking place to expand the availability of step down care, and the home care model is being reviewed, working towards a neighbourhood model. Whilst capacity for nursing care homes in York is challenging it has become clear that many cases are being declined by care homes due to their apparent complexity of need such as 'requiring 1-1'. Subsequent analysis of these descriptions suggest they do not always match clinical need. The Trust and CHC leads have held a Discharge to assess improvement mapping event. It was agreed to pilot social care involvement at a much earlier stage and a further range of system actions. Discharge to assess are classified as health DTOC when in fact they are only eligible for a joint CHC assessment and approximately 20% convert to CHC hence the need for joint and earlier intervention.	The independent capacity and demand exercise is due to report back 1st July 2019, which will assist in planning future requirements and give a stronger evidence base for the balance of services to be commissioned.

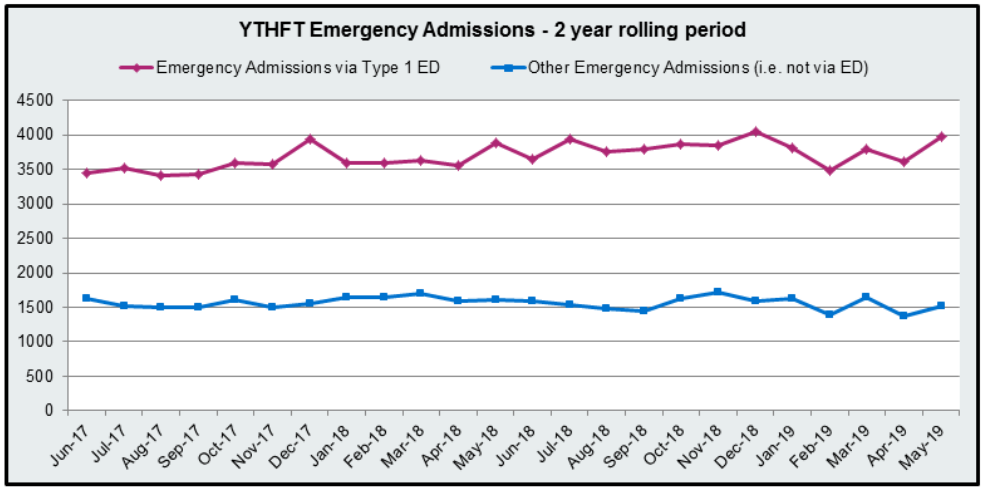
Emergency Department - YTHFT

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









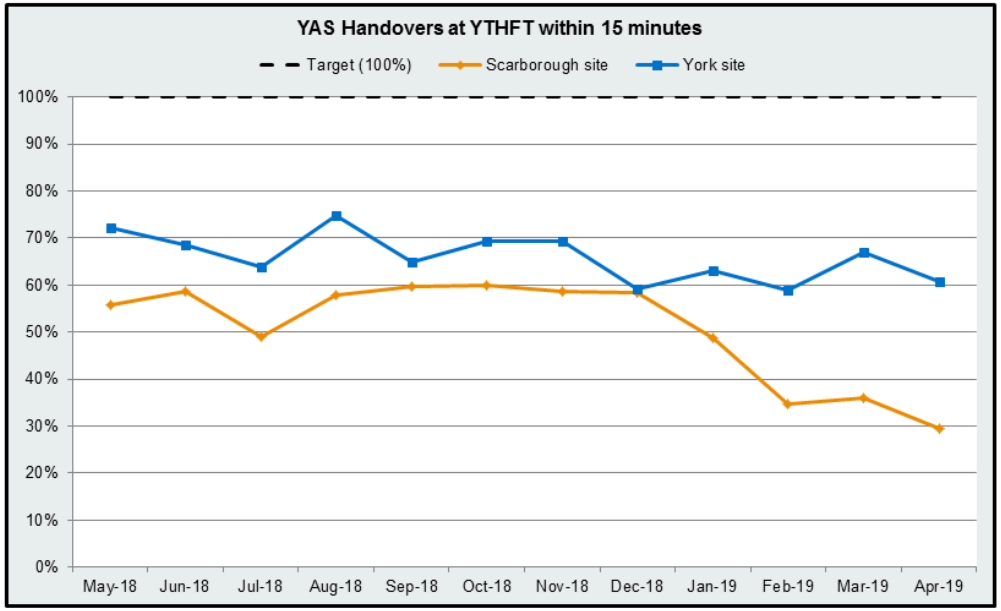
12 hour breaches at YTHFT

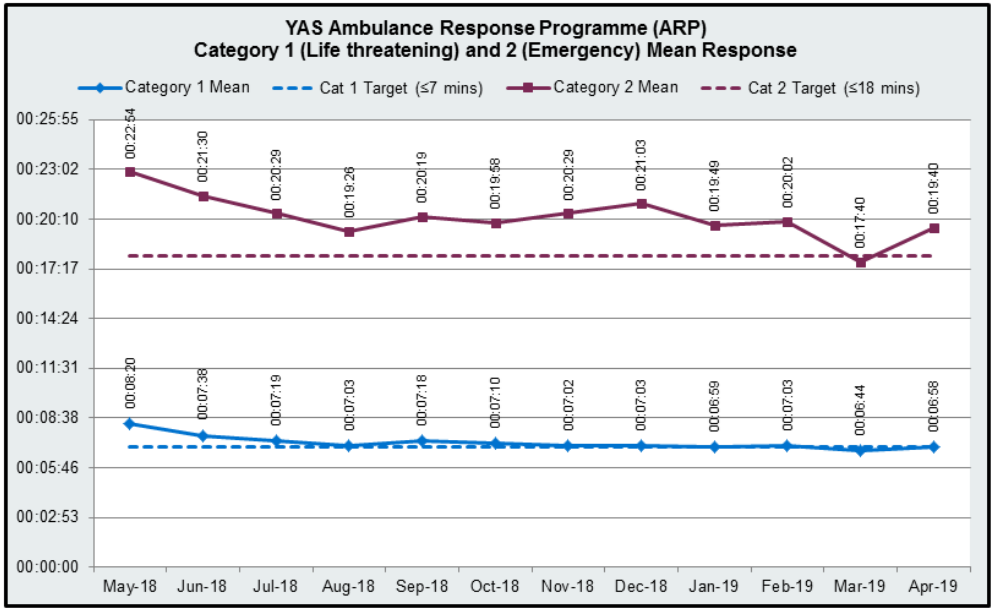
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
24	26											50

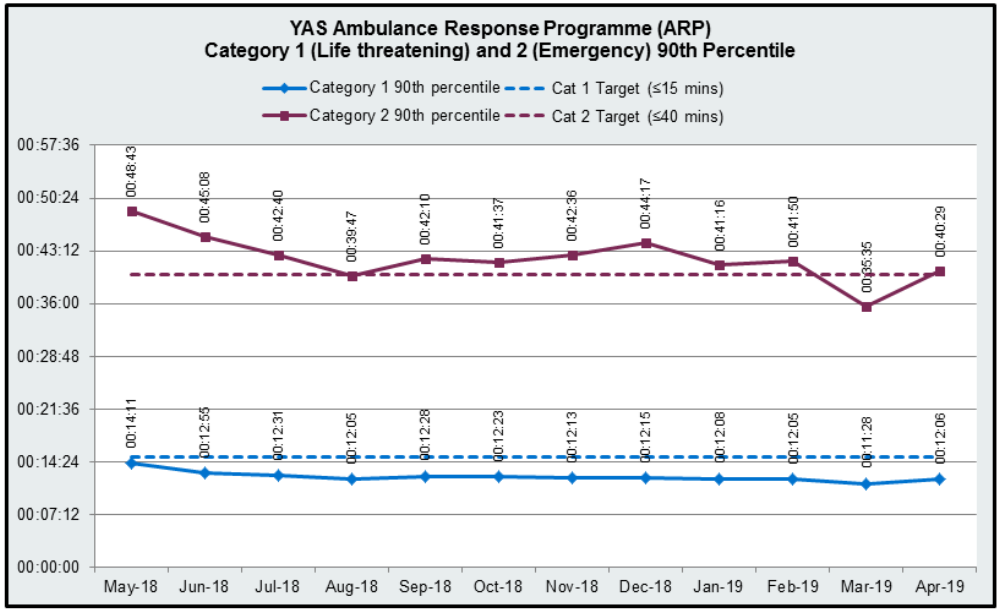
ED 4 hour target - 2019/20 Plan vs Actual - YTHFT

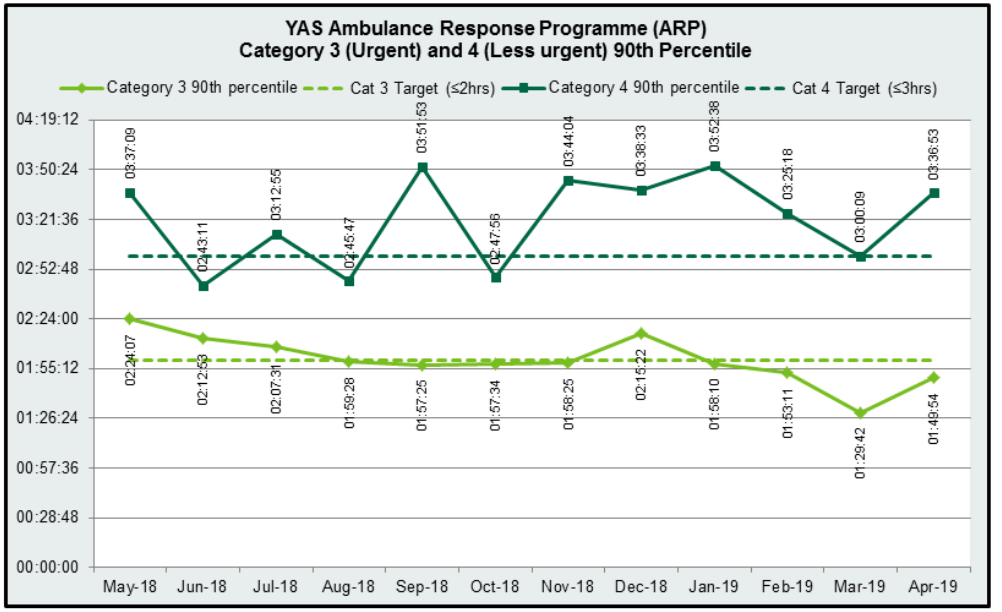
Target ≥95%		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
YTHFT	2019/20 Plan	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	85.0%	82.5%	90.0%
	2019/20 Actual	80.5%	81.9%	-	-	-	-	-	-	-	-	-	-
	Variance	-4.5%	-4.1%	-	-	-	-	-	-	-	-	-	-

Yorkshire Ambulance Service (YAS)



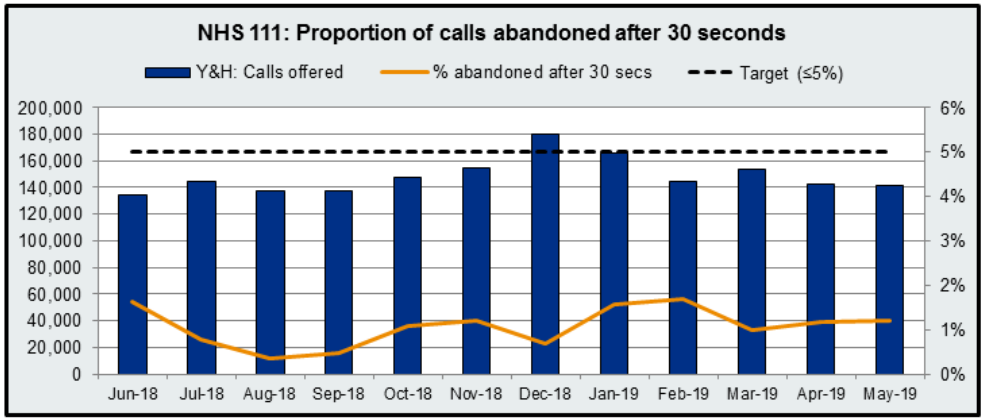


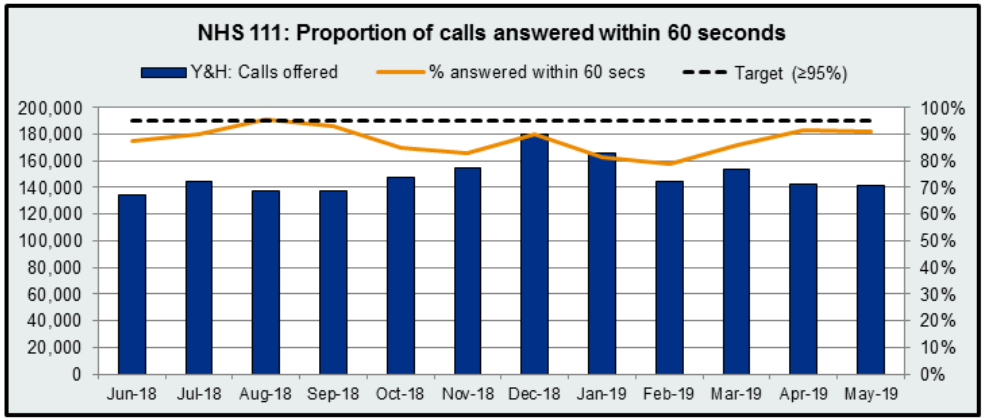


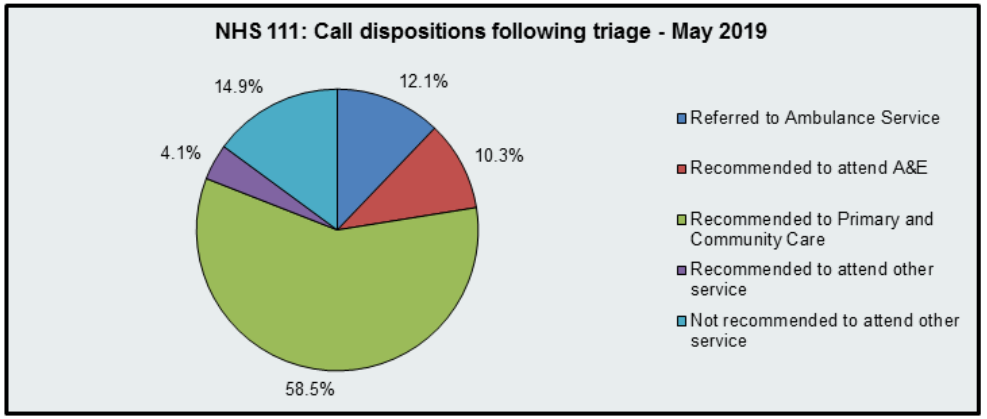


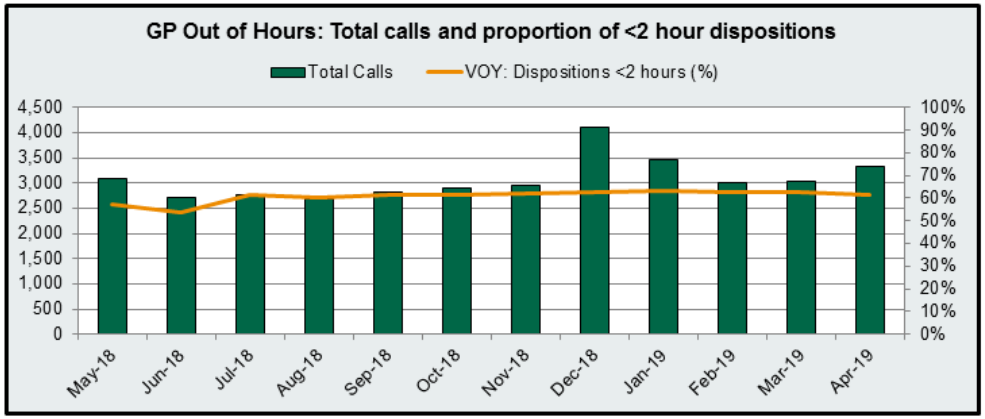
Note - all ARP data covers YAS as a whole organisation. Local breakdown to CCG/Regional level is not available at this time.

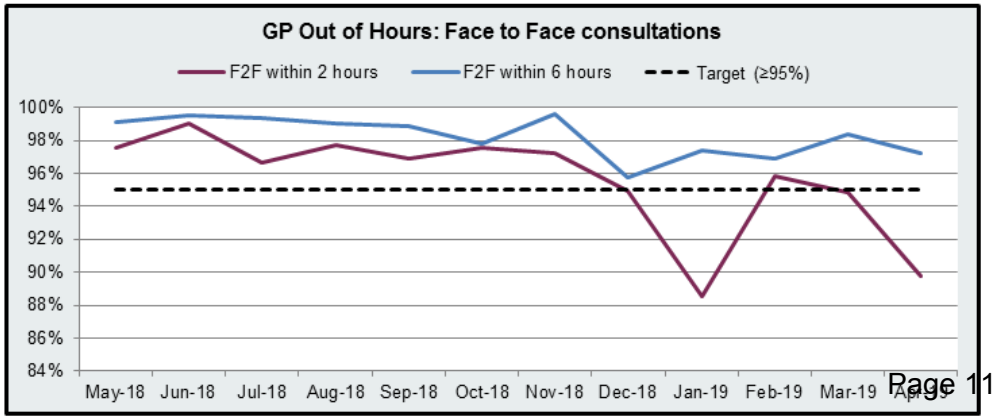
NHS 111 and GP Out of Hours

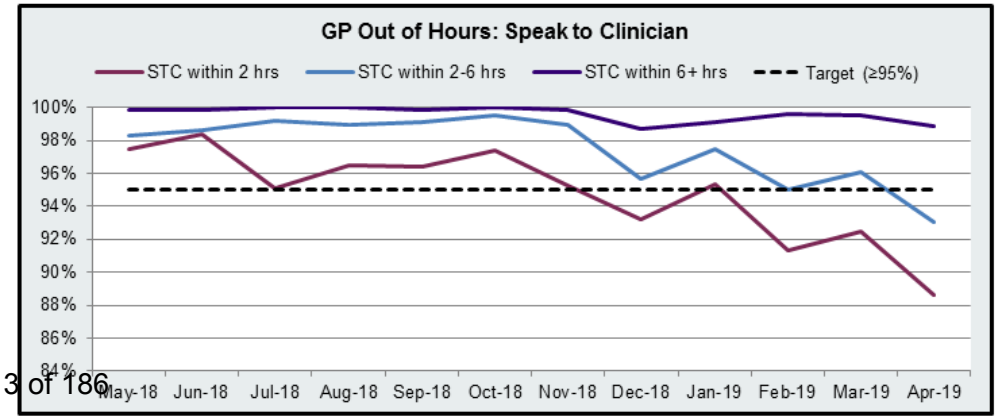






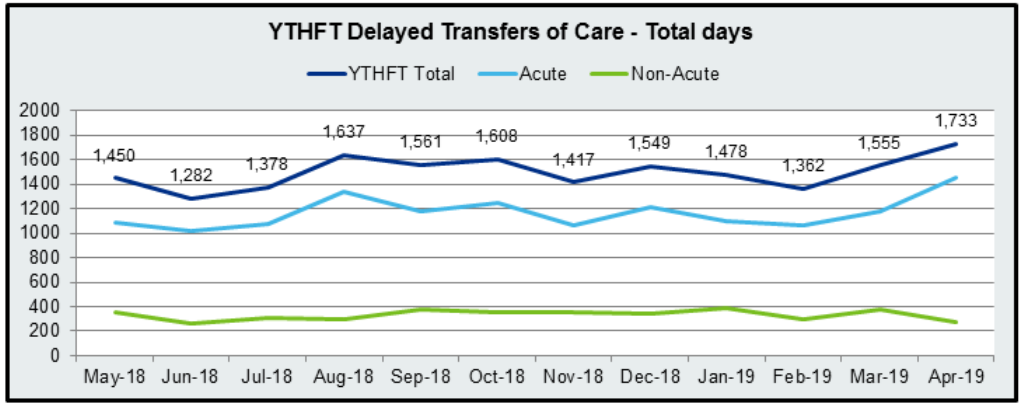




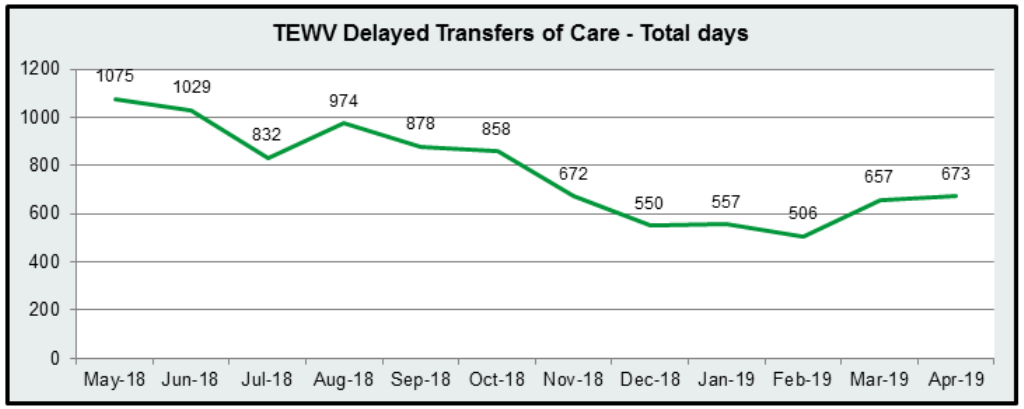


Note - all NHS 111 data is at Yorkshire and Humber level and is available one month ahead of other national data

Delayed Transfers of Care (DTOCs)

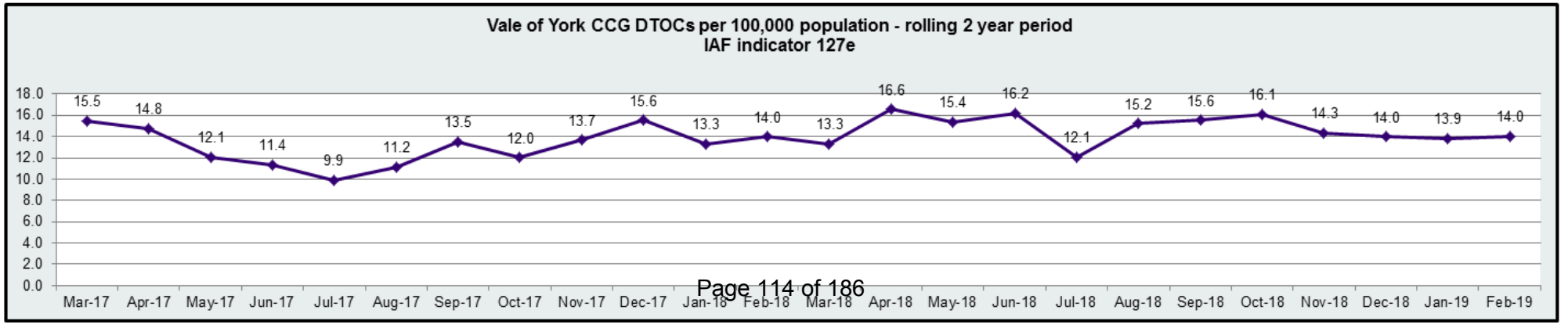


YTHFT DTOCs - April 2019		
Reason Code	**Total bed days**	**Proportion**
C) Waiting Further NHS Non-Acute Care	587	33.9%
DI) Awaiting Residential Home Placement or Availability	360	20.8%
E) Awaiting Care Package in Own Home	302	17.4%
A) Completion of Assessment	219	12.6%
DII) Awaiting Nursing Home Placement or Availability	147	8.5%
G) Patient or Family Choice	44	2.5%
B) Public Funding	30	1.7%
O) Other	28	1.6%
I) Housing - Patients Not Covered by NHS and Community Care Act	10	0.6%
F) Awaiting Community Equipment and Adaptions	6	0.3%
H) Disputes	0	0.0%
Grand Total	**1,733**	**100.0%**



TEWV DTOCs - April 2019		
Reason Code	**Total bed days**	**Proportion**
DII) Awaiting Nursing Home Placement or Availability	277	41.2%
I) Housing - Patients Not Covered by NHS and Community Care Act	127	18.9%
DI) Awaiting Residential Home Placement or Availability	120	17.8%
B) Public Funding	61	9.1%
E) Awaiting Care Package in Own Home	60	8.9%
H) Disputes	28	4.2%
O) Other	0	0.0%
C) Waiting Further NHS Non-Acute Care	0	0.0%
F) Awaiting Community Equipment and Adaptions	0	0.0%
A) Completion of Assessment	0	0.0%
G) Patient or Family Choice	0	0.0%
Grand Total	**673**	**100.0%**

Note - all TEWV 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

NHS
Vale of York
Clinical Commissioning Group

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	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Previous 3 Quarters 2018/19 Q2	Previous 3 Quarters 2018/19 Q3	Previous 3 Quarters 2018/19 Q4	Current QTD 2019/20 Q1	Previous Financial Year 2018/19	Current Financial YTD 2019/20
Mental Health																							
123a	E.A.S.2		IAPT	IAPT Access (rolling 3 months)	≥4.75% Q1-Q3, ≥5.5% Q4	3.5%	3.4%	3.4%	3.7%	3.6%	3.7%	2.5%	2.8%	2.8%	3.8%	3.6%	-	3.6%	2.8%	3.6%	-	13.5%	-
123b	E.A.3		IAPT	IAPT Recovery (rolling 3 months)	≥50%	48.8%	50.4%	48.9%	46.9%	46.7%	47.5%	46.3%	41.9%	39.1%	44.8%	47.4%	-	46.7%	41.9%	47.4%	-	47.2%	-
	E.H.1_A1		IAPT	IAPT: 6 weeks First Treatment	≥75%	87.0%	90.9%	94.9%	93.2%	93.1%	94.1%	100.0%	95.5%	95.1%	93.3%	94.3%	-	93.8%	94.8%	94.3%	-	92.2%	-
	E.H.2_A2		IAPT	IAPT: 18 weeks First Treatment	≥95%	97.8%	98.2%	97.4%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	99.1%	98.7%	100.0%	-	99.1%	-
123c	E.H.4		EIP	EIP: Within 2 weeks (rolling 3 months)	≥56%	18.5%	31.0%	29.6%	38.9%	46.7%	66.7%	71.4%	65.2%	52.4%	54.2%	44.4%	39.4%	46.7%	65.2%	44.4%	33.3%	45.7%	33.3%
126a	E.A.S.1		Dementia*	Dementia: Diagnosis Rate	≥66.7%	60.7%	60.6%	60.7%	61.1%	60.9%	60.0%	60.1%	59.6%	59.1%	58.7%	58.6%	58.0%	60.9%	59.9%	58.8%	57.8%	60.0%	57.8%
	E.H.9		CYPMH	Children and Young People's MH Services Access Rate	34%	39.2%	39.4%	40.6%	41.2%	40.9%	41.9%	42.4%	43.2%	43.8%	43.4%	42.5%	-	-	-	-	-	-	-
			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%	-	-	-	-	-	-
	E.H.10		CYPMH	CYP Eating Disorders: Routine cases % within 4 weeks	In year ≥60%, ≥95% by March 2021	Quarterly indicator (rolling 12 months)												50.0%	56.8%	66.7%	-	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)												40.0%	62.5%	71.4%	-	71.4%	-
			Autism Assessments	Total number of CYP waiting for a full specialist assessment		176	198	213	218	208	207	220	208	210	212	208	205	-	-	-	-	-	-
				Of above, waiting up to 13 weeks		-	-	-	-	-	-	56	51	67	68	76	68	-	-	-	-	-	-
				Of above, waiting 14 to 33 weeks		-	-	-	-	-	-	84	77	75	75	57	71	-	-	-	-	-	-
				Of above, waiting 34 to 52 weeks		-	-	-	-	-	-	48	49	41	46	55	52	-	-	-	-	-	-
				Of above, waiting 52+ weeks		-	-	-	-	-	-	32	31	27	23	20	14	-	-	-	-	-	-
	E.H.13		SMI AHCs	Annual health check for people with Severe Mental Illness (SMI)	≥60%	Data not yet in publication												-	-	-	-	-	-

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

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
IAPT	No	**Access** • Not enough referrals from primary care into the Service **Recovery** • Staff Capacity	**Access** • Marketing and communication strategy including flyers/posters distributed across community venues e.g. Libraries, Job centres. Stands at University of York 'Wellfair' and Perinatal Launch event during May • Remedial action to increase numbers into treatment in Q1– one-off single session Masterclasses 22-25 June • Targeting of GPs based on analysis of anti-depressant prescribing rates and expected prevalence • Improve offer and access for known under-represented groups in the service, e.g. link with maternity partnership to identify needs and wants of perinatal mothers relevant to IAPT provision. • Provide direct access courses for University students in Q3 and Q4 based on pilot evaluation **Recovery** • Develop and implement revised Step 2 treatment delivery e.g. increased dose for courses. • Out to recruit for additional qualified staff • Places secured on Septembers intake course for PWP and HIT trainees. **Waiting times** • Implement interim pathways to clear backlogs for cCBT GSH and CBT waiting lists.	

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
EIP	No	Staff Capacity versus Demand	The additional £200k resource will enable recruitment to posts to support achievement of the access and waiting time standard of 2 weeks. TEWV has now recruited to all posts except the Family Therapist (interviews June 2019) and one band 6 post (interviews June 2019). A system for 2 additional assessment slots per week has been implemented	
Dementia Diagnosis	No	• Staff Capacity within the MHSOP • Possible coding issues in Primary Care	• Training to central locality Integrated Care Team on use of Diadem and dementia quality toolkit to undertake case finding in the largest care homes in York, initially covered by 3 practices • TEWV has now cleansed data from memory service and ready to reconcile with primary care dementia registers. This will be tested by GP at Haxby Group practice before rolling out • TEWV is recruiting to a research assistant post to undertake case finding in care homes, starting with St Catherine's and then care homes in Selby & Pocklington. Also recruiting to additional band 7 nurse in the memory service	

Mental Health

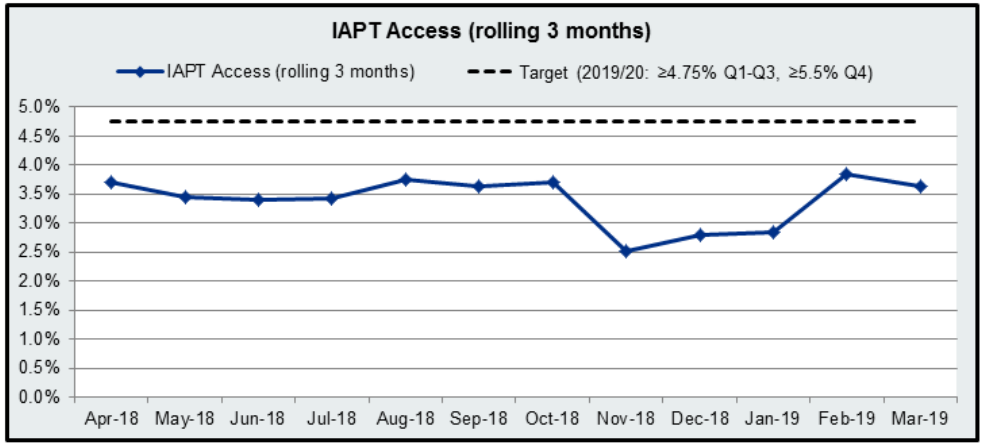
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
CYP Access Rate	Yes	Reported figures refer to TEWV compliance with target only. Additional investment in service from 2019/2020 will increase numbers of children and young people seen. The City of York School Well Being service uploads data once a year (in June), which takes compliance to closer to 48%.		
CAMHS Referral to Treatment (RTT)	N/A: targets not yet set		Discussions are in hand regarding targets for this new indicator.	
CYP Eating Disorders	Reports quarterly	Monthly contract reports show that all cases of breach of target have, since August 2018, been due to patient or family choice. This is despite very high referral rates, and a caseload of over 60 cases as at June 2019.	TEWV is applying for funding though New Models of Care to increase staffing capacity	
Autism Assessments	N/A - NNICE guidance provides for assessment within 13 weeks of referral	Sharp increases in referrals since 2016/17 have generated long waiting lists	Additional investment in increased staffing capacity in 2019/2020 of £180K pa. TEWV is currently recruiting to posts, and expects to clear backlog and maintain 13 week target by June 2020. Monitored through CMB	

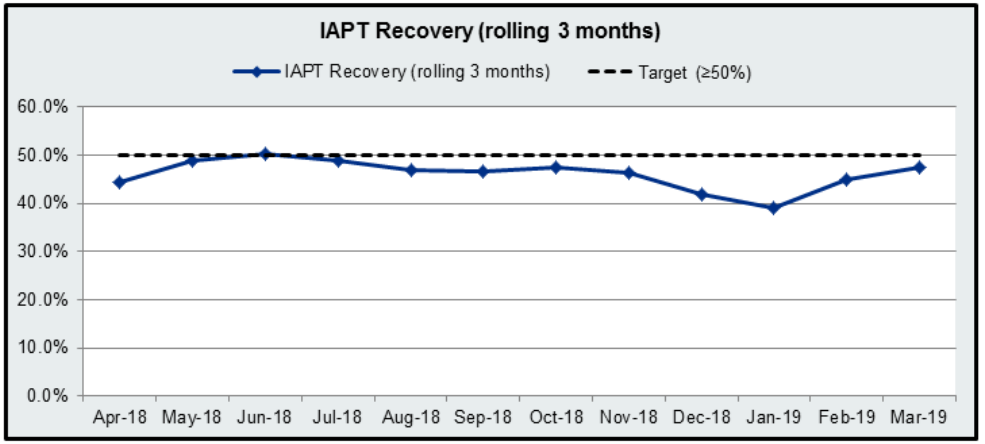
Mental Health

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	N/A	Data not yet in publication	Currently planning implementation of pilot Local Enhanced Scheme in primary care	

Improving Access to Psychological Therapies (IAPT)

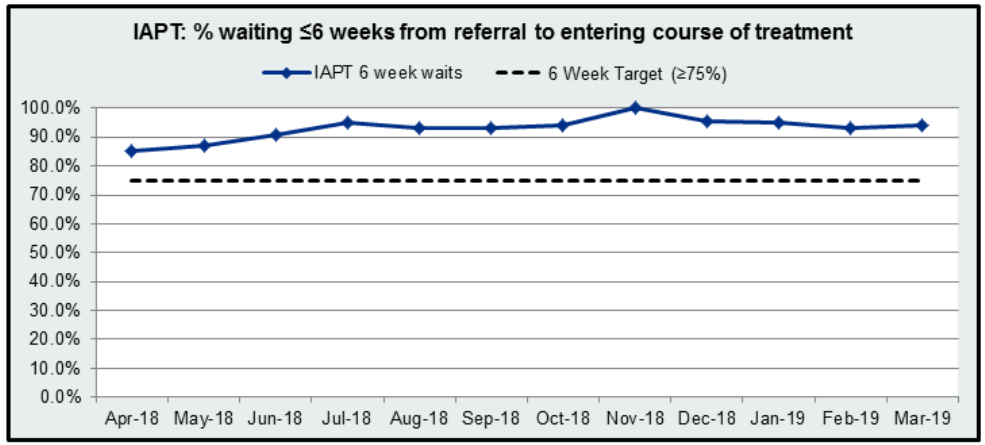
Note - There is a greater time lag in publication for the IAPT data set which will consequently be a month behind other data sets

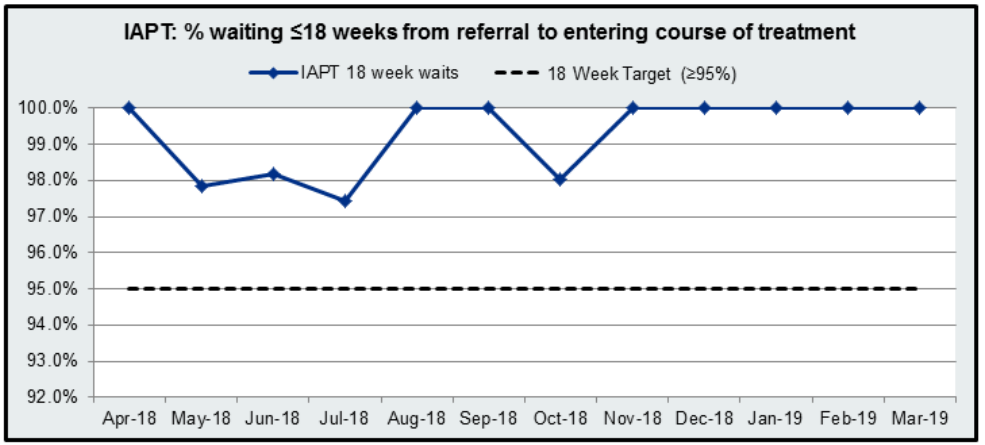




IAPT Access - 2019/20 Plan vs Actual - Vale of York CCG					
Target ≥4.75% Q1-3, ≥5.5% Q4		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	3.9%	4.0%	4.1%	4.2%
	2019/20 Actual	-	-	-	-
	Variance	-	-	-	-

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	-	-	-	-
	Variance	-	-	-	-

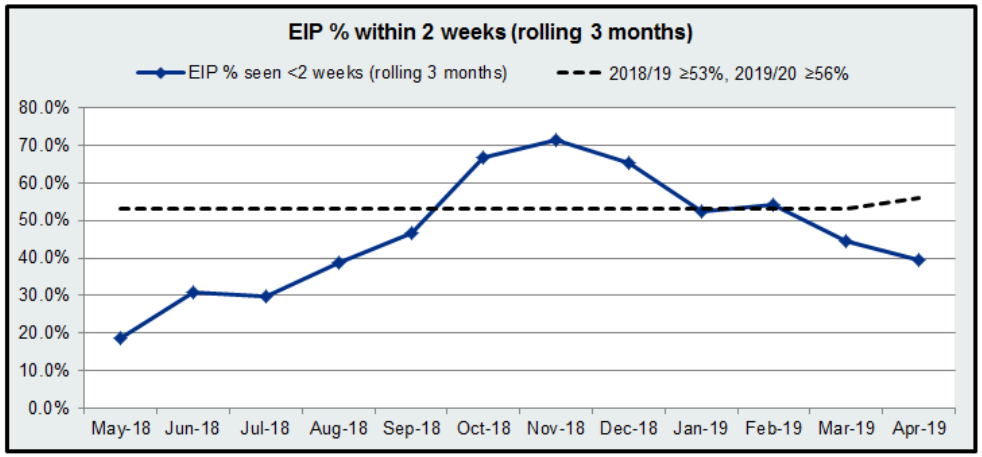




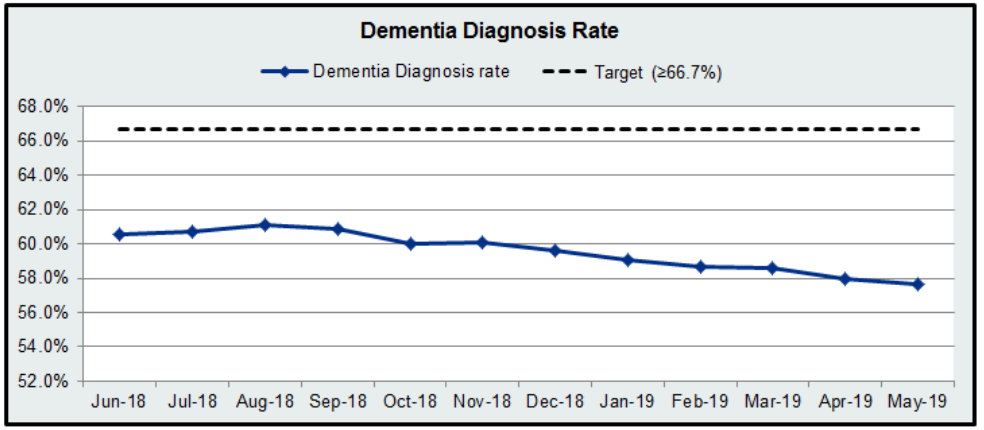
IAPT 6 weeks - 2019/20 Plan vs Actual - Vale of York CCG					
Target ≥75%		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	75.1%	75.1%	75.1%	75.1%
	2019/20 Actual	-	-	-	-
	Variance	-	-	-	-

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	-	-	-	-
	Variance	-	-	-	-

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

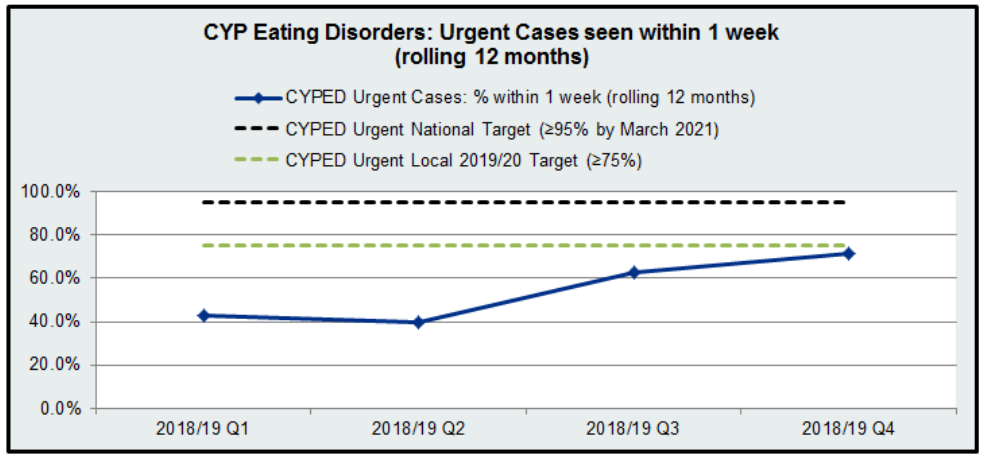


EIP - 2019/20 Plan vs Actual - Vale of York CCG					
Target 2019/20 ≥56%		Q1	Q2	Q3	Q4
Vale of York CCG	2019/20 Plan	54.5%	54.5%	59.1%	59.1%
	2019/20 Actual	-	-	-	-
	Variance	-	-	-	-

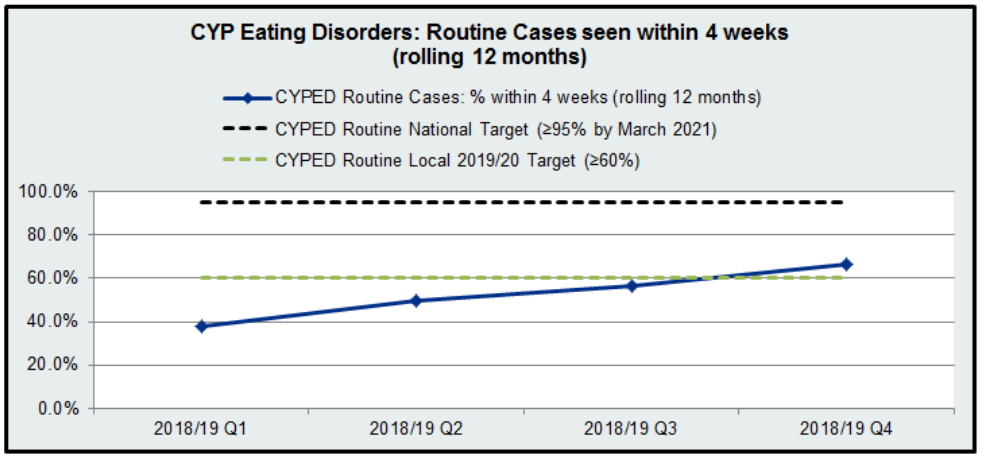


*Note - Dementia Diagnosis publication timescales vary and on this occasion is one month ahead of other data

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%	-	-	-	-	-	-	-	-	-	-
	Variance	-2.8%	-3.4%	-	-	-	-	-	-	-	-	-	-



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	-	-	-	-
	Variance	-	-	-	-



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	-	-	-	-
	Variance	-	-	-	-

Performance and Programme Overview
Complex Care

Areas Covered:

- Continuing Healthcare (CHC)
- % of children waiting 18 weeks or less for a wheelchair
- 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	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Previous 3 Quarters 2018/19 Q2	Previous 3 Quarters 2018/19 Q3	Previous 3 Quarters 2018/19 Q4	Current QTD 2019/20 Q1	Previous Financial Year 2018/19	Current Financial YTD 2019/20
Complex Care																							
131a		Y	CHC	% DSTs undertaken in acute setting	≤15%	4.5%	3.2%	1.9%	2.9%	2.1%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%	13.6%	2.5%	0.8%	0.6%	13.6%	1.9%	13.6%
		Y	CHC	% of Standard CHC referrals with a decision on DST within 28 days	≥80%	81.8%	71.0%	77.4%	91.4%	91.5%	68.4%	70.2%	84.3%	96.9%	87.5%	81.0%	80.8%	79.8%	77.3%	87.5%	80.8%	75.0%	80.8%
	E.O.1		RTT	% of children waiting 18 weeks or less for a wheelchair	≥92%	Quarterly indicator												100.0%	95.8%	88.9%	-	95.1%	-
	E.N.1		PHBs	Total Personal Health Budgets in place	330 by March 2020	-	-	-	-	-	-	-	-	-	-	-	33	33	38	38	-	38	-

*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	On occasions it is necessary to perform a DST within an Acute Hospital due to the clients need. If such an occasion arises the situation is discussed by the Senior Management Team of the CCG before proceeding further. There were 3 DSTs in Acute setting in May and all had been through this process.	Discharge to Assess pathway works to reduce DST in an Acute setting although as noted on some occasions this activity is necessary.	Not Required
CHC – Decisions on DSTs within 28 days	Yes	The target has been met in April and May and the position looks achievable in June. The booking process has improved and the expectation is that targets will be met on an on-going basis.	Additional temporary staff have been appointed and the implementation of iQA continues in order to streamline the booking process.	Not Required
CHC – Waiting Times	No	NHS England require notification where any client has waited more than 85 days. The one client identified here has now had an eligibility decision. The delay was due to a delay in process due to the expectation that the client would move to fast track. A fast track referral was never received and the original checklist was overlooked in the DST booking process.	A process is now in place to review any long waiters on a regular basis however as DST booking process has improved it is anticipated that clients will be routinely seen within the required 28 day timeframe.	Not Required

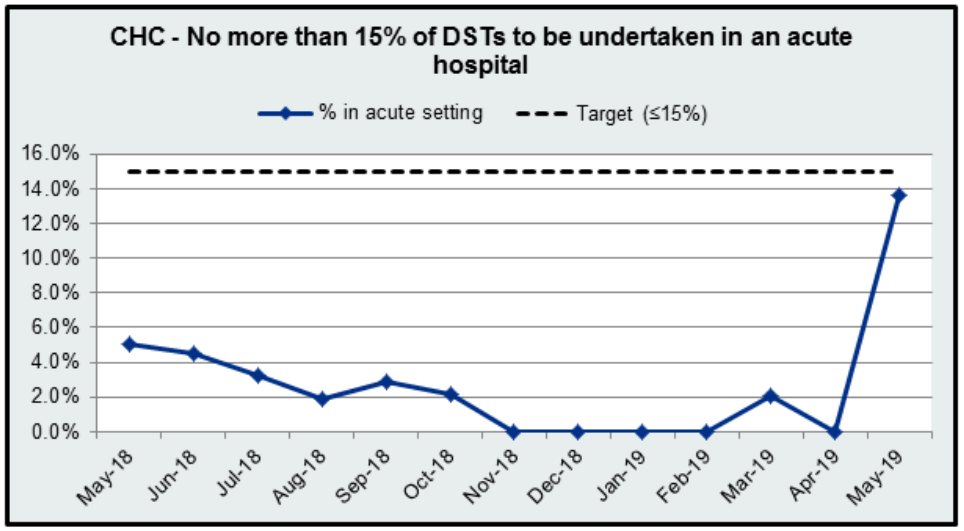
Complex Care

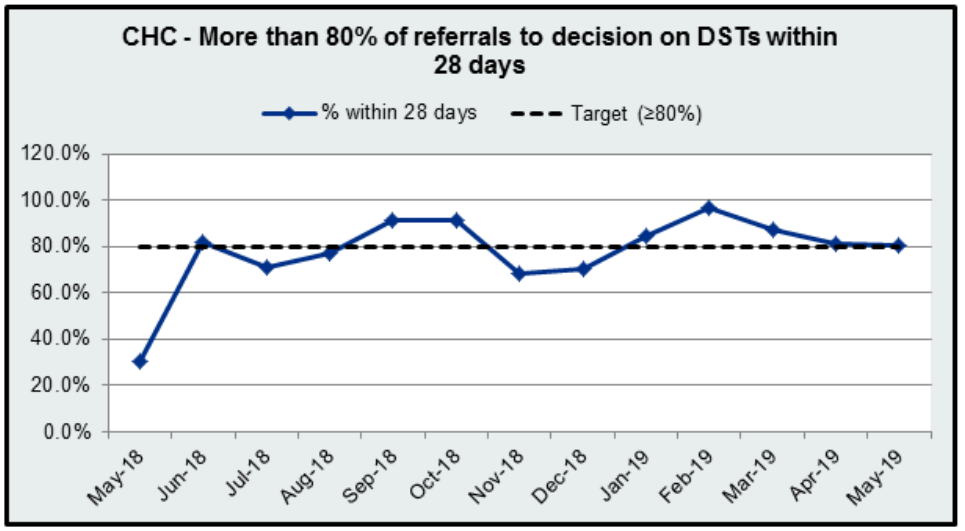
Performance Area	Are targets being met	If yes are you assured this is sustainable, and if no what are the causes of adverse performance	What mitigating actions are underway and is there a trajectory for recovery/improvement	Further escalations required/underway
Personal Health Budgets	No	The current plan relies heavily on the implementation of Wheelchair related PHB . As this has yet to occur the plan will remain unachievable.	The implementation of Wheelchair PHBs is on-going. All new CHC clients are considered for PHB eligibility and current CHC packages that may be suitable for PHB are being identified for follow-up.	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							
Jul-19							
Aug-19							
Sep-19							
Oct-19							
Nov-19							
Dec-19							
Jan-20							
Feb-20							
Mar-20							
YTD	*20*	0	0	3	1	0	4

Personal Health Budgets (PHBs)				
Period	Wheelchair PHBs	CHC PHBs	Other PHBs	Total PHBs*
Apr-19	*Data not available for this month*			
May-19	0	33	0	33
Jun-19				
Jul-19				
Aug-19				
Sep-19				
Oct-19				
Nov-19				
Dec-19				
Jan-20				
Feb-20				
Mar-20				
YTD				

*2019/20 full year trajectory for Vale of York CCG is 330 by March 2020

CCG Improvement and Assessment Framework (IAF)

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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

The 2018/19 CCG Improvement and Assessment Framework (IAF) for 2018/19 was published on 08th November 2018. The updated framework covers 58 indicators, 51 of which have been carried over from 2017/18 with the addition of 7 new indicators for 2018/19.

The 7 new indicators are as follows:

- Proportion of people on GP severe mental illness register receiving physical health checks in primary care
- Cardio-metabolic assessment in mental health environments
- Delivery of the mental health investment standard
- Quality of mental health data submitted to NHS Digital (DQMI)
- Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View
- Patients waiting six weeks or more for a diagnostic test
- Expenditure in areas with identified scope for improvement

In addition to the new indicators, a number of the existing 51 indicators have been amended or updated.

The Quarter 3 2018/19 IAF dashboard was released to CCGs on 25th April 2019, and the table on the following slide shows a summary of the CCG's performance position against all indicators. Finance remains rated at Red, but Quality of CCG Leadership returned to Amber following publication of a Green rating in Q2. It has been confirmed that this Green rating was an error on the part of NHS England, and in fact the CCG should have remained static at Amber through 2018/19 to date.

Three of the 2018/19 framework Mental Health indicators which were previously unavailable were published for the first time in the Q3 dashboard - Crisis Team Provision, Out of Area Placements and Data Quality. The CCG is in the interquartile range nationally for all of these indicators. Of the 55 indicators currently in publication, the CCG has 11 indicators in the top quartile nationally or with maximum score, 16 in the bottom quartile or with lowest score, and 28 in the interquartile range.

The Quarter 4 dashboard including overall 2018/19 year end rating is anticipated for release by NHS England in July 2019.

CCG Improvement and Assessment Framework (IAF)

Category	Refreshed (Q3 18/19)	Ref	Indicator	Higher / Lower is better	Time Period	Target	CCG Value	Direction	England Ranking
Better Health									
Child obesity		102a	% 10-11 year olds classified overweight /obese	Lower is better	2014/15 - 2016/17	-	29.1%	Down	22/195
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	Y	104a	Injuries from falls in people 65yrs +	Lower is better	2018/19 Q3	-	2186	Up	125/195
Personalisation and choice	Y	105b	Personal health budgets	Higher is better	2018/19 Q3	-	11	Up	155/195
Health inequalities	Y	106a	Inequality Chronic - Ambulatory Care Sensitive (ACS) & Urgent Care Sensitive (UCS) Conditions	Lower is better	2018/19 Q2	-	2196	Up	101/195
Antimicrobial resistance	Y	107a	AMR: appropriate prescribing	Lower is better	2018 12	0.965	0.980	Down	47/195
Antimicrobial resistance	Y	107b	AMR: Broad spectrum prescribing	Lower is better	2018 12	10%	4.3%	Up	2/195
Carers		108a	Quality of life of carers	Higher is better	2018	-	0.60	-	85/195
Better Care									
Provision of high quality care	Y	121a	High quality care - acute	Higher is better	2018/19 Q3	-	60	Down	105/195
Provision of high quality care	Y	121b	High quality care - primary care	Higher is better	2018/19 Q3	-	65	Down	142/195
Provision of high quality care	Y	121c	High quality care - adult social care	Higher is better	2018/19 Q3	-	63	Up	63/195
Cancer		122a	Cancers diagnosed at early stage	Higher is better	2016	53.52%	53.4%	Down	81/195
Cancer	Y	122b	Cancer 62 days of referral to treatment	Higher is better	2018/19 Q3	85%	77.5%	Up	133/195
Cancer	Y	122c	One-year survival from all cancers	Higher is better	2016	-	71.6%	Static	129/195
Cancer		122d	Cancer patient experience	Higher is better	2017	-	8.9	Up	28/195
Mental health	Y	123a	IAPT recovery rate	Higher is better	2018/19 Q3	50%	43.8%	Down	185/195
Mental health	Y	123b	IAPT Access	Higher is better	2018/19 Q3	4.75%	2.8%	Down	192/195
Mental health	Y	123c	EIP 2 week referral	Higher is better	2019 02	53%	44.4%	Up	190/195
Mental health		123d	MH - CYP mental health services (not available)	-	-	-	-	-	-
Mental health	Y	123e	MH - Crisis team provision	Higher is better	2017/18	-	0%	-	114/180
Mental health	Y	123f	MH - Out of Area Placements (OAPs)	Lower is better	2018/19 Q3	-	79	Down	108/195
Mental Health		123g	MH - Proportion of people on GP severe mental illness register receiving physical health checks in primary care (not available)	-	-	-	-	-	-
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)	-	2018/19 Q3	-	Green	Static	-
Mental Health	Y	123j	MH - Quality of mental health data submitted to NHS England (DQMI)	-	2018/19 Q2	-	0.87	-	86/195
Learning disability	Y	124a	LD - Reliance on specialist inpatient care	Lower is better	2018/19 Q3	-	57	Up	103/195
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	-	0.31%	Up	181/195

Category	Refreshed (Q3 18/19)	Ref	Indicator	Higher / Lower is better	Time Period	Target	CCG Value	Direction	England Ranking
Better Care (cont.)									
Maternity		125a	Neonatal mortality and stillbirths	Lower is better	2016	-	4.4	Up	90/194
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	Y	125d	Maternal smoking at delivery	Lower is better	2018/19 Q3	-	12.4%	Down	113/195
Dementia	Y	126a	Dementia diagnosis rate	Higher is better	2019 02	66.7%	58.7%	Down	186/195
Dementia		126b	Dementia post diagnostic support	Higher is better	2017/18	-	78.6%	Up	87/194
Urgent and emergency care	Y	127b	Emergency admissions for UCS conditions	Lower is better	2018/19 Q2	-	2488	Up	112/195
Urgent and emergency care	Y	127c	A&E admission, transfer, discharge within 4 hours	Higher is better	2019 03	95%	84.1%	Up	112/195
Urgent and emergency care	Y	127e	Delayed transfers of care per 100,000 population	Lower is better	2019 02	-	14.0	Up	167/195
Urgent and emergency care	Y	127f	Hospital bed use following emergency admission	Lower is better	2018/19 Q2	-	538	Down	148/195
End of life care		105c	% of deaths with 3+ emergency admissions in last three months of life	Lower is better	2017	-	4.4%	Down	38/194
Primary care		128b	Patient experience of GP services	Higher is better	2018	-	87.3%	-	35/195
Primary care	Y	128c	Primary care access	Higher is better	2019 02	100%	100%	-	1/191
Primary care	Y	128d	Primary care workforce	Higher is better	2018 09	-	1.24	Up	21/195
Primary care	Y	128e	Primary Care transformation investment	-	2018/19 Q3	-	Red	Static	-
Elective access	Y	129a	18 week RTT	Higher is better	2019 02	92%	84.3%	Up	148/195
7 day services		130a	7 Day Services - Achievement of Standards	Higher is better	2016/17	-	2	-	56/195
NHS Continuing Healthcare	Y	131a	% NHS CHC assesments taking place in acute hospital setting	Lower is better	2018/19 Q3	15%	0.76%	Down	54/195
Patient safety		132a	Sepsis awareness	-	2017	-	Red	-	-
Diagnostics	Y	133a	Patients waiting 6 weeks or more for a diagnostic test	Lower is better	2019 02	1%	8.6%	Down	187/195
Sustainability									
Financial sustainability	Y	141b	In-year financial performance	-	2018/19 Q3	-	Red	Static	-
Paper-free at the point of care	Y	144a	Utilisation of the NHS e-referral service	Higher is better	2018 12	-	99.7%	-	128/191
Demand management	Y	145a	Expenditure in areas with identified scope for improvement	-	2018/19 Q3	-	Amber	Static	-
Leadership									
Probity and corporate governance		162a	Probity and corporate governance	-	2018/19 Q2	-	Fully Compliant	Static	-
Workforce engagement		163a	Staff engagement index	Higher is better	2017	-	3.73	Down	135/189
Workforce engagement		163b	Progress against WRES	Higher is better	2017	-	0.11	Up	70/189
CCGs' local relationships	Y	165a	Quality of CCG leadership	-	2018/19 Q3	-	Amber	Static	-
Patient and [illegible] engagement		166a	CCG compliance with standards of public and patient participation	-	2017	-	Green	-	-
Quality of leadership		164a	Working relationship effectiveness	Higher is better	2017/18	-	57.2	Up	173/189

Green = top quartile Amber = interquartile range Red = bottom quartile

CCG Quality Premium

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CCG Quality Premium

Potential Funding for Quality Premium* **£1,785,190**

	Indicator	% of Quality Premium	Potential Value for CCG
Emergency Demand Management Indicators	A1 - Type 1 A&E attendances	50.0%	£673,909
	A2 - Non elective admissions with zero length of stay		
	B1 - Non elective admissions with length of stay of 1 day or more	50.0%	£673,909
	Total	**100.0%**	**£1,347,818**
Quality Indicators	**1** - % new cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	17.0%	£74,353
	2 - Overall experience of making a GP appointment	17.0%	£74,353
	3a - % of NHS CHC referrals that have been completed within 28 days.	8.5%	£37,177
	3b - % of full NHS CHC assessments that were completed in an acute hospital	8.5%	£37,177
	4a - % of people accessing IAPT services identified as Black, Asian and minority ethnic (BAME)	17.0%	£74,353
	4b - % of people accessing IAPT services aged 65+		
	5ai - Reduction in all E coli BSI reported	5.1%	£22,306
	5aii - Collection and reporting of a core primary care data set for all E coli cases	2.6%	£11,153
	5b - A 30% reduction (or greater) in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data	3.4%	£14,871
	5ci - Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) must be equal to or below England 2013/14 mean	1.7%	£7,435
	5cii - Additional reduction in Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) equal to or below 0.965 items per STAR-PU	4.3%	£18,588
	6 - Local Rightcare Measure - Reduction in the number of MSK POLCVs	15.0%	£65,606
	Total	**100.0%**	**£437,371.55**

***Based on VOYCCG population of 357,038 as at April 2018.**

Potential Reduction Risks to Quality Premium:

NHS Quality Gateway and NHS Finance Gateway: These apply to both the Emergency Demand Management and Quality Indicators. Therefore if either of these Gateways are failed, this carries a 100% reduction risk to all payment, i.e. £1,785,190 impact per Gateway.

NHS Constitution Gateway: This applies ONLY to the Quality Indicators. Each one carries a 50% reduction risk to payment of the Quality Indicators, i.e. £218,686 impact per indicator or £437,372 total.

NHS Constitution Gateway Indicators:

The number of patients on an incomplete pathway not to be higher in March 2019 than in March 2018

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer

2018/19 Quality Premium

The table to the left summarises the potential funding available to Vale of York CCG from the 2018/19 Quality Premium.

The structure of the Quality Premium has changed compared to previous years, placing more emphasis on Emergency Demand Management so as to incentivise moderation of demand for emergency care in addition to maintaining and/or improving progress against key quality indicators.

Approximately 75.5% of potential funding is allocated to the Emergency Demand Management Indicators, and 24.5% to the Quality Indicators.

As in previous years the Quality Premium includes three gateways. The Finance and Quality gateways apply to all sections of the Quality Premium. However in 2018/19, the Constitutional gateway only applies to the Quality indicators, and has no influence on the Emergency Demand Management Indicators. Therefore even if both indicators within the Constitutional gateway are failed which is anticipated to be the case based on validated year end data (RTT pathway volumes and Cancer 62 days waits), the CCG is still able to achieve the Emergency Demand Management Indicators and therefore access the majority of the Quality Premium funding.

However, the CCG are anticipating a failure of the Financial Gateway due to the likelihood of ending the year with an adverse variance to approved planned financial position. If the Financial Gateway is not achieved then this will make the CCG ineligible for 100% of Quality Premium funding against all indicators, regardless of level of achievement.

2019/20 Quality Premium guidance has not yet been released.

Clinical Standards Review 2019

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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.

- It has now been announced that 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 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 generic memorandum of understanding on the testing of proposed new standards for urgent and emergency care provides further detail on this field testing and is available at https://www.england.nhs.uk/publication/generic-memorandum-of-understanding-on-the-testing-of-proposed-new-standards-for-urgent-and-emergency-care/

- 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
MH	Mental Health	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

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Item Number: 10

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 4 July 2019

NHS
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Report Title – Quality and Patient Experience Report

Purpose of Report *(Select from list)*
To Receive

Reason for Report
To update the Quality and Patient Experience Committee about all the Quality Team's work streams and activity

Strategic Priority Links

- ☒Strengthening Primary Care
- ☒Reducing Demand on System
- ☒Fully Integrated OOH Care
- ☒Sustainable acute hospital/ single acute contract
- ☒Transformed MH/LD/ Complex Care
- ☒System transformations
- ☒Financial Sustainability

Local Authority Area

- ☒CCG Footprint
- ☐City of York Council
- ☐East Riding of Yorkshire Council
- ☐North Yorkshire County Council

Impacts/ Key Risks

- ☐Financial
- ☐Legal
- ☒Primary Care
- ☒Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

N/A

Recommendations

Decision Requested (for Decision Log)

Responsible Executive Director and Title	**Report Author and Title**
Michelle Carrington Chief Nurse	Quality and Nursing Team

NHS Vale of York Clinical Commissioning Group
Quality and Patient Experience Report
– June 2019

Contents

Purpose of the Report

The purpose of this report is to provide an overview of the Vale of York Clinical Commissioning Group in relation to the quality of services across our main provider services. In addition, it provides an update about the Vale of York CCG's Quality team's important work relating to quality improvements that affect the wider health and care economy.

Key pieces of improvement work that the team is involved include

- Special School Nursing Review as part of review of the 0 – 19 pathway
- Care Home Strategy development
- Maternity services transformation
- Workforce transformation

Patient Story

The Quality and Patient Experience Committee heard a presentation from the North locality GP Practices Care Coordinator, Gill Barrett. The presentation is included in the Committee's minutes and articulately describes the value of this role for the population she serves. Gill has agreed to present at a future Governing Body meeting.

Infection Prevention & Control (IPC)

Significant Concerns – Norovirus and C Difficile Infection (CDI)
Following the significant norovirus outbreak at YTHFT in January/February and the resultant impact this had on patient flow and bed capacity the CCG Quality and Nursing team have been following the outcomes of the subsequent outbreak review meeting.

In addition a significant number of patients have been affected by a recent C Difficile outbreak at Scarborough hospital which relates to a number of linked cases. It is anticipated these will be classed as lapses in care due to cross infection between patients which have been identified by ribotyping. YTHFT have escalated the increased number of cases to Public Health England and declared an outbreak. A safety visit has taken place at the Scarborough site which focused on the wards affected and colleagues from Scarborough and Ryedale CCG and the CCG Lead Nurse for Infection Prevention were present for this.

The CDI outbreak provides further evidence that internal IPC practice has been slow to improve and recurrent themes and practice issues are occurring. As a result, escalation to the Regional Quality Surveillance Group was made and a quality risk profile is being undertaken. In response, an urgent multiagency quality summit was convened, led by NHS England and Improvement. Actions were captured in a letter to the Chief Executive of YTHFT which will be closely monitored.

The Quality and Patient Experience Committee agreed to add this risk to the CCG Risk Register following discussion.

Harrogate Community Infection Prevention teams and the CCG Lead Infection Prevention Nurse are also being asked to clarify their roles in responding to any future outbreaks through the development of robust system outbreak response guidance. Infection Prevention Specialist teams also attended the Partners in Care meeting to provide direct support to Care Homes.

The CCG have reported 8 cases of CDI for April, this is within the proposed trajectory for this month.

Serious Incidents (SIs)

Key Issues from Provider Trusts

York Teaching Hospital Foundation Trust

Serious Incident Learning (SI) - Update
To improve internal management of Serious Incidents the Deputy Director for Patient Safety and Director of Healthcare Governance have reviewed internal SI processes including investigation allocation, training and support for investigators at YTHFT, but are waiting the commencement of the new Chief Nurse to agree to the suggested proposals. The internal challenges are resulting in delays to some CCG queries on Serious Incident reports which it is envisaged will improve following changes to internal processes. The recently agreed Quality schedule includes the request that the CCG is kept informed of this progress plus development of the assurance framework included in the CCG Quality Assurance Strategy. CCG management of Serious Incidents continues to improve.

Quality Assurance from Other Providers

Successful clinically led quality visits have taken place to Acomb Garth and the CAMHS service. The Acomb Garth visit helped CCG colleagues understand some of the difficulties in trying to agree discharge placements when the ward staff with detailed up to date knowledge of the patient are not involved in the assessment and placement process. Work is underway to address this. Safeguarding colleagues were reassured by the visit following some concerns regarding agency staff.

The CAMHS visit was also very positive with insight provided into models of care delivery and the opportunity to talk to staff and witness clinical consultations. Whilst the long waiting lists were acknowledged the quality of care was recognised once patients were in receipt of services. It was encouraging to hear how positively the group Cognitive Behavioural Therapy sessions are evaluating with the young people appreciating the peer support. The CCG have asked their Research lead and University of York colleagues to consider how longer term evaluation could be undertaken. The children's and young people's mental health section of this report includes additional detail about this visit.

York Teaching Hospital Foundation Trust (YTHFT)

YTHFT has recently held their Patient Safety week to launch the new Patient Safety Strategy. In place of the usual off site conference YTHFT held a series of lunchtime talks on patient safety related topics and patient safety walkarounds on both sites. The CCG attended a session on Learning from Deaths, and was reassured to hear how areas identified through the Serious Incident process were recognised, triangulated resulted in escalation and actions. This will link into the system wide mortality reviews the CCG is working on progressing.

The CCG took part in Patient Safety walk rounds on both sites which involved speaking to patients and staff on several wards. Patients were asked about their experiences, whether they felt safe, got their medications and observations performed on time, whether staff came promptly when they called. The responses were positive with patients appreciative of the care and treatment they received. Staff were also positive although acknowledged how busy it was with a huge amount of documentation to complete. The planned IT update is expected to have a positive impact on this.

Care Quality Commission Inspection
YTHFT have been notified that the CQC will be inspecting their services in July. The 2 day well led inspection is already planned for mid-July 2019.

Yorkshire Ambulance Service is currently undergoing a full inspection of their services. The outcome of the inspection will be reported prospectively.

St Leonards Hospice
A clinically led quality visit took place at the hospice which was very positive. There was evidence of where improvements have been agreed following incidents and the teams did acknowledge that this was an area they wanted to improve on. This also linked to feedback from their CQC visit. The CCG have offered to support the Hospice with some training on incident management, investigation, information on situational awareness and human factors, plus some documentation on falls reviews. It was agreed how mutually beneficial the visit had been and the value in repeating it in six months.

Screening and Immunisations Update

Influenza (Flu)
Planning for the next flu season continues. A GP that supports Changing Lives is attending the next flu meeting to agree the most efficient way to vaccinate York's homeless population.

A request for Flu Champions from each practice has been communicated with primary care. The role would not be held personally responsible for immunisations within a practice but would be the link to receive and share communications from the CCG, LA and SIT team around the current vaccination programmes delivered in primary care including flu.

Maternity

As a result of concerns about the progress of the HCV Local Maternity System (LMS) significant changes have taken place. The Hull Operational Delivery Network is no longer involved and Hull CCG are now taking the lead. An advert is out for a Senior Project Management Officer which other LMS's within Yorkshire and Humber have had for some time. It is hoped that progress will now be made and meetings feel more productive.

Perinatal Mental health
The CCG attended the launch of the Perinatal mental health service which was very positive. Achievement of access to NICE concordant community-based specialist perinatal mental health services (in secondary care settings) for at least the recommended 4.5% of the population birth rate will be closely monitored and the CCG are helping with communication and awareness raising including through Safeguarding routes.

Medicines Management

PINCER - pharmacist-led IT-based intervention to reduce clinically important medication errors in primary care
There has been good uptake by the practice pharmacists in the Vale of York. All of the 3 PINCER teaching sessions have now been completed. The Medicines Management Team (MMT) have run all of the searches for the practices involved, to identify high risk patients using the PINCER indicators.

The practice pharmacists are now able to identify potentially hazardous prescribing, review methods to minimise risk and implement changes that have been agreed with their practice prescribing leads. The PINCER team and the MMT will review the progress in 6 months and then re-run the searches to identify any changes in practice.

The MMT are also supporting the practices that do not have a Practice Pharmacist. The team will be engaging with these practices to identify prescribing areas that are potentially unsafe and work with the prescribing leads to implement positive solutions.

Free Style Libre (FSL)
A new commissioning statement has been approved by the Executive committee in Vale of York which reflects the criteria set by NHSE. Now, the implementation of FSL is being worked on, the new supply model will utilise primary care to be supplying the sensors on prescription and patients will be initiated on FSL by the diabetes specialist team at the trust. The MMT have been working closely with the diabetes specialist team to discuss the new process, the new audit tool that will be used to review patients at initiation and after 6 months. A key concern raised by the specialist team is around high risk patients who historically do not engage well with the services, by the supply of sensors going to the GPs there is the risk these

patients will stop attending their specialist appointments at the trust. Currently the MMT and the specialist team are exploring possible solutions to this problem.

CROP – Campaign to Reduce Opioid Prescribing
The MMT were able to engage all of the practices in the Vale of York for the CROP project. The first data extraction occurred on the 24th of April with the CROP reports based on this data being sent out the following week. All of the practices have received their reports and we have had some positive queries back from some of the practices.

The reports highlights many useful parameters such as the number of patients on opioid prescriptions, compares the practice to the other practices in the CCG, and identifies the number of high risk patients on opioids. It then asks the practice to devise an action plan to reduce the amount of opioid prescribing.

To further support the CROP project, the MMT have been liaising with the substance misuse team and the pain team to consider how a service could be established that would support GPs to manage high dose opioid patients who would need more intensive therapy.

A training session on opioid prescribing was been delivered to Priory Medical which had good attendance. A training session is being planned with the MSK team at the trust.

Community Pharmacy North Yorkshire and the MMT have been exploring possible services that could be delivered by community pharmacies to support the opioid campaign. Pharmacists could potentially provide an opioid medication review service to support the GP in this process.

Patient Experience Update

Vale of York CCG Complaints
19 complaints were registered in the CCG during March and April 2019:

- 10 complaints related to the new questions being asked to establish eligibility for the Patient Transport Service (PTS) provided by the Yorkshire Ambulance Service (YAS).

The criteria for patient transport has not changed (set by the Department of Health and Social Care), however, patients are now being asked a different set of questions to ensure that it is robustly applied so that resources are available for patients with a medical need. Each request for transport is assessed independently and, even if patients have received transport in the past, they may not be eligible for future journeys unless their circumstances change.

The complainants provide additional information as to why they feel they do meet the criteria for NHS-funded transport and this is reviewed in conjunction with the initial PTS assessment. 6 complainants were found to be eligible and transport was re-instated. 4 complainants were not found to be eligible.

- 7 complaints related to Continuing Healthcare (CHC). Following investigation, 3 of the complaints were upheld, 3 partially upheld and 1 is still open.

- 1 complainant raised an issue relating to adult mental health services. This was partially upheld.

- 1 complainant was unhappy with the BMI/smoking thresholds for elective surgery. This complaint was not upheld.

Parliamentary & Health Service Ombudsman (PHSO)
The PHSO is the second and final stage of the NHS complaints procedure for complainants who remain unhappy with the NHS organisation's attempts to resolve their complaint.

The CCG currently has 3 complaints that have been referred to the PHSO. 2 complaints related to CHC and 1 from a patient unhappy with the BMI policy for elective surgery. Copies of the complaint files and relevant records have been sent and we await decisions from the PHSO.

Vale of York CCG Concerns
119 concerns/enquiries were managed by the Patient Relations Team, these cover a wide ranging variety of topics, some of which are complex cases requiring investigation. This figure does not include the cases where straightforward information and advice was given.

Contacts include:

- 53 contacts were 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).
.
- 12 concerns/enquiries related to the CCG's BMI/smoking thresholds for elective surgery.

- 8 contacts about CHC.

- 4 contacts related to Patient Transport.

- 3 concerns relating to Medicines Management.

Compliments
- The Patient Relations Team received positive feedback from three contacts for their assistance in resolving issues relating to patient transport, wheelchair services and CHC.

- The CHC team received a thank you from three people for their service.

CCG activity for all types of contact (excluding that received from persistent contacts) during March and April is shown in the pie chart at the end of this section.

Action arising from complaints/concerns

Continuing Healthcare (CHC)
Concerns have been received from some families that CHC review/assessments are booked at short notice, making it difficult for relatives to attend. The CHC team are striving to give families a week's notice of meetings and have tightened up their processes around this. They will also send out information via email if appropriate to do so.

Patient Transport Service (PTS)
The Yorkshire Ambulance Service (YAS) and local CCGs hold regular Appeals & Eligibility Meetings to review the process and feedback from service users. At the meeting held in March it was agreed to review some of the questions asked by PTS call handlers to capture issues such as dementia and mental health, which are currently not part of the question set. This would potentially reduce the number of appeals/complaints and improve patient experience.

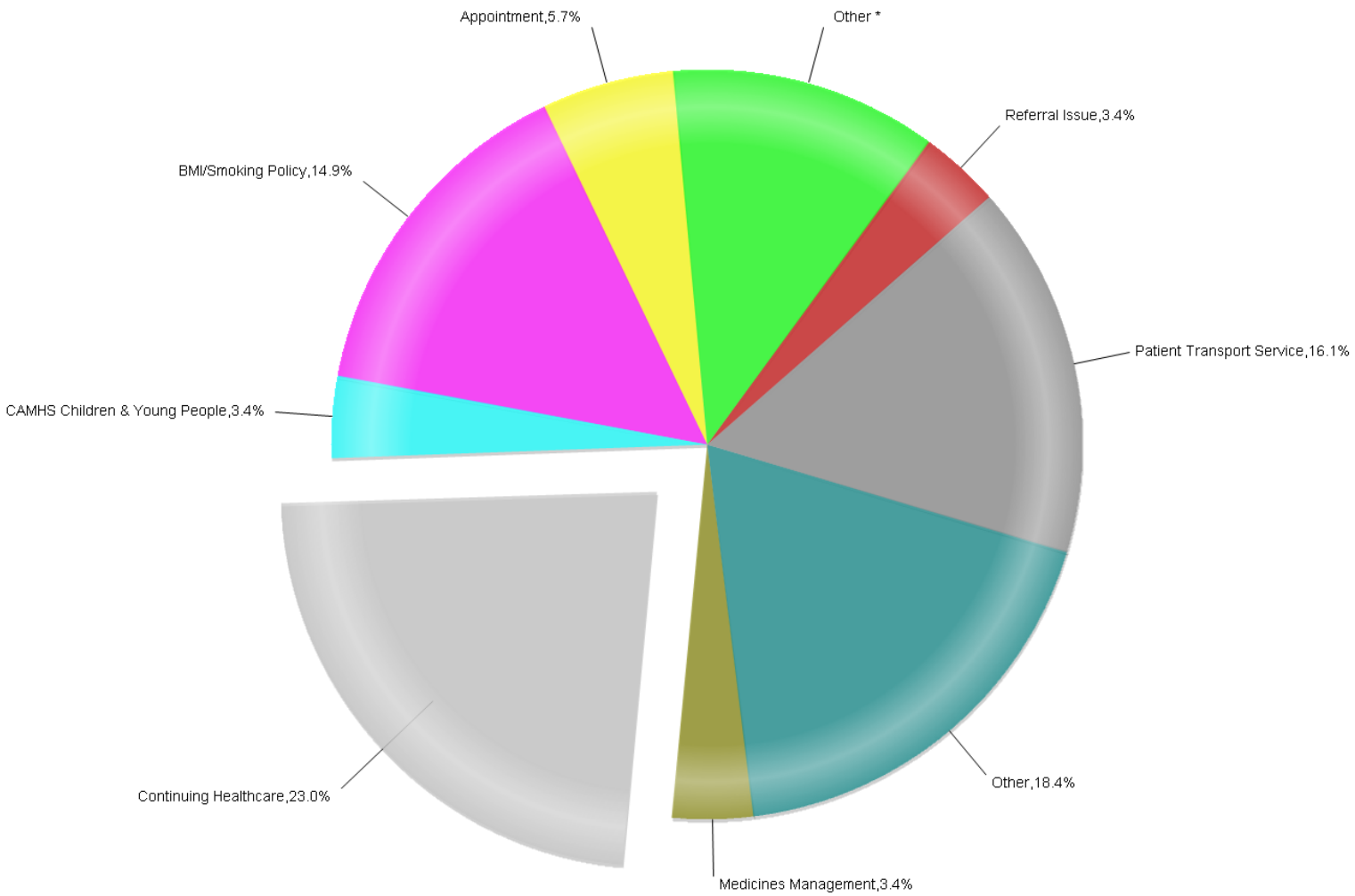
Other Sources of Patient Feedback
These include Healthwatch, Friends & Family Test*, Care Opinion and the NHS Choices website. Providers (in primary and secondary care) review themes, trends or potential issues, in conjunction with formal complaints and concerns made directly to them, so that themes and trends can hopefully be identified early, escalated and resolved where possible.

*NHS England has been carrying out a project to improve some areas of the way the Friends and Family Test works across the country, with a view to publishing refreshed FFT Guidance over the next few months. The ambition is to ensure the FFT can be a more effective tool in gathering patient feedback that helps to drive local improvements in healthcare services. Recommendations from the project are still with senior management for consideration, so it is not yet possible for the project team to share details of any changes, publish revised guidance or set timescales for implementation.

Below are the current hospital ratings available at the time of writing, based on feedback by users on NHS Choices. Providers not listed have not yet been rated. GP Practices are listed individually on the website.

Hospital	Rating (out of a score of 5)	Number of ratings
York	4.5	223
Scarborough	4.5	101
Clifton Park	5	14
Whitecross Rehabilitation	5	1
Nuffield York	3	5
Malton	4.5	29
Bridlington	5	23
St.Helen's	3	5
Selby War Memorial	4	9

Contacts by speciality March – April 2019



* Other, 1%, ADHD 1%, Adult Mental Health 1%, FreeStyle Libre 1%, IT Primary Care 1%, IVF 1%, NHS111 1%, Standard Hospital Contract Bre 1%, Wheelchair 2%

Safeguarding Adults

QPEC received an update about the Learning Disability Mortality Review programme (LeDeR) and the changes to the Mental Capacity Act Bill – Liberty Protection Safeguards. The BBC Panorama programme which detailed the alleged abuse of vulnerable patients at Whorlton Hall Independent Hospital, County Durham, captured through secret filming by a journalist employed as a support worker was also captured. The Committee was assured that a small number of CCG patients funded in other facilities run by Cygnet Health Care are all undergoing reviews. There was also an update about current safeguarding reviews.

Care Homes and Adult Safeguarding Update

The Quality and Patient Experience Committee were made aware of a number of issues affecting the Care Home and Domiciliary care market. Committee have been asked to be kept up to date about further risk and/or developments.

Quality in Care Homes and Domiciliary Care

The Partners in Care Forum
The Partners in Care forum continues and is valued by all those who attend as an effective means of communication and building positive relationships. The last meeting was held on May 23rd, there were 31 attendees with representation from 20 organisations. There was real engagement and positive conversation to inform on action. This month covered important developments such as contracts between CHC and care providers and hospital transfer passport including discharge and Infection prevention. Standing agenda items for representatives across organisations facilitates reciprocal support for work plans which feels really positive and is facilitating progress in supporting the sector.

The Partners in Care weekly bulletin continues and contains contributions from the social care sector to ensure it is relevant and appropriate to the audience. Information regarding all work relating to the care Home and Domiciliary Work plan including lessons learned and safety alerts is held on the VOY CCG dedicated Partners in Care website for ease of access and as a reference for all.

Workforce Development within Social Care
Following a successful bid for funding from Health Education England and recruitment to a Clinical Leadership Fellow commencing in August.

The Senior Quality Lead and the Skills for Care Locality Manager continues to supporting the progress of the Registered Manager Network meetings. There have been a number of meetings successfully convened and the aim is to provide leadership support and development alongside personal development. It is a safe environment for peer supervision and action learning. The care home managers also have an ambition to address promotion of positive perceptions locally of the care home sector with NHS colleagues and other stakeholders. It links with the national recruitment campaign and the Humber, Coast and Vale Excellence Centre promoting health and social care sector as a positive working environment.

Outcomes of learning from the meetings will be shared with the wider partners in care via the website and at forum meetings.

It should be noted that one of the local Registered Care Home Managers nominated by the Senior Quality Lead recently won a national Care Home leadership Award. This is a fantastic achievement and recognition of the professionalism and commitment demonstrated by the manager at Armana House Care Home in York. The CCG aim to support and celebrate talented leaders who are vital to collaborative working.

Identification of Deteriorating Residents

A Quality Improvement project to support the early identification and communication of deterioration in care home residents is gaining momentum locally and nationally. Currently 9 homes are engaged with this pilot and it is anticipated that the speed of spread will be increased following positive preliminary findings. One of the care homes involved is a residential home for those with learning difficulties and mental health. This is a fantastic collaboration to explore how the tools might support these individuals. This project includes the use of a softer signs tool combined with National Early Warning Score (NEWS) and Situation, Background, Assessment, Recommendation (SBAR) communication tool.

Supported by the Improvement Academy it is anticipated to build on work published by Wessex Academic Health Science Networks (AHSN) and include sepsis awareness. There are already excellent examples where the tool has supported early intervention for residents. A paper has been written to demonstrate early findings and impact and can be found attached to this report. This work is developing thinking around extending opportunities and impact associated with early recognition of deterioration (physical and mental) and how this links with response and referral/ review processes. The work is evolving as learning is gathered and the work will include mental health support. The Care Home and Dementia Team are engaged in the work and are currently exploring how this could possibly work to facilitate earlier referral of residents in need to them.

The Senior Quality Lead has presented the work at a recent ‘Best Practice in Care Homes’ conference and also attended the national AHSN conference to discuss Safety Huddles, Teamwork and Culture. An abstract has been submitted to the Yorkshire Quality and Safety research group Conference to be held in October ‘Improving Patient Safety, New Horizons, New Perspectives’. An abstract will also be submitted to the QNI conference to share practice with community nurses.

Following the successful Health Foundation award in October to extend the scope of identification of deteriorating residents work into the domiciliary care setting is progressing in a really positive way. There is a lot of interest in this work nationally which is encouraging.

The project nurse continues to facilitate the work which is proving very successful. The project nurse is also supporting implementation across Care Homes which is

accelerating spread in these settings. Baseline data has been gathered and training continues. The tool has been translated into an electronic form to enable carers to communicate immediately with the hub which then speeds onward escalation. Staff in the Selby area have all now been trained; these carers provide care for approximately 90 residents. The hub staff have all been trained (approx. 20 staff). It is anticipated that the York cohort of staff will complete training by mid-June (approx. 57 staff). Teamwork and Safety culture survey results have been feedback for the Selby team. This was positive feedback allowing managers to identify areas for improvement and celebration. Staff in the York cohort have had surveys issued. It is planned to repeat the surveys in September as part of the project evaluation. 23 stop and watch tools were completed in a 4 week period over March and April, these forms continue to be collected monthly for analysis. Training will be incorporated into induction training.

Training evaluations are favourable with comments including “(the tools) are most useful”, “the tools will be of great help to my job role”, “all of the training was useful as didn’t have any knowledge on the stop and watch and SBAR”.

Use of the tools in the domiciliary care setting could confer wider implications (not just response to deterioration) such as an aide to care review and planning, early detection of subtle changes leading to early referral to other agencies / services, supporting clients / residents to live well longer. It may also provide a robust and traceable communication process with all agencies, families, friends and carers.

A carer/ resident engagement event will be organised at a date to be confirmed to allow for evaluation from a user perspective and inform on application across other settings such as advice on discharge from the hospital setting.

A second conference as a follow up to one held in May 2018 will be planned; a date is yet to be confirmed. This will showcase achievements and learning from the projects, connect with other related work and aim to launch spread of the work to a wider audience. The Selby District Nurse team have been informed of the project and are receptive to its benefits.

A leaflet with information has been developed in conjunction with the Improvement Academy and is now ready for dissemination to health and care professionals and carers/ residents alike. This will be useful in raising awareness and engagement.

Sepsis

The Senior Quality Lead is engaged in a Sepsis collaborative chaired by a clinical leadership fellow based at YTHFT which aims to work alongside partners from primary care, secondary care, YAS and social care to enable safe and effective Sepsis pathways. The Senior Quality Lead will be presenting at a Sepsis conference in Hull regarding the use of Stop & watch and SBAR in care homes and domiciliary care with residents and how this relates to early identification and communication in potential Sepsis.

Mental Health
Mental health support in care homes is important, particularly as there will be a loss of beds due to reconfiguration of services in 2020. The Mental Health Services for Older People Team are working with the Senior Quality Lead to shift focus to prevention of admissions for those experiencing mental health issues in care homes and explore how care homes can be better supported to care for residents at home. The Mental Health Services for Older People Team are a valued stakeholder who supports the work of the CCG in engaging with care homes to promote care at home. The team actively support many aspects of the care home work programmes and contribute towards project plans ensuring mental health of those in care homes and domiciliary settings is considered. At the Recent partners in care forum dementia awareness week was celebrated with a stand providing information and support for attendees.

Hospital Transfer Pathway
The Hospital Transfer Pathway initiative continues to progress jointly with SRCCG to ensure the plan for adoption is safe, effective and sustainable. The final draft of the passport is prepared and ready for piloting and subsequent launch. This aims to ensure timely flow of information across the admission and discharge processes. Engagement with the acute provider will be vital in the success of this project, key contacts are collaborating with both CCGs but this is at a slower pace than anticipated and the timeline for implementation is dependent on this engagement. The stop and watch tool has the potential to be integrated in discharge process and with carers and will be explored as previously identified part of the Quality Improvement programme for the recognition and identification of deteriorating resident. The passport is developing alongside the introduction of contracts between CHC and the care providers. This is enabling productive discussions regarding the issues around resident pathways.

Falls
Focussed support for reducing falls in a care home continues which includes Safety Huddles. A number of homes have expressed an interest in becoming involved in this work and the Quality and Nursing Team are working with them.

The Senior Quality Lead actively contributed towards the Development Group for the NHS England Falls programme which launched falls guides for care homes at the end of March.

In line with NHS England's Falls Prevention and Management in Care Homes (2019), the team is promoting the React to Falls Prevention principles in care homes and domiciliary care providers across the Vale of York. The aim of this work is to reduce incidence of falls by implementation of a person centred, peripatetic approach to prevent and manage falls risk for each resident. The resources used include an educational video, workbook and self-assessment skills booklet which supports carers in recognising when an individual may be at increased risk of falls and the steps that can be taken to reduce these risks. React to Falls Prevention identifies 3 key areas of risk: Physical, Behavioural and Environmental; and the subsequent use of a simple framework that prompts carers to consider these risks and … REACT… to reduce the risks of falls.

This is applicable across all care settings including domiciliary care and can be used by health professionals and informal carers alike.

To date 5 care homes have signed up to participate in the project, with training dates organised throughout June and July. 4 staff members have received the training at a care home that has recently opened with initial feedback very positive.

Linking with this work audiology are supporting the project team to advise care staff on hearing aid care. The audiology dept. from York Hospital are very supportive and will deliver training at PIC alongside resources to compliment falls training.

Opportunities are being explored for programmes of work relating to prevention of falls both within care homes and in the wider community in collaboration with stakeholders from the universities, YAS, Research colleagues and Public Health. This will ensure the CCG are part of the falls work in community and good practice is shared across the patch.

It is hoped that links between YAS and the Vale of York CCG may be strengthened and in particular link the Clinical Leadership Fellow posts from each organisation to develop joint working and increase capacity.

Nursing Times Awards
The CCG's React to Red project has been shortlisted for a Nursing Times Award. Following on from the success of the project in reducing pressure ulcer incidence by 75% across Care Homes this award would be most welcome.

Safeguarding Children and Children in Care

The Safeguarding Children and Children in Care report was presented at QPEC which provided an update in relation to key safeguarding children issues, including developments around safeguarding children practice.

The Committee was asked to note the developments in the new safeguarding partnerships across North Yorkshire, York and East Riding, progression against the multiagency reviews and agreed to receive updates on the progress of action plans at future meetings. The committee also agreed to receive the Safeguarding Children Designated Professionals Annual Report (2018-19) and 2019-20 Strategic Plan at the next meeting of this committee and noted the developments in safeguarding arrangements in Primary Care.

Children and Young People

Special School Nursing & Community Children's Nursing Transformation Plan
The transformation plan is linked to all work streams within this report.

Following an independent review of special school nursing in 2016 which raised significant concerns about the lack of service development, the CCG have engaged in a number of consultations with YTHFT. In response they submitted a service improvement action plan in March 2018. Despite this no progress had been made and on two separate occasions they have advised that they intended to withdraw health support offered to community and residential short breaks children and young people with complex health needs and disabilities.

The CCG have responded to this by advising and the decision was subsequently suspended by YTHFT. In response the CCG intensified its discussions by meeting with key clinical and directorate staff to advance the development of the service . Consequently further concerns around standards, governance and value for money for all community children's nursing have emerged.

In response the CCG has to lead on the development of a service transformation plan for special school nursing and community children's nursing through significant input from the CCG's senior quality lead for children and young people with support from the deputy and chief nurse of the CCG . This included : the development of a detailed service specification to describe what the CCG needed to commission and expected standards , leading on engagement with education and local authority partners on joint working practices, providing specialist advice to YTHFT (including the need for a robust delegation of care framework) and securing additional resources for a new paediatric continence service.

To further galvanise the need for change, at the request of the CCG, Audit Yorkshire completed a review of the service which was finalised and submitted on May 14th 2019. The overall opinion of the report is that there is limited assurance against the control objectives which primarily focused on whether the CCG commissioning arrangements in place for community children's nursing & special school nursing were value for money and could ensure the quality of service for the service provided. A key priority from the recommendations includes the establishment of a service specification with agreed service outcomes and quality measures in place which are aligned to YTHFT expenditure within a ring fenced service budget. Incidentally the service specification was already underway at the time of the audit and was completed and sent to YTHFT , before the final audit report was received.

Engagement with YTHFT has been fluctuating and there are a number of outstanding issues and concerns which are summarised as follows:

- No formal response to SLA continence service submitted to YFT at the end of January 2019 , positively recruitment has gone ahead for he specialist nurse for the Level 2 service
- No formal response to service spec submitted on April 17th 2019

- No formal response to final audit report submitted in May
- There is still no competency framework which was agreed by YFT advising they would go ahead with this at the end of January 2019
- On-going risks to the short breaks service
- Potential risks to developing strong and integrated relationship with CYC who have developed significant trust in the CCG to deliver assurance that health support will continue and improve in quality
- Suspension by YTHFT re the transformation plan until review of all above and until the new Chief Nurse takes up her post

As a result the lack of assurance the CCG has re the provider trust YTHFT for these services remains limited and lack of progress concerning

Audit Yorkshire has completed their investigation and produced evidence which undoubtedly galvanises the CCG's commitment and direction to reform Special School Nursing & Community Children's Nursing. There is a planned meeting with YTHFT in June, date to be specified that will draw together all elements of this transformation.

Community Paediatric Continence Service (CPCS)
The CCG was part of the recruitment process and joined staff at YTHFT in their interview schedule to appoint a specialist nurse that would facilitate the development of the Community Paediatric Continence Service. A successful candidate was selected for employment and YTHFT are currently undertaking their HR processes. It is anticipated, the post will commence August 2019. The CCG are still awaiting a formal comprehensive response from YTHFT regarding the service level agreement attributed to this service.

The CCG's Deputy Chief Nurse has been invited to present at the Association of Continence Advice annual conference being held in Harrogate on the 10th June. The presentation will describe and share the CCGs own journey through a power point presentation:

'It's not all about the nappies' - the development of a Level 2 Community Paediatric Continence'

SEND update
There is still no date for the joint SEND inspection for York and at present planning for the inspection is being led by Susan Du Val Commissioning Specialist for VOY CCG

The CCG has informed its partner local authorities (CYC, NYCC & ERCC) of the processes to be followed should an EHCP tribunal involving health be registered with them. This is to ensure that notifications are reviewed in good time to prepare

information from health providers and the CCG to ensure legal deadlines are met for submission of evidence to the tribunal. A standard operating procedure (SOP) has been developed to manage this and directs notifications to the patient relations inbox under the heading of EHCP tribunal. The mailbox is monitored daily and will notify the relevant personal within the CCG. Initial feedback is very positive and will be discussed at the health SEND network for potential adoption across the region.

Community Children's & Special School Clinical Nursing Forum

NHS Vale of York Clinical Commissioning Group is proposing to host a quarterly regional clinical forum for community children's nurses & special school nurses. The strategy behind this aims to increase awareness of our local teams about service development and strengthen the case for service transformation to improve quality and standards.

The forum will aim to bring together services from across the region and further to:

- Share good practice
- Benchmark against national standards
- Gain peer support & advice
- Learn from the experience of others
- Explore how to meet service challenges
- Share Patient stories / engagement activity
- Examine emerging trends of service provision such as skill mix within teams
- Review the impact of the changing NHS and SEND reforms
- support registrant's revalidation
- Engage relevant guest speakers

The first event is scheduled for the 20th June 2019 at West Offices and to date there has been an excellent response with 16 representatives from across the Yorkshire & Humber region attending as well representative from Newcastle and North Lincolnshire.

Children and Young People's Mental Health

Investment

The CCG has agreed with TEWV additional investment of £477K recurring into children's services from 1st April 2019. The funding will enable the recruitment of additional staff to work across general mental health pathways (£196K) and autism assessments (£188K). TEWV is currently out to recruitment for posts:

Staff Position	Wte's Proposed
Psychiatrist	1 x wte
band 8a DBT lead	1 x wte
band 7 Clinical Psychologist	1 x wte

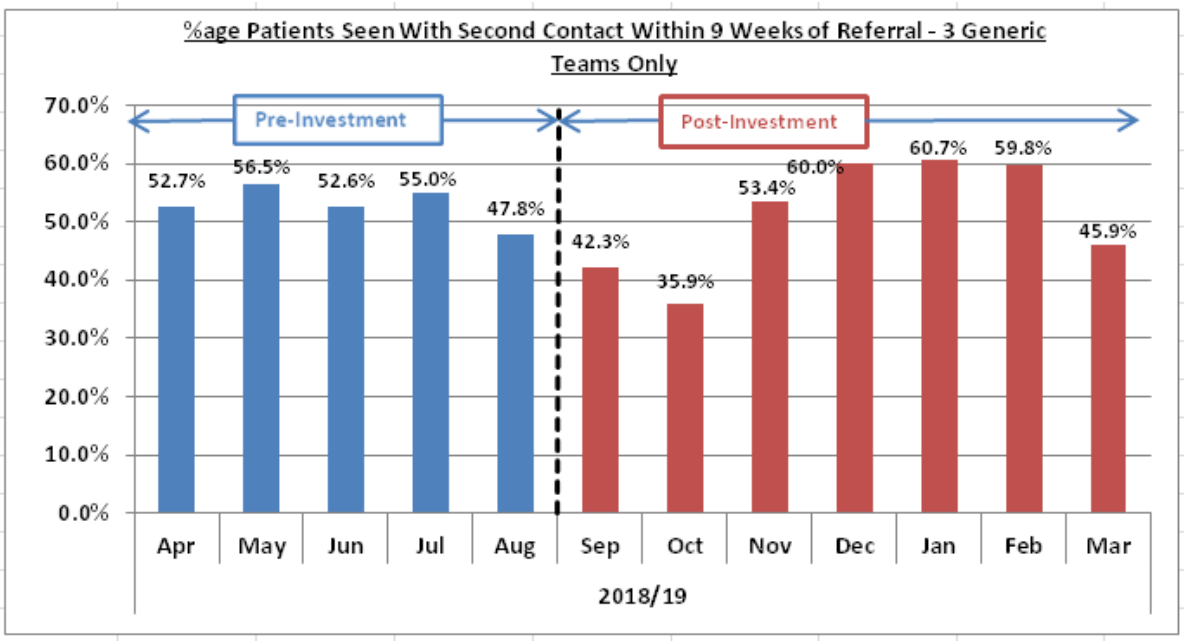
band 7 (SALT)	0.6 x wte
band 6 CAMHS practitioner	2 x wte
band 3 admin post	1 x wte
band 2 HCA	0.2 x wte
Total Wte's Proposed	**6.8 Wte's**

The effectiveness of the service will be monitored via a revised KPI detailing the % of patients starting treatment within 6 weeks of initial referral into service, including GP referrals. The recruitment timetable means that improvements in service performance should start to evidence in late 2019/early 2020. Discussions are being had with TEWV about ensuring that all stakeholders are kept well informed around progress towards recruitment and improvement in waiting times.

Members will recall that the CCG and TEWV invested additional funds, both recurring and non-recurring into the emotional pathway and autism assessments during 2018/2019. TEWV has reported on the effectiveness of the investment:

Emotional pathway

- The service has seen a consistent trend of increasing demand with year on year growth of approximately 10%, with strongest growth in the York East team (21%).
- The post-investment period since September 2018 has shown an improved trajectory for the 6 week treatment indicator for the aggregated 3 generic teams with consecutive monthly improvements over the 4 months from December 2018
- Post investment has a positive trajectory across the latter months of the year for Percentage of Patients with Second Appointment Seen within 9 Weeks of Referral although this has only just returned the performance to pre-investment levels from the low of October 2018.



Autism assessments:

- Referrals into service increased by 15% over the previous year
- The number of assessment appointments offered saw a significant increase observed in the latter half of the year once investment took effect
- The additional resource enabled by the investment delivered 53 additional assessments across the period. An additional 10 appointments were funded at the start of 2019/2020
- Post – the July 2018 investment the continued growth in number of waiters since April 2017 has slowed significantly, with the period from September 2018 to March 2019 showing a small decrease of approximately 4.6%.
- Following a sustained period of growth from May 2018 to December 2018 average waiting times have seen a sustained decrease across quarter 4 of 2018/19 by 10 weeks to an average of 48 weeks.
- The improvement can be sustained only with additional recurring investment: this has been committed

Overall, the additional investment has proved valuable in reducing waiting times for treatment, and provides a good basis for further improvement with the additional committed funding.

New initiatives

Members will recall that the CCG, jointly with City of York Council, supported a bid by York Mind to Public health England/Department of Health, for funding to extend its Art Therapy Workshops to children and young people in care, or at risk or on edge of care. The bid has been shortlisted to the national teams, and a decision will be known by mid-late June. If successful, the project will provide early intervention and preventative support for the well-being of this vulnerable group.

The CCG, jointly with Scarborough and Ryedale CCG and North Yorkshire County Council, has submitted an expression of interest in the second round of trailblazer projects for schools based mental health support teams (MHSTs). The local bid is for a team of 4 B5 mental health support workers in secondary and sixth forms in Selby and Pickering areas to work with all students, but focusing on the 16-19 age group (GCSE-A level and year above): the support will be via early interventions using CBT/other evidence based interventions, and staff training and capacity building. If successful, the funding will pay for the recruitment and training of the staff to March 2021, following which costs will transfer into CCG baseline.

The bid is particularly beneficial to this group:

- Vulnerable period of life in moving through GCSE/A levels: Support in schools at the right age can reduce or prevent young people becoming NEET
- NHSE prevalence data shows that 17-19 girls are particular at risk of developing emotional disorders
- NHSE is, through the 10 year plan, looking to develop a 5-25 mental health service, and this project leads in the national strategic direction

We will know by end June 2019 if the bid is successful.

Eating disorders

The end of year figures for compliance with the national targets demonstrated improvement: 60% or urgent and 70% routine cases met the national access and waiting time standards. This is against a backdrop of over 90 referrals and a caseload of 60, which is very high for the local population. TEWV is bidding for additional funding for the service from New Models of Care to develop the servie further, in order to improve the dosage of treatment and better manage the level of referrals into service.

Work has continued with primary care around the arrangements for physical health checks for children and young people in the service. A very successful workshop in May 2019 resulted in a proposal that TEWV assumes responsibility for the on-going health checks, once the young person is accepted into service.

CAMHS Quality Visit May 2019

CCG staff, including the Designated Safeguarding Professional, made a quality visit to Lime Trees Clinic in May 2019. The team was warmly welcomed by staff, and passed a very interesting and informative day. Key points from the day were:

- Positive feedback about the quality of the treatment once in the care of the service
- Observation of the focused and knowledgeable approach of staff in the SPA
- Feedback about the welcoming atmosphere and friendliness of staff
- Observation of an assessment which evidenced the caring approach and knowledge of the case of the staff involved
- New workstream for low mood: 9 week group sessions for 10 young people structured around group and 1:2:1 CBT approaches
- New approaches to communications and engagement, including new patient leaflets, and review of the website
- Revised job planning approaches which staff say have provided more clarity around caseload management
- Staff stated they are well supported by colleagues and enjoy working in the team: they referenced capacity and demand difficulties, with staff frequently working beyond contracted hours to complete work. IT was reported as a problem, delays in rectifying technical problems affects completion of paperwork.
- Room space can be a problem, especially as the team will expand further, and have now to borrow rooms from the neighbouring deaf CAMHS serve; this will increase with new staff coming in this year. There was discussion round the relocation of the Cabin, where staff value the co-location with NYCC services.

Engagement
The TEWV CYPMH service manager delivered two workshops for the Protected Learning Time Event in April 2019, which were very well received by primary care staff. The main action flowing from the event will be a detailed written pathway for primary care and other stakeholders, and will be published on the RSS and the statutory Local Offer.

The work with parents and stakeholders around the autism pathway has continued, with an action plan for improved communications and information for parents and stakeholders. TEWV is undertaking a review of the information on its website, and has provided some excellent patient leaflets, which will also be posted to the RSS.

TEW and CCG staff are discussing a public launch for the new Recovery College website offer, which is available to patients, and families and also to the whole local community as a means of seeking information and self-help around mental health.

In April, CCG staff held a very informative round table discussion with GP leads for the northern PCN locality in Pickering around children and young people. The meeting discussed the available offer for children and young people within the context of a rural population, and an action plan has highlighted:

- Communications with primary care around the sub-CYPMH offer for children and young people
- Feedback to North Yorkshire County Council around the offer for children and young people as part of the review of the healthy child programme in North Yorkshire
- Medication management for children with ADHD following the closure of the Scarborough paediatric clinic (see below)

Adult Mental Health

The CCG has agreed new investment in 2019-20 to enable sustainable service delivery improvements. TEWV has undertaken a review of service pressures across all service lines and will concentrate this new investment in services where demand pressures are most severe and where additional investment will have the maximum impact. Investment will be targeted to the two key service areas outlined below.

IAPT
In 2018-19 the service had an overall access standard of 14.51% which falls significantly below the national standard. The additional investment will be used to increase access in to IAPT and reduce, and then sustain treatment waiting times. The CCG is working closely with TEWV to increase access and referrals, including targeting students and working with GP practices that are high prescribers of anti-depressants but who have low referrals into the IAPT service.

Early Intervention in Psychosis (EIP)
The service saw an increase in referrals of 80 in January to March 2019 compared to 62 in quarter three and 52 in quarter two. The additional investment will provide

increased capacity and capability to ensure more people are seen within the two week window, are offered NICE approved interventions and provide a First Episode Pathway of up to 3 years.

It is also intended that the funding will enable a service providing screening for At Risk Mental State, (ARMS) and offer a CBT based 'staying well' pathway for up to 6 months. This will prevent this group of people returning to Primary Care/CAMHS without access to a service.

Dementia
Diagnosis rates decreased to 58.6% at the end of March 2019 from 58.7%. Increases in diagnoses were offset by a high number of patients removed from the register at one practice along with an increase in prevalence.

TEWV is recruiting two additional posts in the memory service which will address current waits. TEWV is also recruiting a research assistant to undertake case finding in care homes. Targeted support to GP practices with low diagnostic rates is on-going with an offer to visit these practices and identify patients via the dementia quality toolkit.

Physical health checks for people with a severe mental illness (PH SMI)
An approach to reduce the stark levels of premature mortality for people living with serious mental illness (SMI), who die 15-20 years earlier than the general population is being developed by increasing early detection and expanding access to physical health checks in primary care. SMI refers to all individuals who have received a diagnosis of schizophrenia, personality disorder or bipolar affective disorder, or who have experienced an episode of non-organic psychosis.

There is a new requirement on CCGs to improve the physical health of patients with severe mental illness that 60% of 'active' patients on the mental health QOF receive a comprehensive annual physical health check. This is included as an Improvement Assessment Framework (IAF) indicator in 2019/20.

The VOY CCG has approved funding to commission a Local Enhanced Service in primary care. It is anticipated that the LES will be offered to practices, along with training, in the next month with a view to an implementation date of 1 August 2019

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Item Number: 11

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 4 July 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Annual Report and Accounts 2018/19

Purpose of Report *(Select from list)*
To Ratify

Reason for Report

The Annual Report and Accounts (attached) have been approved by the Audit Committee on 23 May 2019.

The CCG's external auditors' Annual Audit Letter is also attached.

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☒Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

N/A

Impact Assessments
Please confirm below that the impact assessments have been approved and outline any risks/issues identified. N/A ☐ Quality Impact Assessment ☐ Equality Impact Assessment ☐ Data Protection Impact Assessment ☐ Sustainability Impact Assessment **Risks/Issues identified from impact assessments:**
Recommendations N/A
Decision Requested (for Decision Log) The Governing Body is asked to ratify the Annual Report and Accounts 2018/19

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer Michelle Carrington, Executive Director of Quality and Nursing/Chief Nurse	Simon Bell, Chief Finance Officer Michelle Carrington, Executive Director of Quality and Nursing/Chief Nurse

The documents referred to above have been circulated electronically to members of the Governing Body and are available at http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/

Vale of York
Clinical Commissioning Group

Item 13

Chair's Report: Executive Committee

Date of Meeting	17 April, 1 and 15 May 2019
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee maintained an overview of the development of financial plans for 2019/20. This was in the context of the wider system and requirement for control total compliance.

Additionally, the Committee noted the encouraging feedback from the 360° stakeholder survey and also the positive move towards the creation of Primary Care Networks. The formation of these was approved by the Executive.

The Committee commended recent work on diabetes transformation, and approved an application to become a trailblazer for children and young people's mental health services.

The independent review of the future role of Business Intelligence was received and an assessment of current capacity and capability discussed. Additionally, the Committee continued its overview of the consultation with staff on re-setting the future capacity and capability of the CCG.

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

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Vale of York
Clinical Commissioning Group

Item 14

Chair's Report: Audit Committee

Date of Meeting	23 May 2019
Chair	Phil Goatley

Areas of note from the Committee Discussion

- The Audit Committee was pleased to see a positive return being made to the Counter Fraud Self-Assessment for 2018/19. The Care Quality Commission announcements were awaited about which local health bodies subsequent to this would be fully inspected.

- The Audit Committee had been concerned about the quality of some management responses to internal auditors agreed recommendations and had raised this previously with the Governing Body. Responses in the last round of audits were much improved, both in describing actions taken and/or to be taken and on delivery timescales.

- Two recent internal audits of commissioning activity had however only provided limited levels of assurance and Audit Committee members will in particular retain a keen interest in monitoring the delivery of key actions resulting from the audit of Community Paediatrics Commissioning.

- Audit Committee was pleased to see the work to develop the CCG's Board Assurance Framework which will complement existing arrangements for risk management across the organisation.

- Audit Committee received and signed off on the Annual Report and Accounts for 2018/19 and the Audit Completion Report from our external auditor. The Committee again wished to reiterate its compliments to the finance team for their work on the statutory financial statements which had again secured an unqualified audit opinion. Audit Committee noted the modified regularity opinion and matters to report of value for money from the external auditor.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 15

Chair's Report: Finance and Performance Committee

Date of Meeting	25 April and 23 May 2019
Chair	David Booker

Areas of note from the Committee Discussion

25 April

- The Committee commended the CCG Finance Team for the timely production of the Annual Accounts recognising the additional work undertaken by staff. The Chairs of the Finance and Performance and Audit Committees will jointly write to thank relevant staff.

- The Committee fully supports the robust position being assumed by the Executive Team to proposed and manage budgets within a system wide context recognising the challenge this presents for staff.

- The Committee will continue to seek assurance that the QIPP target is realistic and achievable. This will require clinical engagement at a heightened level.

23 May

- Despite the necessity of returning to a one year financial planning cycle, the Committee reaffirmed the commitment to return to balance within a minimum of three years and would closely monitor progress.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 16

Chair's Report: Primary Care Commissioning Committee

Date of Meeting	9 May 2019
Chair	David Booker on behalf of former Committee Chair

Areas of note from the Committee Discussion

The Committee:

- Noted that despite the achievements of the Medicines Management Team the prescribing budget continued to pose concern and challenge
- Welcomed the update on Primary Care Networks
- Welcomed the draft Workforce Strategy but noted the associated challenges and the need for data cleansing

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 17

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	13 June 2019
Chair	David Booker

Areas of note from the Committee Discussion

The Committee:

- Commended the Patient Story and recommended it be presented to the Governing Body.
- Noted the continuing major increase in health care acquired infections at York Teaching Hospital NHS Foundation Trust sites. A concerted effort is required by CCG staff in conjunction with provider organisations and the wider health economy. This risk would be added to the Risk Register.
- Noted that a response was awaited from York Teaching Hospital NHS Foundation Trust to Audit Yorkshire's Limited Assurance report from their audit of Special School Nursing and Community Children's Nursing.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

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Item Number: 18

Name of Presenter: Dr Andrew Lee

Meeting of the Governing Body

Date of meeting: 4 July 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Medicines Commissioning Committee Recommendations April and May 2019

Purpose of Report *(Select from list)*
For Information

Reason for Report

These are the latest recommendations from the Medicines Commissioning Committee – April and May 2019

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☐Financial Sustainability

Local Authority Area

☐CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ 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)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

Responsible Executive Director and Title	**Report Author and Title**
Dr Andrew Lee Director of Primary Care and Population Health	Faisal Majothi Senior Pharmacist

Recommendations from York and Scarborough Medicines Commissioning Committee April 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA568: Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal)		NICE is unable to make a recommendation about the use in the NHS of abatacept for treating psoriatic arthritis after disease modifying anti-rheumatic drugs (DMARDs) because Bristol–Myers Squibb Pharmaceuticals Ltd did not provide an evidence submission	BLACK for this indication	No cost impact to CCGs as appraisal terminated by NICE.
2.	TA572: Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes		Ertugliflozin as monotherapy is recommended as an option for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if: • a dipeptidyl peptidase 4 (DPP-4) inhibitor would otherwise be prescribed and • a sulfonylurea or pioglitazone is not appropriate. Ertugliflozin in a dual-therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if: • a sulfonylurea is contraindicated or not tolerated or • the person is at significant risk of hypoglycaemia or its consequences. If patients and their clinicians consider ertugliflozin to be 1 of a range of suitable treatments including canagliflozin, dapagliflozin and empagliflozin, the least expensive should be chosen.	GREEN	No cost impact to CCGs as NICE recommends the least expensive SGLT should be chosen if all suitable for a particular patient. Ertugliflozin currently the cheapest. Ertugliflozin = £29.40 for 28 days Dapaglifozin = £36.59 for 28 days Empagliflozin = £36.59 for 28 days Canagliflozin = £39.20 for 28 days
NHSE commissioned Technology Appraisals – for noting					
3.	TA565: Benralizumab for treating severe eosinophilic asthma		Benralizumab, as an add-on therapy, is recommended as an option for severe eosinophilic asthma inadequately controlled in adults despite maintenance therapy with high-dose ICS and LABA, only if: • the person has agreed to and followed the	RED	No cost impact to CCGs as NHS England commissioned.

		optimised standard treatment plan and • the person is eligible for mepolizumab or • the person is eligible for reslizumab • Benralizumab is recommended only if the company provides it according to the commercial arrangement. If benralizumab, mepolizumab or reslizumab are equally suitable, start treatment with the least expensive option (taking into account drug and administration costs). At 12 months: • stop benralizumab if the asthma has not responded adequately or • continue benralizumab if the asthma has responded adequately and assess response each year. Benralizumab is not recommended if neither mepolizumab nor reslizumab are recommended (see TA431 and TA479).		
4.	TA566: Cochlear implants for children and adults with severe to profound deafness	This guidance updates and replaces TA166. This technology appraisal examined the currently available devices for cochlear implantation. It makes recommendations on: • Unilateral cochlear implantation (recommended) • Simultaneous bilateral cochlear implantation (recommended) • Sequential bilateral cochlear implantation (not recommended)	n/a	For info only. No cost impact to CCGs as NHS England commissioned
5.	TA567: Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies	Tisagenlecleucel therapy is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic therapies, only if the conditions in the managed access agreement are followed.	RED	No cost impact to CCGs as NHS England commissioned
6.	TA569: Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer	Pertuzumab, with intravenous trastuzumab and chemotherapy, is recommended for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults, only if they have lymph node-positive disease and the company	RED	No cost impact to CCGs as NHS England commissioned

		provides it according to the commercial arrangement.		
7.	TA570: Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (terminated appraisal)	NICE is unable to make a recommendation about the use in the NHS of pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy because Merck Sharp & Dohme UK Ltd did not provide an evidence submission.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned and appraisal terminated by NICE.
8.	TA571: Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib	Brigatinib is recommended, within its marketing authorisation, for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults who have already had crizotinib. 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				
9.	VSL#3	Approve change from GREEN to BLACK as no longer as ACBS status as of November 2018, and lack of robust clinical evidence supporting is use. Still available as a food supplement OTC without a prescription.	BLACK	Cost saving. £45 per patient per month ScR: 6 items in q3 2018 VoY: 32 items in q 3 2018
10.	Medical Devices - Resperate	The Resperate® device is a breathing device that encourages a reduction in breathing rate that is hypothesised to decrease blood pressure. The British Hypertensive Society state that there is not sufficient evidence for this equipment to be recommended.	BLACK	Currently no spend in primary care.
11.	Medical Devices – Vaginal Dilators	Not recommended for routine use due to limited published clinical evidence. These products can be purchased OTC.	BLACK	Cost saving. VoY 2018 spend = £865 ScR 2018 spend = £256
12.	Medical Devices - Jaw rehabilitation device (TheraBite®)	Not recommend due poor evidence base. Trismus is a term used to describe painful and/or limited jaw movement. Trismus can occur for a variety of reasons including radiotherapy and/ or surgery to the head and neck area. TheraBite® is a jaw rehabilitation	BLACK	Cost saving. VoY 2018 spend = £863 ScR 2018 spend = Nil

		device, it is a hand-held device, specifically designed to help open and stretch your jaw, without putting strain upon the surrounding jaw muscles		
13.	Medical Devices - Eye drop compliance aids	Agreed not to add to formulary as can be purchased OTC for £2 to £5. Many are already not available to be prescribed on the NHS.	BLACK	Cost saving. VoY 2018 spend = £130 ScR 2018 spend = £60
14.	Transanal irrigation	Approved and used currently when all other treatment options for chronic constipation been exhausted.	AMBER Specialist Initiation.	No significant cost to CCGs expected as the proposal are current practice.
15.	Medical Devices – Stoma deodorants	Not recommended for routine use; deodorants should not be required. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air-fresheners are sufficient in most cases.	BLACK	Cost saving. VoY 2018 spend = £5239 ScR 2018 spend = £974
16.	Head Lice Treatment Devices – Full Marks Solution, Hedrin Once Spray gel, Linicin Lotion	Agreed not should not routinely be prescribed on NHS prescription as per current CCG policy. Available OTC. Agreed may circumstances when appropriate to prescribe in hospital.	RED	Cost saving VoY 2018 = £78 ScR 2018 £160
17.	Restless Legs Pathway	Approved new pathway for management of restless legs in primary care. Includes adding Pramipexole standard release tablets, rotigotine patches and pregabalin/gabapentin to the formulary for this indication as recommended by NICE CKS.	GREEN	No significant cost to CCGs expected as all the proposals are current practice.
18.	Bisphosphonates	Approved new criteria for use of adjuvant bisphosphonates in post-menopausal women with breast cancer in line with East Yorks and some other trusts in Yorkshire.	n/a	Should be cost saving as potentially less patients available.
19.	Flash Glucose Monitoring	The MCC agreed to recommend to CCG Execs that the current local policy for Flash Glucose Monitoring (Freestyle Libre®) be updated to reflect the Criteria for NHS England Flash Glucose Monitoring Reimbursement as of the 1st April 2019 with the addition of another optional criteria of two or more admissions to hospital per year with diabetic ketoacidosis as per the current local policy and RMOC criteria. CCG Exec are asked to note that the funding	AMBER Specialist Initiation.	Funding is available to CCGs for 2 years (2019/20 and 2020/21) In 2019/20 CCGs will be reimbursed £26.03 for each sensor prescribed on FP10 prescription up to a maximum of 20% of type 1 diabetes patients receiving the device. Each sensor costs £32.47. VoY: total implied CCG reimbursement for

		for FSL from NHSE is only for 2 years (after 2 years the cost will come to the CCG) AND only if FSL is prescribed via FP10 prescriptions i.e. primary care prescribing. The case for the inclusion of any other groups of patients e.g. pregnant type 2 diabetic patients and type 1 patients trying to conceive would require an application to the MCC and CCG Execs. This are not currently included in the NHSE criteria. There is a small cohort of existing patients who currently meet NHS VoY criteria but not the new NHSE criteria: pregnant women with type 1 or type 2 diabetes on a basal bolus regimen. MCC recommend existing patients only are allowed to continue using FSL, as it is time limited use of the device. All other existing patients currently receiving the device on the NHS will continue to do so provided they continue to meet the NHSE criteria for continuation. The recommendation of the MCC to CCG Execs is that Flash Glucose Monitoring should be classed as AMBER Specialist Initiation with the first 14 days provided by the specialist, and then the GP taking on prescribing after this. We recommend Amber specialist initiation as it requires a specialist to determine suitability in line with NHS criteria and the patient needs education and training on how to use the device. It should be noted that NHSE will not reimburse the CCG for this initial supply, as it not provided by NHS FP10 prescribing. There should be a review at 6 months to ensure the patient meets the NHSE criteria for continuation. MCC would like CCG Exec to consider who is best place to do this review (the specialist or GP) and how this can be supported, as the review will require capacity		2019/20 = £221,307 (327 patients) ScR: total implied CCG reimbursement for 2019/20 = £72,415 (107 patients) In the year to date (10months) YFT spent £55,000 on Freestyle Libre® recharged to VoY CCG. There are currently 197 patients across VoY and ScR CCGs receiving Freestyle Libre®. 127 of these are from Vale of York. It is expected (but not confirmed) that the first sensor (i.e. first 14 days) would be provided from free of charge stock available to secondary care from the manufacturer.

		MCC also ask CCG Exec to consider the consequences of a 6-month review not being completed, for example, is FSL stopped for the individual patient? The MCC recommended that the existing audit should continue to collect more information on patient outcomes to inform future commissioning of the device. CCG Execs are asked to consider a) the need to incentivise completion of audit; b) who completes audit, c) and how to ensure audit is completed. It should be noted that as a requirement for the current CCG commissioning statement the diabetes specialists were requested to complete an audit tool for all patients 6-months post initiation of FSL. To date only 40 continuation forms have been completed out of 127 patients for Vale of York patients.		

NHS
Vale of York
Clinical Commissioning Group

Recommendations from York and Scarborough Medicines Commissioning Committee May 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA574: Certolizumab pegol for treating moderate to severe plaque psoriasis		Certolizumab pegol is recommended as an option for treating plaque psoriasis in adults, only if: • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and • the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and • the lowest maintenance dosage of certolizumab pegol is used (200 mg every 2 weeks) after the loading dosage and • the company provides the drug according to the commercial arrangement.	RED	15 patients across VoY and ScR CCGs No cost impact expected as cost similar to other 2nd line biologics.
2.	TA575: Tildrakizumab for treating moderate to severe plaque psoriasis		Tildrakizumab is recommended as an option for treating plaque psoriasis in adults, only if: • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and • the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and • the company provides the drug according to the commercial arrangement.	RED	1-2 patients across VoY and ScR CCGs No cost impact expected as cost similar to other 2nd line biologics.
NHSE commissioned Technology Appraisals – for noting					
3.	TA573: Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma		Daratumumab plus bortezomib plus dexamethasone is recommended for use within the Cancer Drugs Fund as an option for treating relapsed multiple myeloma in people who have	RED	No cost impact to CCGs as NHS England commissioned.

		had 1 previous treatment. It is recommended only if the conditions in the managed access agreement for daratumumab plus bortezomib plus dexamethasone are followed.		
4.	TA576: Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal)	NICE is unable to make a recommendation about the use in the NHS of bosutinib for untreated chronic myeloid leukaemia because Pfizer did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is unlikely to be used at this point in the treatment pathway.	BLACK for this indication	No cost impact to CCGs as NHS England commissioned and appraisal terminated by NICE.
5.	TA577: Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma	Brentuximab vedotin is recommended as an option for treating CD30-positive cutaneous T-cell lymphoma (CTCL) after at least 1 systemic therapy in adults, only if: • they have mycosis fungoides stage IIB or over, primary cutaneous anaplastic large cell lymphoma or Sézary syndrome and • the company provides brentuximab vedotin according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
6.	Medical Devices – Otovent®	Approved for use in children on basis of NICE Medtech Briefing. Not recommended for use in Adults due to limited published clinical evidence. These products can be purchased OTC.	GREEN in children BLACK in adults	Otovent® - £4.90 Vale of York CCG = £396 in 2018 Scarborough & Ryedale CCG = £41 in 2018
7.	Medical Devices – Erectile Dysfunction Vacuum Pumps	Approved use of vacuum pumps in erectile dysfunction as AMBER SI only if SLS conditions/criteria meet. MCC did not approve use of vacuum pumps on the NHS for Peryonie's disease as not one of SLS criteria in drug tariff and therefore cannot be prescribed in NHS for this indication.	AMBER SI for erectile dysfunction only.	Between £100-200 depending on device Vale of York CCG £13,146 in 2018 Scarborough & Ryedale CCG £4683 in 2018
8.	Medical Devices – Contiform®	Not recommended for routine use due to limited published clinical evidence. These products can be purchased OTC.	BLACK	Contiform® - £25.67 PelvicToner ® - £15.00 Aquaflex® - £13.95

9.	Medical Devices – Pelvic Toning Devices	Not recommended for routine use due to limited published clinical evidence. These products can be purchased OTC.	BLACK	Kegel8® - £15.00 Vale of York CCG = £460 in 2018 Scarborough & Ryedale CCG = £84 in 2018
10.	Lubiprostone	Agreed to remove from formulary as product discontinued and NICE TA withdrawn	n/a	No cost impact to CCGs. Other laxatives are cheaper or of a similar price.
11.	Hepatitis B Vaccine in renal patients	**Contracting arrangements for administration of hepatitis B vaccination in renal patients** Recommendation that for the time being GPs are asked to carry on with current practice and no decision to change is made until more information becomes available. The Trust do not currently have the infrastructure to administer these vaccinations and the costs are not confined to the vaccine itself but extend to clinic time to administer the vaccine and potentially transport costs if patients need help to travel to the hospital . **Formulary position of Fendrix** Change Fendrix to GREEN but add a warning around the costs and other options if available being preferred if available. In the event of contracting arrangement changing it would move back to RED for the renal population only. Noted supply issues recently with other products	GREEN	HBVax Pro - 3 doses of 40 microgram (£27.60 x3 = £82.80) Engerix B - 4 doses of 2 x 20microgram (£12.34 x 8 = £98.72) Fendrix - 4 doses of 20microgram (£38.10 x 4 = £152.40)
12.	North Yorkshire Smoking Cessation Formulary	North Yorkshire Public Health Smoking Cessation Formulary approved by MCC. 1st line: NRT patch plus short acting agent + behavioural advice (most effective) 1st line (alternative): Varenicline + behavioural advice (most cost-effective) 2nd Line: Bupropion	GREEN for practices covered by NYCC only. Not commissioned for practices cover by East Riding of Yorkshire Council or York City Council.	No significant cost to CCGs expected as the proposal is current practice.

13.	Phenylketonuria – local commissioning position	MCC agreed to adopt the HRW CCG commissioning position that that low protein items listed in part XV list A of the drug tariff should be prescribed for those patients who require them with a confirmed diagnosis of phenylketonuria.	n/a	No significant cost to CCGs expected as the proposal is current practice.
14.	GPs guidance on monitoring of patients post-bariatric surgery	A final updated version of guideline for GPs on monitoring of patients post-bariatric surgery based on BOSS guidelines was approved.	n/a	No significant cost to CCGs expected as all the proposals are current practice.
15.	Taurine in Cystic Fibrosis	Following feedback from tertiary centre in Leeds approved for use in line with Leeds guideline and on their recommendation only. (N.B. Lamberts brand of Taurine Capsules blacklisted on NHS)	AMBER SR	Need to ensure most cost-effective brand supplied by community pharmacy as costs may vary as unlicensed. Taurine costs approx. between £7 for 60 x 500mg capsules and £6 for 100 x 500mg. Max dose 500mg bd or tds
16.	Flash Glucose Monitoring	Draft updated commissioning statement to support MCC recommendation from April 2019 meeting was approved by MCC to go to execs for sign off. The recommendation of the MCC to CCG Execs is that Flash Glucose Monitoring should be classed as AMBER Specialist Initiation with the first 14 days provided by the specialist, and then the GP taking on prescribing after this. There should be a review at 6 months by the specialist to ensure the patient meets the NHSE criteria for continuation. Patients should be reviewed annually thereafter by the GP. GPs should be encouraged to prescribe in small quantities i.e. one at a time. There will be communication from the specialist to GP at initiation requesting GP to prescribe and a further communication following 6 month review stating if to be stopped or continued provided patient meets NHSE criteria for continuation.	AMBER Specialist Initiation.	Funding is available to CCGs for 2 years (2019/20 and 2020/21). In 2019/20 CCGs will be reimbursed £26.03 for each sensor prescribed on FP10 prescription up to a maximum of 20% of type 1 diabetes patients receiving the device. Each sensor costs £32.47. VoY: total implied CCG reimbursement for 2019/20 = £221,307 (327 patients) ScR: total implied CCG reimbursement for 2019/20 = £72,415 (107 patients)