

10. Annexes

N/A

GOVERNING BODY: 4 June 2015

Finance, Activity and QIPP Report



2. Financial Position

2.1 Table 1 below shows the breakdown of the financial plan into the key dashboard headings with the impact of the QIPP factored into the relevant lines were identified. No breakdown is detailed on an individual provider basis as a number of these are still subject to final contract negotiation.

Table 1 – CCG 2015/16 Detailed Financial Plan

Area	Budget £'000s
Programme costs allocation	£387,010
Running costs allocations	£7,476
Total allocation	£394,486
Acute Services	£217,961
Mental Health Services	£38,877
Community Services	£29,033
Other Services (Incl. CHC/FNC)	£29,750
Property Services	(£224)
Primary Care	£54,664
Reserves	£5,823
Contingency	£1,972
Unallocated QIPP	(£9,665)
Better Care Fund (BCF)	£19,366
BCF Lift and Shift	(£4,492)
Running costs	£7,476
Total expenditure	£390,541
Surplus	£3,945

2.2 Table 1 provides a greater level of detail than previously given within the financial plan approved by the Governing Body, but it is based on all the key assumptions articulated and approved. This table allows the Governing Body to understand where within the dashboard heading these will be reported throughout the rest of the financial year. It is therefore important to pick out the key elements in regards to this.

- 2.3 The Property Services is shown as a negative as this is the net figure of the estates charges the CCG is responsible for off-set by the rental figure NHS Property Services charge Ramsay for the use of the Clifton Park Hospital for which the CCG receives a credit.
- 2.4 The Reserves line is made up of the following amounts, which will need to be allocated to the relevant budget line as agreed throughout the year:
- Overseas visitors recharge - £234k
 - Specialist services adjustments - £1.0m
 - BCF brought forward benefit - £150k
 - Psychiatric Liaison service - £554k
 - Systems Resilience funding - £2.0m
 - Bone Protection Service - £95k
 - GP Innovation Fund - £1.7m
 - Readmissions reinvestment - £328k
- 2.5 The Unallocated QIPP line is the balance of the financial gap that the CCG needs to bridge over and above the savings identified from either QIPP or BCF plans. Mitigations and contingencies have been identified to help bridge this and were presented to the Governing Body as part of the approval process.
- 2.6 The BCF investment of £19.3m is currently shown on one line, but covers all three local authorities. The BCF Lift and Shift line relates to those areas of expenditure, currently within the existing Community Services budget, that cover re-ablement and carers breaks that will ultimately move into the BCF. This line will be removed by reducing the Community Services budget in the first full monthly report at Month 2.
- 2.7 The Running Cost line can be broken down as follows:

Table 2 – CCG 2015/16 Running Costs budget

Area	Budget £'000s
Admin Projects	£394
Administration & Business Support	£249
Business Informatics	£380
CEO/Board Office	£1,254
Clinical Support	£164
Commissioning	£1,347
Communications & PR	£127
Contract Management	£296
Corporate Costs & Services	£855
Corporate Governance	£205
Education and Training	£259
Finance	£443
Human Resources	£71

IM&T	£171
Medicines Management	£186
Nursing Directorate	£358
Patient & Public Involvement	£91
Procurement	£205
Quality Assurance	£739
Risk Management	£35
Efficiency Requirement	(£354)
Total expenditure	£7,476

2.8 Whilst the CCG has been able to absorb the impact of the 10% reduction to running costs, because the budgets are based on all staff being in post throughout the year, coupled with some of the additional developments put in place has left an efficiency requirement of £354k, which the CCG was trying to avoid.

2.9 Plans are being developed to mitigate this and these will be finalised with budget holders within Quarter 1. There will undoubtedly be and already have been vacancies across departments that will bridge some of this gap. However, it is important to note that the financial plan already assumes £500k mitigation from running costs either through Commissioning Support proposals or ad hoc underspends. This will only be possible after the delivery of the £354k identified above in the first instance.

3. QIPP Project Update

3.1 Alongside maintaining delivery of the brought forward schemes, the team is working with finance and contracting and quality and performance colleagues to identify additional transformational and transactional schemes for the current year. As capacity becomes available several of these identified schemes will be developed as Initial Viability Assessment (IVA) for consideration by the Senior Management Team (SMT). The SMT continue to review the workforce capacity within the CCG to address pressure points as they arise and to reprioritise workloads.

Cancer, palliative and end of life care

3.2 The strategy on Palliative and End of Life Care has been shared with the SMT. SMT agreed the next steps would be a review of current investments and activity with a report back to them for information so that an implementation plan can then be created. The date for the release of the cancer strategy is set for summer 2015 and work will begin once further information is received. In the meantime work continues on local pathway developments and network-wide activities. Further work will be undertaken on the communications of the referral form changes in readiness for launch at the end of May/beginning of June.

- 3.3 With the procurement of the new out of hours' provider and the recruitment of a pharmacist within the CCG team, the project on availability of out of hours (OOH) palliative care drugs is now gathering momentum. An agreement has been reached as to the drugs list and what the OOH provider can stock. Work continues to identify the community pharmacies who will agree to stock the agreed items. Once this is completed a stakeholder communication can be distributed.

Children's and Maternity

- 3.4 Under 5's Zero Length of Stay - There has been a lot of movement in this project in the last couple of weeks and the trust sees this as a priority. Unfortunately, the planned workshop had to be cancelled as we were unable to have the clinical audit completed, which aimed to understand the patient pathway on the children's assessment unit. A Paediatric Registrar is going to complete this audit for us in the near future. An audit into GP referrals into urgent care for the under 5s will also be undertaken. Once we have all of this data the aim is to identify the gaps and present this back to the GPs and the trust to inform future decisions around work streams - likely to include GP education, pathway development and potentially community support.

Community/Integrated Care Programme

- 3.5 The Integrated Care Programme continues to move at pace with the steady growth of the Care Hubs in Selby, Pocklington and York. Key performance metrics have been agreed by SMT and we are working closely with providers to identify specific interventions undertaken by the Hubs to further inform our commissioning and workforce strategy.

Community Equipment and Wheelchair Services Review

- 3.6 Pathway mapping meetings are scheduled with all providers week commencing 20 April and a series of stakeholder meetings are arranged with a detailed engagement plan in place. A high-level financial mapping exercise has also been conducted. The service review will conclude at the end of May 2015 with a series of recommendations made to the CCG regarding commissioning intentions and next steps.
- 3.7 The review of Community Services has started through a process agreed with York Teaching Hospital NHS Foundation Trust. The aim of the review is to help to build a series of outcomes for identified cohorts of patients so that we can then work with current providers, and any future provider models, to reshape our current Community Services to better fit our agreed outcomes.

- 3.8 Initial reviews of Community Services are focusing on: 1) Community Nursing, 2) Specialist Nursing, 3) Community Hospitals, 4) Community Therapies and 5) Community Response. Further phases will follow in July/August 2015 which includes Paediatrics, Speech and Language Therapies and community services delivered by our other providers Humber NHS Foundation Trust and Harrogate and District NHS Foundation Trust.

Patient Transport Service

- 3.9 Whilst work continues with Yorkshire Ambulance Service and York Teaching Hospital NHS Foundation Trust to develop ongoing improvements to the current Patient Transport Service, there has also been the development of a pilot project in partnership with North Yorkshire County Council focusing on renal outpatients for dialysis and some dedicated discharge. The pilot has been funded following a successful bid to the Department for Transport Total Transport scheme, which principle aim is to look at the future of integration for local transport needs within rural populations. The project start date is 20 May with a dedicated project officer and will be running for 15 months. Outcomes will be clearly defined following the bid submission with oversight from a senior representative 'Board' group and delivery will be overseen by the project 'Steering Group'.

Minor ailment service

- 3.10 Ongoing discussions are taking place between the Local Pharmaceutical Committee (LPC), GPs and CCG to finalise a service level agreement (SLA). Promotional materials are currently being drafted.

Dementia coding in primary care

- 3.11 The clinical and programme leads have been working with Dementia Forward. They have agreed to focus their efforts on care homes linked to practices where the coding rates are the lowest to see whether records of care home residents reflect their functional and cognitive status. Dementia Forward is working on the plan and timetable for delivery.

Improving Access to Psychological Therapies (IAPT)

- 3.12 During Quarter 4 of 2014/15 access to psychological therapies has seen significant improvement on previous performance and our principal provider Leeds and York Partnership NHS Foundation Trust is now reporting 12.4% access with a 49.4% recovery rate for the quarter. It is anticipated that the Easter holiday fortnight may impact on the figures for April.

Emergency department psychiatric liaison service

- 3.13 Service user feedback has commenced. There are still outstanding issues with data collection / reporting. Leeds and York Partnership NHS Foundation Trust are able to report figures extracted by case note review, but only paper copies received to date. The Directorate Manager for the Emergency Department asked Leeds and York Partnership NHS Foundation Trust to liaise with their IT team to produce their data items. Although the data available is very positive, there is some concern that not all possible patients are being referred to the Emergency Department Liaison Service promptly enough. Emergency Department Liaison Service clinical leads are in discussions with Emergency Department staff to address this.

Street Triage

- 3.14 The Triage project is having a positive impact on providing alternative support to people found in a vulnerable or distressed state as evidenced in the 4th Quarter Report of 2014-15. Alternatives to detention are being highlighted and onward referral to other support or services. Feedback to referring services is also being made routinely on the day following referral.

Together

- 3.15 Further to the approval of the project to support high intensity multiple service users, regular meetings of the project delivery board are taking place. The support worker posts were advertised and successfully recruited to. A stakeholder awareness event was held during the election restriction period so that all stakeholders could meet the Together Pathways Team to prevent unnecessary delays to the project. A full and formal media release will be issued shortly to support the formal launch. Interestingly, three referrals have already been received by the service.

Referral support service

- 3.16 Meetings have been held with York Teaching Hospital NHS Foundation Trust to establish how we can work together to improve the number of referrals received electronically. New return codes are to be added to ICG at the end of the month to improve data quality around reasons why referrals are returned.

Bone protection services

- 3.17 This service launched on the 1st of May. There have been minimal teething problems so far. The intention is to monitor this service and data outputs over the next 12 months in conjunction with the National Osteoporosis Society (NOS) as part of a pilot site for this model of delivery.

Spinal cord injury review

- 3.18 The final draft of the report will be presented to SMT on June 2nd. Some findings about the wheelchair service and district nursing have been fed into the Community Service Review process.

Ophthalmology review

- 3.19 A report on the next steps for this project was taken to SMT (May 5) and Planned Care Resilience Group (May 13). This Group agreed to oversee the future work programme, therefore implementing and maintaining a strong governance process up to Collaborative Improvement Board level. The findings of the Review will be shared with all stakeholders at a Feedback Forum arranged for 2 June allowing all to reflect on the conclusions of the review and agreeing the next steps, prior to the Review document being in the public domain.

Neurology services

- 3.20 Work continues with York Teaching Hospital NHS Foundation Trust to develop a case for change/implementation. There is now a June deadline for this case to be presented to the CCG with the view that updates can be provided via the team in the interim. In the meantime, there is work being done to put out a Procurement Intention Notification (PIN) for NHS Scarborough and Ryedale CCG and NHS East Riding CCG, which will include the York element to identify market interest for the specialty and as a plan B should York Teaching Hospital NHS Foundation Trust fail to meet the required deadline.

Dermatology

- 3.21 Plans in place to review admin costs and activity splits and will be discussed at the Referral Support Service operational meeting on 28 May. The target to reduce paper referrals has been included as a quality premium (pathway to paperless). Meeting held on 6 May has not moved things forward, so there will a discussion with senior leaders within trust. Plans for increasing dermatology triage in place, although start date to be agreed with the Trust.

Diabetes

- 3.22 The Diabetes Redesign steering group will reconvene on 10 June for a 6 month review of the service looking at the roll-out of the Community Diabetes Team and progress in Primary Care in relation to the Enhanced Service roll-out and the BGM/test strip switching process. Practices have been requested to submit their 9 care process data collection and these are being received and will be reviewed as part of the meeting on 10/06. Contact will also be made with the new regional lead with Diabetes UK and to ascertain if there is still an option for an independent patient survey.

Prescribing

- 3.23 Stoma care – Investigating a centralised prescribing management tool for both stoma and continence prescribing - a comparison document has been developed. Three suppliers and manufacturers are currently being interviewed to understand which system should be recommended for provider to use.
- 3.24 Gluten free - SMT considered the review paper on 05/05 as planned. The decision was made to continue with the current formulary for another 6 months. Simultaneously work will continue on the investigation of other schemes involving moving some of these items to non-prescription items via community pharmacy and/or local supermarkets.
- 3.25 Malnutrition - Formulary discussed at MCC. The Trust were unable to approve as a joint formulary since they are under a framework agreement for nutritional feed products with a single supplier and it would have cost implications for them. The current professional dietitian lead retired in April 2015 and this has been identified as a risk to the project. The committee recommended some revisions to the formulary and to work with the new professional lead for dietetics when in post.
- 3.26 Dressings - SMT approved recommendation to sign 1 year contract with SBSS to access wound care framework. The contract is with contracting for signature and a date is being sought for preliminary start up meeting with SBSS, NWOS and stakeholders.

RAIDR Risk profiling roll-out

- 3.27 Practices have been contacted to encourage submission of GP data (currently about 50% uptake) and encourage greater use of RAIDR.

DVT Pathway

- 3.28 A draft service specification has been completed as well as work on EMIS and SystmOne Templates to support the pathway. Work will continue to finalise service specification and pathway documentation/forms and work with LMC to discuss and agree a suitable level of payment. It is hoped to test the pathway, documentation and templates prior to rolling out the offer to Practices this summer.

General Practice Improvement Programme Phase 2

- 3.29 GPIIP rollout is progressing very well, with good engagement from Practices and good feedback from the I&I Team members who are involved in the rollout. Some initial areas for further potential work highlighted around wound care in General Practice (there are many

frequent attenders for dressings) and data quality in terms of reporting against patient demand and types of consultation. The first City and Vale Alliance (CAVA) collaborative workshop was very well received by the CAVA Practices, with a real enthusiasm to drive this work forward.

£5 per head funding

- 3.30 A paper summarising the 14/15 £5 per Head schemes has been submitted to Quality & Finance and a paper will go to Council of Reps on 21 May. It is anticipated that circa £1.3 million will be offered to support 15/16 schemes, but CoR need to discuss whether elements of the funding should be used to support Alliance development and engagement in OTIS in its first year. £5 per Head Forum for 14/15 schemes has been booked for 14 May, with individual Practices and Alliances presenting on the 14 schemes that ran this year.

Review of Local Enhanced Services

- 3.31 The clinical and programme leads have completed reviews of 15/16 LES schemes and service specifications are now finalised and with the Contracting Team for offering out to Practices. Some minor issues discussed with LMC around Pocklington specific legacy schemes which will not be offered to any VoY Practices in 15/16. The clinical and programme leads are to start work on reviewing schemes for 16/17 and are in discussion regarding potential procurement requirements. SMT are to be updated on starting position for 16/17 LES scheme reviews to clarify that we have agreement on plans.

Ambulatory care pilot

- 3.32 GP feedback has been received and this indicates that the pilot has had a positive impact. The joint evaluation report has been delayed as we are waiting for the pilot data from YTHFT data team. Discussions regarding future funding have been delayed (at YTHFT request). CQUIN has been discussed for sign off on 14 May.

Urgent Care Practitioners

- 3.33 Further discussions at JDG indicated that this scheme should now be developed further (i.e. having a dedicated direct referral line for care homes to UCPs and switching on 111 to include referrals to UCPs).

Procurements

- 3.34 Out of hours - Discussion held with NHSE around prisons on 21/04/15. Need to clarify the financial allocation to determine next steps with existing OOH contract holders for VoY and East Riding. Specification reviewed and reminder sent out for this information.

- 3.35 Orthopaedic services – contract arrangements are being finalised with the last element being the adjustments from the tender into the financial plan, i.e. savings identified by the new provider.
- 3.36 MSK services – The MSK Tender evaluation process has now been completed. Governing Body update provided regarding contract award approval on 07.05.15. The notification of contract award to the preferred bidder and notification of unsuccessful bidders of their submission will be sent by 18.05.15.
- 3.37 Mental health and learning disability services - The Mental Health Strategic Programme Board endorsed the anonymised award report. The Quality and Finance Committee endorsed the procurement process and specifically the work done to generate the anonymised award report. The Governing Body also unanimously approved the award report also. Consequently, the intention to award has been advised and the CCG is now currently in the 'standstill'.

4. Risk

- 4.1 The following table highlights the level of risk and mitigations currently identified to bridge the gap.

	Value	Expected Value	Probability
RISKS			
QIPP under delivery	9,665.39	5,799.23	60.00%
Non delivery of BCF savings	7,127.77	3,563.89	50.00%
TOTAL RISKS	16,793.16	9,363.12	
MITIGATIONS			
Contingency held	1,972.43	1,972.43	100.00%
Reserves			
Primary Care Elderly Funding	1,742.00	350.00	
Uncommitted readmissions investment	327.50	327.50	
Specialist Services adjustment	1,014.00	1,014.00	
Total reserves	3,083.50	1,691.50	54.86%
Non recurrent measures			
Apply contract penalties to acute provider	1,230.43	615.21	
Secondary care contract management	598.00	598.00	
BCF performance funds	2,079.80	2,079.80	
Transfer from running costs - CS proposal	500.00	500.00	
Total non recurrent measures	4,408.22	3,793.01	86.04%
Delay/Reduce investment plans			
East Riding BCF uncommitted	400.00	400.00	100.00%
Mitigations relying on potential funding			
Quality Premium payment	300.00	300.00	
TOTAL MITIGATIONS	10,164.15	8,156.94	
NET RISK / HEADROOM		-1,206.18	

- 4.2 It is important to note that the mitigations are a combination of contingencies, definitive plans and proposals that are not definitive plans, but could be put in place depending on performance.
- 4.3 This currently leaves a net unmitigated risk of £1.2m for which further plans are required in order to close the gap fully.

