

Item Number: 5	
Name of Presenter: Mark Hayes	
Meeting of the Governing Body 5 February 2015	 Vale of York Clinical Commissioning Group
Chief Clinical Officer's Report	
Purpose of Report For Information	
1. Rationale To provide an update to the Governing Body.	
2. Strategic Initiative <input checked="" type="checkbox"/> Integration of care <input type="checkbox"/> Person centred care <input type="checkbox"/> Primary care reform <input type="checkbox"/> Urgent care reform <input type="checkbox"/> Planned care <input type="checkbox"/> Transforming MH and LD services <input type="checkbox"/> Children and maternity <input type="checkbox"/> Cancer, palliative care and end of life care <input type="checkbox"/> System resilience	
3. Actions / Recommendations For the Governing Body to note.	
4. Engagement with groups or committees Previous engagement and involvement of patients, the public and partners	
5. Significant issues for consideration N/A	
6. Implementation N/A	
7. Monitoring N/A	
8. Responsible Chief Officer and Title Dr Mark Hayes Chief Clinical Officer	9. Report Author and Title Sharron Hegarty Communications Manager
10. Annexes N/A	

GOVERNING BODY MEETING: 5 FEBRUARY 2015

Chief Clinical Officer's Report

1. Purpose of the Report

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

2. Better Care Fund

2.1 Following remedial action and refreshed submissions to the national assessment team, the North Yorkshire and East Riding Better Care Plans are now fully approved. The CCG has now had confirmation that the plan for York has been 'Approved with Support'.

2.2 The cornerstones of our plans are the implementation of integration pilots in each local authority area. A description of each pilot and their planned impact follows:

2.2.1 The implementation of the Selby Integration Pilot is being led by York Teaching Hospital NHS Foundation Trust (YTHFT). The model has been created by bringing together existing re-ablement services with newly created intermediate care staff working closely with existing community services. This includes mental health services and the voluntary sector. The service comprises a multi-disciplinary team working across organisational boundaries to deliver rapid interventions and support.

2.2.2 The integration pilot for the East Riding of Yorkshire area is in Pocklington. It is a joint venture between primary care, Hull and East Yorkshire Hospitals NHS Trust and East Riding of Yorkshire Council. Its primary aim is to deliver an integrated patient care pathway across community and hospital care to minimise duplication and unintended health consequences for individuals. Risk profiling and a multidisciplinary approach to case management is also a focus.

2.2.3 The integration pilot in York is currently delivered by Priory Medical Group (PMG), working with partners at York Teaching Hospital NHS Foundation Trust (YTHFT) and City of York Council. The model began by focusing on a cohort of PMG patients that live in a residential home.

Plans have now moved on and the model will rapidly evolve in the first quarter of 2015 to include three new practice groups bringing the total number of people that are covered to approximately 100,000.

- 2.3 Urgent Care Practitioners (UCPs) are a key enabler that will support the integration pilots. They are also a significant contributor to a reduction in Emergency Department activity and Non-Elective Admissions. The CCG plans to have a total of 12 UCPs in post by the end of January 2015.
- 2.4 The Hospice at Home scheme allows an extension of operating hours between 6pm and midnight. By extending the operating hours of this service a greater proportion of our most vulnerable residents will be able to spend the last hours of their life in the place of residence of their choice (where clinically appropriate) whilst reducing demand on acute services.
- 2.5 The Better Care Fund affords a whole system review that delivers initiatives including Mental Health Street Triage, Psychiatric Liaison, Pathways Together and a re-modelled Sitting and Crisis service.

3. System Resilience

- 3.1 The CCG continues to work with its partners across the YTHFT footprint as a System Resilience Group (SRG) to deliver its Operational Resilience and Capacity Plan in 2014/15.
- 3.2 The two working groups for planned care and unplanned care have worked hard to define a clear set of actions and supporting schemes (funded by central resilience funding where allocated) which continue to drive recovery in both A and E 4 hour and Referral to Treatment (RTT) targets with YTHFT.
- 3.3 The performance for both constitutional targets during December has reduced with significant challenges on the urgent and emergency care pathway resulting in cancellations of scheduled elective activity. Detailed reporting for the Christmas period through to 11 January 2015 is available in the Quality and Performance report (at agenda item 6). An Urgent and Emergency Care Summit was held on 8 January 2015 to mobilise additional actions to further support providers.
- 3.4 The local position reflects the national picture. The local staffing and capacity issues will remain a significant challenge for the SRG to address during quarter 4 of 2014/15, and into 2015/16 through the identification of additional independent sector capacity in the system and a focus on an innovative workforce transformation and strategy. Additional resilience funding has been incorporated in the CCG

baseline allocation for 2015/16 and the Unplanned Care Working Group will work to identify which resilience schemes have had the greatest, evidenced impact on the system and should be prioritised for investment throughout the year in 2015/16.

4. Primary Care Co-Commissioning

- 4.1 The CCG has now submitted its application for full delegation (level 3) of primary care co-commissioning to NHS England. Local and national approval processes are on-going throughout January and the CCG can expect to have some indication of the outcome by the end of January.
- 4.2. If approved the CCG can then start work with the local NHS England Area Team to undertake appropriate due diligence and operational planning work to understand the full implications on capacity and processes for the CCG. The CCG will work closely with the Council of Representatives to assess and consider the requirements and arrangements for co-commissioning.
- 4.3 The CCG will also start defining a wider primary care strategy that incorporates delegated co-commissioning.

5. New CCG Assurance Framework for 2015/16

- 5.1 A new CCG Assurance process proposed for 2015/16 is based on the more joined up approach for planning guidance by the six national bodies that authored the '*Forward View*'. This will provide assurance around both core CCG duties as well as any new delegated functions (e.g. primary care co-commissioning)
- 5.2 Planning will focus on CCGs falling into one of three cohorts:
 1. The leading cohorts
 2. Building the foundation for early adoption
 3. A new regime for challenged systems
- 5.3 There will be five domains for assurance (instead of 6 Domains in the current assurance framework):
 - Are patients receiving clinically commissioned, high quality services?
 - Are patients and the public actively engaged and involved?
 - Does the CCG have robust governance arrangements?
 - Are CCGs working in partnership with others?
 - Does the CCG have strong and robust leadership?
- 5.4 There will be a quarterly delivery dashboard with clear indication of where the CCG is an outlier in relation to performance.

5.5 There will be four assurance categories in future:

- Assured
- Assured with support
- Limited assurance (special measures)
- Not assured (special measures with intervention)

High performing CCGs will have light touch assurance (once a year) and self-reporting only.

6. Strategic Planning – Operational Plan for 2015/16 (Year 2 of Five Year Plan)

6.1 The CCG is developing the work that will inform its Operational Plan for 2015/16 in response to the '*Forward View: Planning into Action*' planning guidance (as presented at Governing Body workshop on 8 January 2015).

6.2 The first financial planning templates have now been submitted, as have the first draft of performance targets including the new mental health access measures.

6.3 The CCG is working closely with YTHFT to develop the activity modelling as well as start formal contract negotiations.

6.4 An expression of interest has been submitted by the CCG and City of York Council Public Health team in relation to the national diabetes prevention programme, and work continues to develop the application for the CCG to be a Vanguard site with the opportunity to be in the leading cohort of CCGs exploring new models of care.

6.5 Updates on the CCG Operational Plan for 2015/16 are being shared with all three local Health and Wellbeing Boards during January and early February.

6.6 A first draft of the full Operational Plan will be shared with the Governing Body members remotely for review and comment by week commencing 23 February and discussed at the workshop on 5 March.

6.7 Formal approval and sign off of the operational plan from the Council of Representatives and Governing Body will then be sought before 31 March 2015 prior to final submission to NHS England on 10 April 2015.

7. Update of Proposed Changes to CCG Constitution

7.1 Subsequent to an application by NHS Vale of York CCG to NHS England for amendments to the Constitution we received feedback requesting further changes to wording as follows:

- Inclusion of COO description of duties; and
- Correction of description of Secondary Care Doctor eligibility.

7.2 A further amendment was submitted to NHS England as a result of consideration of the Constitution at the January meeting of the Council of Representatives as follows:

- Definition of Term of Office for Council of Representatives Chair and Vice Chair-three years.

7.3 Revision of wording in these areas were submitted to NHS England in line with deadlines and NHS England approval is pending.

8. Pioneering through Partnerships

Already a national pilot site for new models of care, the CCG has recently been announced as one of 11 wave 2 Pioneer sites. This programme builds on the work started with integrated pilots and supports our vision to promote innovative care outside of a hospital setting.

9. Application to become a Vanguard site – New Models of Care

9.1 The CCG, in addition, is preparing with partners an expression of interest in becoming a “Vanguard” site for the implementation of New Models of Care.

9.2 The planning guidance released in December, *‘The Forward View into Action: Planning for 2015/16’* sets out how local and national organisations can work together to accelerate the design and implementation of the new models of care that are set out in the *Forward View*. It identifies focused support that is available to a small initial cohort of sites, involving the prototype of four different types of care models outlined in the *‘Forward View’*:

- multispecialty community providers (MCPs), which may include a number of variants;
- integrated primary and acute care systems (PACS);
- additional approaches to creating viable smaller hospitals such as specialist franchises and management chains; and
- models of enhanced health in care homes.

9.3 The guidance anticipates co-designing a structured programme of support to accelerate change, assess progress and demonstrate proof of concept. Initial sites will be expected to become successful prototypes that can be adapted elsewhere, designed from the outset to be replicated by subsequent cohorts.

- 9.4 Investments in these leading sites will be made in 2015/16, drawing on the transformation funding announced in the Autumn Statement. This will be closely targeted on the costs of implementing new care models, with some investment contingent both on progress made and giving support to the next wave of early adopters. GPs are also able to bid against the £250m fund intended to improve primary care and out-of-hospital infrastructure (£1bn over four years).
- 9.5 The CCG is working to formalise the secondment of a senior individual from the Area Team in NHS England to support the work on the Vanguard application and beyond. This would be a resource to work between organisations, supporting and challenging key players in the system as the work to implement the plans takes shape – across primary and secondary care, the CCG and councils.

10. Changes to Governing Body Membership

- 10.1 It is important to note the following changes to the membership of the CCG's Governing Body.
- 10.2 On 4 December 2014, John McEvoy stepped down from his post as Practice Manager member of the Governing Body and Chair of the Quality and Finance Committee. David Booker has taken up the role as the Chair of the Quality and Finance Committee. We are in the process of recruiting a Practice Manager representative on the Governing Body
- 10.3 Also on 4 December 2014, Lucy Botting resigned from her post as Chief Nurse and Governing Body member. We are currently recruiting to fill the vacancy.
- 10.4 The tenure of office of Professor Alan Maynard, the CCG's Lay Chair, expires on 31 March 2015. Alan's expertise, impartiality and probity have played a crucial role in the CCG's ability to achieve its strategic aims and objectives. His scholarly prowess coupled with the recognition he has earned as a lead authority on health reform and economics have helped to give the CCG a national platform. Arrangements are in place to appoint a new Lay Chair.

11. Mental Health Services

- 11.1 The procurement process is progressing well and as planned. The procurement information went live on the Official Journal of the European Union (OJEU) portal on 22 January 2015. Currently, the closing date for returning the bids is 9 March 2015.
- 11.2 The CCG is working closely with representatives from The Lankelly Chase Foundation and Together, a national charity working alongside

people with mental health issues on their journey to leading fulfilling and independent lives.

12. Communications

12.1 Stakeholder engagement is central to the purpose of the CCG in commissioning services on behalf of the community it serves and is one of its statutory functions. It is essential that the CCG can demonstrate that it is taking into account the views of its stakeholders. North Yorkshire Audit Services (NYAS) reviewed the CCG's performance in its establishing and embedding of an effective stakeholder engagement including, but not limited to, clinical (primary, secondary, community and mental health), patients, carers, public and local authorities. The CCG welcomed the audit results which concluded that NYAS was **Significantly Assured** that the CCG proactively engages with its stakeholders and upholds NHS England's pledge of 'Putting People First – a call to action'.

12.2 A series of published media releases have helped to raise awareness of the CCG's work whilst providing the best balance of information to positively manage the organisation's reputation messages between the CCG and the media, partners, patients and the public.

12.3 The CCG is awaiting the broadcast dates for Channel 4's documentary series about the NHS that the CCG took part in in late 2014.

13. Public and Patient Engagement (PPE)

13.1 The next PPE Forum takes place at 6pm on Tuesday 24 March 2015 at West Offices, York. The event will focus upon Community Services and the integration of health and care services.

13.2 Ongoing and imminent engagement activities include:

13.2.1 Community Services

- Provider engagement events on 26 January 2015 and 2 February 2015.

13.2.2 Paediatric Urgent Care Services

- Focus Groups and survey of families with young children expected to take place January / February 2015.
- Work ongoing with Early Years Hubs, City of York Council Shared Partnerships and YorOK Voice and Involvement Forum.

13.2.3 Mental Health and Learning Disabilities

- Ongoing work to ensure the involvement of service users and carers in the upcoming evaluation of bids.

14. Recommendation

The Governing Body is asked to note the report.