


Item Number: 5	
Name of Presenter: Dr Mark Hayes	
Governing Body 4 December 2014	 Vale of York Clinical Commissioning Group
Chief Clinical Officers Report	
Purpose of Report	
For Information	
1. Rationale	
To provide an update to the Governing Body.	
2. Strategic Initiative <i>(double click and select 'checked' for all relevant initiatives)</i>	
<input checked="" type="checkbox"/> Integration of care	<input type="checkbox"/> Planned care
<input type="checkbox"/> Person centred care	<input type="checkbox"/> Transforming MH and LD services
<input type="checkbox"/> Primary care reform	<input type="checkbox"/> Children and maternity
<input type="checkbox"/> Urgent care reform	<input type="checkbox"/> Cancer, palliative care and end of life care
	<input type="checkbox"/> System resilience
3. Actions / Recommendations	
For the Governing Body to note.	
4. Engagement with groups or committees	
Previous engagement and involvement of patients, the public and partners	
5. Significant issues for consideration	
N/A	
6. Implementation	
N/A	
7. Monitoring	
N/A	
8. Responsible Chief Officer and Title Dr Mark Hayes Chief Clinical Officer	9. Report Author and Title Sharron Hegarty Communications Manager
10. Annexes	
N/A	

Governing Body Meeting: 4 December 2014

Chief Clinical Officer's Report

1. Purpose of the Report

To provide an update on a number of projects, initiatives and meetings which have taken place since the last Governing Body meeting and any associated issues.

2. Better Care Fund Update

2.1 The CCG continues to work closely with its local authority neighbours at the City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council on the joint visions for health and social care systems that place individuals at the centre of easily reached, responsive and effective services that are built around them.

2.2 Collectively, these ambitious plans aim to transform how care and support is provided in the Vale of York through the integration of health and care services and to deliver services that align resources to where they will make the biggest difference and transform the quality of care for individuals, carers and families whilst inspiring and supporting people to maintain their independence.

2.2 Better Care Fund plans were submitted to NHS England and the Local Government Association on 19 September 2014 followed by a Nationally Consistent Assurance Review on Wednesday 29 October 2014.

2.3 The plans were awarded the following status:

The plan for City of York was "approved with conditions"

The plan for North Yorkshire was "approved with support"

The plan for the East Riding of Yorkshire was "approved with support"

2.4 For the City of York plan, further evidence on how the CCG plans to reduce emergency admissions to hospital by a minimum of 3.5 % was required. To demonstrate how four schemes (below) will contribute to the 11.7% target, the CCG submitted an action plan on 14 November 2014:

- Urgent Care Practitioners - delivering a reduction in emergency admissions of at least 1,183 in 2015/16
 - Priory Medical Group Care Hub - delivering a reduction in emergency admissions of at least 312 in 2015/16
 - Hospice at Home - to deliver a reduction in emergency admissions of at least 361 in 2015/16
 - Safely Home Service - to deliver a reduction in emergency admissions of at least 350 in 2015/16
- 2.5 At the time of writing this report, it is not clear when the resubmission of the above elements of our plan is required. Early indications are that the resubmission process across the country will be in three waves with dates in late November, middle of December and early January being suggested.
- 2.6 Whilst conditions have been applied, it has little bearing on the work taking place to implement the plan. It is important that the conditions are lifted as soon as possible and officers from the CCG and City of York Council are working hard to ensure this.
- 2.7 Work and developments for integration pilots in the Vale of York are progressing well. These schemes are:
- Priory Medical Group, for a cohort of patients residing within the footprint of City of York Council with an initial focus on supporting the care needs of individuals in care homes
 - York Teaching Hospitals NHS Foundation Trust in Selby, for patients whose social care needs are provided by North Yorkshire County Council.
 - Pocklington, for patients who reside in the footprint of East Riding of York Council
 - City and Vale, a collaborative group of practices for patients who reside in the City of York Council or North Yorkshire County Council areas.

3. System Resilience

- 3.1 The CCG continues to work with its commissioning partners and local health, social care and voluntary stakeholders across the York Teaching Hospitals NHS Foundation Trust footprint as a System Resilience Group (SRG) to deliver its Operational Resilience and Capacity Plan in 2014/15.

- 3.2 In response to NHS England's 'Operational and resilience planning for 2014/15 guidance - June 2014', the plan sets out the SRG's approach to the management of surges in demand across health and social care services. The plan is supported by a number of initiatives and schemes to deliver additional capacity into the local system and build resilience during the winter period and throughout the year and to deliver recovery where NHS Constitution targets are not being met by our providers.
- 3.3 Central resilience funding from NHS England has been released to the CCG in two tranches and totals £4.39M for Unplanned Care, £880K for managing the Referral to Treatment backlog and £167K for Mental Health. The resilience plan is also supported by a Surge and Escalation Plan, the Emergency Preparedness, Resilience and Response Policy and the On-call Policy with associated training for the senior leadership team.
- 3.4 The plan, demand throughout the system and the associated resilience schemes are monitored and escalated through the SRG and its two working groups for unplanned care and planned care.
- 3.5 The CCG has now released the Operational Resilience and Capacity Plan and made it available on its website.

4. Strategic Plan Refresh for Year 2 – 2015/16

- 4.1 The CCG is now working to refresh its Five Year Strategic Plan (Year 2) and develop detailed operational plans and QIPP schemes to deliver improvements and financial efficiencies in 2015/16.
- 4.2 A detailed Action Plan to deliver this planning refresh and the associated contract negotiation by 1 April 2015 is available. Discussions began with the Council of Representatives on the 20 November 2014 in order to capture practices inputs to the planning process. A dedicated planning workshop will also be held with the Governing Body on the 8 January 2015.
- 4.3 Initial indications of the national planning requirements from NHS England were captured in the NHS Forward View in October 2014 and further clarification will be provided in the detailed planning framework to be released in early December 2014.
- 4.4 The most significant issues for the CCG to address and deliver will include the co-commissioning of primary care with NHS England, the co-commissioning of specialised services with NHS England, the Better Care Fund, driving challenging trajectories around IAPT, dementia, early psychosis and crisis care and suicide prevention and driving a significantly strengthened prevention agenda including driving parity of esteem.

5. Primary Care Co-Commissioning

- 5.1 NHS England has published the 'Next Steps towards Primary Care Co-Commissioning' which sets out the process for giving GP led Clinical Commissioning Groups more influence over the wider NHS budget, enabling a shift in investment from acute to primary and community services. CCGs are given the opportunity to choose one of three commissioning models they wish to take forward:

Greater involvement in primary care decision making
Joint commissioning arrangements
Delegated commissioning arrangements

- 5.2 The scope of primary care co-commissioning in 2015/16 is general practice services only.
- 5.3 It will be important to manage conflicts of interest carefully and at a national level the guidance is being strengthened and a national framework for conflicts of interest in primary care co-commissioning will be issued.
- 5.4 There is an approvals process for these arrangements and CCGs are required to submit their proposals in January in order for the arrangements to be implemented from 1 April 2015.
- 5.5 The three options for developing co-commissioning in primary care were discussed at the Council of Representatives meeting on 20 November 2014 where there was support for the CCG to progress these arrangements.
- 5.6 Details of the full guidance can be found at:
<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

6. Mental Health Out of Area Placements

The CCG has agreed a non-recurrent, block contract variation with Leeds and York Partnership NHS Foundation Trust, for them to be the first point of contact and management for Mental Health out of area and out of contract placements for the Vale of York. This will provide additional clinical management of these patients, with the aim of more of these patients being treated closer to home, and give financial stability to the rest of this year with effect from 1 December 2014. This will equate to £1.9m and it is envisaged will save the CCG approximately £100k over the four months compared to the same point last year. The Partnership Commissioning Unit has led on this piece of work on behalf of the CCG. Mental Health out of area and out of contract activity will be included within the new Mental Health tender from 1 October 2015.

7. CCG Senior Management Team Discussions and Decisions

The CCG's Senior Management Team discussed and approved the following:

7.1 Items discussed and approved by Senior Management Team:

- Approved implementation of the Primary Care Improvement Hub and General Practice Improvement Project Programme (GPIP) Proposal.
- Approved the extension of the Community IVA Antibiotic Pilot Scheme for six months
- Approved continuation of the funding arrangement for Sharing Care Additional Health Needs provision for 2014/15.
- Approved the Policy on Policies subject to confirmation of approval of Financial Procedures by the Governing Body.
- Approved implementation of a whole system review of reablement and intermediate care services to include the three local authorities.
- Approved the Pocklington Health and Social Care Hub Initial Plan.
- Retrospectively approved the Initial Viability Assessment for the Transfer of medications between care homes and hospital.
- Approved the Age UK York Transport Home from Hospital scheme remotely.
- Approved the proposal to increase the GP Clinical Lead time by an additional three days and agreed the roles and responsibilities detailed.
- Approved the admin team restructure.

7.2 Items discussed and agreed by Senior Management Team:

- Agreed that the previous decision not to commission spinal injections should remain.
- Agreed that the proposal, subject to incorporation of funding information, be presented for consideration at the Unplanned Care Working Group.
- Agreed that a task and finish group be established to complete the work required for 2 above within four weeks.
- Agreed an additional c£50k funding for the York Trust Emergency Department staff scheme.
- Agreed that the CCG would manage the Vexatious Patients Enhanced Service from April 2015.
- Agreed that further investigations be undertaken to explore removing some activity for phlebotomy out of secondary care and into the community.
- Agreed to retrospectively request all audit information for the Enhanced Services for 2013/14.

- Agreed to the updating of the service specifications and noted the requirement for dialogue with the LMC which would be within an identified timeframe.
- Agreed to commission autism assessments from Socrates in Huddersfield on all children who have currently waited in excess of nine months.
- Agreed that a paper be presented at the Council of Representatives as outlined in the report.
- Agreed to continue the three inherited Enhanced Services - Routine Ring Pessary, Post-Operative Care and GnRH Analogues - for 2015/16 to allow for investigations into expanding the services to all GP practices or discontinuing.
- Agreed that the Insulin Conversion service would become part of the Diabetes Pathway for all practices. Confirmation was required that the eight GP practices currently providing the service were included in the new contract and clarification that the Community Diabetes Team were contracted to undertake Insulin Conversions.
- Agreed that the Student Health service be awarded to interested GP practices with effect from 1 April 2015, the specification be changed to ensure GPs were signed up to the Public Health Sexual Health Contracts, and no reduction to be made to the current payment arrangements.
- Agreed that the current arrangements for the Neonatal Check specification to continue.
- Agreed that all other contracts be extended from 1 April 2015 to 1 April 2016 as per the revised service specifications with the addition of the requirement for collection of enhanced audit data.
- Agreed to the bundling together of four Services – Neonatal Checks, Near Patient Testing, Wound Care and Suture Removal, and Minor Injuries – and Single Tender Direct Award to all GP Practices with effect from April 2016.
- Agreed that Complex Wound Care be included as part of forthcoming Community Services Tender; the new Community Services contract to commence in April 2016.
- Agreed that further investigations be undertaken into removing part of acute activity for phlebotomy into the community with the service potentially being included in the revised community contract specification.

7.3 Items discussed and supported by Senior Management Team:

- Supported the proposal for improving engagement with the Council of Representatives.
- Supported implementing an Independent Mediation and Disagreement Resolution Service with the three Local Authorities.

- Supported the proposal that the GP “In Hours” Triage Call Back Scheme become a mainstream service.

7.4 Items discussed and accepted by Senior Management Team:

- Accepted the recommendations from York and Scarborough Medicines Commissioning Committee.

7.5 Items discussed and confirmed by Senior Management Team:

- Confirmed the requirement to monitor the Enhanced Services contracts and noted the potential impact this may have on resources.

8. Procurement of Mental Health and Learning Disabilities Services Contract

The procurement process is progressing well and as planned. The key dates for the procurement of this new contract are:

Tender Invite Date	26 January 2015
Tender Return Date	9 March 2015
Tender Award Date	End of May 2015
Contract Start Date	1 October 2015

9. Communications

9.1 A series of published media releases have helped to raise awareness of the CCG’s work whilst providing the best balance of information to positively manage the organisation’s reputation through clear and consistent messages that are available to the media, partners, patients and the public.

9.2 To raise further awareness of its work, the CCG is taking part in a Channel 4 documentary series about the NHS. The programmes will be aired over five days in February 2015.

10. Public and Patient Engagement (PPE)

10.1 The CCG hosted its PPE Forum on Tuesday 28 October 2014 at the Priory Street Centre, York.

10.2 The CCG and Healthwatch North Yorkshire worked together to produce a commissioning task for the public and patients in the Vale of York. The task provided the platform for an innovative approach to involve the community and further involve the, to help shape decisions about local healthcare services. The latest PPE Forum asked participants to ‘Be the Commissioner’ and the CCG gave participants:

- A 'symbolic' £360m representative of the CCG's annual 2014/15 budget that they could spend on healthcare services;
- Responsibility to commission good quality, safe and effective services;
- A duty to comply with NHS Standing Rules, promote the NHS Constitution and deliver effectiveness and efficiency.

10.3 The task gave the CCG the opportunity to collect important feedback and opinions from participants. This will be used to help shape the CCG's commissioning decisions.

11. Recommendation

The Governing Body is asked to note the report.