


Item Number: 5	
Name of Presenter: Helen Hirst	
Meeting of the Governing Body 1 September 2016	 Vale of York Clinical Commissioning Group
Interim Accountable Officer's Report	
Purpose of Report To Receive	
Rationale To provide an update to the Governing Body.	
Strategic Priority Links <input checked="" type="checkbox"/> Primary Care/ Integrated Care <input type="checkbox"/> Planned Care/ Cancer <input type="checkbox"/> Urgent Care <input type="checkbox"/> Prescribing <input checked="" type="checkbox"/> Effective Organisation <input checked="" type="checkbox"/> Financial Sustainability <input type="checkbox"/> Mental Health/Vulnerable People	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	
Recommendations For the Governing Body to receive the report.	
Annexes Sustainable Transformation Plan – update July 2016.	

GOVERNING BODY MEETING: 1 SEPTEMBER 2016

Interim Accountable Officer's Report

1. Purpose of the Report

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

2. CCG's Financial Position 2016-17 and Turnaround progress

- 2.1 The organisation continues to work on financial recovery which includes our in -year plan to stabilise our current financial position and develop a medium term financial plan. NHS England provides ongoing scrutiny of the in-year position and current discussions are focused Month 5 and the likely outturn position. At our latest review meeting NHS England were satisfied with the progress being made to identify and make savings although there is a shared understanding that seeing these savings materialise in the bottom line will take time. There is a clear expectation that detailed internal scrutiny through the Quality and Finance Committee ensures every secured saving is captured in the refresh of the financial plan and, if this is then insufficient to deliver against plan this year that further short term actions are considered.
- 2.2 With regard to the medium term we are working with partner organisations as part of the STP process to build a picture of financial sustainability from the Vale of York level through to a Humber Coast and Vale position..
- 2.3 The organisation has continued its review of capacity and capability to ensure resources are aligned to deliver critical programmes of work. Increased senior finance capacity will be in place until the end of 2016-17 to focus on corporate areas, allowing the finance team to focus on planning, recovery and support to the transformation agenda and Primary Care Commissioning.
- 2.4 A programme management office (PMO) has been established with revised processes to further strengthen the CCG's effective monitoring of progress against the Quality, Innovation, Productivity and Prevention (QIPP) schemes within each strategic programme. The PMO has been aligned to the Chief Finance Officer as part of the prioritisation of financial recovery and stabilisation.
- 2.5 The detailed review of financial reporting and governance at the Partnership Commissioning Unit has been completed and is reporting back to the Quality and Finance Committee and Audit Committee. A

draft action plan has been developed and will be finalised with all CCG partners by the end of August.

3. Annual performance assessment

- 3.1 NHS England has a statutory duty to conduct an annual performance assessment of every CCG. The 2015-16 assessment of NHS Vale of York CCG classed the organisations as 'not assured' and in turnaround.
- 3.2 NHS England has revised its national performance regime and reclassified its assessments to outstanding, good, requires improvement and inadequate to match those used by other regulatory bodies such as the CQC. The CCG's current rating of 'not assured' now translates to 'inadequate'.
- 3.3 This rating was not unexpected and has resulted in the CCG being placed in directions by NHS England. At the time of writing we have not received the formal directions but have seen a draft and have discussed some of the content with NHS England including the need for a full time accountable officer.

4. Accountable Officer appointment

- 4.1 Phil Mettam joins the CCG as its full time Accountable Officer on the 3 October 2016 when I return to my substantive role in Bradford on a full time basis. Phil is currently Chief Officer at Bassetlaw CCG which has recently been rated as 'outstanding' by NHS England.
- 4.2 I am sure Phil will be given the same warm welcome I received and that internally and externally he will receive everyone's support to take the CCG through its next phase of turnaround.

5. Humber Coast and Vale Sustainability and Transformation Plans (STP) area footprint

- 5.1 The local STP footprint, Humber, Coast and Vale, reflects the patient flow from Easingwold, Selby and Scarborough to York Teaching Hospital Foundation Trust's major site in York, Scarborough, Easingwold and Bridlington. Hull has been identified for specific specialities. The footprint covers the boundaries of NHS Vale of York CCG, NHS Scarborough and Ryedale CCG, NHS East Riding CCG, NHS North East Lincolnshire CCG, NHS North Lincolnshire CCG and NHS Hull CCG.
- 5.2 The first submission of the STP was made at the end of June, which included the local ambition of integrated care in localities and strong sustainable secondary care for our local population. The STP

programme team are working to finalise the document for a September submission. The STP has established a number of working groups with representatives across the health sector, local authorities and voluntary and community sector to identify opportunities for collaborative commissioning and to reduce variation. These include Prevention, Acute and Specialist commissioning, Out of Hospital services, strategic commissioning, mental health and system level governance.

5.3 Draft terms of reference and a draft partnership agreement have been received by the CCG to support system level governance of the STP. These will be considered by the Council of Representatives in September and reported back to Governing Body.

5.4 Dr Andrew Phillips and Rachel Potts represent the CCG in all STP discussions.

6. Emergency Preparedness, Resilience and Response

6.1 To enhance skills and knowledge from previous training sessions, an Emergency Preparedness, Resilience and Response (EPRR) training event took place on 14 June 2016. The training was attended by 10 members of staff including on-call Directors, trained loggists, communications and support staff.

6.2 NHS England forwarded edition two of the Joint Emergency Services Interoperability Programme (JESIP) Joint Doctrine: The Interoperability Framework. This has been shared with on-call Directors.

6.3 The revised JESIP framework details how joint working can support and enhance interoperability between emergency response organisations when responding to multi-agency incidents. Changes to the guidance include the principles for joint working, clarity about use of JESIP for joint working, specific guidance for control room joint working, the development of Shared Situational Awareness and establishing a Common Operating Picture.

6.4 The CCG has been invited to attend the JESIP training for Category 1 and 2 Responders. This will be hosted by NHS England in October and November 2016.

7. Better Care Fund

7.1 The development and delivery of Better Care Fund plans remains a requirement for 2016-17. There are three plans aligned to Health and Wellbeing Board footprints across the CCG population.

- 7.2 Agreement was reached for the East Riding of Yorkshire plan in June 2016 and has since been fully approved by NHS England.
- 7.3 In regard to the North Yorkshire and York Health and Wellbeing Boards, the national escalation process was triggered as plans were not agreed within the required timescale. A national Better Care Fund Escalation Panel held on 7 June 2016 set a revised deadline of the end of July 2016 for submission of the North Yorkshire and York plans to allow time for partners to continue discussions. Both Health and Wellbeing Boards have subsequently received final plans which have been submitted to NHS England.
- 7.4 North Yorkshire and York BCF plans have been assessed as 'fully approved', subject to formal confirmation.
- 7.5 Discussions remain on-going with regard to the detail of the Section 75 formal agreement between the CCG and the relevant councils.
- 7.6 Partners are working together to populate the Quarter one reporting template which has been released and is due to be submitted by 9 September 2016. A BCF Performance and Delivery Group has been established to provide a forum for partnership discussions at an operational level as part of the overall BCF arrangements.

8. Council of Representatives

- 8.1 At its meeting on the 16 July 2016 the Council of Representatives discussed the need for further work to address the local financial position which will enable focus on a longer term strategy of system change.
- 8.2 As part of the meeting, members also took part in a workshop session to discuss the outcomes sought from our Out of Hospital Strategy.

9. The journey towards Accountable Care

- 9.1 Following the discussion about the Out of Hospital Strategy at the Council of Representatives, we met with commissioning colleagues from City of York Council and North Yorkshire County Council to discuss how to progress with this as a joint strategy. We commissioned a piece of work, through the Integration and Change Board to support the creation of a single narrative for all commissioners.
- 9.2 We attended the Provider Alliance Board to discuss the longer term commissioning strategy as well as shorter term actions this year. We explained that we would like to see a move away from the separate hubs to a single, new model of care that will agree and deliver an

agreed set of outcomes for the whole of the population in the Vale of York. We discussed our aim to move towards contracting with an alliance of providers from 1 April 2017 for some services and that significant work on both the commissioning and provider side was necessary to achieve this ambition.

- 9.3 We (the CCG) have been offered some facilitation days through the integration pioneer programme and have made these available to the Vale of York Clinical Network and the Provider Alliance Board to support the organisation development needs for providers to move towards an accountable care system.

10. Living Wage

- 10.1 The Remuneration Committee considered the Living Wage at its meeting on the 7 July 2016. The Committee supported the continued application of the principles of the Living Wage for present and future appointments.
- 10.2 The Committee did not support applying for accreditation as a 'Living Wage Employer' or the application of the Living Wage to any future apprentice appointments. Appointments as an apprentice would meet the national apprenticeship wage.

11. Health and Wellbeing Boards

- 11.1 The most recent North Yorkshire Joint Strategic Needs Assessment highlighted the worrying rise in childhood and adult obesity as an increasing problem across the county, particularly among the adult population. North Yorkshire is now ranked 24 out of 27 shire counties for this indicator.
- 11.2 To address this problem, the North Yorkshire Health and Wellbeing Board has agreed that a Healthy Weight, Healthy Lives strategy should be developed. Following a period of engagement with key stakeholders, North Yorkshire County Council's Public Health Team has written and consulted stakeholders on a draft 10 year strategy 'Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire' strategy 2016-2026. The consultation closed on Friday 26 August 2016 and the CCG awaits the findings of the consultation.
- 11.3 There will be further consideration once we have reviewed the recently published national childhood obesity strategy.

12. Tender of External Audit Services 2017-18

- 12.1 Following the Local Audit and Accountability Act 2014 and the subsequent closure of the Audit Commission on 1 April 2015, CCGs are required to select and appoint their own external auditors on the advice of auditor panels. The Governing Body will make the appointment decision on the advice and recommendation of the CCG's auditor panel. In Vale of York this has been constituted as the Audit Committee members with advice provided by the Chief Finance Officer.
- 12.2 The CCG is part of a collective procurement exercise in partnership with the other seven CCGs across North Yorkshire and the Humber, led by East Riding CCG. The CCG must have external auditors appointed for 2017-18 by 31 December 2016. The Audit Committee, as the auditor panel, is managing the process on behalf of the Governing Body and is receiving regular updates from the CCG's nominated leads that are providing input to the procurement process.

13. National plans and strategic issues

- 13.1 NHS Right Care has produced four Commissioning for Value (CFV) packs that focus cancer and tumours, mental health and dementia, maternity and early years and musculoskeletal and trauma. The packs have been produced for every CCG in England and support commissioners to identify the best opportunities for improving value for their populations.
- 13.2 NHS England has launched a new Targeted Investment in Recruiting Returning Doctors scheme that aims to attract GPs on the Induction and Refresher and Retained Doctor schemes to these practices by offering relocation and educational bursaries. The pilot scheme offers individualised support to GP practices identified by their local NHS England teams to help fill practice vacant posts. The scheme is part of NHS England's commitment, set out in the General Practice Forward View, to recruit more doctors and target areas where there are the most severe shortages.
- 13.3 NHS England and Public Health England have launched an online dashboard of cancer-related information to support CCGs and providers. The portal aims to show comparative performance across the country at CCG and provider level using metrics such as one-year survival, cancer patient experience and the number of cancers diagnosed through emergency presentation, to help reduce variation and improve services. The dashboard was launched alongside the NHS cancer strategy implementation plan.

- 13.4 In 2015, NHS England launched a partnership with fire and rescue services (FRS) to use the 670,000 home visits carried out by FRS each year to reduce health risks, for example, from falls, cold homes or supporting early discharge. A number of CCGs have now requested support to begin working with their local FRS. In response, NHS England has published Working Together.
- 13.5 NHS England and NHS Improvement recently published Strengthening Financial Performance and Accountability in 2016/17, setting out a number of actions to stabilise finances and kick-start the wider changes needed in the NHS. As part of this, NHS England is taking action on interim and agency spending. From 1 August 2016, advance approval from NHS England needs to be secured before engaging or continuing to employ off-payroll staff that meet certain criteria.
- 13.6 NHS England has launched a new annual reporting guide for CCGs and NHS England staff which has been co-produced with CCGs, Healthwatch and voluntary and community sector organisations. The guide sets out organisations' responsibilities to report on how they meet their legal duties to involve patients and the public in their work.
- 13.7 NHS England has published an implementation plan detailing how it will work with its partner arm's length bodies to deliver the recommendations made by the Mental Health Taskforce in its Five Year Forward View. The plan presents the timeframes and funding for delivery of the programmes of work which will transform mental health services.

14. Recommendation

The Governing Body is asked to note the report.