Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

4 April 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.	Presentation and Discussion	Patient Story	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
4.	Pages 5 to 15	Minutes of the meeting held on 7 March 2019	To Approve	All
5.	Verbal	Matters arising from the minutes		All
6.	Pages 17 to 23	Accountable Officer's Report	To Receive	Phil Mettam Accountable Officer
7.	Pages 25 to 35	Risk Update Report	To Receive	Phil Mettam Accountable Officer

STRATEGIC – 11.00am				
8.	Pages 37 to 61	Commissioning Intentions 2019/20	To Ratify	Phil Mettam Accountable Officer
FINANCE AND PERFORMANCE – 11.10am				
9.	Pages 63 to 81	Financial Performance Report 2018/19 Month 11	To Receive	Simon Bell Chief Finance Officer
10.	Presentation	Operational and Financial Plans 2019/20	To Approve	Simon Bell Chief Finance Officer
11.	Pages 83 to 127	Integrated Performance Report Month 10	To Receive	Caroline Alexander Assistant Director of Delivery and Performance
ASSURANCE – 12.20pm				
12.	Verbal	2018/19 Annual Report and Accounts: Delegated Authority to Audit Committee on 23 May 2019	To Agree	Simon Bell Chief Finance Officer
RECEIVED ITEMS – 12.25pm **Committee minutes are published as separate documents**				
13.	Page 129 to 130	Chair's Report Audit Committee: 28 February 2019		
14.	Page 131 to 132	Chair's Report Executive Committee: 20 February and 6 March 2019		
15.	Page 133	Chair's Report Finance and Performance Committee: 28 February 2019		
16.	Page 134	Chair's Report Primary Care Commissioning Committee: 1 March 2019		
17.	Page 135	Chair's Report Quality and Patient Experience Committee: 14 February 2019		
18.	Pages 137 to 140	Medicines Commissioning Committee: 13 February 2019		

NEXT MEETING				
19.	Verbal	9.30am on 2 May 2019 at The Bedingfield Suite, Bar Convent,17 Blossom Street, York YO24 1AQ	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

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

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Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 7 March 2019 at West Offices, York

Present

Dr Nigel Wells (NW) (Chair)	Clinical Chair
Michael Ash-McMahon (MA-M)	Deputy 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
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 Kevin Smith (KS)	Executive Director of Primary Care and Population Health
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Dr Aaron Brown (AB)	YOR Local Medical Committee Liaison Officer, Selby and York
Lisa Marriott (LM) – items 8 and 9	Head of Community Strategy
Michèle Saidman (MS)	Executive Assistant
Dr Lincoln Sargeant (LS) – item 7	Director of Public Health for North Yorkshire
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Simon Bell (SB)	Chief Finance Officer
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member

There were six members of the public present.

No questions had been submitted by members of the public.

Prior to commencing the agenda NW informed members that this would have been AK's last meeting as his secondment to the CCG would end on 31 March. NW expressed appreciation for his contribution over the last three years.

NW advised that KS was also leaving the CCG at the end of the month to return to his role at Public Health England. NW expressed appreciation for his support and contribution to many aspects of the CCG's work noting this was also echoed from the Council of Representatives and the CCG's committees.

AGENDA

STANDING ITEMS

1. Apologies

As noted above.

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

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

3. Minutes of the Meeting held on 3 January 2019

The minutes of the meeting held on 3 January were agreed.

The Governing Body:

Approved the minutes of the meeting held on 3 January 2019.

4. Matters Arising from the Minutes

The matters arising were noted as completed. In relation to the potential for a bid to the Voluntary, Community and Social Enterprise Health and Wellbeing Fund 2019/20 on Children and Young People's Mental Health DN reported that a joint bid by the CCG and City of York Council and led by York MIND had been submitted focusing on children's mental health and wellbeing. If the bid was successful a pilot would be funded, with a small financial contribution from the CCG, non recurrently for two years and would be subject to robust evaluation to inform consideration of continuation thereafter. DN also advised that a bid for a care co-ordinator for Ryedale had been unable to be submitted as no voluntary sector lead had been identified. HE noted that MIND did offer support on a remote basis in that area but there was potential for further scope.

The Governing Body:

Noted the updates.

5. Accountable Officer's Report

PM presented the report which provided an update on turnaround, local financial position and system recovery; acute service transformation; operational planning; creating opportunities for professional learning and development in primary care;

Practice successes; EU exit preparations; Care Quality Commission Local System Review; Emergency preparedness, resilience and response; Better Care Fund; and strategic and national issues.

In respect of the financial position PM reported the expectation that the CCG would maintain the forecast £18.6m deficit position for the year end noting that this would both be an improvement on the 2017/18 position and also demonstrate further stabilisation. He explained that negotiations were taking place for 2019/20 contracts for which agreement was required by 21 March. However, there was currently a significant financial gap between the CCG and York Teaching Hospital NHS Foundation Trust in this regard, namely a £14.5m alignment gap above the draft plan deficit of £18.4m which is £4.4m away from the CCG's control total. Negotiations were continuing and the parties were meeting with NHS England, NHS Improvement and Humber, Coast and Vale Sustainability Partnership leaders for a confirm and challenge of the position. PM highlighted the recommendation by the CCG's committees that the original financial plan they had received should be maintained and, within that, the nationally mandated allocation for primary care and mental health services should also be maintained. He assured members they would be kept updated.

DN provided an update on the pressure emanating from continuing healthcare in respect of ensuring a better understanding of the financial aspects, improved robustness in commissioning of packages and also the context of national performance targets. In respect of the latter she explained the requirement for no more than 15% of patients to have their Decision Support Tool assessment in an acute hospital and for 80% of continuing healthcare assessments to be undertaken and ratified within 28 days. DN reported that, following implementation of an action plan agreed with the National Team, 97% had been achieved in February after a deterioration in quarter 3. The new QA System had been implemented during this period. The Decision Support Tool acute hospital target continued to be met. DN noted that the CCG was not an outlier in terms of NHS England benchmarking and reported that the National Team had commended the improvement as 'Excellent' during a recent teleconference. She also highlighted their recognition of the CCG's achievements in terms of the national programme for continuing healthcare end to end pathway and expressed appreciation to the CCG team, City of York Council and North Yorkshire County Council for this achievement as a system.

In respect of acute system transformation NW detailed two meetings of the Council of Representatives with secondary care colleagues from York Teaching Hospital NHS Foundation Trust in the context of patient care. The December meeting had focused on the Acute Physician in Charge development and the February meeting had been attended by the Radiology Clinical Director to discuss pressures in the department. There had been open and honest discussion at both meetings which had been found helpful by both primary and secondary care colleagues. NW also reported that a meeting was taking place later in the day, including the Clinical Director for the Elderly, in the context of working with localities to care for the elderly and avoid non elective admissions. He emphasised the ambition of changing the mindset from money to prevention and optimising clinical care of the patient.

PM referred to the update on operational planning noting the Commissioning Intentions for 2019/20 at agenda item 8 and the NHS Long Term Plan. In respect of the latter KS gave a detailed explanation of the timescales and requirements relating to Primary Care Networks. He commended to members a report by Shaun Macey, Head of Transformation and Delivery, published on the CCG website as part of the papers for the Primary Care Commissioning Committee on 1 March. This provided a comprehensive summary of key new areas of work and associated funding that the GP contract reform was introducing through Primary Care Networks and associated contracts. Detailed discussion ensued in the context of the current localities including noting complexity in the Central Locality due to Practice boundaries and the 30,000 to 50,000 population requirement for a Primary Care Network. AB noted that the Local Medical Committee was working with the CCG to facilitate this and also confirmed that all Practices appeared to be engaged in this regard.

In respect of creating opportunities for professional learning and development for primary care NW reported on the success of the protected learning time event for clinical staff at the end of January advising that feedback was being incorporated for future events. He also noted that out of hours cover had gone to plan with no additional pressures being reported and commended Healthwatch for providing explanation to patients. RW requested that development opportunities for non clinical staff be considered in this regard over the longer term.

PM commended the Practice successes detailed at section 5 of his report and confirmed that the CCG was undertaking the required actions relating to the potential for the UK to leave the EU without a ratified deal.

PM reported that action planning was taking place with partners through the Health and Wellbeing Board and the York Health and Care Place Based Improvement Partnership in relation to the Care Quality Commission Local System Review findings. He would provide a detailed update to the May Governing Body meeting. In response to KR expressing concern at the historic issue of pace of improvement NW and SS referred to a Health and Wellbeing Board Workshop on 8 March which for part of the agenda would focus on the outcomes and timescales. Further discussion in this regard included the scale of financial challenge across the system, capacity issues and the need for culture change across the multi partner system.

PM confirmed that consideration would be given, including in respect of Primary Care Networks, to reporting in the context of the CCG data packs produced to support health and cares systems design and deliver services that reduced health inequalities.

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

PM noted that the RAG (Red, Amber, Green) rating for Event PC.02 - *Primary Care: capacity over winter* had reduced from 12 to 9; ratings for the other events had remained the same however a formal outcome had now been received for *QN.02 Potential risk to quality of care and patient safety at Unity Health.* KS reported that following a re-inspection visit by the Care Quality Commission on 8 January the Practice had achieved the significant improvement of a rating of 'Good'. He commended the work of all the Practice's staff groups in this achievement over a timescale of only six months, also noting support provided by the CCG, NHS England, the Local Medical Committee, Royal College of GPs and local Practices. KS also detailed the Practice self assessment for readiness for Care Quality Commission inspection introduced by the CCG and advised that all Practices had completed this; the outcomes had been shared anonymously. KS noted that a number of Practices had already benefitted having undergone recent inspections, including Beech Tree Surgery and Haxby Group Practice which had been assessed respectively as 'Good' and 'Outstanding' (awaiting publication). RW expressed appreciation on behalf of Practices for the introduction of the self assessment.

The Governing Body:

1. Reviewed the Risk Register.
2. Commended Unity Health's achievement of 'Good' at the Care Quality Commission's January re-visit.

STRATEGIC

LS and KI joined the meeting

7. Back to the Future: Annual Report of the Director of Public Health (DPH) for North Yorkshire 2018

LS, who noted a close working relationship with Fellow DPH SS, gave a presentation on health inequalities and population health in the CCG's North and South Localities explaining that annual reports since 2013, when public health had moved from the NHS into the local authority, formed a suite of documents describing the population of North Yorkshire and looking forward to 2025. He highlighted predominant themes of inequalities in Selby District and health and social care issues in the North Locality.

LS advised that the four strongest themes that had emerged from recent engagement with stakeholders were health inequality, mental health, obesity and the ageing population, underpinned by views on how to embed public health to ensure effective delivery by all partners. LS described recommendations to reduce inequalities, improve mental health and embed a public health approach.

Detailed discussion included aspects of the need for culture change and a more holistic approach to retirement with consideration of specific requirements such as transport and social prescribing for rural areas, the key role of integrated services, the NHS as an employer and service provider in respect of career structure that enabled young people to continue to live and work in local communities, challenges relating to special education needs, and the context of Primary Care Networks and associated opportunities.

KI noted work relating to eight World Health Organisation evidence based domains to develop 'age friendly' communities and referred to the Selby Health Matters and North Yorkshire Living Well work across communities. She requested further joint work in this regard.

In conclusion, LS encouraged practitioners to build informal links to support progress in bringing together local knowledge.

The Governing Body:

Welcomed the comprehensive presentation and discussion.

LS and KI left the meeting; LM joined the meeting

8. Commissioning Intentions 2019/20

LM referred to the report that described the Commissioning Intentions for 2019/20 in terms of how the CCG would: commission services that meet the core requirements of ensuring patient safety and achieving national/constitutional standards; make improvements in specific priority areas in 2019/20; move towards the achievement of longer term aims that reflect the ambitions of the NHS Long Term Plan; take partnership working at a Primary Care Network level, and as an "integrated system" across North Yorkshire and York, to the next level of development; and work with partners to achieve better value health care so that long term strategic change can be supported across the health and care system. Further detailed consideration, including engagement with stakeholders which was scheduled for the Part II meeting immediately after the meeting in public

A supporting presentation proposed the CCG's strategic objectives as:

Strengthen
- Primary care and develop Primary Care Networks
- Integration of all community services at a local level
- Clinical engagement focused on the patient pathway
- Partnerships to support the acute services transformation

Improve
- Access and quality of mental health services for adults and children
- Cancer outcomes and quality

Evolve
- Strategic partnerships with local government and providers
- Greater focus on working locally

Facilitate and influence
- The creation of Integrated Care System or Partnership that provides better services for the local population

Develop
- Leaders for the future

Deliver
- Financial sustainability of the local health and care system

PM explained that these objectives would form the basis for development of partnerships with local stakeholders and consideration by the CCG's Executive Team of developing capacity and capability in the context of the national requirement for at least 20% cost reduction. The aim was to both address service issues identified by patients and for the CCG to be a facilitator in creating the future health and care system but within the context of the financial challenge.

Discussion included emphasis of the need for financial balance to achieve sustainability, behavioural change of partners, and for establishment of SMART (specific, measurable, achievable, relevant, time-based) targets to demonstrate progress.

The Governing Body:

Supported the proposal that the Part II meeting immediately following the meeting in public consider and approve the commissioning intentions for issuing week commencing 11 March 2019.

9. Services in the Community; Improving Health and Tackling Inequalities

LM presented the report which described the aim of reshaping the CCG's approach to community services to focus on Primary Care Networks and included the context of the needs of local populations, the need to work with social care, to integrate physical and mental health care, and to consider the needs of all age groups, in order to improve the health of the whole population and tackle long standing inequalities. In line with the NHS Long Term Plan, the CCG's ambition was to support the development of community services which reflect local needs, integrate at neighbourhood level, work seamlessly with social care, and promote independence and self-care as the norm. Appendices described: Scope of community services; Healthcare aim for children and young people, the adult population and older population; Localities mapping; and Information sources.

The paper detailed: the national and local context; proposed principles to guide the design and development of services; described a model for understanding the needs of the population that could inform service design; recognised achievement in locality development to date; described future contractual arrangements; and proposed next steps. LM emphasised the key role of Primary Care Networks in achieving the "triple integration" of primary and specialist care, physical and mental health and health with social care as set out in the NHS Long Term Plan.

SS welcomed the focus on health inequalities but emphasised the challenges posed to Local Authorities due to cuts to Public Health budgets. Members, especially the primary care clinicians, emphasised their concern at hearing that City of York Council was proposing to reduce its financial commitment, including to substance misuse services. Detailed discussion ensued in response in the context of the national evidence of the importance of prevention, impact on both primary care and complex care, and partnership working. MC additionally sought and received confirmation that requisite Quality Impact Assessments were undertaken by City of York Council and also requested that the CCG receive early notification of any potential service cuts.

Members commended the report and sought and received clarification on a number of aspects. Detailed discussion included: emphasis on the need for resilience in terms of capacity to support Primary Care Networks and for Local Authorities and partner organisations to transform on this basis; recognition that services in the community would be commissioned with consistency of approach but with different interpretations, based on neighbourhoods, for delivery; and clarification that the current service providers would not receive a guarantee that their contracts would continue.

Members supported the proposed next steps but requested that the final bullet point 'We will consider how to align our own strategic programmes to support the delivery of this strategy' be moved higher up the list. PM additionally noted that a public facing version of the document would be developed.

The Governing Body:

Approved the approach set out in the paper.

LM left the meeting

FINANCE AND PERFORMANCE

10. Financial Performance Report 2018/19 Month 10

MA-M presented the report which confirmed the forecast deficit for 2018/19 remained at £18.6m. The £7.7m QIPP (Quality, Innovation, Productivity and Prevention) requirement and financial recovery actions of £4.2m, agreed by the Executive Committee, were also expected to deliver at least as planned. MA-M also noted improvements in reporting and QIPP delivery resulting from in-housing continuing healthcare and joint working in this regard.

MA-M explained national pressures relating to the No Cheaper Stock Obtainable issue, which had unexpectedly re-emerged, and the uncertainty of the EU exit. These had as far as possible been incorporated in the financial position.

MA-M reported deterioration across a number of acute contracts and noted discussions were taking place regarding year end agreements. Aligned incentive and fixed contracts were being managed through regular contract arrangements. However, the multi year financial recovery plan with York Teaching Hospital NHS Foundation Trust for 2019/20 had been escalated to local mediation with Sustainability and Transformation Partnership oversight and regulator input.

MA-M expressed appreciation to the Finance Team for their work in achieving key statutory duties including the Better Payment Practice Code and cash management.

The Governing Body:

Received the month 10 Financial Performance Report.

11. Quarter 3 Financial control, planning and governance assessment

MA-M referred to the Financial Control, Planning and Governance assessment, submitted in accordance with NHS England's requirements to provide 'early warning signs' of CCGs in financial distress and to provide assurance that there are adequately-designed and effective financial controls and governance processes in place to manage risk. This had been completed based on the CCG's month 9 position. MA-M advised that there had been no changes that impacted the individual domain scores, although some progress had been made in a number of areas as detailed, and improvements were expected in one or two domains for the quarter 4 submission.

The Governing Body:

Received and noted the CCG's self-assessed 03Q Q3 CCG Financial Control Planning and Governance Self-Assessment_18-19_v4 in full, with specific awareness of the exceptional items detailed.

12. Integrated Performance Report Month 9

PM highlighted concerns about performance, 89% in December, against the diagnostics six week wait constitutional target of 99%, noting the impact both on system efficiency and patient experience. He also noted concern in respect of the national requirement for providers' referral to treatment waiting times to not deteriorate below the March 2018 position, which was also a CCG requirement. York Teaching Hospital NHS Foundation Trust was experiencing an increase in referrals at a level not previously seen.

Members also noted impact the previous week on the York Hospital site due to a divert being in place from the Scarborough site which had been on OPEL 4 alert. PM added that there was concern across both sites about levels of infection. Whilst expressing concern in this regard and noting that the regulators were seeking to understand this, the CCG was providing support where possible.

With regard to Child and Adolescent Mental Health Services DN noted that some improvement had resulted from this year's investment. Performance in January had improved against the nine week wait for second appointment from 52% to 60%, the longest wait for the Emotional Health Pathway was now 46 weeks following staff recruitment, and the average autism diagnosis wait was down from 59 to 50 weeks due to the waiting list initiative. DN emphasised however that further work was required to address the continuing increase in referrals to Child and Adolescent Mental Health Services but reducing the waits within an environment of increasing demand was positive.

The Governing Body:

Received the month 9 Integrated Performance Report.

ASSURANCE

13. 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 February meeting of the Quality and Patient Experience Committee were also included.

MC commented on the positive change in the nature of the discussion at Governing Body meetings as previous agenda items had already incorporated areas she had intended to highlight.

With regard to norovirus at York Teaching Hospital NHS Foundation Trust MC reported that she was attending a 'look back' session the following day. She noted that, following an improvement, infection rates had risen again.

MC referred to the medicines management update highlighting the information on opiate awareness and the stories of patients affected by excessive opiate prescribing as presented at the last Quality and Patient Experience Committee. HE additionally highlighted interest generated through the session on opiates at the January protected learning time.

In respect of Never Events MC referred to recent improved assurance but advised that two further Never Events had occurred relating to wrong site surgery. One incident involved the removal of the wrong mole and the other related to a ureteric stent being inserted into the incorrect side; both had been followed up immediately by the patients receiving the correct procedures. These Never Events were currently being investigated and further information would be provided as available.

MC also reported that there had been seven trolley waits in one day during the week at Scarborough Hospital. She explained there were robust processes that provided assurance and all these waits had been de-logged as Serious Incidents.

MC commended the quality improvement work relating to early identification of deterioration in care home residents. She also commended Karen McNicholas, Senior Quality Lead, Children and Young People, for her work with City of York Council in relation to the short breaks for disabled children and young people which had contributed to an assessment of 'Good' following the Care Quality Commission's December 2018 inspection.

MC advised that discussions were ongoing with York Teaching Hospital NHS Foundation Trust regarding Community Children's Nursing in response to the potential for them to serve notice on their contribution to the short breaks for disabled children.

Members sought and received clarification on aspects of 'flu data, including the recording methodology, and national data on obesity.

The Governing Body:

Received the Quality and Patient Experience Report.

RECEIVED ITEMS

The Governing Body noted the following items as received:

14. Executive Committee chair's report and minutes of 5 December 2018, 2 and 16 January and 6 February 2019.

15. Finance and Performance Committee chair's report and minutes of 20 December 2018 and 24 January 2019.

16. Primary Care Commissioning Committee chair's report and minutes of 24 January 2019.

17. Medicines Commissioning Committee recommendations of 12 December and 9 January 2019.

18. Joint Acute Commissioning Committee of 24 October and 28 November 2018.

19. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 4 April 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.

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Item Number: 6

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Date of meeting: 4 April 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 APRIL 2019

Accountable Officer's Report

1. Turnaround, local financial position and system recovery

1.1 The CCG's financial position in February 2019 remains in line with the previously reported forecast deficit for the end of the year of £18.6million. QIPP forecasts and additional financial recovery actions remain on track and the CCG has now closed down the material schemes in line with the forecast.

1.2 The key pressures remain around the aligned incentive contract and the completion of the Continuing Healthcare reconciliation position by NHS Scarborough and Ryedale CCG as previously reported.

1.3 Therefore, the CCG anticipates it will be able to report another year of stabilisation of the financial position and deliver a modest improvement on the 2017-18 deficit of £20.1m (excluding Commissioner Sustainability Funding).

1.4 As previously reported, ensuring the CCG delivers no worse a position than the forecast 2018-19 deficit is essential to underpinning a realistic longer-term plan. This position formed the start of the proposed approach and principles for improvement and recovery over a multi-year period as part of a York-Scarborough System Plan formally agreed between commissioners and York Teaching Hospital NHS Foundation Trust by respective Governing Bodies and Boards.

1.5 Following the release of the planning guidance, allocations and respective control totals across the system commissioners and providers submitted draft financial plans on the 2 February 2019. The next submission is due to the local NHS England team on the 1 April 2019 with the national submission on the 4 April 2019 and this is presented later on in this agenda. The CCG continues to identify opportunities and areas for a system cost reduction programme and working within a fixed financial envelope for the main acute provider contract. The CCG will make every effort to continue to work with system partners on the principles previously agreed to resolve the gap but will also be clear what an alternative and robust contract offer would look like to inform the mediation discussions currently on-going.

2. Operational Planning

2.1 The CCG has progressed with developing its operational plans for 2019-20 forward with its partners, based on the priorities identified through its commissioning intentions and the transformation needed in local care pathways to improve patient outcomes. This includes working with NHS Scarborough and Ryedale CCG, NHS East Riding of Yorkshire CCG and York

Teaching Hospital NHS Foundation Trust to identify, develop and deliver the joint programmes of work that support delivery of sustainable acute services in line with the agreed financial strategy for 2019-20. The Governing Body GP locality representatives and Clinical Chair are actively shaping this as Primary Care Networks are established. The focus continues to be on bringing primary and secondary care clinicians together to drive and define future shared care pathways.

2.2 The CCG has also worked with its mental health and primary care partners to confirm the priorities for proposed investment which further improves performance and quality in 2019-20 and supports developing stronger and more integrated out of hospital care.

2.3 The CCG is also working closely with the Humber, Coast and Vale (HCV) Health and Care Partnership, the new joint NHS England and NHS Improvement Team and the Cancer Alliance to align and agree all joint priorities for investment and delivery and the contribution to the aggregated HCV plan, as well as the support they can provide to assist local delivery.

3. EU Exit preparations

3.1 Daily situation reporting has begun and the CCG files a daily return to its regulator. City of York Council opened an Emergency Control Centre at West Offices on the w/c 25 March 2019 and have also instigated daily situation reporting on all of its services. This information will be shared with the CCG.

3.2 The CCG has contacted partners at North Yorkshire County Council, City of York Council and the Independent Care Group regarding the implications of the EU Exit on local care homes and their workforce.

3.3 The latest advice from our regulators is that NHS provider trusts and CCGs should bring together senior executive teams, the EU Exit Senior Responsible Officer, EU Exit teams and directors / managers from key areas including pharmacy, estates, facilities and procurement, to scrutinise their preparations to operate under the conditions of a no deal.

3.4 With regard to non-clinical goods and services (NCGS), the Department of Health and Social Care (DHSC) has engaged key suppliers and providers of NCGS on behalf of the wider healthcare system including primary, secondary and social care. When engaging with suppliers and providers DHSC has focused on potential risk areas including: workforce, supply chain, data, regulation, logistics and ability to stockpile.

3.5 Contingency planning for a no deal EU Exit covers the whole of the health and social care sector and the work so far regarding medicines supply, as an

example, takes into account the demand not just from the NHS but from the whole health and social care sector. In line with the operational guidance that was sent to the health system in December 2018, the DHSC also wrote out to social care providers to ask that they make preparations for a no deal EU Exit. Work continues to support social care providers and DHSC has been in regular contact with providers and key stakeholders.

3.6 To help establishments prepare for March 2019 in the event of a no-deal scenario the Government published guidance on 15 February 2019 on the quality and safety of human organs, tissues and cells if the UK leaves the EU without a deal.

4. Excellence in Sustainability Reporting Award

4.1 The CCG has been recognised for its excellent sustainability reporting and has received a certificate of excellence awarded by the Sustainable Development Unit (SDU), NHS Improvement and the Healthcare Financial Management Association (HFMA).

4.2 The SDU, which works across the health and care sector on behalf of NHS England and Public Health England, conducted an analysis of all provider and CCG annual reports to evaluate sustainability sections. In total 55 trusts and 42 CCGs (around 22%) have been selected for recognition out of 432 organisations across England.

4.3 High quality reporting on sustainability is recognised as a fundamental way in which organisations can demonstrate their commitment to embedding environmental, social and financial sustainability. Good sustainability reporting is widely recognised as including the following areas:

- Leadership and engagement – Board level, staff and community
- Resources - such as energy, water and waste
- Travel - including staff travel, patient transport, business travel
- Procurement – including local, community and ethical procurement
- Adaptation and transformation
- New models of care

4.4 The NHS Long Term Plan (LTP) further strengthens the commitment of the NHS as a system leader in embedding sustainable development across the organisation. The LTP set clear targets for sustainability; carbon, air pollution and a mandate to, in particular, reduce wastage and over reliance on single use plastics.

5. Joint commissioning

5.1 The Joint Commissioning Strategic Group between the CCG and City of York Council has continued to meet monthly. Its main focus is the development of a joint commissioning programme, to include children and young people and adults. The York Place Based Improvement Partnership which comprises chief officers from across the system has reported on its development at the Health and Wellbeing Board. Since the publication of the Care Quality Commission local system review progress report in January, two joint workshops have been held to identify the key actions for our updated improvement plan. This work will support local health system recovery plans.

5.2 At the time of preparing this report, the Better Care Fund (BCF) planning guidance for 2019-20 has not been published, however it is anticipated that the current target for the reduction of Delayed Transfers of Care (DTOC) will remain in place. A single year plan has been agreed through the multi-agency BCF Performance and Delivery Group for 2019-20, continuing the existing schemes and enabling some pilots to take place, using the improved Better Care Fund (iBCF) which is paid directly to the council. The objectives of the plan are to promote integration of services through collaboration, innovation and prevention. A capacity and demand exercise is currently in progress and will report in June 2019. iBCF funding has been set aside to implement any clear recommendations arising from this work ahead of next winter to assist whole system recovery and reduce pressure on services.

6. Emergency, Preparedness, Resilience and Response Update

6.1 As we are nearing the event I thought I'd remind members of the routes for Tour de Yorkshire 2019. These are:

Day 1 Thursday 2 May 2019	Doncaster to Selby
Day 2 Friday 3 May 2019	Barnsley to Bedale
Day 3 Saturday 4 May 2019	Bridlington to Scarborough
Day 4 Sunday 5 May 2019	Leeds to Halifax

6.1.1 On Day 1 the race will finish in Selby at approx. 5.30 p.m. This will impact on access to the GP surgeries in the town due to road closures. Access to Selby Hospital will be unaffected but as 2 May is also the date for local government elections, there may be some additional activity at the council offices which are located on the same site as the hospital.

6.2 North Yorkshire County Council is taking the lead on reviewing the mass treatment and vaccination plan for North Yorkshire and York. The CCG has been involved in the discussions and the plan will be tested at a workshop with partner organisations on Thursday 9 May 2019.

7. Strategic and national issues

7.1 NHS England and Health Education England have launched a campaign to raise awareness of the support that is available for GPs to return to General Practice. It raises the profile of the GP induction and refresher (I&R) scheme, which was relaunched in 2016 with a new package of support for doctors returning to the profession.

7.2 The vision of the NHS Long Term Plan is for a fully integrated digital health and care system. To help the NHS achieve this, NHS England wants to draw on the experience and expertise of its workforce. NHS England and Health Education England are keen to hear how they can develop staff to better use technology and data, how to recruit staff with the right technological skills, and what staff think are the best opportunities to improve healthcare through technology.

7.3 There have been changes to the leadership structure of NHS England and NHS Improvement. Over the last year NHS England and NHS Improvement have been working together to develop the implementation approach for the NHS Long Term Plan and joint working arrangements. The changes include moving to a single Chief Executive and single Chief Operating Officer model, and the creation of a single, combined post of Chief Operating Officer covering both organisations. This role will report directly to Simon Stevens as the Chief Executive of NHS England who will lead both organisations. Seven Regional Directors, the National Director of Emergency and Elective Care and the National Director for Improvement will report directly to the new Chief Operating Officer.

7.4 On the 21 February 2019, in response to the recent consultation, the Government announced its intentions for the legal rights to personal wheelchair budgets and for those eligible for section 117 aftercare. Around 100,000 people will benefit from this over the next five years. This will come into effect as soon as the Department for Health and Social Care secures a timeframe for the legislative changes. More than 40,000 people already benefit and the Long Term Plan commits to growing this number to 200,000 by 2023-24.

7.5 NHS England and NHS Improvement are running two national events on the proposed changes to legislation. The events are for people who work in and use NHS services and participants will hear directly from NHS leaders about the proposals and how they aim to improve the planning and delivery of care. There will also be group discussions so that people can explore the plans in more detail. The events will be from 10am-2pm in London on 3 April 2019 and Leeds on 16 April 2019. To find out more email england.legislation@nhs.net.

7.6 The Five Year Forward View for Mental Health commits to expand Improved Access to Psychological Therapy services by an additional 600,000 people

each year by 2020-21. To achieve this, 4,500 additional therapists will be recruited and trained, allowing 3,000 existing therapists to be co-located in primary care by 2020.The Strategic Data Collection Service will track CCG progress toward these workforce targets. The first submission window opened on 27 February 2019 and will cover the nine-months to December 2018.

7.7 New guidance for commissioners, NHS and independent health and social care providers supporting people with a learning disability, autism or both who are in, or have been in, secure hospital services has been launched. The 'Beyond the High Fence' guidance describes the experiences of people who are or have been in secure services, and their ideas for helping to reduce the need for secure hospital services by having better support in the community.

7.8 Following publication of the Strategic Direction for Sexual Assault and Abuse Services in April 2018, and the NHS Long Term Plan, NHS England and NHS Improvement are calling on commissioners to consider how they meet the responsibilities for victims and survivors of sexual assault. It is of utmost importance to commission high quality support, based on local need, in an informed and consistent way. A letter from Jackie Doyle-Price, Minister for Mental Health, Inequalities and Suicide Prevention, and Kate Davies, Director of Health and Justice, Armed Forces and Sexual Assault Services Commissioning, has been sent to all commissioners in England.

7.9 NHS Improvement has launched a national hand hygiene policy; a practice guide for NHS healthcare staff of all disciplines in all care settings. It covers responsibilities for organisations and individual staff and sets out how, when and with what to decontaminate hands. The national policy aims to support a common understanding about hand hygiene to reduce variation in practice and help reduce the risk of healthcare-associated infection.

8. Recommendation

8.1 The Governing Body is asked to note the report.

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Item Number: 7

Name of Presenter : Phil Mettam

Meeting of the Governing Body

Date of meeting : 4 April 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Risk Update Report

Purpose of Report
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

Covalent Risk Reference and Covalent Description
All corporate risks escalated to the Governing Body.

Emerging Risks (not yet on Covalent)

No new risks or events have been identified.

Recommendations

The Governing Body is requested to:

- review risks arising and to consider risk appetite for events and high scoring risks.

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

GOVERNING BODY: 04 APRIL 2019

Risk Update Report

All events were reviewed this month and all RAG ratings remain the same:

Reference	RAG	Key Points
ES.17 Failure to deliver 1% surplus in-year	Likelihood 4; impact 4 RAG 16	Month 11 financial position - the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan.
ES.20 There is a potential risk of failure to maintain expenditure within allocation	Likelihood 4; impact 4 RAG 16	Month 11 financial position - the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan.
JC.26a CAMHS long waiting lists	Likelihood 4; impact 4 RAG 16	Waiting lists remain long reflecting the high levels of referral into service. As Governing Body were advised there is an underlying improvement from September with 60% now able to access a second appointment within 9 weeks. Autism Spectrum disorders - there are currently 213 waiting and the longest wait is 76 weeks. The commissioning intentions and joint CCG and TEWV CMB have again prioritised this service for investment in 19/20. Recent submission for assurance to LTP - letter in response from NHS England to be noted.
JC.26b Children autism assessments	Likelihood 4; Impact 3 RAG 12	Numbers awaiting assessment continue to rise notwithstanding the additional assessments. Additional waiting list monies will be used to increase available appointments.
JC.26c Children and young people's eating disorders	Likelihood 4; impact 4 RAG 16	Performance against access and waiting times standards is improving at Q3 and will come close to meeting in year targets, and delays in assessment due to staff capacity have reduced significantly.
JC.30 Dementia - failure to achieve 67% coding target in	Likelihood 3; impact 4 RAG 12	Diagnosis rates decreased in January to 59.1% The number of registered patients fell by 25 against a static estimated prevalence rate.

general practice		A proposal has been submitted to NHS England. NHS England have supported proposal to fund two research psychology assistants for six months to reconcile coding and case find in care homes.
PC.02 Primary Care; capacity over winter.	Likelihood 3; impact 3 – RAG 9	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, and new lead for the Central locality has taken up post.
QN.02 Potential risk to quality of care and patient safety at Unity Practice	Likelihood 4; impact 4 RAG 16	No change to report.

CORPORATE ON-GOING EVENTS MANAGED BY GOVERNING BODY – APRIL 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 11 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. Although the CCG and YTHFT respective Boards and Governing Bodies agreed the principles of a multi-year financial recovery plan it has not, as yet, been possible to agree a contract value for 2019/20 in line with these in time for the national planning timetable. The CCG has escalated this for mediation to the STP and regulators and continues to work on the required system cost reduction to deliver year one of the multi-year plan.	Michael Ash-McMahon	Chief Finance Officer	4	4	16	–	25 March 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 11 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. Although the CCG and YTHFT respective Boards and Governing Bodies agreed the principles of a multi-year financial recovery plan it has not, as yet, been possible to agree a contract value for 2019/20 in line with these in time for the national planning timetable. The	Michael Ash-McMahon	Chief Finance Officer	**4**	**4**	**16**	–	25 March 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
				CCG has escalated this for mediation to the STP and regulators and continues to work on the required system cost reduction to deliver year one of the multi-year plan.							
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.	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. Close monitoring at CMB / F&P / QPEC and Governing Body. Capacity and Demand Gap Analysis received at end of July 2018 and considered by CMB. It will inform future decisions around further reinvestment. Commitment to continue school well-being services in York and North Yorkshire funding (in the baseline) to support those with lower level needs. . 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. Voluntary sector bid with Mind and CYC to support art therapy submitted	Waiting lists remain long reflecting the high levels of referral into service despite the schools projects and the crisis team, all of which have reduced demand for support. The CCG is investing £120k recurrently into CAMHS services from 2018/19; TEWV will use this for additional support to the emotional and eating disorders pathways. Staff have been appointed and are in post. The CVs for this investment have set out measures to show effect on waiting times and are under discussion with TEWV. The numbers waiting on the emotional pathway (depression anxiety, self-harm and other similar conditions) have reduced in December, largely due to the commencement of group therapy work for those at the lower end of the scale of need. There will be further reductions as the new staff become active in post. We expect reduction in risk rating to 12 by end of 2018/19. As Governing Body were advised there is an underlying improvement from September with 60% now able to access a second appointment within 9 weeks (previously 52%. There are currently 164 waiting for the emotional health pathway and the single longest wait is 46 weeks which is a downward trend (group work and new staff have impacted on this improvement). Autism Spectrum disorders - there	Susan de Val	Executive Director of Transformation, Complex Care and Mental Health	4	4	16		10 March 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
				are currently 213 waiting and the longest wait is 76 weeks but the average now down to 50 weeks from 59 weeks. This is due to the waiting list initiative and additional staff. These improvements have been achieved whilst referrals to both services continue to rise. The commissioning intentions and joint CCG and TEWV CMB have again prioritised this service for investment in 19/20. Recent submission for assurance to LTP - letter in response from NHS England to be noted.							
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.	Action plan to address issues around waiting list and diagnostic process. Close monitoring at CMB / F&P / QPEC and Governing Body. The capacity and gap analysis has been received and considered at CMB and will inform future decisions on investment should funds be available. Changes in TEWV internal triage process in Autumn 2017 will work through into Autumn/Winter 2018 and improve ratio of assessments: conversion rate and the reduction in waiting times. The matter remains referenced at CMB to ensure focus is maintained. Pathway review and discussions with other providers and commissioners to identify and drive out opportunities for improving conversion rate TEWV is reviewing the	TEWV is investing an additional £50k recurrently in the service from 2018/19. Staff have been appointed and coming into post in October/November 2018. The CCG has committed non-recurrent funding of £120k in 2018/19 to fund additional assessments (combination of slippage and additional in year funding). TEWV projects 67 additional assessments in the current year: 27 undertaken by the independent sector, and the remainder utilising bank staff and overtime payments. Numbers awaiting assessment continue to rise notwithstanding the additional assessments. We are planning to review in detail the conversion rate, which is low compared to other services in the YH region: around 59% of assessments result in a negative diagnosis, we are discussing with TEWV how best to review and provide assurance around the screening and assessment process. Workshops to map full pathway across agencies has provided	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	**4**	**3**	**12**		10 March 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
			pathway around integration of autism and ADHD referrals to improve overall response to patient need. Expect to see conversion rate start to improve by end of 2018/19 and waiting times to reduce by end Q4/Q1 2019/20	greater transparency and begins to highlight how agencies can work together more effectively to support children with a view to reducing need for assessment in the long term. Some on-going concerns explored in CMB regarding low conversion rates for diagnosis-TEWV to explore data accuracy prior to any further action. Additional waiting list monies will be used to increase available appointments.							
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. Doubtful will meet national waiting time standards by 2021. 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: expect to meet in year targets for urgent and routine cases. . Close monitoring at CMB / F&P / QPEC and Governing Body.	Additional funding agreed for 0.6WTE (0.4 psychologist and 0.2 mental health nurse) as part of additional recurrent CCG investment. Performance against access and waiting times standards is improving at Q3 and will come close to meeting in year targets, and delays in assessment due to staff capacity have reduced significantly. Meeting with primary care leads arranged for 17.01.2019 to discuss approach to managing physical health checks has decided to undertake an exercise to develop a shared care approach.	Susan De Val	Executive Director of Transformation, Complex Care and Mental Health	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
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 rate decreased in December from 60.1% to 59.6%. This was largely due to a number of patient deaths across three practices. Diagnosis rates have decreased further in January to 59.1% The number of registered patients fell by 25 against a static estimated prevalence rate. Work continues to try and improve the transfer of data between TEWV and Primary Care to ensure that all dementia diagnosis are accurately recorded on SystmOne and EMIS. A proposal to fund two research psychology assistants for six months to reconcile coding and case find in care homes has been submitted to NHS England. NHS England have supported this proposal although we have discovered significant issues with TEWV data which this work was to be based upon. Currently be reviewed through contract route.	Sheila Fletcher	Executive Director of Transformation, Complex Care and Mental Health	3	4	12		10 March 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 will not be maintained with consequent risks to patient safety.	As capacity in general practice is limited by workforce, access to routine and urgent appointments may deteriorate resulting in patients not accessing 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	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 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	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, 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	Becky Case	Executive Director of Primary Care and Population Health	3	3	9		25 March 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
		to more patients with long term conditions requiring hospitalisation.	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.	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, and the new Parkinson's Disease Specialist Nurse interviews will take place in March 2019. NHS111 new service commences 01/04 – will provide opportunity for more clinical review of incoming calls and more smoothing of allocation across Primary Care once direct booking fully implemented. More cooperative working planned for Selby area – encompassing the MIU, Improved Access and Out of Hours GP provision. Winter ECS performance +4.5% improvement on same period last winter.							
QN.02 Potential risk to quality of care and patient safety at Unity Practice	Unity Practice in NHS Vale of York CCG area has been assessed as 'Inadequate' by the CQC in all but one domain and placed in special measures. There is a risk the practice may not meet the required improvements when fully re-inspected in around six months' time leading to potential for the CQC to close the service.	Quality of patient care and patient safety may be compromised	Unity are continuing to fully engage with the CCG and are responsive to all offers of support and subsequent improvement. The support from C. Lythgoe will cease in November but there as a plan to recruit to Nurse Leadership posts in the future. Lou Johnson attending the Yorkshire and the Humber Leadership Academy Practice Managers Programme 2018/19. Actively involved in the self-assessment process and support provided by Lynn Lewendon and Sarah Goode. Support from a GP appraisal	Following a comprehensive inspection by CQC on 23.05.2018 the practice was rated as inadequate overall. The practice have closed their patient list. CQC will review on 18/09/18. CQC re-inspected Unity Practice on 18 September and the CCG. Improvements were noted and the practice were allowed to reopen their list to new registrations from 26.09.2018. The practice will be re-inspected within three months where there is opportunity to impact on their rating which remains inadequate. The practice was re inspected	Sarah Goode / Jenny Brandom	Executive Director of Quality and Nursing	4	4	16		25 January 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
			lead from NHS England medical team who is supporting Unity review their clinical leadership.	on 08.01.2019. Formal outcome awaited.							

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Item Number: 8

Name of Presenter: Phil Mettam

Meeting of the Governing Body

Date of meeting: 4 April 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Commissioning Intentions 2019/20

Purpose of Report
To Ratify

Reason for Report

The Commissioning Intentions for 2019/20 were supported on 7 March 2019 at the Governing Body meeting following a presentation and approved in the Part II meeting immediately thereafter.

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 ratify the final iteration of the 2019/20 Commissioning Intentions

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Chief Officer	Lisa Marriott Head of Community Strategy

NHS VALE OF YORK CCG COMMISSIONING INTENTIONS 2019/20

PART 1: OVERVIEW

PRIORITIES FOR 2019/20

On behalf of our Governing Body we would like to welcome you to NHS Vale of York CCG's Commissioning Intentions for 2019/20, which confirm our priorities for the coming year.

They are based on the needs of our population and the views of the people we serve; they will be of interest to people who live in the Vale of York, patients, our partners and providers.

Building on work that has been done in 2018/19, they set out how we will work with partners to make further progress and to achieve the financial sustainability necessary to achieve our aims for this year and our longer-term ambitions.

Our focus for Investment and Improvement

Our focus for investment and improvement is based on evidence that we need to prioritise the needs of people with mental health ill health (who are currently not as well served as people with physical health care conditions) and the needs of the most vulnerable.

We also need to act now, to put in place services that will meet the needs of a growing elderly population, an increasing number of people living with more than one long-term condition and an increase in the number of people affected by cancer.

To do this we need to be able to support people to maintain good health, detect health problems early, so that people get better outcomes and to prevent any existing condition getting worse. This will require investment in primary care and General Practice and in properly integrated services in the community, which together will provide the foundation for improving the health of our population.

- **Primary care and General Practice**

Vale of York CCG is fortunate to have high quality primary care services across its very varied population, but we are now experiencing challenges in the recruitment of new staff, retention of experienced colleagues and an ever-increasing work load. We want to see primary care at the centre of out-of-hospital services and ensure that secondary care is focusing on the elements of care that can only be done in a hospital setting, to allow for a renewed focus on improving health over treating disease.

- **Community services – locally focused**

Our ambition is to ensure sustainable services which improve the health of our whole population and tackle long standing inequalities. We need to support community services which integrate at neighbourhood level, work seamlessly with social care and which promote independence and self-care as the norm. We also have a growing number of older people, healthier than elsewhere in the North of England, and proudly independent. Supporting these older people to stay healthy and developing services to keep them at home for longer is essential for our long-term future.

- **Mental health and wellbeing**

Meeting the needs of children and young people is particularly important to us. We know that 50% of mental health problems are established by age 14 and 75% by age 24[1], so making sure that children and young people get the support that they need at the right time is essential if our children are to grow up into healthy adults. A year is a long time in a child's life - reducing the amount of time that they and their families wait for care is a prime priority.

We want to make sure that the significant burden of mental health is addressed in an integrated way which recognises the need for population action alongside improvements in treatment services. We need to address the significant differences between how well we can respond to the needs of people with mental ill health, compared to those with physical ill health, where there is a marked difference in the ability of services to respond to need.

- **People with the highest care needs**

We want to make sure that people whose needs are greatest receive safe, high-quality care. We have targeted work that is focused on the needs of people of all ages with complex care needs (which are often both psychological and physical), those people who are frail or who have multiple needs and people coming to the end of their life.

- **Cancer services**

Many people's lives are touched by cancer, either directly or indirectly, and it remains a priority both nationally and locally. Significant progress has been made in detecting cancer earlier and in providing treatment, so that more people than ever now survive cancer. But there is more that we can do to improve awareness, early diagnosis and in providing prompt treatment to improve survival for patients and to achieve the ambitions of the national cancer strategy and the NHS Constitution cancer targets.

Working together to achieve results

The work that we began in 2017/18 is beginning to reap results. Clinicians are leading the development of Primary Care Networks, resulting in more effective joint work at a local level and there is a new impetus to develop closer working relationships between hospital clinicians and those in General Practice. This provides a firm foundation for us to achieve the shift in the balance of care that is needed to meet people's changing needs and to achieve the long-term sustainability of our health and care system.

Many of the challenges that we face are beyond the ability of individual organisations to solve and therefore there is a need for health and care organisations to work together to achieve the best outcomes. We have been working with partners throughout the year to develop our approach to collaboration, and real progress has been made. A shared vision is emerging on how we can work together to make integration a reality, both at a strategic level and in the way that we provide services on the ground.

[1] Mental Health Foundation (2018)
https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people

This is important for many reasons:

- We know that many of the things that help people to stay healthy and have a good quality of life (for example, work, education and being active members of their community) do not directly link to health services, so we need to be able to work with partners in local councils, with the voluntary sector and with local communities to address these wider issues.

- We know that there are many more people living with long-term conditions or who have complex health care needs, which can affect both their mental and physical health and wellbeing. We also know that care suffers when there are “hand offs” between different parts of the health service and between health and social care; this is particularly true when supporting the most vulnerable in our community, so it is important for us to join-up our approach to the way that services are provided to people.

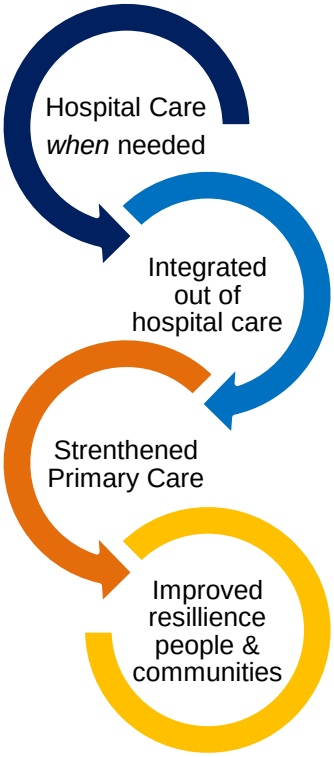
- We know that if health and care organisations are to achieve our collective ambition to make sure that services can meet people’s future needs at a time when the demand for our services is increasing and when we all face financial and workforce challenges, we need to work together at an organisational level so that we can use our collective resources (staff, time and money) more effectively and achieve long-term improvements.

As a CCG we are committed to our strategy for system change, summarised as:

> *“Shifting the balance to prevention and early intervention, by supporting people and communities to improve their own health and wellbeing and strengthening primary care at a population level, so that hospitals provide only the care and treatment that needs to be provided in a hospital setting.”*

Our commissioning intentions describe how we will prioritise our work during 2019/20, to achieve the core requirements of patient safety, achieving national/constitutional standards and to move towards achieving longer term aims that reflect the ambitions of the NHS Long Term Plan and to take partnership working at a Primary Care Network level and as an “integrated system” across North Yorkshire and York to the next level of development.

Creating the shift



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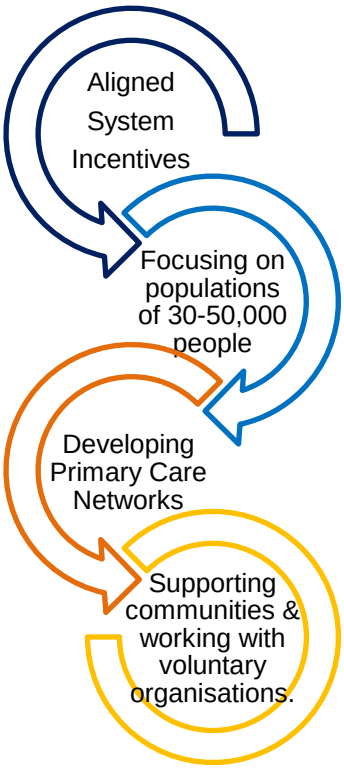


PART 2: NHS VALE OF YORK CCG COMMISSIONING INTENTIONS 2018/19

THE PURPOSE OF THIS DOCUMENT

This document describes NHS Vale of York CCG's commissioning intentions for 2019/20. As this is the final year of the 2017/19 planning timeframe it naturally builds upon delivery of existing strategies and the ambitions set out in last year's commissioning intentions, updated and reframed to take account of changes and developments that took place in 2018/19 and the emergence of new priorities and in particular realising the ambitions of the NHS Long-term plan.

The document is in three parts:

Part A - STRATEGIC CONTEXT

1. National context
2. Vale of York CCG Strategic Priorities
3. Effective Collaboration
4. Better Value Healthcare
5. Strategy for System Change

Part B - COMMISSIONING INTENTIONS: PRIORITIES FOR 2019/20

1. Primary Care and General Practice
2. Joint Commissioning
3. Services commissioned in the community
4. Services for children and young people and maternity services
5. Services for people with mental ill-health
6. Services for people with a learning disability and/or autism or behavior that challenges
7. Urgent and emergency care
8. Acute hospital transformation
9. Cancer Services
10. Commissioning for Quality

PART C - CONCLUSIONS AND NEXT STEPS

A STRATEGIC CONTEXT

1. National context

The NHS Long Term Plan was published in January. It focuses on how everyone will be enabled to get the best start in life, how communities can be helped to live well and be helped to age well, through measures to provide more personalised care and strengthen community and primary care services. It also sets out how outcomes will be improved for major diseases, including: cancer, heart disease, stroke, respiratory disease and dementia.

There is also an increased emphasis on improved "system working", to enable better integration between different parts of the health service and between health and social care, so that care does not suffer when people move between systems, as well as the need to harness the potential for digital technology to improve access to health services, particularly GP services.

This has formed the framework for describing our commissioning intentions.

2. NHS Vale of York CCG Strategic Priorities

The CCG's priorities for 2019/20 build on work that has been done in 2018/19 while moving towards a longer-term planning horizon, in line with the priorities set out in the long-term plan.

In setting our priorities we have considered:

- The health needs of our population.
- The views of the people we serve.
- Where we need to focus for improvement.

a) The health needs of our population

People in the Vale of York generally have better health than is typical of other parts of the North of England, with good health outcomes on most measures. We benefit from excellent primary care, hospital care and mental health services, a dynamic voluntary sector and active community involvement.

Because the population is relatively more healthy and in general has lower levels of deprivation, the level of funding at the CCG's disposal is less than elsewhere (as funding is targeted at areas of greater need), whereas demand for health care is at least as great. This leaves the local health economy with the challenge of how to get the very best from local services and to reduce the burden of disease.

In addition, we need to consider that there are some sections of our community who are relatively disadvantaged and have poorer health, as well as differences that depend on where people live: urban and rural communities want, need and expect different things.

We aim to use our resources wisely, reducing inefficiencies within and between services and joining-up care so that it is more responsive to people's individual needs and to the different needs of communities within our population.

b) The views of the people we serve

People are consistent in what they tell us. Feedback gained in 2018 echoed the themes from previous years. People want to be helped to live a healthier life and look after themselves. They want it to be easier to get an appointment with their GP and for us to improve services for people who have problems with their mental health. They also want us to recognise that different neighbourhoods and communities have different needs and concerns.

c) Focus for improvement

Our focus for investment and improvement is based on evidence that we need to prioritise the needs of people with mental health ill health (who are currently not as well served as people with physical health care conditions) and the needs of the most vulnerable.

We also need to act now, to put in place services that will meet the needs of a growing elderly population, an increasing number of people living with more than one long-term condition and an increase in the number of people affected by cancer.

To do this we need to be able to support people to maintain good health, detect health problems early, so that people get better outcomes and to prevent any existing condition getting worse. This will require investment in primary care and General Practice and in properly integrated services in the community, which together will provide the foundation for improving the health of our population.

- **Primary care and General Practice**

NHS Vale of York CCG is fortunate to have high quality primary care services across its very varied population, but we are now experiencing challenges in the recruitment of new staff, retention of experienced colleagues and an ever-increasing work load. We want to see primary care at the centre of out-of-hospital services and ensure that secondary care is focusing on the elements of care that can only be done in a hospital setting, to allow for a renewed focus on improving health over treating disease.

- **Community services – locally focused**

Our ambition is to ensure sustainable services which improve the health of our whole population and tackle long standing inequalities. We need to support community services which integrate at neighbourhood level, work seamlessly with social care, and which promote independence and self-care as the norm. We also have a growing number of older people, healthier than elsewhere in the North of England, and proudly independent. Supporting these older people to stay healthy and developing services to keep them at home for longer is essential for our long-term future.

- **Mental health and wellbeing**

Meeting the needs of children and young people is particularly important to us. We know that 50% of mental health problems are established by age 14 and 75% by age 24[2], so making sure that children and young people get the support that they need at the right time is essential if our children are to grow up into healthy adults. A year is a long time in a child's life - reducing the amount of time that they and their families wait for care is our number one priority.

We want to make sure that the significant burden of mental health is addressed in an integrated way which recognises the need for population action alongside improvements in treatment services. We need to address the significant differences between how well we can respond to the needs of people with mental ill health, compared to those with physical ill health, where there is a marked difference in the ability of services to respond to need.

- **People with the highest care needs**

We want to make sure that people whose needs are greatest receive safe, high-quality care. We have targeted work that is focused on the needs of people of all ages with complex care needs (which are often both psychological and physical), those people who are frail or who have multiple needs and people coming to the end of their life.

- **Cancer services**

Many people's lives are touched by cancer, either directly or indirectly, and it remains a priority both nationally and locally. Significant progress has been made in detecting cancer earlier and in providing treatment, so that more people than ever now survive cancer. But there is more that we can do to improve awareness, early diagnosis and in providing prompt treatment to improve survival for patients and to achieve the ambitions of the national cancer strategy and the NHS Constitution cancer targets.

3. Effective collaboration

Effective partnership working will be central to achieving our goals. A key consideration is to determine the level of collaboration that is most effective in responding to people's needs: Primary Care Network level, "place based" or wider.

Over recent months local organisations across North Yorkshire and York have been meeting to discuss collaborative opportunities; this has led to a "willing coalition" agreeing in November 2018 to create a system partnership.

All CCGs, providers and upper tier local authority partners have committed to work together as a North Yorkshire and York system. This has been endorsed by NHS regulators, and is understood and supported within the Humber, Coast and Vale Sustainability and Transformation Partnership (STP) which creates an opportunity to respond positively to the ambitions set out in the NHS Long Term Plan.

[2] Mental Health Foundation
https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people

Partners have already started to discuss a tiered approach to creating more integrated mental and physical health care that is aligned with the needs of local communities of around 30,000-50,000 people. Additionally, conversations are exploring how to work more coherently together when shaping hospital services for the future.

It is anticipated that this new "system approach" will be led by a North Yorkshire and York Executive. This will create strategic direction and oversight for "place based" delivery for specific areas, such as the City of York.

We therefore have two related objectives for 2019/20:

- To work with partners to make the vision of "one-system" working across North Yorkshire and York a reality.
- Continuing to engage with people, communities and partners at a local level to further develop and embed our local approach to integration.

Where	How we will achieve integrated care
Primary Care Network (PCN)	By working with partners to identify local health needs, people's needs can be met in a way that is responsive, well-coordinated and that considers the person as a whole. Linking local communities, the voluntary sector, primary care, community services and social care. Promoting health and wellbeing, personal and community resilience.
Place	By working with local authority partners to integrate the commissioning of health and social care services, as well influencing decisions on broader issues such as employment, housing, transport, education and training. Jointly commissioning some services.
Integrated Care Partnership	By working as North Yorkshire and York "integrated system" on areas such as children's services, education and housing, to join up objectives that can deliver the ambitions of the NHS Long Term Plan and to jointly plan for sustainable hospital services.
System/STP	By working with partners across Humber Coast and Vale STP on joint issues, such as workforce development and use of estates and to remove artificial boundaries between services, that can get in the way of providing effective patient care for those patients who need specialist care and who cannot receive all their care locally.

4. Better value healthcare

We want to use NHS resources to best effect, in a way that achieves good clinical outcomes and positive experience for people who need health and care. We aim to develop a shared approach with partners that makes best use of our collective skills, so that we can improve the health outcomes of our population while optimising the use of resources.

Achieving a sound financial position is essential if we are to achieve our objectives. The modelling for NHS Vale of York CCG's recovery planning submission in May 2018 defined a significant financial gap for the NHS in the Vale of York by 2022/23, driven by an increasing population, patient demand and cost inflation and compounded by a lack of sufficient recurrent savings across the health care system over the last two to three years.

Healthcare organisations have a shared intention to develop integrated care; however, we know that we are broadly spending now the resources that we will have available to spend in 2022/23.

This hampers our ability to realise our intention and the ambitions of the long-term plan. We therefore need to consider how to rebalance our approach to investment.

For 2019/20 the CCG's intention is to continue to prioritise mental health and primary care services and this will in part be supported by additional investment in those areas. The current intention is for the £3 per head to be made available recurrently as part of the CCG's proposed multi-year financial plan. With regards to the Personal Medical Services (PMS) monies, these funds will be made available in full.

We are aiming to ensure we have a parity to our approach across all our providers. We continue to work with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) on our joint clinical priorities and to develop collaborative solutions to address issues of rising demand and capacity through an aligned incentives approach. This focuses on more people being cared for in community and primary care based settings and promotes prevention and improved mental health and wellbeing.

The aim is to ensure that we engage with our main acute hospital provider in the same way and as part of the overall health system. To this end NHS Vale of York CCG, NHS Scarborough and Ryedale CCG (S&R CCG) and York Teaching Hospital NHS Foundation Trust (YTHFT) have agreed that rather than focus on the increasing scale of a possible financial challenge, we will look to understand the potential to undertake "transformation" over the next three to five years, to reach a point where the current spend is both held and reshaped to deliver services in new ways, whilst contained within forecast allocated funding in and by 2022/23.

We have agreed the following principles:

- The NHS system is only viable if each organisation has a sustainable financial position within our overall available funding.
- A jointly owned process of planning and agreement across NHS organisations will be fundamental to achieving change of this nature (and is consistent with the principles of integrated care).
- Our collective focus will be on managing our total resource, rather than on single organisational perspectives and so managing financial risk collectively.
- We will develop a joint plan to contain spending within available resources by 2022/23 and deliver a 1% surplus by 2023/24.
- We all want to see more people cared for in community and primary care based settings and this will need appropriate resourcing.
- We recognise the value of existing work to improve health and care across all our organisations. We will strengthen our approach by bringing together skills from across our separate organisations to support the change that is needed to deliver the medium-term recovery plan.
- Working together across NHS organisations with a clear and consistent approach will improve our collective ability to work effectively with our partners, in particular the councils, so that we can deliver 'whole pathway' planning for local people and maximise benefits from the Improved Better Care Fund monies and further develop our focus on prevention.

In this way our financial strategy fully supports the overall intent to develop greater integration across the health and care system.

5. Strategy for system change

We are committed to our strategy for system change:

"Shifting the balance to prevention and early intervention, by supporting people and communities to improve their own health and wellbeing and strengthening primary care at a population level, so that hospitals provide only the care and treatment that needs to be provided in a hospital setting"

Our commissioning intentions describe how we will prioritise our work during 2019/20, to achieve the core requirements of patient safety, achieving national/constitutional standards and to move towards achieving longer term aims that reflect the ambitions of the NHS Long Term Plan and to take partnership working at a Primary Care Network level and as an "integrated system" across North Yorkshire and York to the next level of development.

Part B - COMMISSIONING INTENTIONS: PRIORITIES FOR 2019/20

1. Primary care and General Practice

Clinical leadership has been at the heart of the CCG's approach. There have been a number of initiatives to support the primary care workforce, including increased training opportunities for all groups of staff, developing new roles within primary care e.g. clinical pharmacists and physiotherapist in Practices, actively linking with GPs who are within the first 10 years of their career, both to support them in their clinical practice and to develop the leaders of the future, as well as working with GPs at a later stage of their career to support them to stay in clinical practice.

Investment of £3 per head has been used to support Practices to work together at a Primary Care Network level. We will continue to support the development of this and will look at ways to use the capacity that we have across localities to benefit all patients and staff in primary care.

In 2018/19 we have worked with practices to prepare for Care Quality Commission (CQC) inspection, to learn from each other and to focus on how this process can be used systematically to improve the quality of patient care.

Priorities for 2019/20:

- We will continue to invest in clinical and managerial leadership to further support the development of Primary Care Networks, so that 100% coverage is achieved by June 2019.
- We will support the prevention of ill-health by involving primary care more effectively in joint work with local authority public health colleagues.
- We will jointly commission a range of public health services, starting with primary care based contraception with the City of York (COY).
- We will work with TEWV so that primary care clinicians can be better supported to respond effectively to people's mental health needs (given that the majority of people with mental ill-health receive care primarily in primary care).
- Technology is playing a greater role in improving the ability of primary care to respond to people's needs, so we will rationalise the large number of digital platforms in operation and reduce the barriers to integration.

- We will work with Practices to support those who have problems with workforce (recruitment and/or retention) and in matching capacity to demand, to develop new ways of working to overcome these problems.
- We will work with the City of York Council on a joint estates review and will develop new ways of using estate effectively.

Medicines optimisation

Medicines prevent, treat or manage many illnesses or conditions and are the most common intervention in healthcare. Getting the most from medicines for both patients and the NHS is becoming increasingly important, as more people are taking more medicines. Our priority is to make sure that there is safe and effective prescribing by ensuring that people who need medication are on the right medicine, at the right dose, at the right time.

Priorities for 2019/20:

- **'**Medication without harm': we will use PINCER (pharmacist-led IT-based intervention to reduce clinically important medication errors in primary care) to reduce the number of medicines-related patient safety incidents.
- "Opioid Aware": we will work with GP Practices to review their prescribing of opiates and ensure prescribing is appropriate, safe and reviewed on a regular basis.
- Medicines waste reduction: we will continue with a range of initiatives to reduce waste by ensuring that each patient receives the right medicine, at the right dosage, at the right time.
- Medicines optimisation in care homes: a team of dedicated pharmacy professionals will conduct medication reviews with patients in care homes.
- Clinical pharmacists in GP Practice: we will continue to support our local GP Practices to recruit clinical pharmacists.
- We will work with local community pharmacy colleagues to promote self-care so that people who do not require medical advice can be treated with items that can be purchased over the counter from a pharmacy.
- We will support GP Practices with reducing inappropriate polypharmacy (the use of multiple medicines) and to make sure that the correct, appropriate formulary choices are in place.

2. Joint commissioning

In 2018/19 the CCG stated its commitment to the integration of health and social care by 2020. Joint commissioning with our partners in City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council is central to this commitment.

City of York

There has been significant progress during 2018/19 both at a strategic and operational level. The York Place Based Improvement Partnership is now in place, where senior leaders come together to drive progress on joint priorities. The York Better Care Fund (BCF) has been evaluated and re-launched to co-produce the local vision and strategy for integration in line with the BCF policy framework. At a neighbourhood level the "One Team" approach has been very successful at joining up services around the needs of individual older people.

Priorities for 2019/20:

- To embrace the core messages from the Care Quality Commission Local System Review follow up, to articulate and promote a simple, shared vision and to improve the pace of our journey towards integration, by going “further, faster, together”.
- To further develop and embed asset-based, strengths-based working to build community capacity and resilience, promote self-care and avoid dependence on services, linking Primary Care Networks and Local Area Co-ordination, Social Prescribing and Community Led Support.
- Continue to increase joint commissioning activity on specific programmes of work, such as Community Capacity, Prevention and Early Detection/Early Intervention, Looked After Children, Child and Adolescent Mental Health Services, Mental Health, Multiple Complex Needs, Reablement and Rehabilitation, Complex Dementia and End of Life care.
- To implement Phase 2 of the integration of The One Team, including developing technology to enable information sharing to support joint assessment, discharge planning and care and support plans.
- To continue to develop our approach to integration by developing a consistent approach to service specification, key performance indicators and outcome measures irrespective of provider.
- To continue the development of a comprehensive accommodation needs assessment and strategy for York.
- To improve our joint approach to working with the independent, voluntary and community sector to address delayed transfers of care from hospital.
- To increase the uptake of Personal Health Budgets, aligned where relevant to Personal Budgets and Direct Payments for social care.

North Yorkshire

The chief officers and directors from health, public health, adult social care and children’s services meet regularly as the North Yorkshire Commissioners’ Forum; this group works on the vision for integration as well as the blueprint for delivery. As the focus shifts from strategy development to operational delivery, an Integration Forum has been established for senior managers from partner agencies across North Yorkshire and Vale of York to coordinate this work.

Priorities for 2019/20:

- To continue our work with partner agencies across the districts of North Yorkshire, focused on our localities, to support the delivery of new models of care through the BCF and address joint priorities for developing workforce, the use of estates and how information technology can support the delivery of care.
- To increase the uptake of Personal Health Budgets, aligned where relevant to Personal Budgets and Direct Payments for social care.

East Riding of Yorkshire

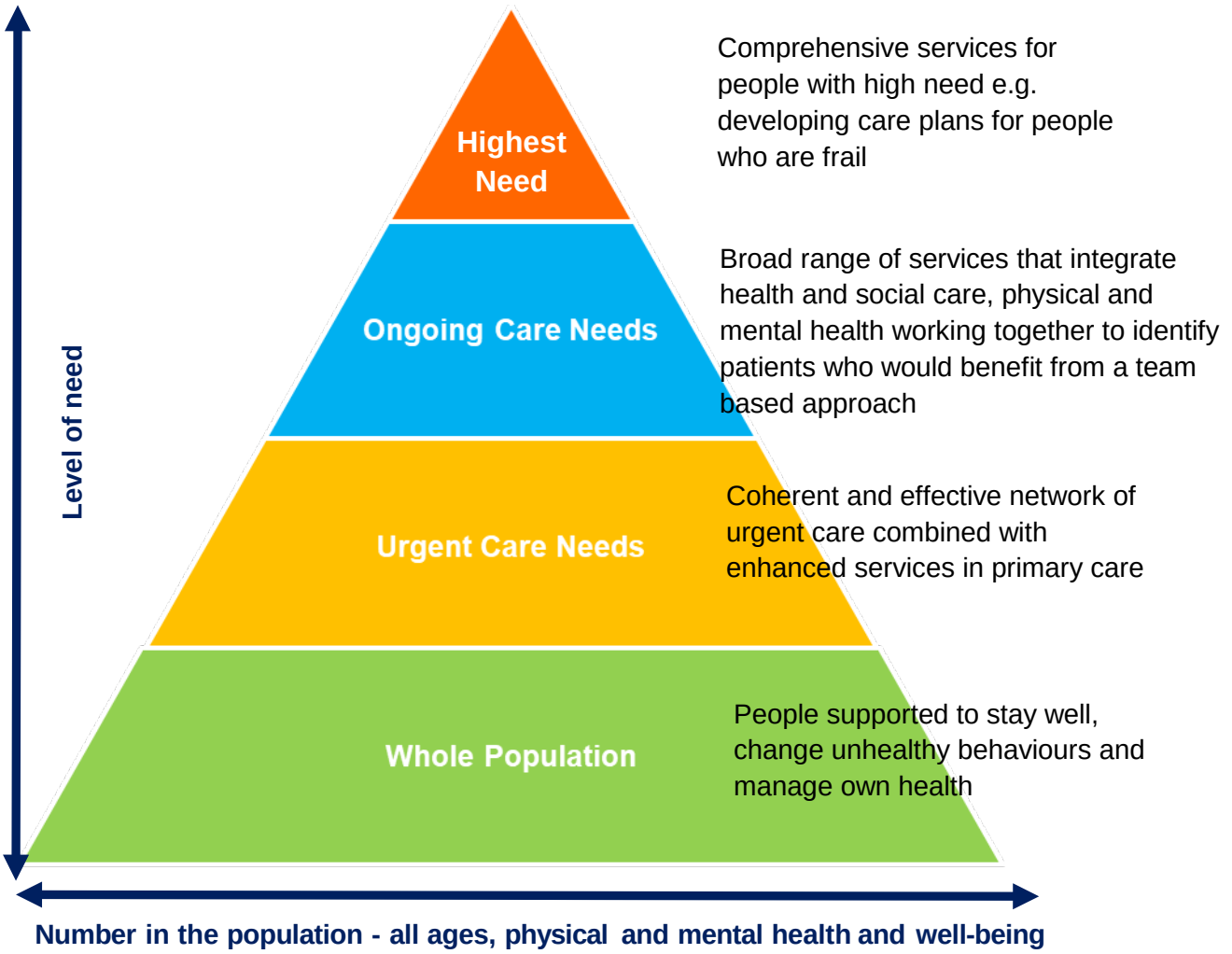
We commission health services for around 30,000 people who live within the East Riding of Yorkshire council boundary. Our priority for 2019/20 is to work with local authority partners to further develop our approach to joint commissioning and how this can support integrated care for people in this area.

3. Services commissioned in the community

We aim to reshape our approach to community services to one that is focused on Primary Care Networks, considers the needs of local populations, recognises the need to work with social care, to integrate physical and mental health care and to consider the needs of all age groups. Engaging local communities, working closely with the voluntary sector and with partners in primary care YTHFT and TEWV will be central to our approach.

So that we can understand the needs of local populations we have developed a model that considers people at different stages of their life and the range of care or support that they may need, from helping people to stay healthy through to caring for people with the most complex needs, and which considers both physical and mental health and care needs (see diagram below).

We will also consider what services are best provided in local Primary Care Networks, in a local authority area or wider.



Priorities for 2019/20:

- To work with primary care, community care providers, local authorities, the voluntary sector and with local communities to agree a strategy that describes a locally focused approach which:
- facilitates ongoing engagement with local communities and the voluntary sector;
- aligns with the approach of local authorities;
- addresses both urgent and planned care needs;
- integrates care across physical and mental health;
- addresses people's needs at all stages of their life.
- To support the development and design of community services in line with this strategy as it emerges, to influence future service provision, using existing resources differently to align services to local need and developing new services to address gaps in service provision within the resources available.
- To develop and agree a specification that for "core" adult community services is a basis for further development.

4. Supporting care homes and domiciliary care

We work in partnership with partners from health, social care and the voluntary sector to support care homes and domiciliary care providers to provide high quality, cost effective care for all residents within the Vale of York and continue our joint approach with S&RCCG to align work plans and identifying common themes to maximise impact.

Priorities for 2019/20:

- To embed the use of the Capacity Tracker Tool to identify and to make best use of bed capacity across care homes.
- To improve support to residents with mental health needs.
- To implement the hospital transfer pathway, to improve communication between home and hospital.
- To continue to promote 'React to Red' to improve the prevention of pressure sores.
- To support care homes and domiciliary care providers to prevent falls.
- To implement advanced care planning in care homes and to support care homes and domiciliary care providers to identify residents whose condition is deteriorating and to communicate this effectively, so that appropriate care and support is provided.
- To work with partners in care homes and domiciliary care to provide end of life care in line with best practice.

5. End of Life Care

We are working with partners across health, social care and the voluntary sector to promote a joined-up approach to improving the quality and experience of people who have palliative care needs, or who are at the end of their life. We asked for feedback from family members, clinicians, volunteers and people in receipt of services on their experience of care and the insight we received from them will guide our work in 2019/20.

Priorities for 2019/20:

- To work with partners in the multi-agency End of Life and Palliative Care Group to develop a comprehensive “all ages” end of life strategy that is evidence based and in-line with best practice.
- To agree a “Citizens Charter” to improve and further develop end of life care and support services.

6. Services for children and young people and maternity services

Services for children and young people

Building on work initiated in 2018/19 the CCG will work with local authority partners to develop joint approaches to the provision of health services for children and young people. It is the CCG’s intention to forge new, and strengthen existing, partnerships between all agencies that provide services working more collaboratively to improve the experiences of children, young people and families, particularly those young people with complex health needs, as they prepare for adulthood and transition from children’s to adult services.

Priorities for 2019/20:

- To work in partnership with YTHFT to develop a service transformation programme which focuses on the redesign of community children’s services. The service redesign will encompass special school nursing, community children’s nursing and specialist nursing provision, and other partners including community therapy services. This will result in a new community focused model of care.
- To develop clinical care and support pathways that cross through public health (Healthy Child Service), community services, secondary and tertiary care which also complement education and social care processes and support Special Educational Needs and Disability (SEND) strategies.
- To co-produce an outcome based service specification with a strong focus on prevention and wellbeing, so that support, training and advice can be offered when needed and thereby promote inclusivity and reduce the need for hospital contacts or crisis interventions.
- To develop a specialist paediatric continence service which is NICE compliant, improves quality and promotes positive patient experiences.

The CCG is equally committed to meeting its commissioning responsibilities in response to those children and young people with SEND working in close collaboration with partners in social care, public health, education, the voluntary sector and health providers.

Priorities for 2019/20:

- To ensure that the Education, Health and Care Plan is developed in line with the SEND Code of Practice statutory guidance.
- To support the City of York Council’s local offer to those children and young people accessing short breaks in a variety of settings. This will be delivered through the YTHFT transformation plan and be explicit in the new service specification.
- To work with partners to plan a ‘New Centre of Excellence’, a short breaks facility to be commissioned and built in the City of York for children with SEND, which will replace existing provision.

Maternity services

We are working with colleagues in the Local Maternity System on the action plan to achieve the recommendations of Better Births (2016), making sure that implementation of the plan and any service developments reflect the needs of our local communities and that the views of local women are central to the development of maternity services.

Priorities for 2019/20:

- To continue our work with providers to implement "care bundle recommendations", so that the numbers of stillbirths, neonatal and maternal deaths and brain injuries caused during or soon after birth are reduced.
- To work with providers to make sure that there is equitable access to evidence-based community specialist perinatal mental health care, which focuses on early intervention.
- To work with YTHFT to continue extending choice for women and continuity of carer, so that by 2020 35% of women have continuity of the person caring for them during pregnancy, labour and postnatally.
- To ensure the learning disability community and other vulnerable groups have services that meet their needs.

7. Services for people with mental ill-health.

Developing individual and community resilience, recognising the early signs of mental ill-health and intervening early to prevent deterioration, so that people of any age with an existing mental illness live with and manage their condition effectively forms the foundation of our work. We want to continue to see a shift in focus towards community based care that is fully integrated with primary care and other health and care services at a local level (and have agreed a joint post with TEWV to develop this approach).

As well as working to develop new approaches to care we will also work with TEWV to model the demand for services to allow a more effective response to current demand and future population needs.

Children and young people

Our focus remains on early identification and intervention, ensuring that specialist support is in place for those who need it and on effective partnership working as set out in Future in Mind (2015). The Local Transformation Plan (2015-2020) reflects the commitment of partners in the local health and care system to further improve the emotional and mental wellbeing of children and young people.

Priorities for 2019/20:

- To work with TEWV to reduce the waiting times for specialist mental health support by:
- monitoring the impact of additional investment made in 2018/19;
- reviewing the performance of the service at each stage of the support pathway and identifying how to minimise delay;
- reviewing early support and ensuring that it is effective;
- reviewing pathways of care and setting out options for improvement for children and young people with eating disorders, in conjunction with TEWV and North Yorkshire CCGs;

- working with TEWV and YTHFT's paediatric services to develop a consistent approach for physical health checks for children and young people with eating disorders.

Adult mental health

In 2019/20 we will continue to prioritise our work with partners in developing a 'whole person, whole life, whole system' mental health model, which has a clear focus on person-centred recovery and which integrates mental health, physical health and social care.

In 2019/20 there will be an increased focus on system reconfiguration around new models of integrated physical and mental health care that are locally focused. The new purpose-designed mental health hospital, due to open in April 2020 in York, has fewer inpatient beds, reflecting this move to community based care.

We will also continue to work with TEWV on achieving the shift in focus to early intervention, prevention and recovery aiming to identify opportunities to improve prevention, reduce lengths of stay and delayed transfers of care. Our approach takes account of recent revisions to the Mental Health Act (2018[3]), which emphasises early intervention and effective support to people at risk of crisis to avoid detention.

For people with complex needs, we will work with members of the North Yorkshire and York Transforming Care Board to an agreed common framework that will identify providers of care who have the capability to care for people with complex needs in a community setting and with partners across the STP to introduce new models of care that support people moving from specialist mental health services (commissioned by NHS England) to more local services.

Priorities for 2019/20:
There are a number of priorities that cover specific areas of mental health provision:

Improving the physical health of people with serious mental illness (SMI)

- To meet and sustain the national standard of 60% of people with an SMI on GP Practice registers receiving a full annual physical assessment and follow up care, thereby increasing the early detection of illness and improving clinical outcomes.

Improving access to psychological therapies (IAPT)

- To work with TEWV to:
  - ensure that there is capacity to meet and sustain locally agreed prevalence and recovery targets, to reduce the existing backlog of patients waiting for second appointment and to achieve agreed waiting time targets;
  - evaluate the use of digital technologies to extend the provision of services;
  - extend the support for people with long-term conditions including chronic fatigue;
  - develop specialist cognitive behavioural therapy services designed specifically for people with autism.

3 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762206/MHA_reviewFINAL.pdf

Services for people with a mental health crisis

- To ensure delivery of access and quality standards including 24/7 access to community crisis resolution, home treatment teams and mental health liaison services.
- To evaluate the “Core 24” psychiatric liaison service, to identify any improvements required to ensure that our investments in liaison services are in line with national best practice standards.
- To continue to work with partners to implement the actions identified in the suicide prevention strategies for York and North Yorkshire.

Early intervention in psychosis

- To ensure that over half the people experiencing a first episode of psychosis commence treatment with a NICE approved care package within two weeks of referral.
- To sustain standards so that more than 50% of patients referred with suspected first episode of psychosis commenced NICE accredited treatment within 2 weeks.

Dementia

- To work with primary care providers to increase the rate of diagnosis for dementia to 67% by 2019 in line with national targets.
- To develop and lead a plan to achieve improved diagnosis rates for people who live in care homes.
- To work with TEWV to implement the recommendations that everyone who may be living with dementia is identified so that they receive timely support.
- To work with TEWV to develop advanced care planning, to support people living with advanced dementia at home or in care homes and so reduce the need for emergency admission.
- To assess the potential increase in diagnosis from high risk groups (including alcohol related dementia and an increase in the identification of young onset dementia) and to support TEWV in modelling demand and capacity of the memory service to meet current and future demands on the service.

8. Services for people with a learning disability and/or autism or behaviour that challenges

Working with local authorities and NHS England partners through the Transforming Care Partnership, we will continue our focus on improving health and care services so that more people can live in their community. Building on the work in 2018/19 we will continue to focus on a “best value” approach.

Priorities for 2019/20:

- To minimise the risk for children and young people by developing a robust system of care through better integration across health, social care and education and by increasing the availability of intensive therapeutic support.
- To complete a joint review of the adult autism and Attention Deficit Hyperactivity Disorder service with North Yorkshire CCGs. The aim is to develop and pilot a new model that will manage demand and tackle long waits for diagnosis. In parallel, the CCGs will work with partners to develop a sustainable service model that is integrated across health and social care. This will include the development of a plan to put a new service in place by 1 April 2020.

9. Urgent and emergency care

We continue our joint approach with S&R CCG and our partners to integrate services so that we can support people as close to home as possible. Our priorities are to help people to make healthier choices, to self-care whenever possible and to support individuals in crisis, reducing the need to admit to hospital whenever possible by delivering timely urgent care and support.

To support this, partner organisations come together in the Health and Care Resilience Board, (formerly the A&E Delivery Board) which recognises the wider role of partners in working collaboratively to support the urgent care system both before people attend hospital, and after admission. Our focus is on supporting people to get safely home as soon as clinically appropriate, as well as reducing the things that can sometimes delay people leaving hospital, particularly when additional care and support is required.

Priorities for 2019/20:

- To continue to develop a range of wider system support, including social prescribing, self-care and care coaching.
- To work with colleagues in primary care to support improved access to services in the evenings and at weekends, as part of a greater range of services to support people close to home and enable timely access to primary care services.
- To help people to use the full range of support services available that best suits their needs, including self-care, accessing pharmacy advice, General Practice, community services and rapid response services.
- To support people in crisis at home wherever possible by developing effective ways to provide the care that they need, when they need it, by further developing our approach for:
  - seeing and treating people at scene rather than conveying them to hospital wherever this is clinically appropriate;
  - integrated care teams of health and social care practitioners helping people to stay at home;
  - initiatives aimed at supporting rapid and safe discharge from hospital, with projects to support frail elderly with planned assessments rather than admission in a crisis;
  - step up schemes e.g. short-term admission to a community hospital, support from rapid access teams to support short term crisis management;
  - GP assessment at the front door of the Emergency Department to support alternative methods of treatment rather than attendance at the Emergency Department for more minor conditions and injuries;
- As part of our approach for integrated community care: develop plans based on local health needs, with clarity on what urgent care should be delivered close to home and what should be delivered at a wider geographical level.

10. Transformation of acute hospital services

In 2019/20 our priority is to make sure that our services can respond to the growth in demand within the recurrent resources that we receive. Ensuring that our acute hospital services are sustainable within this resource, and the way care is co-ordinated between hospital clinicians and those in primary care, is critical to meeting this demand.

This is driving significant and innovative new ways of working for clinicians, operational teams and patients led by new clinical leaders who are committed to developing new ways of providing sustainable care for our patients; with more care provided out of hospital.

The CCG is committed to supporting the development of strong clinical networks that span primary and secondary care. We will continue to progress work with colleagues across S&R CCG, YTHFT, primary care and other care partners to develop shared care pathways which will mean that services provided in and out of hospital are "joined up", that the time that patients wait for advice and a definitive diagnosis is reduced and that clinicians can develop innovative ways to improve the way that services are delivered (e.g. considering how digital platforms and new skill mix in our local workforce can support new ways of working). We will engage patients in this work so they can shape the information and support that they receive and influence any changes to the way that services are provided.

We also need to ensure that our clinicians have good access to diagnostic capacity alongside IT systems, so that the right patient and clinical information is available for clinicians to make a definitive diagnosis as early as possible. This supports recovery and improves clinical outcome for patients, as well as improving the co-ordination, quality and experience of their care.

We want to use technology to connect care and provide new ways of supporting the way that care is provided; this includes e.g. providing diagnostic information, support for self-care and enabling people to manage their condition better by using smart technology.

Priorities for 2019/20:

- There are some services, where the number of referrals is not matched by capacity; e.g. staffing, diagnostics and estates. We are prioritising work with our partners on ophthalmology, dermatology and radiology services, so that we can develop sustainable models for providing these services.
- Optimising the MRI and CT capacity that we have available to support fast track referrals and further improve cancer diagnosis capability, so that we can achieve the 28-day definitive diagnosis target by 2020.
- To develop "Rapid Expert Input" as a new model of care, designed to improve the way that clinicians in primary care and hospital consultants work together, to share information so that expert advice and information is available to make diagnoses and plan care. This will mean that patients will not always need to go to hospital outpatients in person, but will be cared for close to home.

11. Cancer services

The Humber Coast and Vale Cancer Alliance is working with all CCGs and providers within the STP to implement the changes needed to achieve the ambitions of the national cancer strategy and the NHS Constitution cancer targets. There is also a requirement to support progress towards the target that by 2020 patients with suspected cancer will have a diagnosis within 28 days of being referred.

We are also working jointly with S&R CCG and YTHFT to improve local cancer services, where our particular focus is on decreasing the diagnosis of late stage cancers and hence improve 1-year survival.

Priorities for 2019/20:

- To support the cancer champion programme to encourage increased awareness of the symptoms of cancer.
- To increase the uptake of screening for bowel, cervical and breast cancers, particularly targeting people with learning disabilities who have previously found it difficult to take part in screening programmes and hence have poor uptake.
- To pilot “straight to test” for suspected lower gastrointestinal cancer and to roll out Faecal Immunochemical Testing (FIT) for bowel cancer during 2019/20.
- To improve the early diagnosis of skin cancer by using teledermatology to speed up diagnosis.
- To improve access to radiology and histology services to speed up diagnosis.
- To work with the Cancer Alliance on the lung, colorectal, prostate cancer and oesopho-gastric cancer pathways, and on services for people with vague symptoms.
- To implement a stratified approach for follow up for breast cancer in 2019 so that from April 2020 approximately two-thirds of patients who finish treatment for breast cancer are on a supported self-management follow-up pathway.

12. Commissioning for quality

By focusing relentlessly on quality, the CCG aims to commission more effective and responsive services; this is of even greater importance when there is financial constraint and a need to demonstrate value for money. We have strengthened our assurance role (including our role in quality impact assessment) and will build on this in 2019/20, continuing to ensure that quality is central to any service change, new commissioning policy or transformation programme.

We will continue to take the lead for quality of hospital services on behalf of S&R CCG and as more integrated ways of commissioning and providing services are developed, we will actively consider how to develop a more streamlined and coordinated approach to quality assurance; considering this at a local system level, by working with our CCG and local authority partners within the City of York and across North Yorkshire, as well as across the STP area.

Priorities for 2019/20:

- In recognition of the role that the workforce has in delivering high quality care, we will build on joint work that has been done in 2018/19 with YTHFT, S&R CCG and East Riding CCG, together with primary care, to develop a joint approach to developing and sustaining the nursing workforce.
- We will work with YTHFT to develop a joint approach to services where there is an opportunity to integrate care across acute and community settings and where it is possible move care closer to home - the initial priority for this approach will be the tissue viability service.
- We will support the Scarborough Acute Services Review by assessing the impact of any proposed changes to the inter-relationship between services provided on the two main hospital sites on those provided at York District Hospital site.
- We will continue to support primary care in their approach to regulatory assessment by the CQC, ensuring that this is used in a positive way to build on the high standards for primary care provision.

PART C - CONCLUSIONS AND NEXT STEPS

These commissioning intentions describe ambitious but realistic ambitions for 2019/20. The next step is to share these intentions with partner organisations as a means of signalling our intent regarding service improvement and wider system change.

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Item Number: 9

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 4 April 2019

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Report Month 11

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 2018/19 as at the end of February 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

Covalent Risk Reference and Covalent Description

F17.1- ORG Failure to deliver 1% surplus
F17.2 – ORG Failure to deliver planned financial position
F17.3 – ORG Failure to maintain expenditure within allocation

Emerging Risks (not yet on Covalent)
Recommendations The Governing Body is asked to note the financial performance to date and the associated actions.

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer	Caroline Goldsmith, Deputy Head of Finance Michael Ash-McMahon, Deputy Chief Finance Officer

Finance and Contracting Performance Report – Executive Summary

April 2018 to February 2019

Month 11 2018/19

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

Issue	Improvement	Action Required
Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)	A reduction in the 2018/19 contract value of £2.0m has been agreed using slippage and a Trust contribution to support service transformation whilst maintaining the planned performance delivery in-year.	The CCG has formally responded to TEWV and now needs to transact this via a contract variation.
Prescribing	Although prescribing is still forecast to overspend significantly there has been an improvement in the forecast in Month 11. This is despite there being an increase in the forecast NCSO (forecast £832k in Month 10, £999k in Month 11).	Continue work to deliver additional savings through Prescribing Indicative Budgets in Q4. Monitor the national situation regarding NCSO and continue to forecast taking account of all available information relating to this cost pressure. The CCG is aware that the Month 12 allocation includes additional central funding in recognition of this issue in part.
Other Primary Care Prior Year Balances	A review of expenditure in relation to £3/head and PMS premium monies has been carried out and a revised forecast has been generated which results in a saving of £140k.	Continue to monitor £3/head spend closely, working with GP Practices to understand commitments.
Prior Year Balances	The benefit from prior year balances has increased again in Month 11, reflecting the financial impact of resolving 2017/18 expenditure.	

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

Issue	Deterioration	Action Required
CHC	The continuing care forecast position has deteriorated by £215k in Month 11. This is due to a number of backdated claims which have been approved in month.	The finance and operational teams continue to work closely together to identify all outstanding issues and disputes, some of which may improve the position, as part of the year-end. The finance team is also meeting with local authority colleagues to try to agree the process for reconciling with them.
Acute Services (excluding York Teaching Hospital NHS Foundation Trust)	Acute Services have deteriorated by £148k in comparison to the Month 10 forecast outturn. This largely relates to activity based contracts with Leeds, Hull and Harrogate Trusts.	Continue to negotiate year end agreements with providers to reduce the risk of any further increases in activity and cost. Continue to investigate increases in activity to establish if there are areas of concern.

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. Financial recovery actions – The financial recovery actions agreed by Executive Committee are shown in Section 8 of the financial performance report. Delivery of these actions will be reported on each month for the remainder of the financial year.

2. Multi-year financial recovery plan – The CCG submitted its draft financial plan for 2019/20 on the 12th February, as approved by Governing Body. However, there is a significant risk in the plan due to the different assumptions between the CCG, as we have constructed an offer based on the multi-year recovery principles agreed in December, and YTHFT who initially moved to a PbR based contract value in order to meet their control total. This resulted in a York-Scarborough system gap of £27.5m to achieving control totals.

The scale of the gap was such that the CCG escalated this to the STP for mediation. Following this meeting further work has been undertaken to close this gap down to £15.7m. However, the gap that remained meant the CCG was unable to sign a contract in line for the 21st March deadline and it is therefore expected that there will be a further review required by the STP and regulators. Further cost reduction opportunities have been identified that further close this gap, however it is fundamental that these are jointly agreed across the system in order to ensure that all partners have a plan that can deliver their control total.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	Year to Date				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					7.6	7.0	0.6	G →
In-year total expenditure does not exceed total allocation (Programme and Running costs)					468.0	486.7	(18.6)	R →
Better Payment Practice Code (Value)	95.00%	99.34%	4.34%	G	95.00%	>95%	0.00%	G →
Better Payment Practice Code (Number)	95.00%	96.49%	1.49%	G	95.00%	>95%	0.00%	G →
CCG cash drawdown does not exceed maximum cash drawdown					486.7	486.7	0.0	G →

- 'In-year total expenditure does not exceed total allocation' – outturn expenditure is forecast to be £18.6m higher than the CCG's in-year allocation. This represents a £6.0m deterioration from plan.

Financial Performance Summary

Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £m	Actual £m	Variance £m	RAG rating	Target £m	Actual £m	Variance £m	RAG rating
Running costs spend within plan	6.3	6.4	(0.1)	A	6.8	7.0	(0.2)	G
Programme spend within plan	433.5	440.3	(6.8)	R	473.7	479.5	(5.9)	R
Actual position is within plan (in-year)	(11.4)	(18.4)	(6.9)	R	(12.6)	(18.6)	(6.0)	R
Actual position is within plan (cumulative)					(56.4)	(62.5)	(6.0)	R
Risk adjusted deficit					(18.6)	(18.6)	0.0	G
Cash balance at month end is within 1.25% of monthly drawdown (£k)	465	160	305	G				
QIPP delivery	12.9	6.8	(6.2)	R	14.5	7.7	(6.8)	R

QIPP Summary

QIPP Summary	£m
QIPP Target	14.5
Delivered at Month 11	6.8
QIPP Remaining	7.7

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: March 2019

Financial Period: April 2018 to February 2019 (Month 11)

1. Overall reported financial position

The Year to Date (YTD) reported deficit at Month 11 is £18.4m, and the forecast deficit for 2018/19 remains at £18.6m. The forecast position represents a £6.0m adverse variance against the CCG's financial plan and includes the anticipated effect of the additional financial recovery actions which have been agreed by Executive Committee and detailed in Section 8. The delivery of these actions will continue to be monitored in this report and via the Financial Recovery Board.

Excluding the receipt of Quarter 1 Commissioner Sustainability Funding (CSF), the CCG is forecasting an in-year deficit of £20.0m against a planned deficit of £14.0m. This continues to represent a further year of stabilisation of the CCG's financial position when compared to the 2017/18 deficit of £20.1m.

For clarity, the table below shows the CCG's financial plan (YTD and forecast outturn) adjusted for CSF.

	Year to Date	Forecast Outturn	
CCG planned surplus / (deficit)	(£10.5m)	(£14.0m)	As per submitted financial plan
CSF received	£1.4m	£1.4m	Q1 payment received, 10% of total value as per national quarterly profile
Planned surplus / (deficit) net of receipt of CSF	(£10.3m)	(£12.6m)	
Reported surplus / (deficit)	**(£18.4m)**	**(£18.6m)**	
Variance to financial plan	(£8.1m)	(£6.0m)	

2. Year to Date Supporting Narrative

The reported YTD deficit is £18.4m against a plan of £11.4m. Within this position are several variances from plan which are explained in further detail in the table below.

QIPP delivery of £6.8m has been achieved against a plan of £12.9m. This largely relates to schemes outside of the Aligned Incentive Contract (AIC) with York Teaching Hospital NHS Foundation Trust (YTHFT), and these are shown in detail in Section 7.

Reported year to date financial position – variance analysis

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust (YTHFT)	(£11.23m)	The AIC contract with YTHFT is reported with the risk share fully invoked within the contract position. The YTD position also includes the impact of the over trade on high cost drugs and devices and an estimated cost relating to the increase in unplanned activity.
Continuing Care	(£2.42m)	The reported year to date position is based on information from the QA system. The YTD position includes the £1.0m pressure resulting from the reconciliation work completed by Scarborough and Ryedale CCG. The CHC plan includes £2.2m of YTD QIPP; actual savings of £1.5m have been delivered within the YTD position.
Contingency	£2.32m	The 0.5% contingency provided for in plan has been fully released in the YTD position.
Tees, Esk and Wear Valleys NHS Foundation Trust	£1.91m	The year to date position includes a £1.8m reduction to the contract value in 2018/19 which has now been agreed with the Trust.
Mental Health Out of Contract Placements	(£1.56m)	The overspend in this area has been reviewed and found to be due to a combination of corrections of coding of packages between budget lines by the PCU, the full year effect of placements agreed in 2017/18 and minimal placements ending in year.
Other Primary Care	£1.27m	The primary care £3 per head provided in plan was £987k for April to February. Schemes funded by £3 per head have slipped and so spend in this period has been minimal. The plan also includes £178k year to date expenditure for the RightCare Circulation QIPP; however no expenditure has been incurred against this scheme.
Ramsay	£1.25m	The trading position with Ramsay remains below plan.
Primary Care Prescribing	(£0.98m)	There has been a significant overspend against budget on prescribing due to No Cheaper Stock Obtainable (NCSO) adjustments. The year to date impact of this is £856k.
QIPP adjustment	£0.86m	The CCG identified QIPP schemes totalling £859k more than required to deliver the financial plan. Identified schemes were applied to the relevant expenditure lines in full, which therefore created an additional QIPP 'contingency' of £859k. This has been fully released in the YTD position.
Other Prescribing	(£0.86m)	Other prescribing includes a YTD overspend on prescribing indicative budgets which is being managed within the forecast outturn by partly deferring the payment into next year.
CHC Clinical Team	£0.71m	The YTD position reflects the lower level of spend compared to the budget set to fund the former Partnership Commissioning Unit.
Non-Contracted Activity	(£0.65m)	Spend on non-contracted activity remains significantly

		higher than budgeted for.
Prior Year Balances	£0.65m	This includes the financial impact of resolving expenditure relating to the 2017/18 financial year, where estimates had been made at year end.
Other Mental Health	£0.56m	Costs in relation to Transforming Care Partnerships (TCP) have been re-profiled in line with expected discharge timescales.
York Teaching Hospitals NHS Foundation trust - Community	(£0.51m)	
Other variances	£1.77m	
Total impact on YTD position	**(£6.92m)**	

3. Forecast Outturn Supporting Narrative

The forecast outturn is £18.6m which represents a £6.0m deterioration against the plan. The main variances within this forecast are detailed in the following table.

The CCG is not reporting any further risks to the forecast financial position, and all identified mitigations are now reflected in the reported forecast outturn.

Forecast in-year financial position – variance analysis

Description	Value	Commentary / Actions
York Teaching Hospital NHS Foundation Trust (YTHFT)	(£12.34m)	The AIC contract with YTHFT is forecast with the risk share fully invoked. The forecast also includes the impact of the over trade on high cost drugs and devices, and an estimated cost relating to the increase in unplanned activity. The AIC position is reported in more detail in Section 9.
Continuing Care	(£2.61m)	The reported forecast position is based on information from the QA system. The forecast includes delivery of £1.8m of QIPP against a QIPP target of £2.5m. The YTD and forecast positions include the £1.0m cost pressure relating to the reconciliation work carried out by Scarborough and Ryedale CCG.
Contingency	£2.32m	The full value of the 0.5% contingency has been released in to the forecast outturn position.
Tees, Esk and Wear Valleys NHS Foundation Trust	£1.93m	The forecast position includes the agreed £2.0m reduction to the contract value in 2018/19.
Mental Health Out of Contract Placements	(£1.71m)	The overspend in this area has been reviewed and found to be due to a combination of corrections of coding of packages between budget lines by the PCU, the full year effect of placements agreed in 2017/18 and minimal placements ending in year.
Ramsay	£1.34m	The forecast trading position with Ramsay remains below plan.
Other Primary Care	£1.38m	This includes financial recovery actions relating to £3 per head practice transformation funding and Improving Access – the value of these is £1.0m.

Prescribing	(£1.05m)	Adjustments in respect of No Cheaper Stock Obtainable (NCSO) continue to be an issue in November. The forecast impact of this is £999k.
QIPP adjustment	£0.86m	The CCG identified QIPP schemes totalling £859k more than required to deliver the financial plan. Identified schemes were applied to the relevant expenditure lines in full, which therefore created an additional QIPP 'contingency' of £859k. This has been fully released in the forecast position.
Other Services	£0.86m	This includes financial recovery action of £598k relating to NHS Property Services.
Reserves	£0.81m	This forecast now only includes the expected expenditure in relation to primary care networks.
CHC Clinical Team	£0.75m	The forecast position reflects the lower level of spend compared to the budget set to fund the former Partnership Commissioning Unit.
Non-Contracted Activity	(£0.71m)	Spend on non-contracted activity has continued to increase and is being investigated to understand if it relates to particular providers or specialties, and if a similar pattern is being seen in other CCGs.
Other Mental Heath	£0.66m	The forecast has been updated to reflect the expected financial impact of Transforming Care Partnerships, which is lower than plan.
Prior Year Balances	£0.65m	This includes the financial impact of resolving expenditure relating to the 2017/18 financial year, where estimates had been made at year end.
York Teaching Hospital NHS Foundation Trust – Community Services	(£0.61m)	The AIC included a planned £700k QIPP relating to community services, this variance represents the risk share element of non-delivery of this scheme.
Other variances	£1.43m	
Total impact on forecast position	**(£6.04m)**	

4. Allocations

Allocation adjustments have been received in Month 11, as follows:

Description	Recurrent / Non-recurrent	Category	Value
Total allocation at Month 10			£424.06m
GP workload tool backfill for GPs to test	Non-recurrent	Core	£0.00m*
Cancer 62 Day Performance Improvement Funding	Non-recurrent	Core	£0.13m
Total allocation at Month 11			**£424.19m**

*Note that this allocation is £2k.

The CCG has also received advanced notification of additional allocations in Month 12 from NHSE nationally to recognise part of the NCSO pressure and system support requirements.

5. Underlying position

Following development of the CCG's draft plan model, the underlying position below now takes account of full year effects and reflects the opening position for 2019/20. This includes an adverse adjustment for the non-recurrent PbR discount achieved through the aligned incentive contract in 2018/19 and the beneficial removal of the planned winter pressures investment as until the contract is signed these would not be in place. It also includes the assessment of the full year effect of the CHC QIPPs delivered in-year.

Description	Value
Planned in-year deficit	**(£12.60m)**
Adjust for non-recurrent items in plan -	
Commissioner Sustainability Funding Q1	(£1.40m)
Primary Care £3 per head	£1.08m
Repayment of system support	£0.33m
Other non-recurrent items in plan	£0.04m
Forecast outturn variance from financial plan	(£6.05m)
Adjust for non-recurrent variances in forecast outturn	
CHC legacy reconciliation	£1.00m
Non recurrent financial recovery actions	(£3.47m)
Other non-recurrent variances	(£1.50m)
Full year effect of QIPP schemes	£2.69m
Other full year effects	(£0.65m)
Underlying financial position	**(£20.53m)**

6. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 28 February 2019. The CCG's Maximum Cash Drawdown as determined by NHS England was updated in November for the expected value of depreciation and is now showing as being met in year.

The CCG achieved the Better Payment Practice Code in terms of both the volume and value of invoices being paid above the 95% target in Month 11.

7. QIPP programme

			Year to Date			Forecast Outturn		
Area	**Ref**	**Scheme**	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Planned Care	2018/01	Trauma and Orthopaedics	1,969	0	(1,969)	2,250	0	(2,250)
	2018/02	Optimising Health Thresholds	917	2,167	1,250	1,000	2,336	1,336
	2018/03	General Surgery / Gastroenterology	889	0	(889)	1,000	0	(1,000)
	2018/04	Biosimilar high cost drugs gain share	580	452	(128)	632	582	(51)
	2018/05	Microsuction (ENT)	208	0	(208)	250	0	(250)
	2018/06	Cardiology	356	0	(356)	400	0	(400)
	2018/07	Ophthalmology	301	0	(301)	338	0	(338)
	2018/08	Back Pain PLCV	300	0	(300)	338	0	(338)
	2018/09	Neurology	267	0	(267)	300	0	(300)
	2018/10	PLCVs	251	0	(251)	282	0	(282)
	2018/11	General Medicine	137	0	(137)	156	0	(156)
Out of Hospital	2018/17	Reduce ED Attendances	138	0	(138)	151	0	(151)
	2018/20	Non Elective Admissions Management	1,072	0	(1,072)	1,169	0	(1,169)
	2018/21	Delayed Transfers of Care (DToC) Reduction	563	0	(563)	614	0	(614)
	2018/22	Community Beds Productivity Programme	583	0	(583)	700	0	(700)
	2018/23	Patient Transport project - reprocurement	135	247	112	150	277	127
	2018/24	Community Podiatry	24	37	13	26	37	11
		Continence Gainshare	0	15	15	0	17	17
Prescribing	2018/40	Minor Ailments Prescribing	69	0	(69)	75	0	(75)
	2018/41	Prescribing Schemes	1,375	1,417	42	1,500	1,628	128
	2018/42	Continence and Stoma Care	47	0	(47)	53	0	(53)
Primary Care	2018/31	GPIT - NYNET	103	103	(0)	113	113	(0)
	2018/32	Other Primary Care Indicative Budgets	111	0	(111)	125	0	(125)
Complex Care	2018/50	Complex Care - CHC and FNC benchmarking	2,187	1,483	(704)	2,500	1,796	(704)
	2018/51	Recommission MH out of contract expenditure	438	292	(146)	500	342	(158)
Running Costs	2018/60	Commissioning support (eMBED) contract savings	214	214	0	233	233	0
	2018/61	Vacancy Control	483	348	(135)	527	367	(160)
		Optimising elective capacity	0	0	0	0	0	0
		Adjustment for identified schemes above in-year QIPP requirement	(788)	0	788	(859)	0	859
			12,928	**6,776**	**(6,152)**	**14,524**	**7,727**	**(6,797)**

8. Financial Recovery Actions

The CCG's Executive Committee agreed financial recovery actions with a total value of £3.83m on 27 September 2018, which are detailed below. These recovery actions are included within the CCG's forecast outturn.

Action	Value agreed by Executive Committee (£m)	Value included in FOT (£m)	Comments
Additional unplanned activity at YTHFT	1.00	1.00	The forecast outturn for the AIC with YTHFT includes an estimate of cost for additional unplanned activity, which is currently based on 20% of tariff value. The CCG is disputing this basis and is challenging the need for additional Winter Planning costs over and above this.
Contract negotiations	1.37	2.82	The CCG has approached a number of providers to discuss non-recurrent in-year system support around contract values.
Primary Care underspends	1.10	1.61	Various actions to maintain the currently anticipated underspends within primary care over the remainder of the year.
City of York Council Better Care Fund uncommitted funds	0.05	0.05	The CYC BCF fund currently has £50k of CCG contribution uncommitted.
Vascular activity	0.30	0.00	The CCG has reviewed coding of vascular activity and concluded that charges are in line with guidance. This recovery action has now been removed from the CCG's forecast outturn.
Total identified recovery actions	**3.83**	**5.48**	

9. Aligned Incentive Contract with York Teaching Hospital NHS Foundation Trust

The detail of the reported position for the AIC is shown in the table below.

	YTD £m	FOT £m	Comments
Contract value	201.18	219.32	This represents the value of the agreed contract.
Application of risk share above contract value	3.30	3.70	The reported position assumes that the risk share related to non-delivery of QIPP schemes has been invoked in full.
Excluded drugs and devices	0.76	0.83	High cost drugs and devices are included in the AIC as a risk / gain share, with the CCG and YTHFT sharing additional costs and benefits on a 50/50 basis.
Increased cost of additional unplanned activity	1.94	2.12	The AIC allows for quantified and agreed exceptional incremental costs of delivering unplanned care activity where this is over and above the baseline included in the contract value. The YTD and forecast figures reported have been aligned with YTHFT's assessment of additional cost.
Funding of winter schemes	0.00	1.00	The CCG has not committed to fund the £1.0m of winter schemes proposed by YTHFT over and

			above the additional unplanned activity costs.
Financial recovery action – additional unplanned activity at YTHFT	0.00	(1.00)	See Section 8 above.
Cardiac Resynchronisation Therapy Pacemakers	0.43	0.47	This service was not included in the original contract value due to uncertainty whether commissioning responsibility was CCG or NHS England Specialised Commissioning. The CCG are expecting to pay YTHFT for this service, but are seeking to confirm whether any funding should transfer from NHS England.
Excluded drugs QIPP schemes	(0.45)	(0.58)	Forecast savings on biosimilar high cost drugs
Total reported contract position	**207.16**	**225.85**	

Appendix 1 – Finance dashboard

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn (FOT)			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioned Services																		
Acute Services																		
York Teaching Hospital NHS FT	176,018	187,250	(11,232)	160,136	170,518	(10,382)	15,882	16,732	(850)	191,815	204,152	(12,337)	191,650	203,974	(12,324)	165	178	(13)
Yorkshire Ambulance Service NHS Trust	12,018	11,942	76	10,925	10,850	76	1,093	1,093	0	13,110	13,035	76	13,110	13,035	76	0	(0)	0
Leeds Teaching Hospitals NHS Trust	7,874	7,660	214	7,187	6,942	245	687	718	(31)	8,604	8,365	239	8,604	8,300	304	0	65	(65)
Hull and East Yorkshire Hospitals NHS Trust	2,903	2,824	79	2,672	2,545	126	231	279	(47)	3,173	3,096	77	3,173	3,043	130	0	53	(53)
Harrogate and District NHS FT	2,088	2,262	(174)	1,905	2,013	(108)	183	249	(66)	2,283	2,473	(190)	2,283	2,412	(129)	0	61	(61)
Mid Yorkshire Hospitals NHS Trust	2,170	1,859	311	1,983	1,700	284	186	159	27	2,365	2,025	340	2,365	2,026	339	0	(1)	1
South Tees NHS FT	1,245	1,265	(20)	1,132	1,156	(24)	113	109	4	1,358	1,378	(20)	1,358	1,378	(20)	0	0	0
North Lincolnshire & Goole Hospitals NHS Trust	418	347	71	380	319	61	38	28	10	456	372	85	456	366	90	0	5	(5)
Sheffield Teaching Hospitals NHS FT	185	329	(144)	168	348	(179)	17	(19)	35	202	354	(152)	202	381	(179)	0	(27)	27
Non-Contracted Activity	3,953	4,606	(652)	3,594	4,188	(594)	359	417	(58)	4,313	5,021	(708)	4,313	5,018	(705)	0	3	(3)
Other Acute Commissioning	969	989	(20)	881	900	(19)	88	90	(1)	1,057	1,082	(25)	1,057	1,085	(28)	0	(4)	4
Ramsay	5,411	4,160	1,250	4,908	3,780	1,127	503	380	123	5,939	4,603	1,336	5,939	4,603	1,336	0	0	(0)
Nuffield Health	2,897	3,244	(347)	2,647	2,980	(333)	250	263	(14)	3,159	3,507	(348)	3,159	3,507	(348)	0	0	0
Other Private Providers	1,141	1,223	(82)	1,037	1,117	(80)	104	105	(2)	1,245	1,334	(89)	1,245	1,341	(96)	0	(7)	7
Sub Total	**219,290**	**229,959**	**(10,669)**	**199,556**	**209,357**	**(9,800)**	**19,734**	**20,603**	**(869)**	**239,081**	**250,797**	**(11,716)**	**238,916**	**250,471**	**(11,556)**	**165**	**326**	**(161)**
Mental Health Services																		
Tees, Esk and Wear Valleys NHS FT	37,698	35,788	1,909	34,265	34,189	77	3,432	1,600	1,833	41,130	39,204	1,925	41,130	40,454	675	0	(1,250)	1,250
Out of Contract Placements	5,038	6,599	(1,561)	4,603	6,042	(1,440)	435	557	(122)	5,473	7,181	(1,708)	5,473	7,136	(1,663)	0	45	(45)
SRBI	1,549	1,063	486	1,408	969	438	141	93	47	1,689	1,185	505	1,689	1,189	500	0	(4)	4
Non-Contracted Activity - MH	377	538	(160)	343	498	(155)	34	39	(5)	412	547	(135)	412	547	(136)	0	(0)	0
Other Mental Health	947	392	556	861	350	511	86	41	45	1,034	375	658	1,034	396	638	0	(21)	21
Sub Total	**45,609**	**44,380**	**1,229**	**41,480**	**42,049**	**(569)**	**4,129**	**2,331**	**1,798**	**49,738**	**48,492**	**1,246**	**49,738**	**49,723**	**15**	**0**	**(1,231)**	**1,231**
Community Services																		
York Teaching Hospital NHS FT - Community	16,587	17,097	(510)	15,143	15,563	(420)	1,444	1,534	(90)	18,031	18,645	(613)	18,031	18,661	(630)	0	(17)	17
York Teaching Hospital NHS FT - MSK	2,156	2,109	47	1,957	1,915	41	200	194	6	2,356	2,303	53	2,356	2,303	53	0	0	0
Harrogate and District NHS FT - Community	2,357	2,507	(150)	2,143	2,290	(148)	214	216	(2)	2,575	2,739	(165)	2,571	2,741	(169)	3	(1)	4
Humber NHS FT - Community	1,834	1,834	0	1,659	1,659	0	175	175	0	2,009	2,009	0	2,009	2,009	0	0	0	0
Hospices	1,165	1,166	(0)	1,060	1,060	(0)	106	106	(0)	1,271	1,272	(1)	1,271	1,272	(1)	0	0	0
Longer Term Conditions	386	254	133	351	235	116	35	19	17	422	277	145	422	283	139	0	(5)	5
Other Community	2,597	2,137	459	2,361	1,903	458	236	235	1	2,833	2,338	495	2,833	2,297	536	0	41	(41)
Sub total	**27,083**	**27,104**	**(21)**	**24,672**	**24,625**	**47**	**2,410**	**2,479**	**(68)**	**29,496**	**29,583**	**(87)**	**29,493**	**29,565**	**(72)**	**3**	**18**	**(14)**

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn			FOT Previous Month			FOT Movement		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Other Services																		
Continuing Care	23,632	26,052	(2,420)	21,597	24,183	(2,586)	2,035	1,868	166	25,667	28,273	(2,607)	25,667	28,058	(2,392)	0	215	(215)
CHC Clinical Team	1,716	1,006	711	1,560	925	636	156	81	75	1,873	1,123	750	1,873	1,125	748	0	(2)	2
Funded Nursing Care	3,973	3,630	343	3,612	3,313	299	361	317	44	4,334	3,938	396	4,334	3,885	450	0	53	(53)
Patient Transport - Yorkshire	1,847	1,857	(10)	1,679	1,690	(11)	168	167	2	2,015	2,024	(8)	2,015	2,024	(8)	0	(0)	0
Voluntary Sector / Section 256	461	462	(0)	419	420	(0)	42	42	(0)	503	504	(0)	503	504	(0)	0	(0)	0
Non-NHS Treatment	534	555	(22)	485	488	(3)	49	67	(18)	582	606	(24)	582	587	(4)	0	20	(20)
NHS 111	820	820	0	745	745	0	75	75	0	894	894	0	894	894	0	0	0	0
Better Care Fund	10,313	10,141	172	9,381	9,224	157	932	917	15	11,245	10,882	363	11,245	10,877	368	0	5	(5)
Other Services	1,510	1,348	162	1,379	1,186	193	131	162	(31)	1,641	780	860	1,641	1,009	632	0	(229)	229
Sub total	**44,806**	**45,870**	**(1,064)**	**40,858**	**42,174**	**(1,316)**	**3,948**	**3,696**	**252**	**48,754**	**49,024**	**(270)**	**48,754**	**48,962**	**(208)**	**0**	**62**	**(62)**
Primary Care																		
Primary Care Prescribing	43,269	44,244	(975)	39,668	40,804	(1,135)	3,600	3,440	160	47,272	48,318	(1,046)	47,272	48,417	(1,145)	0	(99)	99
Other Prescribing	1,486	2,347	(861)	1,351	2,107	(756)	135	240	(105)	2,026	2,304	(279)	2,026	2,306	(281)	0	(2)	2
Local Enhanced Services	1,845	1,876	(31)	1,677	1,714	(37)	168	162	6	2,013	2,048	(35)	2,013	2,060	(47)	0	(12)	12
Oxygen	291	340	(49)	265	310	(46)	26	30	(4)	318	371	(54)	318	372	(55)	0	(1)	1
Primary Care IT	871	810	62	786	737	50	85	73	12	957	882	75	957	881	76	0	1	(1)
Out of Hours	2,927	2,946	(19)	2,661	2,680	(20)	266	266	1	3,193	3,256	(63)	3,193	3,243	(50)	0	13	(13)
Other Primary Care	2,612	1,345	1,267	2,284	968	1,317	328	378	(50)	3,120	1,736	1,384	3,118	1,868	1,250	2	(132)	134
Sub Total	**53,301**	**53,908**	**(607)**	**48,692**	**49,319**	**(627)**	**4,609**	**4,589**	**20**	**58,898**	**58,916**	**(18)**	**58,896**	**59,148**	**(251)**	**2**	**(231)**	**233**
Primary Care Commissioning	**40,077**	**39,738**	**339**	**36,452**	**36,097**	**355**	**3,625**	**3,641**	**(15)**	**43,718**	**43,393**	**325**	**43,718**	**43,396**	**321**	**0**	**(4)**	**4**
Trading Position	**430,166**	**440,959**	**(10,792)**	**391,711**	**403,621**	**(11,911)**	**38,456**	**37,337**	**1,118**	**469,685**	**480,205**	**(10,520)**	**469,514**	**481,265**	**(11,751)**	**170**	**(1,060)**	**1,231**
Prior Year Balances	0	(646)	646	0	(567)	567	0	(79)	79	0	(646)	646	0	(567)	567	0	(79)	79
Reserves	181	0	181	179	0	179	2	0	2	915	105	810	958	(1,150)	2,108	(43)	1,255	(1,298)
Contingency	2,318	0	2,318	2,318	0	2,318	0	0	0	2,318	0	2,318	2,318	0	2,318	0	0	0
Unallocated QIPP	859	0	859	859	0	859	0	0	0	859	0	859	859	0	859	0	0	0
Reserves	**3,359**	**(646)**	**4,005**	**3,357**	**(567)**	**3,924**	**2**	**(79)**	**80**	**4,092**	**(541)**	**4,633**	**4,136**	**(1,718)**	**5,853**	**(43)**	**1,177**	**(1,220)**
Programme Financial Position	**433,525**	**440,313**	**(6,788)**	**395,067**	**403,054**	**(7,987)**	**38,458**	**37,259**	**1,199**	**473,777**	**479,664**	**(5,887)**	**473,650**	**479,548**	**(5,898)**	**127**	**116**	**11**
In Year Surplus / (Deficit)	(11,433)	0	(11,433)	(10,267)	0	(10,267)	(1,167)	0	(1,167)	(12,600)	0	(12,600)	(12,600)	0	(12,600)	0	0	0
In Year Programme Financial Position	**422,092**	**440,313**	**(18,221)**	**384,801**	**403,054**	**(18,253)**	**37,291**	**37,259**	**32**	**461,177**	**479,664**	**(18,487)**	**461,050**	**479,548**	**(18,498)**	**127**	**116**	**11**
Running Costs	**6,272**	**6,406**	**(135)**	**5,701**	**5,824**	**(122)**	**570**	**583**	**(13)**	**6,843**	**7,003**	**(160)**	**6,843**	**6,994**	**(151)**	**0**	**8**	**(8)**
Total In Year Financial Position	**428,363**	**446,719**	**(18,356)**	**390,502**	**408,878**	**(18,375)**	**37,861**	**37,842**	**19**	**468,020**	**486,667**	**(18,647)**	**467,893**	**486,542**	**(18,649)**	**127**	**124**	**3**
Brought Forward (Deficit)	(40,178)	0	(40,178)	(36,526)	0	(36,526)	(3,653)	0	(3,653)	(43,831)	0	(43,831)	(43,831)	0	(43,831)	0	0	0
Cumulative Financial Position	**388,185**	**446,719**	**(58,534)**	**353,976**	**408,878**	**(54,901)**	**34,208**	**37,842**	**(3,633)**	**424,189**	**486,667**	**(62,478)**	**424,062**	**486,542**	**(62,480)**	**127**	**124**	**3**

Appendix 2 – Running costs dashboard

	YTD Position			YTD Previous Month			YTD Movement			Forecast Outturn (FOT)			FOT Previous Month			FOT Movement		
Directorate	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**	**Budget £000**	**Actual £000**	**Variance £000**
Chief Executive / Board Office	538	1,073	(534)	489	997	(508)	49	75	(26)	587	1,158	(571)	587	1,167	(580)	0	(9)	9
Primary Care	559	477	82	508	441	67	51	36	15	610	513	96	610	514	96	0	(1)	1
System Resource & Planning	1,038	1,003	35	944	914	30	94	89	5	1,133	1,094	39	1,133	1,093	40	0	2	(2)
Planning and Governance	989	895	93	899	813	86	90	83	7	1,079	980	99	1,079	974	105	0	6	(6)
Joint Commissioning	195	165	30	178	154	24	18	12	6	213	177	37	213	177	36	0	(1)	1
Medical Directorate	111	72	39	101	50	51	10	22	(12)	121	82	39	121	69	51	0	13	(13)
Finance	1,198	1,221	(23)	1,089	1,097	(8)	109	124	(15)	1,307	1,332	(25)	1,307	1,333	(26)	0	(2)	2
Quality & Nursing	669	541	128	608	483	126	61	58	3	730	623	107	730	623	107	0	(0)	0
Planned Care	972	932	39	883	851	32	88	81	7	1,060	1,014	46	1,060	1,014	46	0	0	(0)
Risk	3	27	(24)	3	24	(21)	0	3	(2)	3	30	(26)	3	29	(26)	0	0	(0)
Overall Position	**6,272**	**6,406**	**(135)**	**5,701**	**5,824**	**(122)**	**570**	**583**	**(13)**	**6,843**	**7,003**	**(160)**	**6,843**	**6,994**	**(151)**	**0**	**8**	**(8)**

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Item Number: 11

Name of Presenter: Caroline Alexander

Meeting of the Governing Body

Meeting Date: 4 April 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Integrated Performance Report Month 10 2018/19

Purpose of Report
For Information

Reason for Report

This document provides a triangulated overview of CCG performance across all NHS Constitutional targets and then by each of the 2018/19 programmes.

The report captures validated data for Month 10 for performance and should be read alongside the Month 11 Finance Report (which incorporates planned QIPP targets).

The report also captures on-going work to impact assess emerging guidance around performance standards for 2019/20 and the 2019/20 transformational funding for cancer.

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

Risks are currently being refreshed by the CCG programme leads and Exec Leads for 2018/19.

Emerging Risks (not yet on Covalent)
n/a
Recommendations
n/a

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

Integrated Performance Report

Validated data to January 2019

Month 10 2018/19

NHS
Vale of York
Clinical Commissioning Group

CONTENTS

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM **Cancer 62 day Treatment** **Target: 85%**	The CCG's performance against the 85% target improved significantly in January 2019 to 83.17% compared to 78.02% in December 2018. While still below the 85% target this is the highest performance for the CCG since June 2018 which was only marginally higher at 83.19%. York Trust's performance also improved in January 2019 to 82.5%, from 81.7% in December. This is the highest performance for the Trust since March 2018.	There were 17 breaches in January 2019 from a cohort of 101 patients, compared to 20 of 91 in December. Urological continues to account for the highest number of VoY CCG patient breaches with 7 from a cohort of 24 (70.8% against the 85% target). Other specialties which did not meet target are Gynaecological (2/3 – 33%), Lower Gastrointestinal (3/8 – 62.5%), Lung (2/9 – 78%), and Upper Gastrointestinal (1/6 – 83%).
CONSTITUTION, IAF **IAPT** **CAMHS Transition** **Child Autism** **EIP** **IAPT Access** **DST 28 day**	The CCG's performance in almost every mental health and CHC (DST) standard improved in January. DST 28 days, EIP and IAPT Prevalence are all at or above target.	

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION & IAF **A&E 4 hr** **Target: 95%**	York Trust performance deteriorated from 87.6% in December to 81.5% in January 2019, therefore not meeting the PSF planned trajectory of 85%. Provisional February data shows a very slight performance improvement to 81.9%. There were 17 12 hour trolley waits declared in January, all occurred on the Scarborough site and were due to insufficient inpatient capacity. The Trust has in line with previous years seen an increase in bed pressures, with both Scarborough and York Hospitals experiencing bed occupancy of above 90% at midnight on every day of the month. Scarborough and York Hospitals have been affected by Flu and Norovirus outbreaks during January; on average 8 wards and 96 beds were partially or fully closed to admissions each day peaking at 13 wards and 180 beds on the 31st January. There is a clear negative correlation between the number of closed beds and ECS performance.	Targeted actions reported by York Trust in January: • Ongoing implementation of the Single Improvement Programme for Scarborough Hospital emergency, elderly and acute medicine and Emergency Care Transformation Plan at York. • £950k capital works assessment area at Scarborough Hospital went live in January 2019. • System Winter plan in operation. • Detailed audit of end of life care patients requiring ‘Fast Track’ support completed by the Trust and Commissioners. • The Trust is working with the ECIST Ambulance Lead on the York site who started in February; a programme of work, building on best practice from other areas has been agreed.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION **Diagnostics 6 Week Wait** **Target: 99%**	Performance for Vale of York CCG deteriorated marginally in January 2019 to 88.9% compared to 89.0% in December. This represents 497 patients or 11.1% waiting over 6 weeks from a cohort of 4,480. The largest volume of breaches continues to be in Gastroscopy with 150 or almost one third of the 497 total breaches this month. This is followed by Colonoscopy with 118, Echocardiography with 74, MRI with 55 and Non Obstetric Ultrasound with 48. In total there were 9 specialties which failed to meet the 99% target in December from a total of 15. York Trust's performance also deteriorated from 91.1% in December to 90.6% in January, or 9.4% of patients waiting over 6 weeks.	York Trust are reporting particular pressures in Endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate the pressures, repeated attempts at recruitment have so far been unsuccessful. The radiology recovery plan is in development and includes identification of a sustainable approach to managing MRI GA, which primarily relate to children. An extra MRI GA list per month has been operational since the beginning of January 2019.
CONSTITUTION **Cancer 2 Week Wait** **Target: 93%**	Vale of York CCG saw a significant drop in performance in January 2019 to 86.5%, down from 95.9% in December. This equates to 142 breaches from a cohort of 1,048 patients. York Trust's performance also saw a significant decrease from 94.6% in December to 85.4% in January 2019.	Following an improvement in December the position in Skin for the Vale of York CCG has deteriorated significantly from just 9 breaches in December (93.5% performance) to 93 in January (48.3% performance). There were two other cancer types which failed target in January, Urological Malignancies with 13 breaches of 131 (90.1%) and Haematological Malignancies with 1 breach of 8 (87.5%). All other cancer types met target in January 2019.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM

RTT 18 Week

Target: 92%

Vale of York's performance against the 92% target deteriorated marginally in January 2019 from 84.1% to 84.0%.

The waiting list decreased in January to 16,490 compared to 16,831 in December, now standing just 17 patients over our March 2019 trajectory of 16,473.

There were 10 x 52 week breaches for Vale of York patients in January 2019, all of which were at Leeds Teaching Hospital, 9 in and Trauma & Orthopaedics and relating to adult spines and 1 in Other. The CCG are in regular contact with the lead CCG in Leeds regarding these patients. This brings the YTD total for the CCG to 69 against an annual target for 2018/19 of 10.

York Trust's performance against the 92% target stands at 81.1% in January, a slight decline from 81.5% in December and 2.9% below Trust trajectory.

The Trust saw a 1% decrease in the total incomplete waiting list in January, falling to 26,279 (24 below the March 2019 target). However provisional data shows that the Trust saw an increase in GP referrals for 3 consecutive weeks in February 2019 which is likely to lead to an increased waiting list by end March 2019 to above planned level for both the Trust and the CCG.

The Trust are reporting that they are 1% (478) behind plan for elective work overall, with an increase in day case (YTD) largely off setting a reduction in inpatient elective work. The reduction in elective care was impacted in April 2018 by extended winter pressures, and by ward closures in October 2018 and thus the planned increased levels of activity were not achieved.

The Trust report the following targeted actions in January:

- Ophthalmology Action Plan implemented to address clinical risk in Glaucoma Follow Up patients and to address cataract backlogs through re-deployment of Trust resource. Treatment of high-risk patients has been included in Trust activity plan for 2019-20.
- RTT recovery plan in place to target clock stop activity within financial constraints – focus on 1st:FU switch and full incomplete RTT waiting list validation.
- Ongoing implementation of the programme structure and metrics for the core planned care Transformation Programmes: Theatre Productivity, Outpatients Productivity, Refer for Expert Opinion and Radiology Recovery.
- Ongoing monitoring of all patients waiting over 40 weeks to ensure all actions are taken to ensure patients have a plan to avoid a 52 week breach.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM **Dementia Diagnosis** **Target: 66.7%**	The diagnosis rate has decreased to 58.7% in February from 59.1% in January. The number of registered patients fell by 16 against a static estimated prevalence rate. At the Haxby Group Practice there were 12 deaths and 4 patients moved out of area.	

Performance Headlines

SUGGESTED ISSUES FOR DISCUSSION:

1. **Cancer 62D:** this reached the highest performance in 2018/19 in January and there is on-going work to refresh both HCV Cancer Alliance and local cancer priorities and plans. Additionally, the CCG has worked with YFT and HCV Cancer Alliance to consider the local proposals against the c£4M Cancer transformational funding (CTF) available for 2019/20. Proposals must be transformational and build on the 2018/19 cancer priority work programmes. At the moment a small unallocated funding stream has been notionally identified for consideration for in year diagnostics capacity support. All local and HCV plans and funding will be confirmed in April 2019.

2. **Cancer 2WW:** the deterioration in performance has been mainly in Dermatology and the high level of breaches have been caused by reduced Consultant capacity (sickness and extended leave) which should improve at the end of March. Verbal update as required from Caroline Alexander.

3. **ECS:** winter review now undertaken with Health & Care Resilience Board and full update from Becky Case as separate agenda item.

4. **RTT:** stable performance at 84% in January but increase in Total Waiting List (TWL) at YFT by 846 referrals during the first three weeks in February (the majority from VoY practices). The impact of this 'spike' is being assessed and added to the elective activity plans for 2019/20 for the four main specialties impacted. There does not appear to be any reduction in the clock stops rate at YFT but this is also being explored. Work has started with CCG Clinical Chair and Governing Body GP lead to explore the rise in referrals in February from specific practices and this is being done alongside work to understand the significant rise in fast track referrals in 2018/19 (which form 85% of the total increase in referrals YTD).

5. **Clinical Standards Review:** the interim report for the on-going review of constitutional access standards has been released and a summary is provided in Annex 3. The proposed pilots during Q1&2 2019/20 will inform initial changes in Autumn 2019 and it is expected that final refreshed/ new standards will be in place in Spring 2020.

6. **26 week choice:** initial impact assessment has been undertaken to understand the specialties where patients are currently waiting more than 26 weeks and the waiting times for alternative providers. The final NHSE/I technical guidance has not been finalised as yet. Verbal update if required.

Performance Summary:
All Constitutional Targets 2018/19

Validated data to January 2019 (Month 10)

NHS
Vale of York
Clinical Commissioning Group

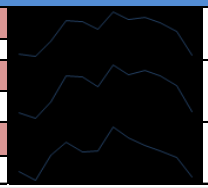
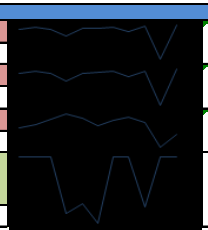
VoY CCG - NHS Constitution - 2018/19

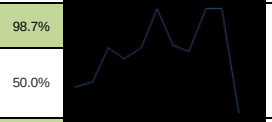
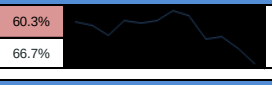
Generated on: 21 March 2019

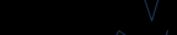
no filter
ALL (Y,R,G)
Green
Red

EMBED HEALTH CONSORTIUM

Indicator	Level of Reporting		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Planned Care																				
Referral to Treatment																				
Referral to Treatment pathways: incomplete	CCG	Actual	86.6%	84.5%	85.0%	85.3%	85.1%	86.0%	85.4%	85.4%	85.4%	84.4%	84.1%	84.0%	85.1%	85.6%	84.7%	85.0%		↓
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		
Number of >52 week Referral to Treatment in Incomplete Pathways	CCG	Actual	6	4	5	5	10	5	7	7	8	6	8	10	20	19	22	0		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total Incomplete Waiting List [comparison with March 2018]	CCG	Actual		16475	16817	17028	17329	17637	17505	17291	17312	17019	16831	16490	17329	17291	16831	16490		↓
		Target			16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475		
EM18: Number of Completed Admitted RTT Pathways	CCG	Actual	1231	1191	1244	1390	1444	1474	1320	1357	1491	1478	1203	1330	4078	4151	4172	13731		↓
		Target			1314	1397	1365	1354	1368	1281	1488	1523	1234	1539	4076	4003	4245	16689		
EM19: Number of Completed Non-Admitted RTT Pathways	CCG	Actual	4333	4575	4539	5044	4773	4912	4574	4777	5163	5257	4166	5302	14356	14263	14586	48507		↑
		Target			4357	4769	4683	4508	4367	4246	4845	4857	3803	4764	13809	13121	13505	53706		
EM20: Number of New RTT Pathways (Clockstarts)	CCG	Actual	6525	7262	7246	7288	7446	7817	6900	7135	7354	7293	6598	7681	21980	21852	21245	72758		↑
		Target			6481	6936	6668	6992	6564	6203	7253	7257	5727	7054	20085	19759	20237	80298		
Diagnostics																				
Diagnostic test waiting times	CCG	Actual	3.9%	3.4%	4.4%	4.8%	3.1%	4.1%	6.3%	4.5%	4.4%	7.3%	11.0%	11.1%	3.1%	4.5%	11.0%	11.1%		↑
		Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
Cancer																				
All Cancer 2 week waits	CCG	Actual	97.2%	95.6%	95.9%	95.8%	94.9%	86.6%	89.6%	84.3%	91.4%	91.2%	95.9%	86.5%	95.6%	87.0%	92.6%	91.2%		↓
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Breast Symptoms (Cancer Not Suspected) 2 week waits	CCG	Actual	98.6%	98.4%	96.9%	92.0%	93.3%	94.0%	97.3%	100.0%	100.0%	92.2%	88.6%	91.1%	93.9%	97.0%	93.8%	94.3%		↓
		Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		
Cancer 31 day waits: first definitive treatment	CCG	Actual	97.6%	98.9%	98.4%	99.1%	99.1%	97.4%	96.8%	96.3%	94.4%	97.4%	94.6%	94.9%	98.9%	96.8%	95.5%	96.9%		↓
		Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%		
Cancer 31 day waits: subsequent cancer treatments-surgery	CCG	Actual	100.0%	100.0%	95.0%	93.9%	100.0%	95.6%	94.7%	90.0%	92.1%	96.4%	85.2%	88.6%	96.4%	93.5%	92.5%	93.5%		↓
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
Cancer 31 day waits: subsequent cancer treatments-anti cancer drug regimens	CCG	Actual	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%		–
		Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		
Cancer 31 day waits: subsequent cancer treatments-radiotherapy	CCG	Actual	97.7%	95.9%	98.1%	100.0%	100.0%	98.6%	100.0%	98.0%	100.0%	100.0%	97.4%	98.0%	99.4%	98.8%	99.3%	99.1%		↓
		Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	CCG	Actual	81.8%	86.7%	78.7%	78.2%	83.2%	74.7%	76.1%	71.3%	78.0%	76.8%	78.3%	83.3%	80.1%	73.9%	77.7%	78.0%		↑
		Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	CCG	Actual	90.9%	94.7%	92.9%	83.3%	95.0%	81.3%	90.0%	92.3%	100.0%	75.0%	80.0%	100.0%	91.3%	87.2%	83.3%	89.2%		↑
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	CCG	Actual	Nil Return	Nil Return	100.0%	Nil Return	Nil Return	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	66.7%	88.2%		
		Target																		
Cancelled Operations																				
Cancelled Operations - York	YFT (Trust Wide)	Actual		6.1%			8.2%			5.7%			7.7%		8.2%	5.7%	7.7%	7.3%		↓
		Target		7.8%			11.7%			1.4%			1.0%		11.7%	1.4%	1.0%	5.1%		
No urgent operations cancelled for a 2nd time - York	YFT (Trust Wide)	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		–
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Mixed Sex Accommodation																				
Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs)	CCG	Actual	0.10	0.00	0.00	0.08	0.00	0.00	0.09	0.00	0.00	0.00	0.09	0.00	0.03	0.03	0.03	0.0		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Number of MSA breaches for the reporting month in question	CCG	Actual	1	0	0	1	0	0	1	0	0	0	1	0	1	1	1	3		↑
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Indicator	Level of Reporting		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Unplanned Care																				
A&E																				
A&E waiting time - total time in the A&E department, SitRep data	% of YFHT activity (CCG weighted)	Actual	81.9%	81.3%	85.2%	90.1%	90.0%	88.1%	92.5%	90.4%	90.9%	89.6%	87.6%	81.6%	88.5%	90.3%	89.4%	88.7%		⬇
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E - % Attendances - Type 1, SitRep data	% of YFHT activity (CCG weighted)	Actual	70.3%	68.4%	74.4%	83.3%	83.1%	79.8%	87.6%	84.1%	85.6%	83.5%	80.1%	70.7%	80.4%	83.7%	83.1%	81.3%		⬇
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
A&E waiting time -% of patients seen and discharged within 4 hours - CCG Patients (Includes UCC)	CCG (SUS Data)	Actual	81.29%	78.98%	85.88%	89.49%	86.82%	87.01%	93.91%	90.85%	88.78%	87.19%	85.21%	79.95%	93.17%	92.81%	91.80%	87.55%		⬇
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
Trolley Waits																				
12 hour trolley waits in A&E - Vale of York CCG	CCG	Actual	3	4	2	0	0	0	0	0	0	0	0	1	2	0	0	3		⬆
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12 hour trolley waits in A&E - York	YFT (Trust Wide)	Actual	15	40	13	0	0	0	0	0	0	0	0	17	13	0	0	30		⬆
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Ambulance performance - YAS																				
Category 1 - Mean	YAS (Region)	Actual	00:08:07	00:08:17	00:08:02	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	00:08:01	00:07:13	00:07:05	00:07:26		⬆
		Target	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00		
Category 1 - 90th Centile	YAS (Region)	Actual	00:13:57	00:14:15	00:13:44	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	00:13:39	00:12:21	00:12:17	00:12:45		⬇
		Target	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00		
Category 2 - Mean	YAS (Region)	Actual	00:25:08	00:25:38	00:21:39	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	00:22:02	00:20:05	00:20:30	00:20:45		⬇
		Target	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00		
Category 2 - 90th Centile	YAS (Region)	Actual	00:55:13	00:57:34	00:45:53	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	00:46:35	00:41:32	00:42:50	00:43:21		⬇
		Target	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00		
Category 3 - 90th Centile	YAS (Region)	Actual	02:24:28	02:25:24	00:54:00	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	02:14:27	02:01:28	02:03:47	02:02:21		⬇
		Target	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00		
Category 4 - 90th Centile	YAS (Region)	Actual	03:33:15	03:17:37	01:06:51	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	02:54:07	03:16:52	03:23:31	04:01:42		⬆
		Target	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00		
Ambulance Handover Time																				
Ambulance handover time - % Delays over 30 minutes (Scarborough General Hospital)	Trust Site	Actual	32.5%	37.5%	26.0%	22.2%	17.1%	27.4%	20.1%	19.7%	18.1%	21.4%	18.4%	29.4%	22.0%	22.2%	19.3%	22.0%		⬆
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +30 minutes (Scarborough General Hospital)	Trust Site	Num	406	517	436	356	239	397	325	339	294	347	330	522	1031	1061	971	3585		
Ambulance handover time - Total Delays (Scarborough General Hospital)	Trust Site	Den	1251	1378	1679	1604	1401	1448	1613	1721	1627	1625	1792	1774	4684	4782	5044	16284		
Ambulance handover time - % Delays over 60 minutes (Scarborough General Hospital)	Trust Site	Actual	16.9%	18.1%	13.6%	8.7%	5.5%	11.5%	6.1%	7.5%	5.5%	7.4%	4.7%	13.0%	9.5%	8.3%	5.8%	8.38%		⬆
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +60 minutes (Scarborough General Hospital)	Trust Site	Num	212	250	228	139	77	167	99	129	90	120	84	231	444	395	294	1364		
Ambulance handover time - Total Delays (Scarborough General Hospital)	Trust Site	Den	1251	1378	1679	1604	1401	1448	1613	1721	1627	1625	1792	1774	4684	4782	5044	16284		
Ambulance handover time - % Delays over 30 minutes (York Hospital)	Trust Site	Actual	18.0%	20.4%	8.4%	6.0%	7.6%	10.3%	4.6%	11.6%	7.9%	10.0%	14.4%	14.0%	7.37%	8.91%	10.82%	9.67%		⬆
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +30 minutes (York Hospital)	Trust Site	Num	336	398	193	119	137	179	91	264	183	239	362	334	449	534	784	2101		
Ambulance handover time - Total Delays (York	Trust Site	Den	1864	1949	2305	1976	1814	1737	1985	2270	2330	2399	2515	2391	6095	5992	7244	21722		
Ambulance handover time - % Delays over 60 minutes (York Hospital)	Trust Site	Actual	9.0%	9.3%	3.3%	0.7%	1.9%	3.0%	0.2%	4.8%	1.8%	3.2%	4.0%	6.2%	2.02%	2.74%	3.04%	3.02%		⬆
		Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Ambulance handover time - Delays of +60 minutes (York Hospital)	Trust Site	Num	168	181	75	14	34	52	3	109	42	77	101	149	123	164	220	656		
Ambulance handover time - Total Delays (York	Trust Site	Den	1864	1949	2305	1976	1814	1737	1985	2270	2330	2399	2515	2391	6095	5992	7244	21722		
Mental Health/ IAPT																				
IAPT																				
% of people who have depression and/or anxiety disorders who receive psychological therapies	CCG	Actual	1.2%	1.3%	1.2%	1.0%	1.2%	1.2%	1.3%	1.1%	1.3%	0.1%	1.4%		3.4%	3.6%	2.8%	9.8%		
		Target	0.8%	0.8%	0.9%	0.9%	0.9%	1.2%	1.2%	1.2%	1.4%	1.4%	1.4%	1.5%	2.7%	3.5%	4.3%	10.6%		
Number of people who receive psychological therapies	CCG	Actual	380	405	380	300	385	390	400	350	410	30	435		1065	1140	875	3080		
		Target	240	240	283	283	283	367	367	367	450	450	450	471	850	1100	1350	3300		
% of people who are moving to recovery	CCG	Actual	40.9%	43.9%	48.6%	53.5%	49.0%	43.2%	47.6%	50.0%	45.8%	25.0%	36.4%		50.4%	46.7%	44.2%	47.1%		
		Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	100.0%	100.0%	100.0%	97.8%	98.2%	97.1%	100.0%	100.0%	98.0%	100.0%	100.0%		98.6%	99.1%	98.2%	98.8%		⬇
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		

Indicator	Level of Reporting		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	98.7%	98.8%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.5%	100.0%	100.0%	99.8%		–
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	CCG	Actual	83.0%	79.5%	85.0%	87.0%	90.9%	94.9%	93.2%	93.1%	94.1%	100.0%	95.5%		87.9%	93.8%	94.5%	91.5%		⬇
		Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%		
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.	CCG	Actual	97.4%	97.5%	98.7%	98.3%	98.7%	100.0%	98.8%	98.6%	100.0%	100.0%	96.6%		98.6%	99.1%	100.0%	98.7%		⬆
		Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment enter treatment in the reporting period.	CCG	Actual	57.4%	81.8%	72.5%	60.9%	58.2%	74.4%	56.8%	72.4%	58.8%	50.0%	95.5%		63.1%	67.0%	58.2%	65.8%		⬇
		Target	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%		
% of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days	CCG	Actual		90.6%			96.5%			98.3%			97.2%		96.5%	98.3%	97.2%	97.2%		⬆
		Target		95.0%			95.0%			95.0%			95.0%		95.0%	95.0%	95.0%	95.0%		
Early Intervention in Psychosis																				
Percentage of ended referrals that finish a course of treatment in period who received their first appointment within 18 weeks of referral	CCG	Actual	96.1%	96.8%	98.5%	98.2%	98.5%	97.9%	99.1%	98.6%	98.8%	100.0%	99.1%		98.4%	98.5%	99.3%	98.8%		⬇
		Target			95.0%	95.0%	95.0%	95.1%	95.1%	95.1%	95.0%	95.0%	95.0%	95.1%	95.0%	95.1%	95.0%	95.1%		
Percentage of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of	CCG	Actual	50.70%	48.50%	42.86%	15.38%	44.44%	40.00%	25.00%	66.67%	87.50%	57.14%	50.00%	0.00%	34.2%	43.9%	64.9%	47.67%		⬇
		Target			55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%	55.6%		
Improve Access Rate to CYPMH																				
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services	CCG	Actual																		
		Target			32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%	32.1%		
CYP Eating Disorder Services																				
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	CCG	Actual		24.3%			37.8%			50.0%			56.8%		37.8%	50.0%	56.8%	43.8%		⬆
		Target					96.8%			96.8%			96.8%		96.8%	96.8%	96.8%	96.8%		
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	CCG	Actual		33.3%			42.9%			40.0%			62.5%		42.9%	40.0%	62.5%	41.2%		⬆
		Target					100.0%			100.0%			100.0%		100.0%	100.0%	100.0%	100.0%		
Dementia																				
Estimated diagnosis rate for people with dementia.	CCG	Actual	60.6%	60.5%	60.2%	60.7%	60.6%	60.7%	61.1%	60.9%	60.0%	60.1%	59.6%	59.1%	60.6%	60.9%	59.9%	60.3%		⬇
		Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%		
HCAI and Quality																				
Hospital Infections																				
Incidence of healthcare associated infection (HCAI): MRSA	CCG ATTRIBUTED	Actual	0	0	3	1	2	1	1	0	0	0	1	2	6	2	1	11		⬆
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile)	CCG ATTRIBUTED	Actual	9	6	8	9	8	9	6	7	7	4	9	6	25	22	20	73		⬆
		Target	6	6	7	6	8	4	7	6	7	5	8	7	21	17	20	65		
Healthcare acquired infections (HCAI): MRSA	YFT TRUST APPORTIONED	Actual	0	0	1	0	1	0	1	0	0	0	1	0	2	1	1	4		⬆
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Healthcare associated infection (HCAI): Clostridium difficile (C.difficile)	YFT TRUST APPORTIONED	Actual	4	3	4	7	6	3	4	1	0	3	2	2	17	8	5	32		⬇
		Target	5	5	3	1	3	3	2	3	3	2	8	9	7	6	13	35		
Healthcare acquired infection (HCAI) measure (E.Coli)	CCG ATTRIBUTED	Actual	15	23	34	30	22	26	26	21	26	22	18	21	86	73	66	246		⬇
		Target	26	19	3	21	24	20	27	25	20	26	27	25	48	72	73	218		

Indicator	Level of Reporting		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	Direction of Travel (last 12 Months)	3 Month Trend
Smoking at time of Delivery																				
Maternal smoking at delivery.	CCG	Actual		11.9%			10.0%			12.9%			12.4%		10.0%	12.9%	12.4%	11.8%		↑
		Target		12.1%			12.1%			12.1%			12.1%		12.1%	12.1%	12.1%	12.1%		
Primary Care																				
Percentage of CCG weighted population benefitting from extended access services.	CCG	Actual		0.0%						0.0%						0.0%		0.0%		
		Target					0.0%			0.0%			100.0%		0.0%	0.0%	100.0%	100.0%		
Percentage of patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	CCG	Actual		9.2%			11.7%			16.0%			20.3%		11.7%	16.0%	20.3%	20.3%		↑
		Target					27.2%			27.3%			27.2%		27.2%	27.3%	27.2%	27.2%		
Wheelchairs																				
Percentage of children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less of being referred to the service	CCG	Actual		100.0%			97.0%			100.0%			95.8%		97.0%	100.0%	95.8%	97.4%		↓
		Target					100.0%			100.0%			100.0%		100.0%	100.0%	100.0%	100.0%		
Personal Health budgets																				
Rate of PHBs per 100,000 GP registered population	CCG	Actual		7.1			7.0								7.0			7.0		–
		Target			39.0	39.0	39.0	47.4	47.4	47.4	55.7	55.7	55.7	64.1	39.0	47.4	55.7	64.1		
Activity																				
EM7: Total Referrals (General and Acute)	CCG	Actual	8986	10059	9916	10548	10326	10818	9658	9538	10838	10567	8901	10123	30790	30014	30306	101233		↓
		Target			9887	10580	10172	10666	10013	9463	11063	11071	8737	10760	30639	30142	30871	122488		
EM7a: Total GP Referrals (General and Acute)	CCG	Actual	5264	6108	5950	6137	6032	6437	5650	5690	6507	6214	5320	5851	18119	17777	18041	59788		↓
		Target			5169	5574	5204	5628	5117	4978	5879	5853	4632	5613	15947	15723	16364	64297		
EM7b: Total Other Referrals (General and Acute)	CCG	Actual	3722	3951	3966	4411	4294	4381	4008	3848	4331	4353	3581	4272	12671	12237	12265	41445		↓
		Target			4718	5006	4968	5038	4896	4485	5184	5218	4105	5147	14692	14419	14507	58191		
EM8: Consultant Led First Outpatient Attendances	CCG	Actual	12276	12657	12456	13820	13442	13930	13111	12617	14746	14470	11748	14685	39718	39658	40964	135025		↑
		Target			12888	14107	13855	13337	12918	12560	14334	14368	11251	14094	40850	38815	39953	158880		
EM9: Consultant Led Follow-Up Outpatient Attendances	CCG	Actual	20281	20955	20804	23015	22477	22826	21004	20743	23129	22885	18351	23147	66296	64573	64365	218381		↑
		Target			21088	22073	21960	21586	21172	20337	23617	23776	18831	23734	65121	63095	66224	261942		
EM10: Total Elective Admissions	CCG	Actual	4088	4179	4122	4506	4545	4604	4392	4212	4709	4534	3926	4701	13173	13208	13169	44251		↑
		Target			4167	4456	4334	4310	4335	4079	4749	4860	3907	4824	12957	12724	13516	52969		
EM10a: Total Elective Admissions - Day Cases	CCG	Actual	3615	3782	3681	3991	4003	4130	4007	3775	4190	4031	3451	4306	11675	11912	11672	39565		↑
		Target			3681	3914	3824	3796	3835	3591	4170	4267	3458	4313	11419	11222	11895	46768		
EM10b: Total Elective Admissions - Ordinary	CCG	Actual	473	397	441	515	542	474	385	437	519	503	475	395	1498	1296	1497	4686		↓
		Target			486	542	510	514	500	488	579	593	449	511	1538	1502	1621	6201		
EM11: Total Non-Elective Admissions	CCG	Actual	3007	3443	3264	3445	3253	3345	3269	3164	3502	3487	3532	3467	9962	9778	10521	33728		↓
		Target			3050	3129	3119	3208	2991	3045	3237	3211	3266	3264	9298	9244	9714	37856		
EM11a: Total Non-Elective Admissions - 0 LoS	CCG	Actual	1012	1171	1124	1205	1089	1204	1097	1133	1246	1336	1234	1301	3418	3434	3816	11969		↓
		Target			1088	1133	1123	1152	1031	1052	1169	1180	1203	1173	3344	3235	3552	13696		
EM11b: Total Non-Elective Admissions - +1 LoS	CCG	Actual	1995	2272	2140	2240	2164	2141	2172	2031	2256	2151	2298	2166	6544	6344	6705	21759		↑
		Target			1962	1996	1996	2056	1960	1993	2068	2031	2063	2091	5954	6009	6162	24160		
EM12: Total A&E Attendances excluding Planned Follow Ups	CCG	Actual	7171	8272	8403	9052	8947	9335	8635	8632	8827	8388	8535	8443	26402	26602	25750	87197		↑
		Target			7783	8361	8150	8720	8303	8094	8433	8025	7907	7555	24294	25117	24365	96700		

Programme Overview
- Planned Care
- Cancer Care
- Diagnostics

Validated data to January 2019 (Month 10)

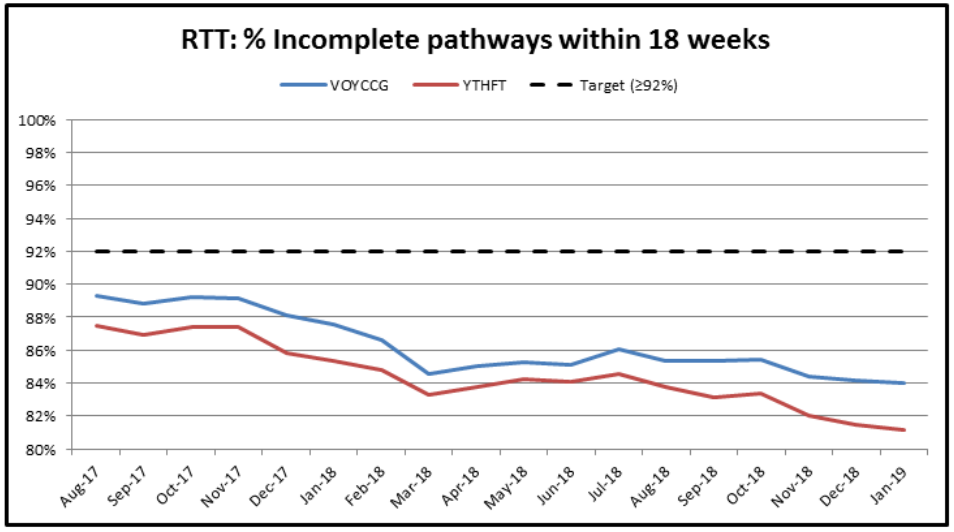
Lead:
Caroline Alexander, Assistant Director for Performance & Delivery, NHS Vale of York CCG and Planned Care Lead for Acute Transformation
Clinical Lead:
Shaun O'Connell, GP Lead for Acute Transformation, NHS Vale of York CCG
Peter Billingsley, GP Governing Body, NHS Scarborough & Ryedale CCG
Dan Cottingham, Macmillan GP Cancer and End of Life Lead, NHS Vale of York CCG

Programme Leads:
Andrew Bucklee, Head of Commissioning and Delivery
Sarah Tilston, Programme Manager, Planned Care
Suzanne Bennett, Programme Manager, Planned Care
Laura Angus, Lead Pharmacist
Fliss Wood, Performance Improvement Manager (Cancer)
Michaela Golodnitski, Senior Delivery Manager, Cancer Alliance

NHS
Vale of York
Clinical Commissioning Group

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)

RTT: % Incomplete pathways within 18 weeks (Target ≥92%)					
Vale of York CCG			York Trust		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
84.1%	84.0%	⇩	81.5%	81.1%	⇩



Treatment Function	Total VOYCCG Incomplete Pathways	No. of 18 week breaches	% VOYCCG pathways within 18 weeks	52 week breaches
Neurosurgery	17	-	100.0%	0
Geriatric Medicine	80	-	100.0%	0
Cardiothoracic Surgery	4	-	100.0%	0
General Medicine	231	13	94.4%	0
Gynaecology	901	52	94.2%	0
Other	1,563	114	92.7%	1
Neurology	490	43	91.2%	0
Cardiology	817	83	89.8%	0
Trauma & Orthopaedics	1,811	192	89.4%	9
Rheumatology	513	69	86.5%	0
Gastroenterology	1,032	155	85.0%	0
Ear, Nose & Throat (ENT)	1,416	215	84.8%	0
Plastic Surgery	169	28	83.4%	0
Dermatology	1,123	191	83.0%	0
General Surgery	2,053	391	81.0%	0
Urology	1,037	222	78.6%	0
Ophthalmology	2,664	691	74.1%	0
Thoracic Medicine	569	174	69.4%	0
Grand Total	**16,490**	**2,633**	**84.0%**	**10**

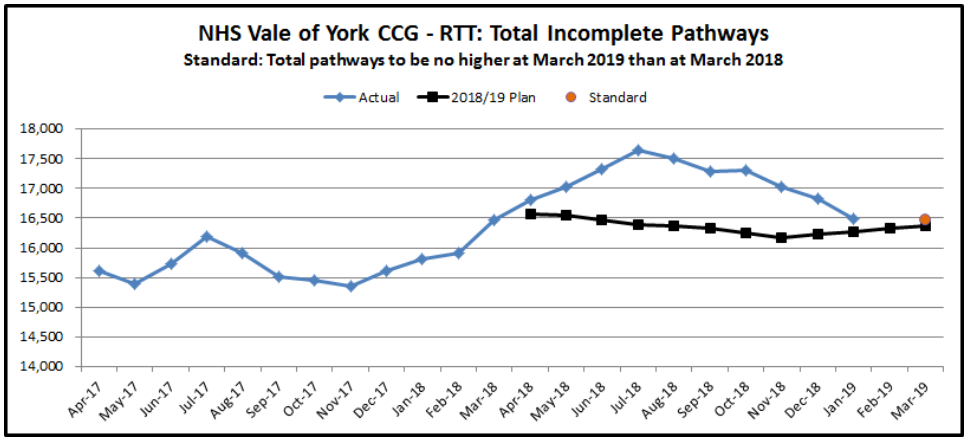
Vale of York CCG's performance deteriorated slightly in January to 84.0% from 84.1% in December. This equates to 2,633 breaches of the 18 week target, from a cohort of 16,490. There were 10 x 52 week breaches for Vale of York patients, all at LTHT, 9 for T&O patients and 1 in Other.

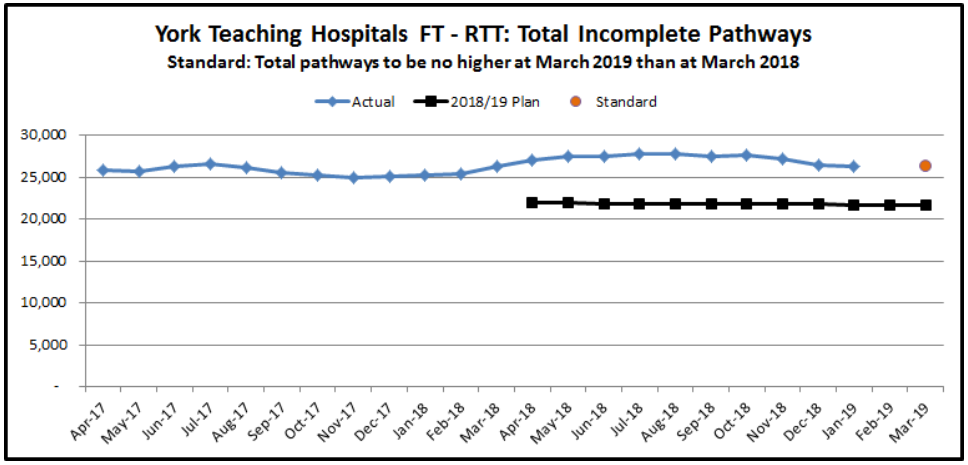
Only 6 specialties (Neurosurgery, Geriatric Medicine, Cardiothoracic Surgery, Gynaecology, General Medicine and Other) met the 92% target in December, all other specialties fell below 92%. The most significant number of 18 week breaches continued to be in Ophthalmology with 691, followed by General Surgery with 391, Urology with 222 and ENT with 215.

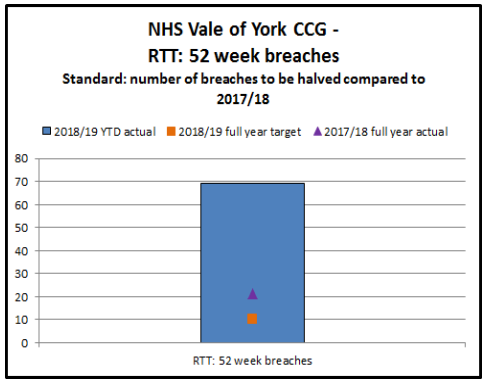
York Trust's RTT position dropped from 81.5% in December to 81.1% in January, 2.9% lower than the Trust trajectory for the end of January. The backlog has increased across admitted pathways, an inevitable consequence of the planned reduction in elective activity in January. The Trust has increased the validation resource for the PTT pathway, with the new posts in place from mid-November. Full validation of the RTT waiting list commenced in mid-December and there is the potential that achieving the reduction in the total incomplete RTT waiting list will negatively impact on RTT performance (against the 92% target) as validation is more likely to remove patients waiting under 18 weeks.

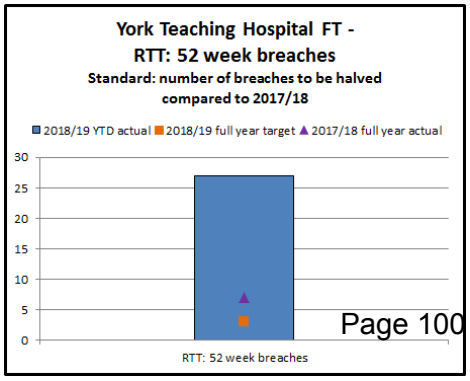
Detailed recovery work is underway in Ophthalmology and Dermatology, both with significant backlogs and identified clinical risk. The Maxillo-Facial recovery plan is in place.

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)









Waiting list performance:

The Vale of York CCG waiting list saw a reduction of 341 patients from 16,831 in December to 16,490 in January. This stands just 17 patients over our baseline target of 16,473 by March 2019.

The Trust has seen a 1% decrease to the total incomplete waiting list in January, falling to 26,279 (24 below March 2019 target). The primary actions to reduce the waiting list commenced in late November with full validation of the incomplete waiting list started mid-December.

Unvalidated data shows an increase in GP referrals in February which is likely to lead to an increased waiting list by end March 2019 to above planned level for both Trust and CCG. The CCG and Trust are working together to review the source and cause of this increase.

52 week performance:

There were 10 breaches of the 52 week target for Vale of York CCG patients in January, all at Leeds Trust, with 9 in T&O relating to adult spines and 1 in Other. The CCG are in regular contact with the lead CCG in Leeds regarding these patients.

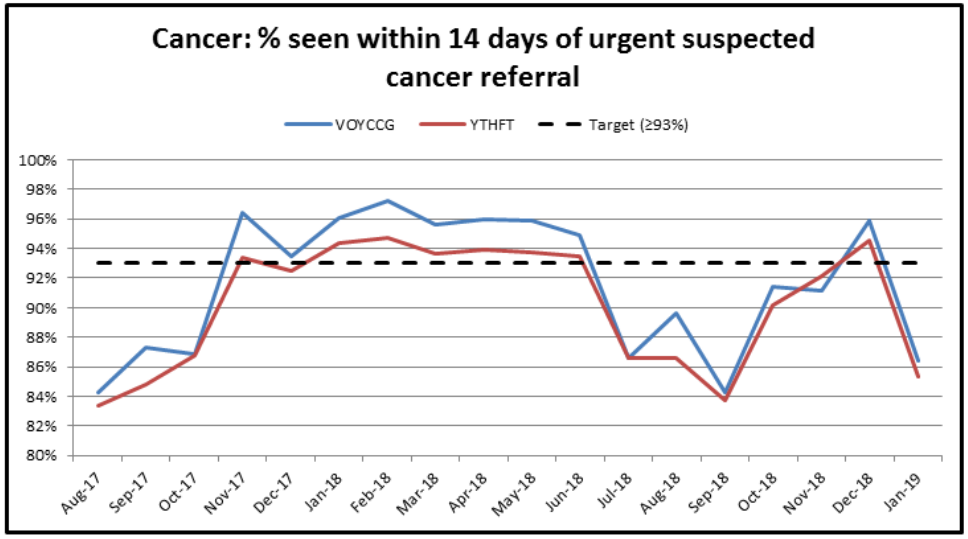
This brings the YTD total for the CCG to 69 against a 2018/19 full year target of 10.

York Trust declared no further 52 week breaches in January 2019.

This leaves the Trust's YTD total static at 27 against a full year target of 3.

PERFORMANCE PLANNED CARE: CANCER TWO WEEK WAITS

Cancer: % 2WW referrals seen within 14 days (Target ≥93%)					
Vale of York CCG			York Trust		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
95.9%	86.5%	⇩	94.6%	85.4%	⇩



Tumour Type	VOYCCG: Total Referrals	Number of 2WW breaches	VOYCCG: % within 14 days
Other Cancer	5	0	100.0%
Childrens	3	0	100.0%
Gynaecological	59	1	98.3%
Upper Gastrointestinal	79	2	97.5%
Breast	206	7	96.6%
Lung	31	2	93.5%
Lower Gastrointestinal	226	15	93.4%
Head and Neck	120	8	93.3%
Urological Malignancies	131	13	90.1%
Haematological Malignancies	8	1	87.5%
Skin	180	93	48.3%
Testicular	0	0	N/A
Sarcoma	0	0	N/A
Brain/Central Nervous System	0	0	N/A
Grand Total	**1048**	**142**	**86.5%**

Vale of York CCG saw a significant deterioration in performance in January 2019 with 86.5% compared to 95.9% in December 2018.

In total there were 142 breaches from a cohort of 1,048.

Following an improvement in December the position in Skin for the Vale of York CCG has deteriorated significantly from just 9 breaches in December (93.5% performance) to 93 in January (48.3% performance).

There were two other cancer types which failed target in January, Urological Malignancies with 13 breaches of 131 (90.1%) and Haematological Malignancies with 1 breach of 8 (87.5%).

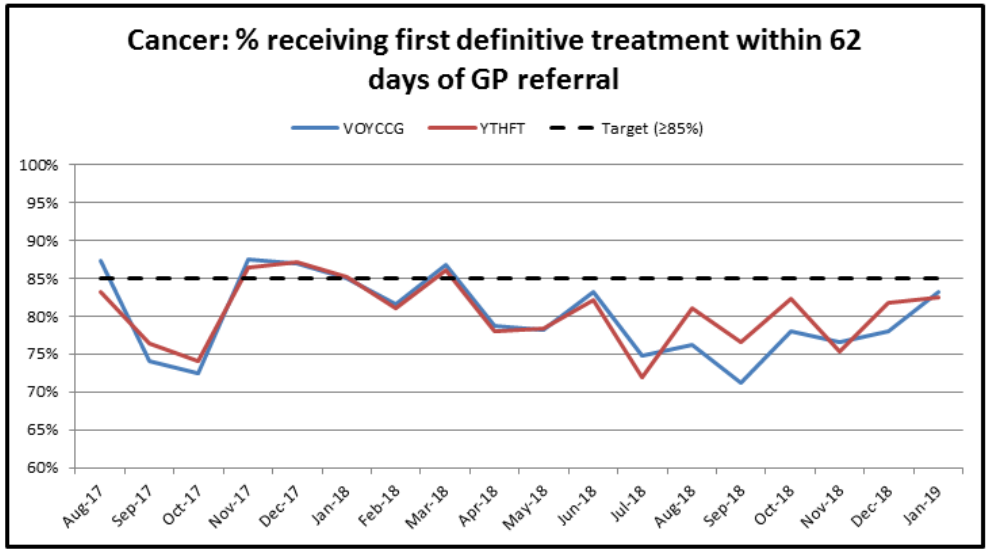
All other cancer types met target in January 2019.

York Trust performance also deteriorated from 94.6% in December to 85.4% in January due to the ongoing issues within Dermatology. However, 2WW clinics have now been centralised and un-validated data for February indicates that performance is much improved.

The Trust continues to experience high demand for cancer fast tracks and is undertaking more cancer activity as a result, and this does impact on the capacity available for routine outpatient appointments, particularly in Dermatology, Urology and Colorectal services.

PERFORMANCE PLANNED CARE: CANCER 62 DAYS

Cancer: % treated within 62 days of urgent GP referral (Target ≥85%)					
Vale of York CCG			York Trust		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
78.0%	83.2%	↑	81.7%	82.5%	↑



Tumour Type	VOYCCG: Total Treated	VOYCCG: 62 day breaches	VOYCCG: % within 62 days
Testicular	1	0	100.0%
Head & Neck	6	0	100.0%
Haematological (Excluding Acute Leukaemia)	3	0	100.0%
Skin	24	1	95.8%
Breast	17	1	94.1%
Upper Gastrointestinal	6	1	83.3%
Lung	9	2	77.8%
Urological (Excluding Testicular)	24	7	70.8%
Lower Gastrointestinal	8	3	62.5%
Gynaecological	3	2	33.3%
Sarcoma	0	0	N/A
Acute Leukaemia	0	0	N/A
Brain/Central Nervous System	0	0	N/A
Other	0	0	N/A
Grand Total	**101**	**17**	**83.2%**

Vale of York CCG's performance against the 85% target improved significantly in January 2019 to 83.17% compared to 78.02% in December 2018. There were 17 breaches in January 2019 from a cohort of 101 patients, compared to 20 of 91 in December.

York Trust's performance also improved in January 2019 to 82.5%, from 81.7% in December. This is the highest performance for the Trust since March 2018.

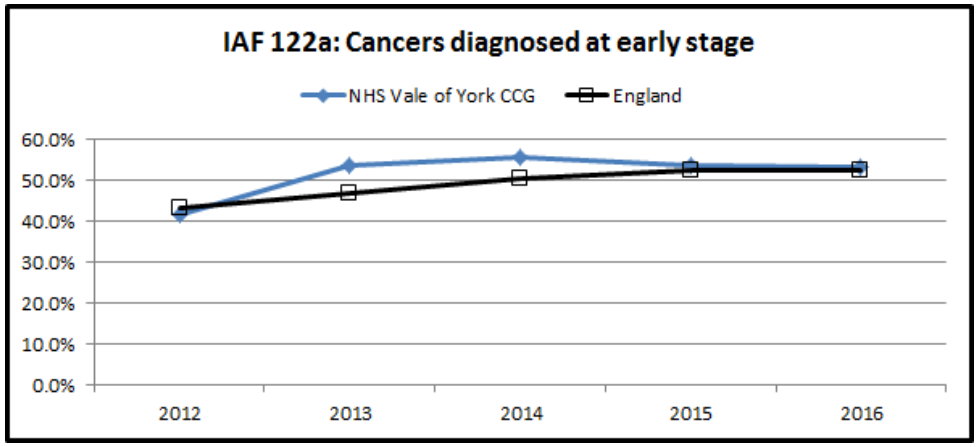
Prostate, Lung and Colorectal pathways are priority areas for the Humber, Coast and Vale Cancer Alliance and in November 2018 York Trust secured £242,000 additional funding for diagnostics to improve 62 day performance. The Trust have utilised this funding to provide 603 additional scans and 332 additional endoscopy procedures up to mid-February. The remaining £40K will be spent by end of March.

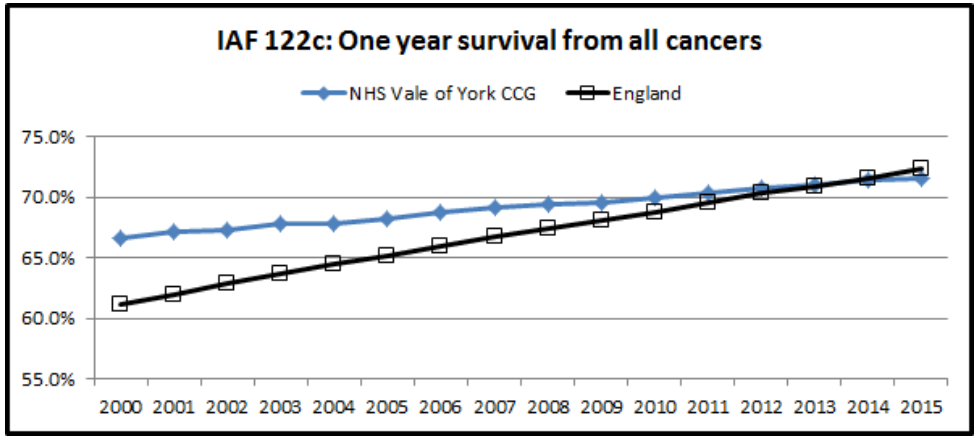
HCV Cancer Alliance funding allocation for 2019/20 is £2.9M of which:-
10% allocated to core team costs
15% mandated for Diagnostic Centre – this will be allocated against networked radiology/pathology systems
5% evaluation of cancer work programme.
Transformation work will focus on:-

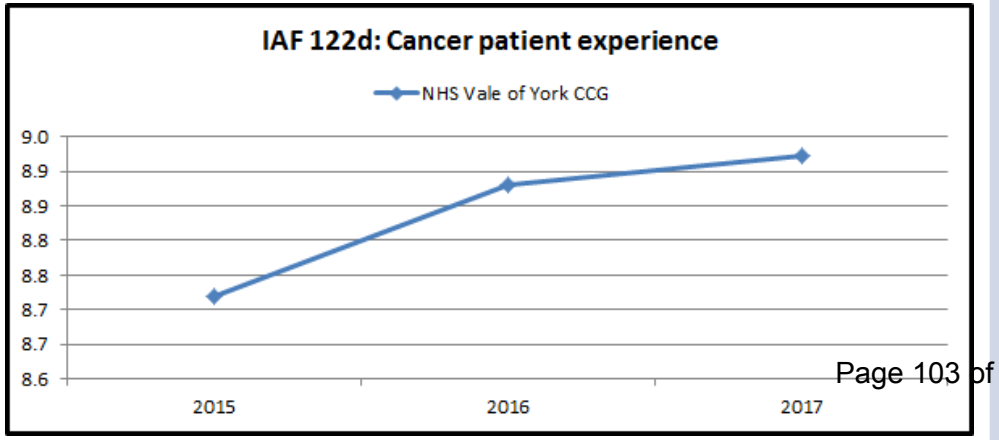
- Implementation of the new Radiology system across the patch and increased reporting capacity.
- Improving 62 Day performance by working with Clinical Leads to develop optimal care pathways for colorectal, prostate and lung cancers.
- Cancer Champions awareness programmes will a focus on increasing the uptake on Cervical Screening.

HCV Cancer Alliance have also been allocated £1.4M for the Hull Lung Screening project.

PERFORMANCE PLANNED CARE: CANCER – IAF INDICATORS







Cancers diagnosed at early stage

The CCG is performing well against peers in this measure based on the IAF dashboard assessment, however there has been a slight decline in performance for the past two years and the CCG has dropped from 55.8% in 2014 to 53.4% in 2016.

HCV Cancer Alliance has recruited 277 'Cancer Champions', 56 in the Vale of York, to educate the population in the signs and symptoms of cancer and to encourage patients to visit their GP asap if they have symptoms. Early diagnosis/staging will also help to improve the one year survival performance for our population.

One year survival from all cancers

As at latest published position of 2015, the CCG is performing at 71.6% which is 0.7% below the national average and desired trajectory of 72.3%. This performance ranks the CCG at 8/11 against peers and 121/207 nationally. Although under national average, the CCG's performance against this measure has marginally increased every year since 2000.

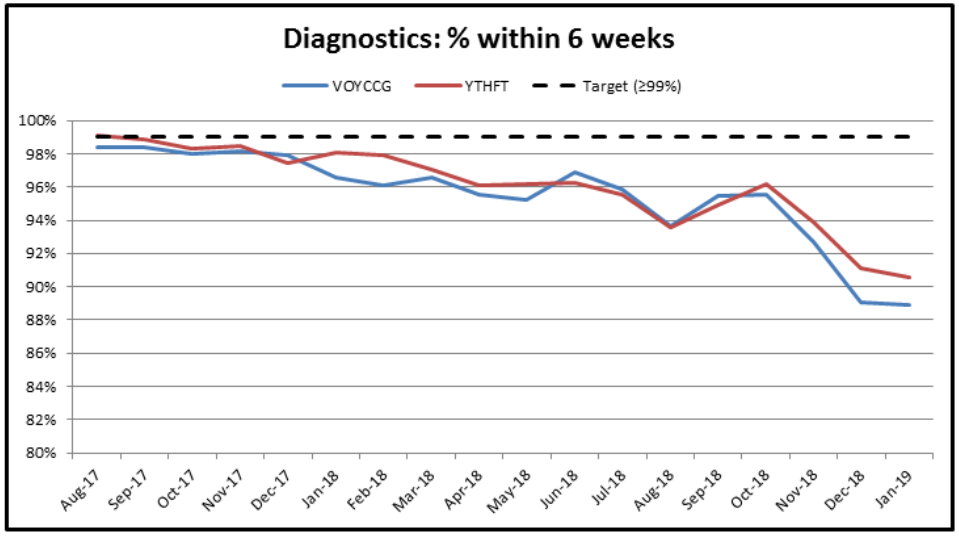
Cancer patient experience

Key findings from the National Cancer Patient Experience Survey 2017 were published in October 2018.

Patients were asked to rate their care on a scale of zero (very poor) to 10 (very good) and the average score for England and HCV was 8.8. Respondents gave ratings of 8.9 for both York Trust and VOYCCG, both above average performance, however SRCCG scored 8.7 in 2017 which represents a decline of 0.3 on their 2016 rating.

PERFORMANCE PLANNED CARE: DIAGNOSTICS

Diagnostics: % within 6 weeks (Target ≥99%)					
Vale of York CCG			York Trust		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
89.0%	88.9%	⇩	91.1%	90.6%	⇩



Diagnostic Type	Total VOYCCG Waiting List	Total >6 weeks	% within 6 weeks
DEXA_SCAN	98	0	100.0%
CYSTOSCOPY	54	0	100.0%
AUDIOLOGY_ASSESSMENTS	286	0	100.0%
BARIUM_ENEMA	27	0	100.0%
ELECTROPHYSIOLOGY	2	0	100.0%
CT	655	5	99.2%
PERIPHERAL_NEUROPHYS	60	2	96.7%
MRI	1164	55	95.3%
NON_OBSTETRIC_ULTRASOUND	976	48	95.1%
URODYNAMICS	20	1	95.0%
ECHOCARDIOGRAPHY	338	74	78.1%
FLEXI_SIGMOIDOSCOPY	88	29	67.0%
SLEEP_STUDIES	45	15	66.7%
GASTROSCOPY	412	150	63.6%
COLONOSCOPY	255	118	53.7%
Grand Total	**4480**	**497**	**88.9%**

Performance for Vale of York CCG deteriorated marginally to 88.9% in January from 89.0% in December 2018. This represents 497 patients waiting over 6 weeks from a cohort of 4,480. In total, 9 specialties failed to meet the 99% target in December from a total of 15.

Gastroscopy (150) and Colonoscopy (118) are the specialties with the largest volume of breaches in January, followed by Echocardiography (74) and MRI (55).

York Trust has seen a deterioration in performance to 90.6% in January 2019, from 91.1% in December.

There are particular pressures in Endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate the pressures, repeated attempts at recruitment have so far been unsuccessful. The radiology recovery plan is in development and includes identification of a sustainable approach to managing MRI GA, which primarily relate to children. An extra MRI GA list per month has been operational since the beginning of January.

KEY QUESTIONS: PERFORMANCE PLANNED CARE

Are targets being meet and are you assured this is sustainable?	What mitigating actions are underway?
Diagnostics – No **Cancer 2 week waits – No** **Cancer 62 day standard – No** **RTT – No** **Waiting List non-deterioration – No but improving** **52 week breaches 50% reduction target – No but zero tolerance moving forward**	**Diagnostics:** • Humber, Coast and Vale Health and Care Partnership has secured £88.5million to improve emergency care and speed up diagnostic testing in parts of its footprint. • The radiology recovery plan is in development and includes identification of a sustainable approach to the MRI GA, which are primarily for children. **Cancer:** • Successful bids through the Cancer Alliance to support cancer diagnostic delays have been mobilised; a new partnership for MRIs at Thorpe Park Clinic in Leeds has been set up as part of this work. • £2.9M funding allocation to HCV Cancer Alliance for 2019/20. • Implementation of networked radiology and pathology systems to increase capacity in 2019/2020. • Implementation of the Standard Operating Procedure (SOP) for removing patients from the Cancer Patient Tracking List (PTL) commenced, with weekly monitoring has seen over 500 patients removed from the PTL. • Revised Cancer Governance implemented to strengthen lessons learned from Clinical Harm Reviews and specific performance review of Tumour Site recovery plans at Cancer Board • Assessment by directorate on options to increase 7 day Fast Track capacity, to inform the operational plan for 2019-20 • Review of sustainable provision of Dermatology pathways across the YTHFT and CCGs.
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**
Total waiting list recovery by 31/3/2019 is anticipated. The new performance trajectories for 2019/20 have now been submitted.	

Programme Overview - Unplanned and Out of Hospital Care

Validated data to January 2019 (Month 10)

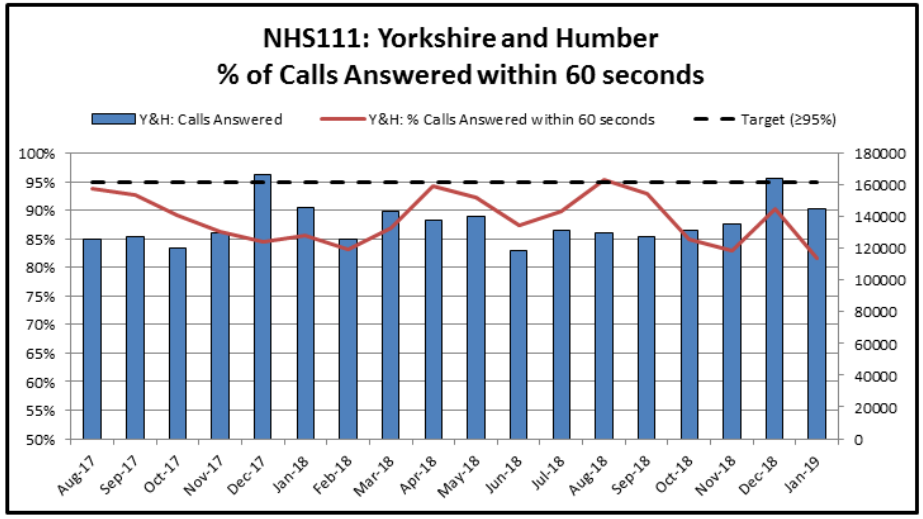
Executive Leads:
Kev Smith (Out of Hospital care), Simon Cox (Urgent & Emergency Care) and Denise Nightingale (DTOCs)
Programme Leads :
Fiona Bell, Assistant Director of Transformation & Delivery
Becky Case, Head of Transformation and Delivery - ECS
Locality leads: Shaun Macey (South), Becky Case (North) and Gary Young (Central)
Pippa Corner, Joint Commissioning Manager (VoY CCG and CYC)
Clinical Leads:
Peter Billingsley, GP Governing Body, S&R CCG

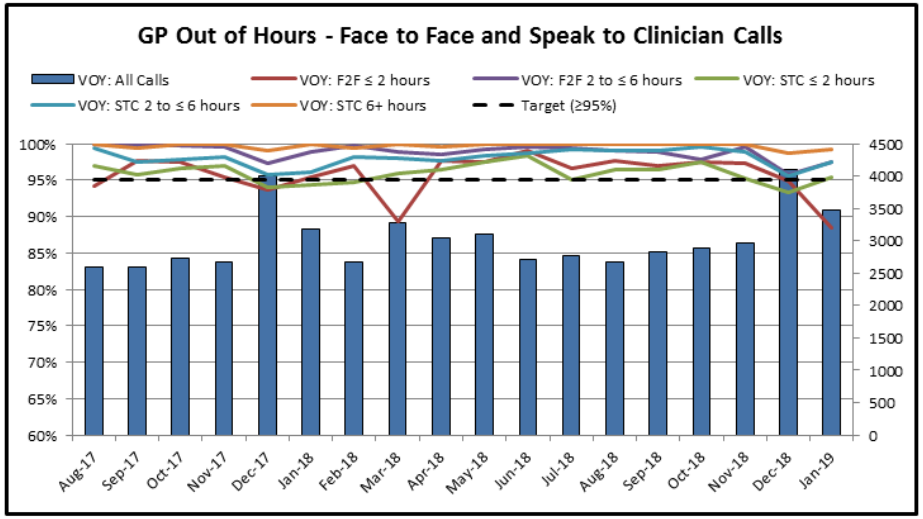
NHS
Vale of York
Clinical Commissioning Group

PERFORMANCE UNPLANNED CARE: NHS111, GP OOH, YAS and ED

NHS111: Yorkshire and Humber					
Calls Offered			% Answered within 60 seconds		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
163,747	144,696	↓	90.2%	81.6%	↓

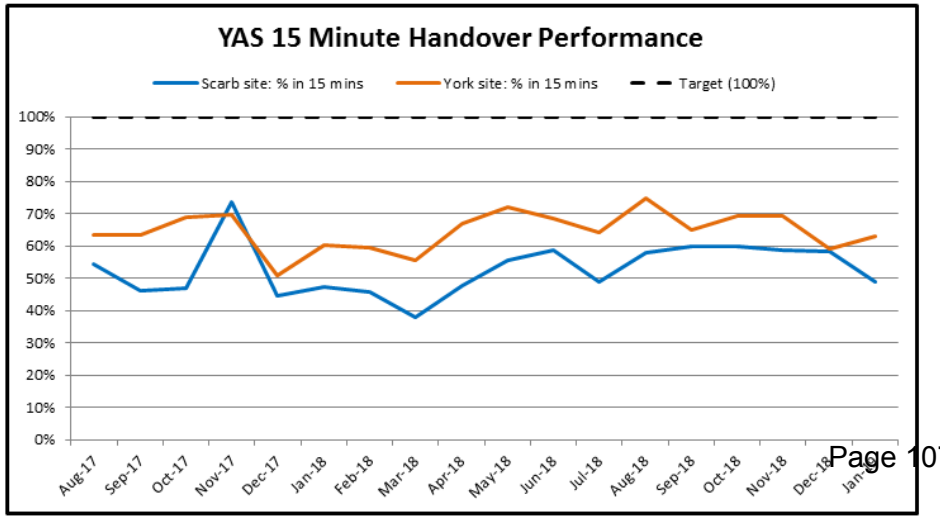
GP Out of Hours - Face to Face and Speak to Clinician Calls					
F2F calls within ≤2 hours (Target 95%)			STC calls within ≤2 hours (Target 95%)		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
94.9%	88.5%	↓	93.2%	95.3%	↑

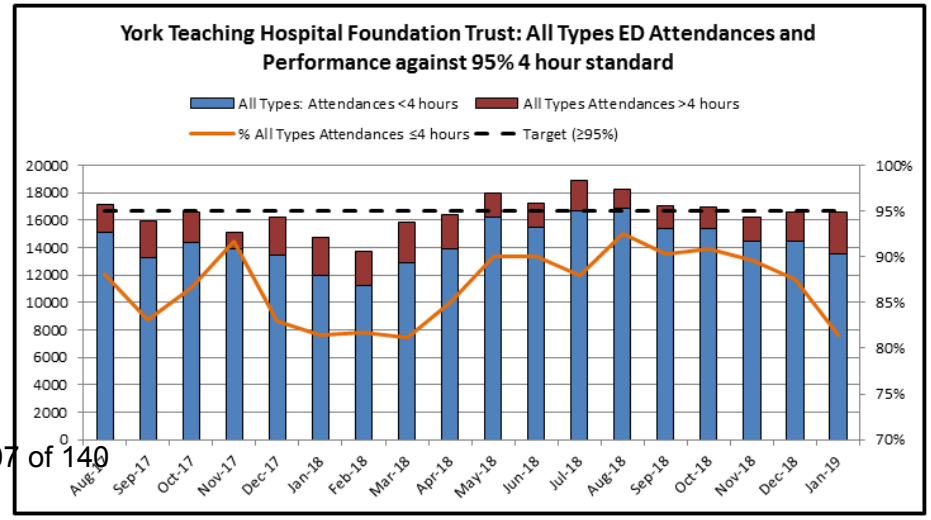




YAS 15 Minute Handover Performance					
Scarborough site (Target 100%)			York site (Target 100%)		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
58.3%	48.8%	↓	59.2%	63.1%	↑

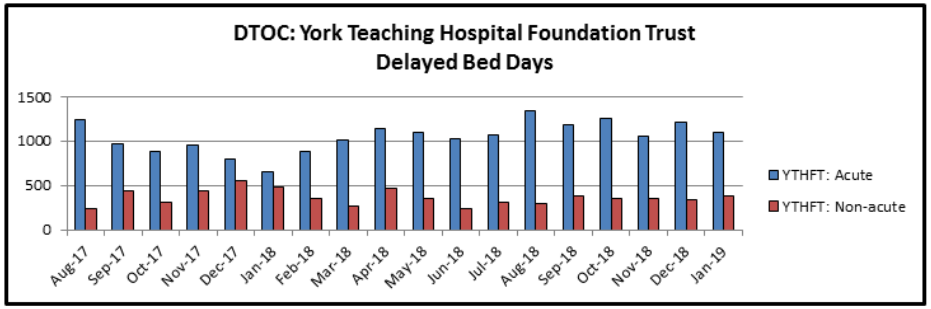
York Teaching Hospital Foundation Trust: ED 4 hour standard					
All Types Attendances			All Types % within 4 hours		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
16,571	16,575	↑	87.6%	81.5%	↓



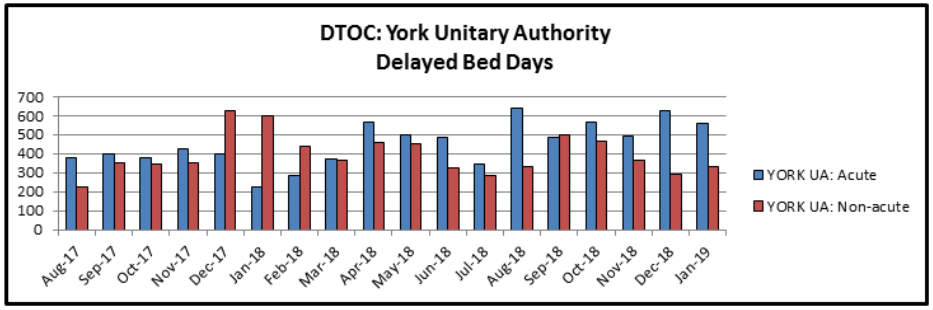


PERFORMANCE UNPLANNED CARE: DELAYED TRANSFERS OF CARE

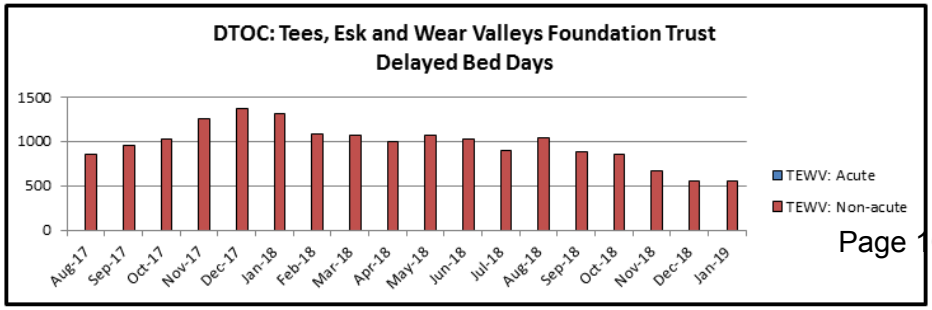
DTOC: YTHFT Delayed Bed Days					
Acute			Non-acute		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
1212	1093	⇩	337	385	⇧



DTOC: York UA Delayed Bed Days					
Acute			Non-acute		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
628	556	⇩	289	330	⇧



DTOC: TEWV Delayed Bed Days					
Acute			Non-acute		
Dec-18	Jan-19	DoT	Dec-18	Jan-19	DoT
N/A	N/A	N/A	550	557	⇧



The number of bed days for acute DTOCs at York Trust decreased from 1,212 in December to 1,093 in January. The number of bed days for non-acute DTOCs increased from 337 in December to 385 in January, however overall this is still an improved position month on month.

The Trust has in line with previous years seen an increase in bed pressures, with both Scarborough and York Hospitals experiencing bed occupancy of above 90% at midnight on every day of the month. Scarborough and York Hospitals have been affected by Flu and Norovirus outbreaks during January; on average 8 wards and 96 beds were partially or fully closed to admissions each day peaking at 13 wards and 180 beds on the 31st January.

The Delayed Transfers of Care (DToC) position improved in January; however this remains a fluctuating and unpredictable position. Recent rises have been affected by lack of care home capacity and shortage in the availability of packages of home care. The Trust is actively working, through the Complex Discharge multi-agency group to mitigate the pressures from increased demand, and delayed patients through the Winter Plan.

KEY QUESTIONS : PERFORMANCE UNPLANNED CARE

Are targets being met and are you assured this is sustainable?	What mitigating actions are underway?
• **4-hour standard:** The 95% target was not met during this period, and there was underachievement against the local target • **Ambulance Handovers**: There was a slight improvement in York during January but continued to underperform in February • **YAS response times:** Average response times for Cat 1 calls static at 7minutes and 3seconds, fractionally outside target. The 90th centile is also comfortably within the 15 minutes target at 12 minutes and 5 seconds • **OOH GP**: This deteriorated in December and January – as per seasonal expectations; improvement expected in February • **EDFD:** Ongoing discussions between key partners to agree pathways for further development of service. • **NHS111:** Good performance continued throughout February, new contract rollout continuing, first practice commenced direct booking in-hours	• **4-hour standard:** Continuing to work as a system to manage pressures, beds reopened throughout February • **Ambulance Handovers:** Continued work on pathways via the HCV sub-group; described as priority for 2019 • **YAS response times:** Cat1 and other targets continuously monitored. • **OOH GP:** No mitigating actions required at present; monitoring continues. • **EDFD:** Ongoing dialogue between YTHFT and Vocare. • **NHS111:** No mitigating actions required at present; monitoring continues.
Is there a trajectory and a date for recovery/improvement?	**Is further escalation required?**
• **4-hour standard:** all system partners are still working with the winter plans to regain target levels; improving but inconsistent still at present. Winter review taking place 21/03. • **Ambulance Handovers:** Ongoing work against plan. • **YAS response times:** not applicable at present. • **OOH GP:** not applicable at present. • **EDFD**: not applicable at present. • **NHS111**: not applicable at present.	• **4-hour standard:** Escalation taking place locally and regionally as required, S'boro under pressure and hence occasional escalation around diverts taking place. • **Ambulance Handovers**: No • **YAS response times**: No • **OOH GP**: No • **EDFD**: No • **NHS111**: No

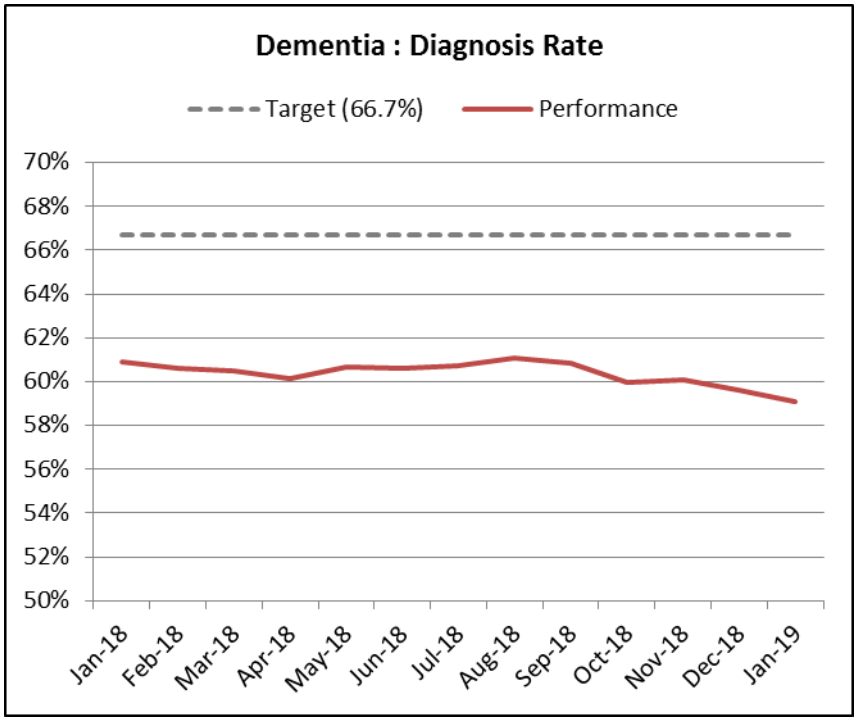
Programme Overview
- Mental Health, Learning Disability, Complex Care and Children's

Executive Lead and Clinical Lead:
Denise Nightingale, Executive Director of Transformation & Delivery (MH/LD/CHC)

Programme Leads :
Paul Howatson, Head of Partnerships and Integration
Bev Hunter, Head of CHC and Vulnerable People

PERFORMANCE : MENTAL HEALTH – DEMENTIA

Dementia			
Diagnosis Rate			
Dec-18	Jan-19	Feb-19	DoT
59.6%	59.1%	58.7%	



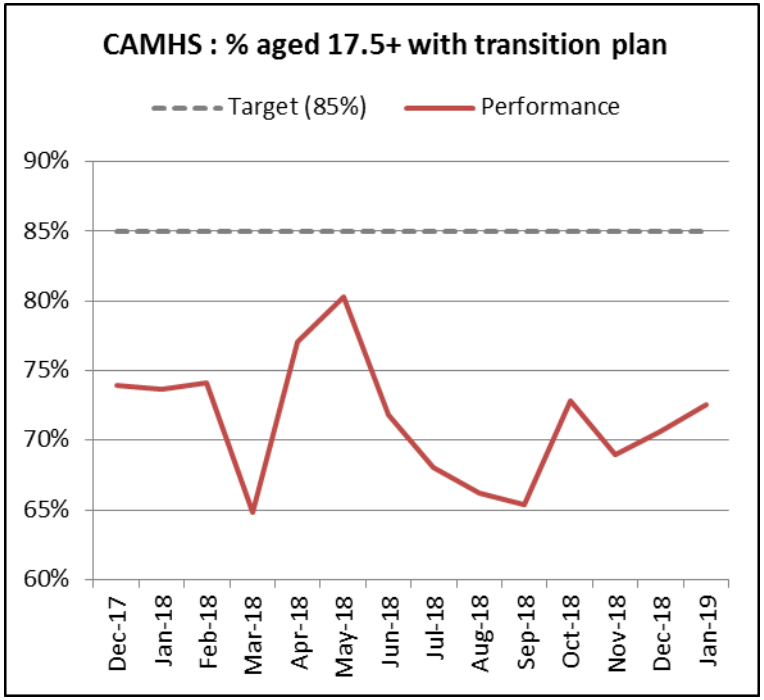
The diagnosis rate has decreased to 58.7% from 59.1%.

The number of registered patients fell by 16 against a static estimated prevalence rate. At the Haxby Group Practice there were 12 deaths and 4 patients moved out of area.

Practice Name	Movement	Performance
Beech Tree Surgery	5	76.5%
Dalton Terrace Surgery	(1)	39.0%
East Parade Medical Practice	(1)	39.2%
Elvington Medical Practice	(1)	92.1%
Escrick Surgery	(2)	53.4%
Front Street Surgery	2	43.8%
Haxby Group Practice	(16)	60.4%
Helmsley Surgery	2	37.9%
Jorvik Gillygate Practice	(2)	56.1%
Kirkbymoorside Surgery	1	49.0%
Millfield Surgery	(3)	52.2%
My Health Group	(1)	58.6%
Pickering Medical Practice	0	58.4%
Pocklington Group Practice	(5)	42.3%
Posterngate Surgery	(3)	61.8%
Priory Medical Group	10	78.0%
Scott Road Medical Centre	1	105.3%
Sherburn Group Practice	(2)	66.5%
South Milford Surgery	1	38.8%
Stillington Surgery	1	44.6%
Tadcaster Medical Centre	(3)	43.8%
Terrington Surgery	1	26.6%
The Old School Medical Practice	(2)	41.0%
Tollerton Surgery	0	37.0%
Unity Health	0	56.4%
York Medical Group	2	**49.4%**
Total	**(16)**	

PERFORMANCE : MENTAL HEALTH - CAMHS

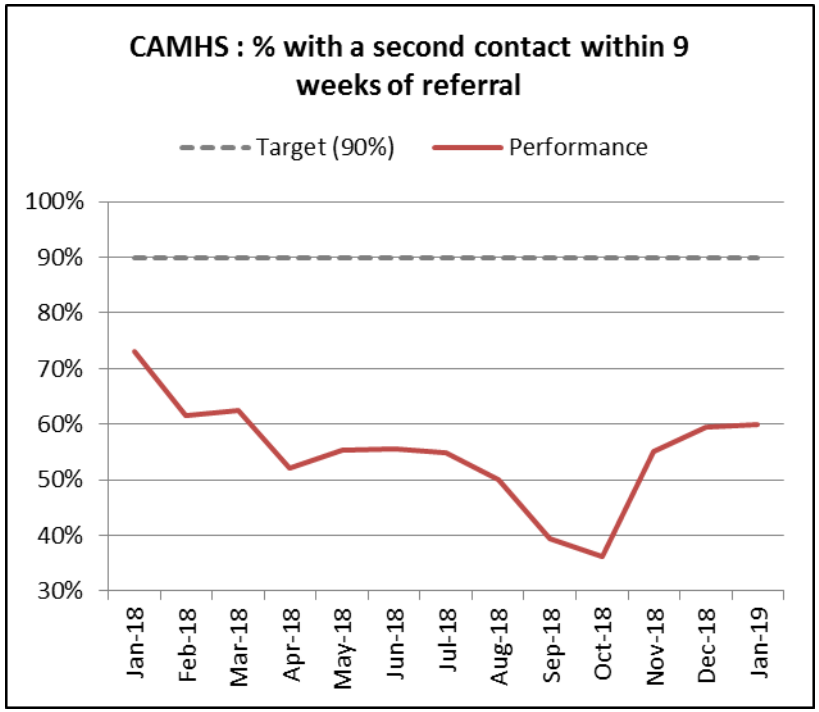
CAMHS			
% aged 17.5+ with transition plan			
Nov-18	Dec-18	Jan-19	DoT
69.0%	70.6%	72.6%	↑



The position for January is 72.6 %.

The indicator has been revised and now excludes patients who have not yet been seen for a second treatment, as transition planning would not have started prior to this stage in a patients journey. In addition a correction has been made to this indicator as plans completed after month end were being counted and artificially inflation performance.

CAMHS			
% with a second contact < 9 weeks of referral			
Nov-18	Dec-18	Jan-19	DoT
55.1%	59.4%	60.0%	↑

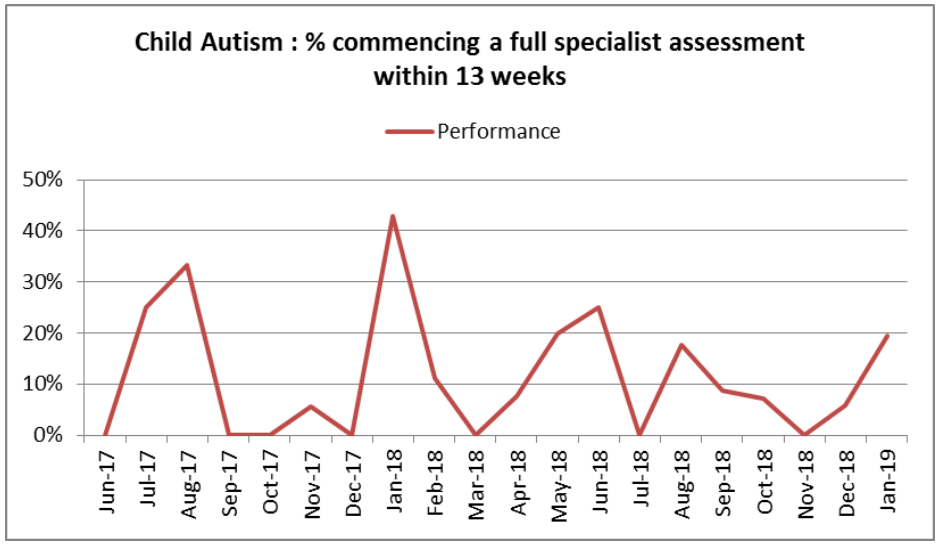


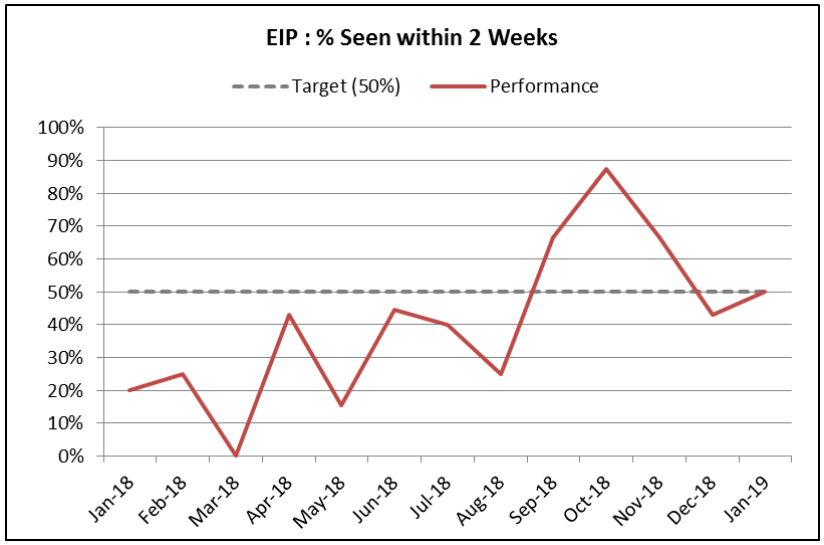
The position for January is 60.0%, which is attributable to 46 breaches out of 115 patients. Breaches continue to predominately relate to issues with staff capacity.

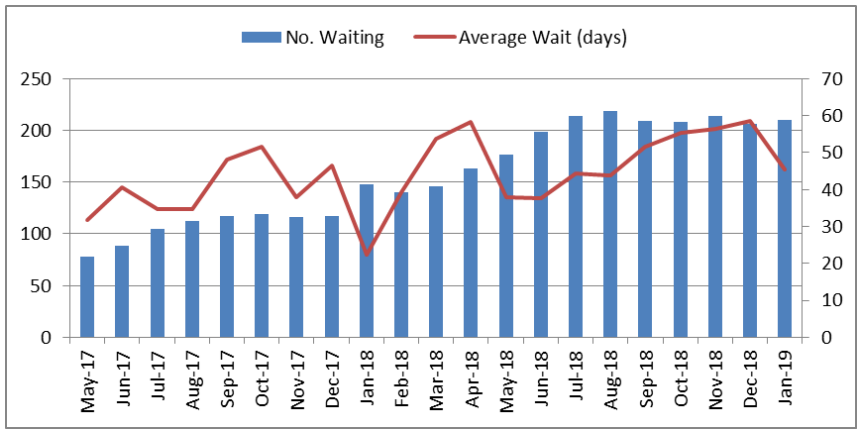
PERFORMANCE : MENTAL HEALTH – Child Autism & EIP

Child Autism			
% commencing full specialist assessment < 13 wks			
Nov-18	Dec-18	Jan-19	DoT
0.0%	5.9%	19.6%	↑

EIP			
% seen within 2 Weeks			
Nov-18	Dec-18	Jan-19	DoT
66.7%	42.9%	50.0%	↑





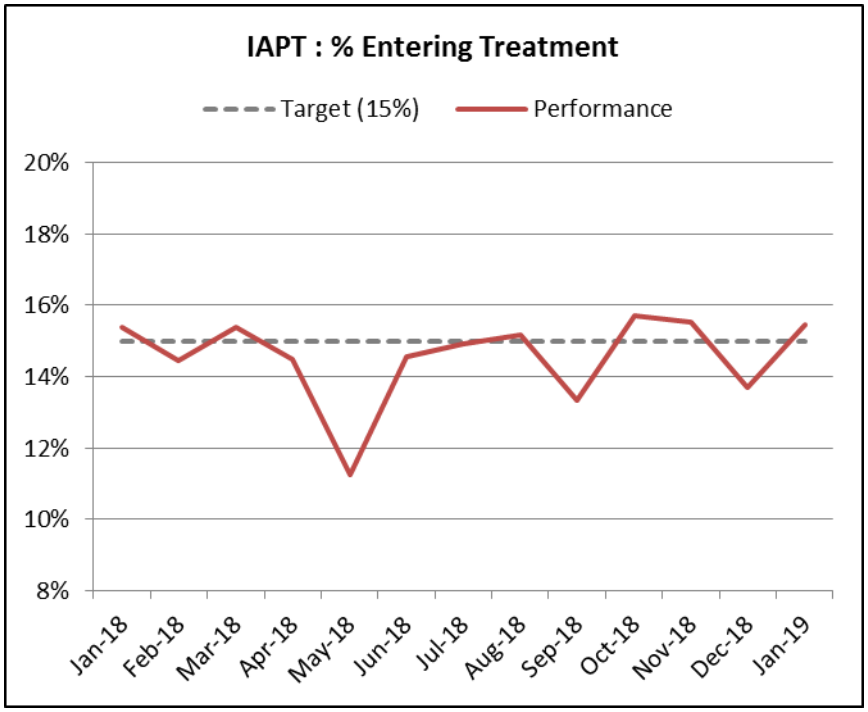


The position increased to 50%. This represents 3 out of 6 attendances being seen within 2 weeks.

This measure fluctuates significantly due to the small numbers associated with this type of activity.

PERFORMANCE : MENTAL HEALTH- IAPT

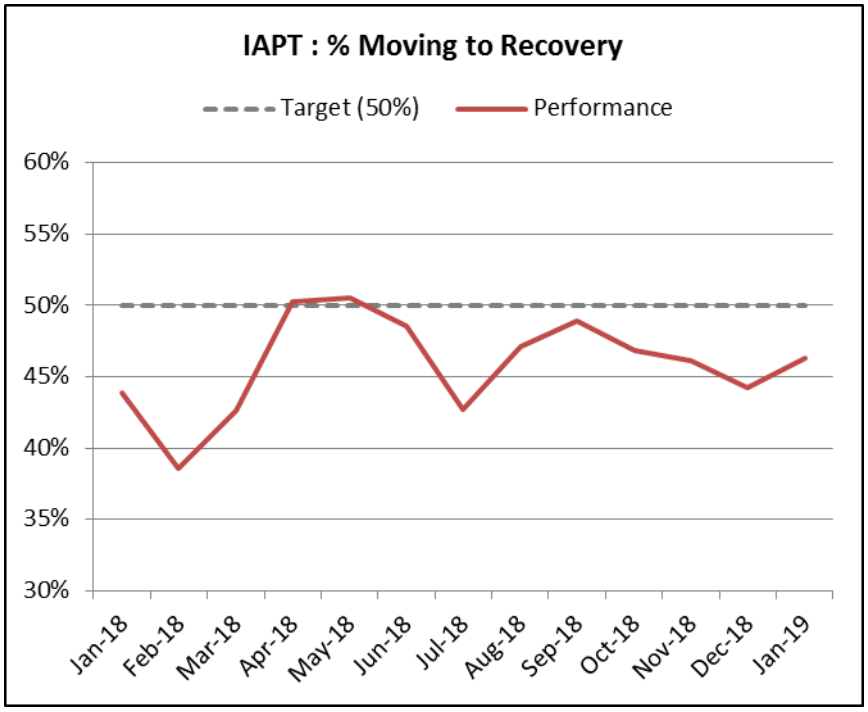
IAPT			
Prevalence			
Nov-18	Dec-18	Jan-19	DoT
15.5%	13.7%	15.4%	↑



The local position for January is 15.4%.

As anticipated last month the performance target has been met in January.

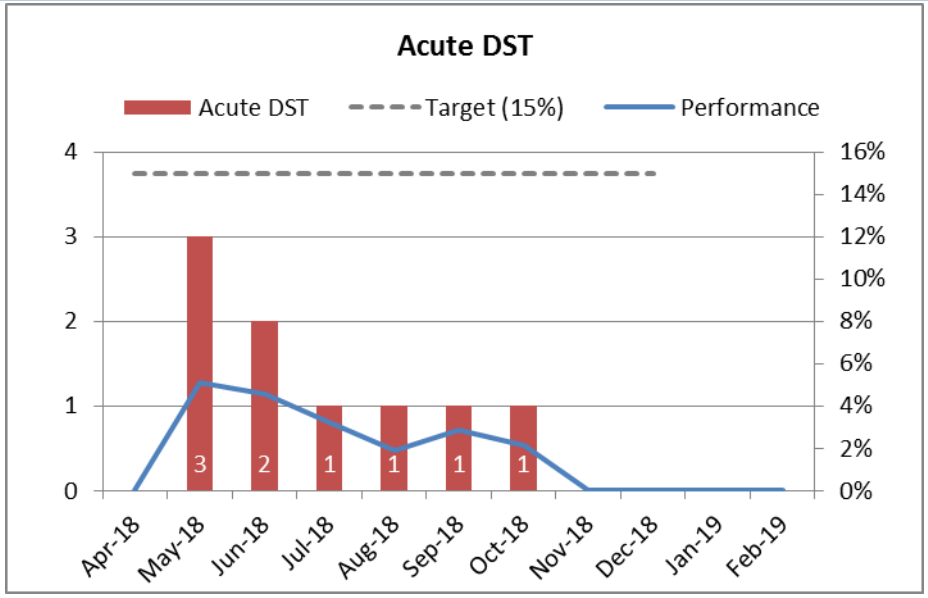
IAPT			
Recovery			
Nov-18	Dec-18	Jan-19	DoT
46.1%	44.3%	46.3%	↑



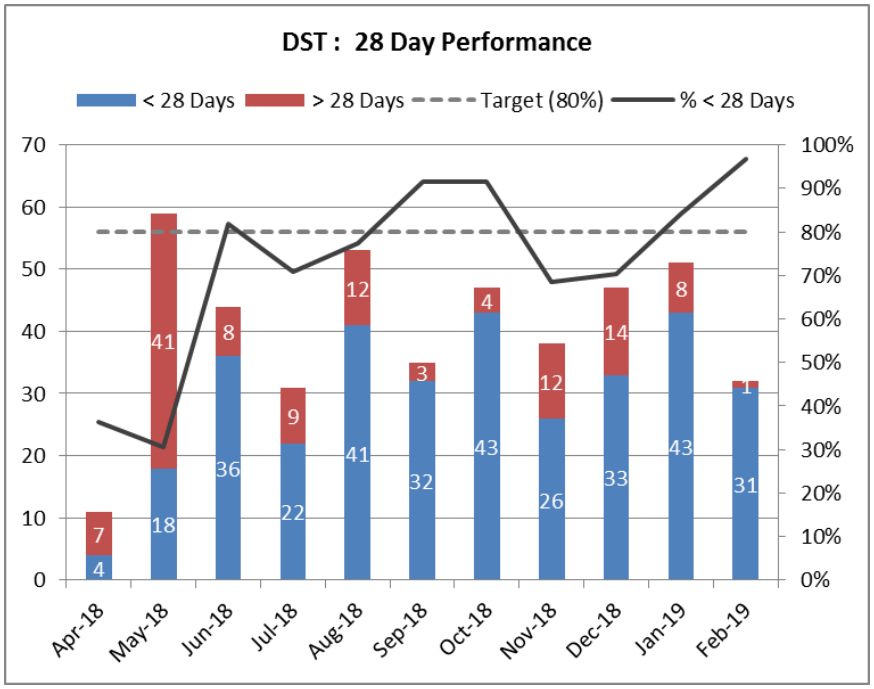
The local position for January is 46.3%

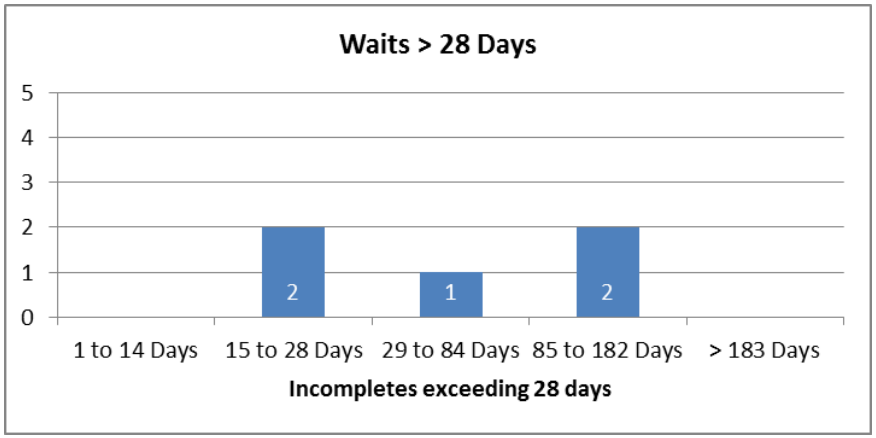
Of the 212 patients who completed treatment 95 have moved to recovery.

PERFORMANCE: CONTINUING HEALTHCARE (CHC)



Implementation of the discharge to assess approach has continued to deliver this target. All Acute Hospital DSTs are approved prior to assessment and occur due to patient need.





Performance improved to 96.9%.

- Work continues regarding the implementation of the new IT system with further
- Posts have been recruited to and temporary staff are in place to offset staffing issues.

The expectation is that Marchs position will meet the target.

KEY QUESTIONS: MENTAL HEALTH, LEARNING DISABILITY SERVICES, COMPLEX CARE & CHILDREN

Are targets being met and are you assured this is sustainable?	What mitigating actions are underway?
Mental Health **IAPT :** No **Dementia :** No **CAMHS :** No **EIP:** No **Continuing Healthcare** **Monthly Acute Hospital DST Activity :** Yes **Decision Support Tool 28 Days :** Yes	**IAPT :** The position has deteriorated in February and the Service Lead has advised we will not meet the prevalence target in month. They are currently working to try and recover the position for March so that we meet the overall agreed Q4 target of 15.4% **Dementia** : The CCG has bid for non-recurrent funding from NHSE to undertake work to reconcile GP dementia registers with TEWV records. This will allow targeted efforts with practices where there appears to be a discrepancy between practice diagnostic rates and numbers diagnosed by the memory service. Similar work undertaken in North Tees saw a significant increase in the numbers of people on dementia registers. **CAMHS** : Performance has improved in February and we have seen a steady improvement against the waiting lists. The only outstanding area of concern was the low autism conversion rates but TEWV have confirmed a manual check of the data shows the position is closer to 75%. Manual figures will continue to be provided until we receive assurance around the PARIS data. **EIP :** Staffing appointments currently on track for improvement in performance in line with trajectory. **CHC** : Targets met in February and expectation is that performance will remain above target in March.
Is there a trajectory and a date for recovery / improvement?	**Is further escalation required?**
IAPT : Trajectory agreed but is below national target. **Dementia :** The tasks in the action plan support progress towards delivery of the national target **CAMHS :** Action plan developed with TEWV to support meeting required performance targets **EIP** : Trajectory and investment for 18/19 agreed **CHC** : 28 day Performance is anticipated to meet target.	**IAPT recovery:** Verbal update to F & P Committee. **Dementia :** Verbal update to F & P Committee. **CAMHS :** Verbal update to F & P Committee. **EIP** : No further escalation at present, **CHC :** No escalation required at this stage.

CCG Improvement and Assessment Framework (IAF)

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CCG Improvement and Assessment Framework

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.

Release of the 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 2 2018/19 IAF dashboard was released to CCGs on 28th January 2019, and work is currently ongoing to assess our position against all indicators. Key headlines are that Finance has returned (as anticipated) from Amber in Q1 to Red in Q2, but Quality of CCG Leadership has improved from Amber in Q1 to Green in Q2. Of the 52 indicators currently in publication, the CCG's internal ranking rates 17 indicators as performing well, 13 indicators as mid-range, 9 as priority 2, and 13 as priority 1.

The Quarter 3 dashboard is anticipated for release by NHS England in late April 2019.

Future development

In addition to the newly released and refreshed 2018/19 Improvement and Assessment Framework indicators, the summary guidance published on 08th November 2018 included an update on future developments including a planned Integrated Oversight Framework, as outlined below.

> *NHS England and NHS Improvement are developing with STPs/ICSs a set of principles that will underpin oversight:*
>
> - *NHS England and NHS Improvement speaking with one voice, setting consistent expectations for local health systems;*
> - *greater focus on the performance of the local healthcare system as a whole, alongside the performance of individual providers and commissioners; and,*
> - *working with and through the STP/ICS leadership, wherever possible, to tackle problems in individual organisations or localities, rather than making uncoordinated national interventions. This will thereby stimulate the further growth of self-governing systems.*
>
> *This will be informed by a new integrated oversight framework that will form a key part of the regular performance discussions between NHS England, NHS Improvement and STPs/ICSs. Alongside this, NHS England, NHS Improvement and STPs/ICSs will continue to review trust-level data – and CCG-level data – to help agree when individual organisations need support or intervention and who should provide that support or intervention.*
>
> *We envisage that this new framework will evolve to reflect a population-based approach to improving health outcomes and reducing health inequalities. Development of this framework will be informed by the long-term plan for the NHS, due to be issued in the autumn, to ensure that the ambition described for the NHS is captured in the metrics that we use to assess and oversee CCGs and healthcare systems in the future.*

2018/19 CCG Quality Premium

NHS
Vale of York
Clinical Commissioning Group

QUALITY PREMIUM UPDATE

2017/18 Quality Premium Update

Provisional Phase 1 2017/18 Quality Premium results were released by NHS England on 13th November 2018, for CCGs to review. The provisional results brought together the local Quality Premium measures along with the national data which is available. The CCG's Analytics Team reviewed the results and confirmed accuracy meaning there was no requirement to lodge an appeal with NHS England. Subsequently the appeals window closed at midday on Wednesday 21st November.

Although the provisional results indicate that the CCG achieved a number of the 2017/18 Quality Premium indicators with a potential financial value of over £1million, all three targets within the Constitutional Gateway were failed and with each carrying a penalty of 33.3% this represents a 100% reduction in any available funding.

On 12th December 2018 the Financial Gateway results were released for 2017/18 and the CCG has failed the gateway as anticipated. In addition to failing the Constitutional Gateways which had already removed any possibility of available funding, the failure of the Financial Gateway also renders us ineligible for any monetary achievement despite any achievement in other areas.

2018/19 Quality Premium

The table on the following slide summarises the potential funding available to Vale of York and Scarborough & Ryedale CCGs from the 2018/19 Quality Premium, broken down by section and indicator.

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 (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.

QUALITY PREMIUM 2018/19

Potential Funding for Quality Premium for Vale of York and Scarborough and Ryedale CCGs combined* **£2,387,010**

	Indicator	% of Quality Premium	Potential Value for Vale of York CCG	Potential Value for Scarborough and Ryedale CCG	Potential total value for VOY and S&R CCGs:
Emergency Demand Management Indicators	A1 - Type 1 A&E attendances	50.0%	£673,909	£227,306	£901,215
	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	£227,306	£901,215
	Total	**100.0%**	**£1,347,818**	**£454,612**	**£1,802,430**
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	£25,025	£99,378
	2 - Overall experience of making a GP appointment	17.0%	£74,353	£25,025	£99,378
	3a - % of NHS CHC referrals that have been completed within 28 days.	8.5%	£37,177	£12,513	£49,690
	3b - % of full NHS CHC assessments that were completed in an acute hospital	8.5%	£37,177	£12,513	£49,690
	4a - % of people accessing IAPT services identified as Black, Asian and minority ethnic (BAME)	17.0%	£74,353	£25,025	£99,378
	4b - % of people accessing IAPT services aged 65+				
	5ai - Reduction in all E coli BSI reported	5.1%	£22,306	£7,508	£29,814
	5aii - Collection and reporting of a core primary care data set for all E coli cases	2.6%	£11,153	£3,754	£14,907
	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	£5,005	£19,876
	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	£2,503	£9,938
	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	£6,256	£24,844
	6 - Local Rightcare Measure - Reduction in the number of MSK POLCVs	15.0%	£65,606	£22,081	£87,687
	Total	**100.0%**	**£437,372**	**£147,208**	**£584,580**

***Based on VOYCCG population of 357,038 and S&RCCG population of 120,364 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. £2,387,010 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. £292,290 impact per indicator or £584,580 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

QUALITY PREMIUM 2018/19

Q3 2018/19 update on Emergency Demand Management Indicators: Vale of York and Scarborough and Ryedale CCGs

A&E Type 1 Attendances

Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
Plan	20,892	21,593	20,942	19,698	83,125
Actual	22,165	22,315	22,051		66,531
Variance	1,273	722	1,109		3,104
Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
Plan	6,040	6,106	6,107	5,975	24,228
Actual	6,116	6,400	6,493		19,009
Variance	76	294	386		756

Non-elective admissions - 0 LoS

Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
Plan	3,399	3,264	3,557	3,543	13,763
Actual	3,417	3,432	3,815		10,664
Variance	18	168	258		444
Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
Plan	961	998	1,056	943	3,958
Actual	1,075	1,025	1,066		3,166
Variance	114	27	10		151

Non-elective admissions - 1+ LoS

Vale of York CCG	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Full year 2018/19
Plan	5,961	6,031	6,199	6,087	24,278
Actual	6,540	6,344	6,722		19,606
Variance	579	313	523		1,415
Scarborough & Ryedale CCG	**Q1 2018/19**	**Q2 2018/19**	**Q3 2018/19**	**Q4 2018/19**	**Full year 2018/19**
Plan	2,588	2,637	2,769	2,777	10,771
Actual	2,873	2,749	2,896		8,518
Variance	285	112	127		524

The table opposite shows the position as at end Q3 2018/19 against the three Quality Premium Emergency Demand Management Indicators, for both Vale of York and Scarborough and Ryedale CCGs.

In total these indicators are worth up to approximately £1.8million combined for the two CCGs. As at end Q3 both CCGs are adverse to plan on all three indicators.

It should be noted that these figures are based on national data which will be used in Quality Premium assessment and do not take into account local exceptions around the way activity is recorded in, for example, ambulatory care - therefore these figures may differ from those published in other CCG reports.

Financial Gateway

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.

Acronyms

2WW	Two week wait: Urgent Cancer Referrals Target
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactive Disorder
AEDB	A and E Delivery Board
AHC	Annual Health Check
AIC	Aligned Incentive Contract
CAMHS	Child and Adolescent Mental Health Services
CC	Continuing Care
CEP	Capped Expenditure Process
CGA	Comprehensive Geriatric Assessment
CHC	Continuing Healthcare
CIP	Cost Improvement Plan
CMB	Contract Management Board
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation (framework)
CRUK	Cancer Research UK
CSF	Commissioner Sustainability Funding
CT	Computerised Tomography Scan
CWTs	Cancer Waiting Times
CYC	City of York Council
CYP	Children & Young People
DEXA	Dual energy X-ray absorptiometry scan
DNA	Did not attend
DQIP	Data Quality Improvement Plan (in standard acute contract)
DTOC	Delayed Transfer of Care
ECS	Emergency Care Standard (4 hour target)

Acronyms continued

ED	Emergency Department
EDFD	Emergency Department Front Door
EMI	Elderly Mentally Infirm
ENT	Ear Nose & Throat
F&P/ F&PC	Finance & Performance Committee (CCG)
FIT	Faecal Immunochemical Test
FNC	Funded Nursing Care
FT	Foundation Trust
GA	General Anaesthetic
GI	Gastro-intestinal
GPFV	GP Forward View
H&N	Head and Neck
HCV	Humber, Coast & Vale (Sustainable Transformation Plan or STP)
HR&W	NHS Hambleton, Richmondshire and Whitby CCG
HaRD	NHS Harrogate and Rural District CCG
IAF	Improvement & Assessment Framework (NHS England)
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care Systems
IFR	Individual Funding Review (Complex care)
IPT	Inter-provider transfer (Cancer)
IS	Independent Sector
IST	Intensive Support Team
LA	Local Authority
LD	Learning Disabilities
LDR	Local Digital Roadmap
MCP	Multi-Care Practitioner
MDT	Multi Disciplinary Team
MH	Mental Health

Acronyms continued

MHFV	Mental Health Forward View
MIU	Minor Injuries Unit
MMT	Medicines Management Team
MNET	Medical Non Emergency Transport
MRI	Magnetic Resonance Imaging
MSK	Musculo-skeletal Service
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NYCC	North Yorkshire County Council
NYNET	NYNET Limited (created by North Yorkshire County Council, provides WAN connectivity and broadband services to private and public sector sites)
ONPOS	Online Non Prescription Ordering Service
OOH	Out of hours
PCH	Primary Care Home
PCU	Partnership Commissioning Unit
PIB	Permanent Injury Benefit
PID	Project Initiation Document
PLCV	Procedures of Limited Clinical Value
PM	Practice Manager
PMO	Programme Management Office
PNRC	Procedures Not Routinely Commissioned
POD	Point of Delivery
PSF	Provider Sustainability Funding
PTL	Patient Tracking List
QIPP	Quality, Innovation, Productivity and Prevention
QP	Quality Premium

Acronyms continued

RRV	Rapid Response Vehicle
RSS	Referral Support Service
RTT	Referral to treatment
SOP	Standard Operating Procedure
S&R / SRCCG	NHS Scarborough and Ryedale CCG
SRBI	Special Rehabilitation Brain Injury
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan
STT	Straight to Triage
SUS	Secondary Uses Service (data)
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
T&I	Trauma and Injury
T&O	Trauma and Orthopaedics
TIA	Transient Ischaemic Attack
ToR	Terms of Reference
UCC	Urgent Care Centre
UCP	Urgent Care Practitioner
VoY	Vale of York
VoY CCG	NHS Vale of York CCG
VCN	Vale of York Clinical Network
WLIs	Waiting List Initiatives
YAS	Yorkshire Ambulance Service
YDUC	Yorkshire Doctors Urgent Care
Y&H	Yorkshire & Humber (region)
YTHFT/York Trust	York Teaching Hospital NHS Foundation Trust
YDH	York District Hospital
YHEC	York Health Economics Consortium

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Item 13

Chair's Report: Audit Committee

Date of Meeting	28 February 2019
Chair	Phil Goatley

Areas of note from the Committee Discussion

- The Committee is pleased to see that the organisation understands it is the Committee Members who own the Internal Audit Plan. However in order for Committee Members to approve changes in this Plan, in all cases a clear rationale for change needs to be given.
- Committee Members are keen to see before the start of the 2019/20 financial year an established three year longer term planning regime for internal audit work. This will allow the Committee to view the current year's Audit Plan and any changes to it in a longer and wider assurance context.
- The Committee supports fully the CCG's Internal Auditors taking a more challenging approach to the delivery of agreed audit recommendations by nominated Action Managers, and can escalate matters to the Chief Finance Officer where this is necessary. Where audit recommendations are agreed, it can only be in exceptional circumstances that agreed timescales are not adhered to. In all cases Action Managers should supply meaningful narratives to the Audit Committee on any changes in implementation timescales and the reason(s) for this. These also need to be agreed with our Internal Auditors. Before actions are completed, substantive explanations on what progress has been made should also be given.
- The Committee members are very pleased to see the development of a high quality Counter Fraud Plan that is supported by an Anti-Crime Newsletter for staff that is written in a clear and approachable style. It is also positive that the Plan is underpinned by an e-learning package and knowledge of good practice in other public sector bodies.
- The Committee received formally from the CCG's external auditors the referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014.
- The Committee Members are pleased to see the continuing development of a robust Board Assurance Framework (BAF) for implementation from the beginning of 2019/20. This will properly distinguish between sources of assurance and the management of risks across the organisation and be a significant part of the CCG's corporate governance arrangements.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 14

Chair's Report: Executive Committee

Date of Meeting	20 February and 6 March 2019
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee has been actively monitoring the 2018/19 financial position as we approach the end of the year. Additionally:

- The new national policy relating to Primary Care Networks and related funding was discussed. Dr Smith was asked to take this forward with oversight at the Primary Care Commissioning Committee.

- A number of commissioning issues were discussed, including:

    - A review of the Urgent Care Practitioner service. The Committee supported extension in principle subject to improved value for money and outcomes.
    - Health Coaching was supported in principle subject to availability.
    - Diabetes and foot care were not supported on the grounds of value and outcomes.
    - The alignment of Freestyle Libre with national policy.
    - Approval of a two year extension to the prison based GP out of hours service.

The Committee started to discuss financial parameters for 2019/20 and a number of related estate issues. These included maximising potential financial benefits of vacant space and scoping alternative accommodation for CCG staff currently using Amy Jonson Way.

The Committee proposed a number of amendments to the audit plan ahead of presentation to the Audit Committee.

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

Vale of York
Clinical Commissioning Group

Item 15

Chair's Report: Finance and Performance Committee

Date of Meeting	28 February 2019
Chair	David Booker

Areas of note from the Committee Discussion

- The CCG will continue to act as a responsible commissioner and strive to support a system wide recovery control total on a multi year planning basis. It is hoped that the appointment of a new Chief Executive at York Teaching Hospital NHS Foundation Trust and the merger at a local level of the current regulators will improve commissioner and provider integration.
- The Committee supports the senior CCG staff in considering the need to seek arbitration from regulators to ensure an achievable contractual position moving forward.
- The Committee reiterated that the CCG will not submit a financial plan that is not realistic and achievable.

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	1 March 2019
Chair	Keith Ramsay

Areas of note from the Committee Discussion

The Committee:

- Focused on the localities' clinically led schemes and encouraged the Governing Body to maintain the investment
- Approved alignment with the North Yorkshire CCGs service specification for amber drugs near patient testing
- Received an update on the Five-year Framework for GP Contract Reform noting the added benefit for patients

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	14 February 2019
Chair	Keith Ramsay

Areas of note from the Committee Discussion

- The Committee welcomed the progress with NHS continuing healthcare but noted that considerable work was still required.
- The Committee noted the senior level staff turnover at York Teaching Hospital NHS Foundation Trust but recognised that appointment processes were taking place.
- The Committee noted the work pertaining to issues relating to opiates and the work to reduce their use.
- The Committee expressed concern at the two Never Events at York Teaching Hospital NHS Foundation Trust.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

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Item Number: 18

Meeting of the Governing Body

Date of meeting: 4 April 2019

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Vale of York
Clinical Commissioning Group

Report Title – Medicines Commissioning Committee Recommendations

Purpose of Report
For Information

Reason for Report

These are the latest recommendations from the Medicines Commissioning Committee – February 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

Covalent Risk Reference and Covalent Description

Emerging Risks (not yet on Covalent)

Recommendations

For information only

CCG Executive Committee have approved these recommendations

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

Recommendations from York and Scarborough Medicines Commissioning Committee February 2019

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA556: Darvadstrocel for treating complex perianal fistulas in Crohn's disease		Darvadstrocel is not recommended, within its marketing authorisation, for previously treated complex perianal fistulas in adults with non-active or mildly active luminal Crohn's disease.	BLACK	No cost impact to CCGs as not recommended by NICE.
NHSE commissioned Technology Appraisals – for noting					
2.	TA555: Regorafenib for previously treated advanced hepatocellular carcinoma		Regorafenib is recommended as an option for treating advanced unresectable hepatocellular carcinoma in adults who have had sorafenib, only if: they have Child–Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
3.	TA557: Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer		Pembrolizumab, with pemetrexed and platinum chemotherapy is recommended for use within the Cancer Drugs Fund, as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR)- or anaplastic lymphoma kinase (ALK)-positive mutations. It is only recommended if: • pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier if disease progresses and • the company provides pembrolizumab according to the managed access agreement.	RED	No cost impact to CCGs as NHS England commissioned.
4.	TA558: Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease		Nivolumab is recommended for use within the Cancer Drugs Fund as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease. It is	RED	No cost impact to CCGs as NHS England commissioned.

		recommended only if the conditions in the managed access agreement are followed.		
5.	TA559: Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies	Axicabtagene ciloleucel therapy is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory diffuse large B‑cell lymphoma or primary mediastinal 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.
Formulary applications or amendments/pathways/guidelines				
6.	Multivitamins for Bariatric Surgery	Noted that Bariatric patients are asked to purchase their own multivitamins(prior to surgery), and YFT do not routinely discharge patients with them. The multivitamin supplementation is prevention. If patients have other deficiencies (e.g copper, selenium) these would require separate prescription. Vitamin D deficiencies would be treated with the agreed policy	n/a	No significant cost to CCGs expected as all the proposals are current practice.
7.	Ranitidine Injection in Palliative Care	Approved change in RAG status for rantidine injection in palliative care to AMBER SI. Will remain RED for all other use. It is already used locally by palliative care and main indications include : 1 Reflux when oral route not available 2. GI bleed when oral route not available 3. Antisecretory in bowel obstruction	AMBER SR when used in palliative care only.	No significant cost to CCGs expected as all the proposals are current practice. Estimate <5 patients pa across both ScR and VoY CCGs. Ranitidine injection 50mg/2ml 5x amps = £2.96 so 150mg /day = £1.78/ day
8.	Biologics for RA Pathway	New pathway for use of Biologics in RA approved. Pathway follows NICE guidance and relevant NICE TAs. Noted all biologics are currently RED drugs	n/a	No significant cost to CCGs expected as all the proposals are current practice and promotes use of most cost-effective biologics first e.g. biosimilars.