

# NHS Vale of York Clinical Commissioning Group Financial Performance Report

Report produced: January 2016

Financial Period: April - December 2015

## Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £000	Actual £000	Variance £000	RAG rating	Target £000	Actual £000	Variance £000	RAG rating
Achieve planned surplus	2,959	132	-2,826	A ↓	3,945	-7,351	-11,296	R ↓
Programme expenditure does not exceed programme allocation	329,983	330,428	-445	R ↓	429,695	437,956	-8,261	R ↓
Running costs expenditure does not exceed running costs allocation	5,701	5,124	577	G ↑	7,602	6,692	910	G ↑
Risk adjusted surplus					3,945	-7,351	-11,296	R ↓
QIPP delivery (see section 5)								
Better Payment Practice Code (Value)	95.00%	99.58%	4.58%	G →	95.00%	>95%	0.00%	G →
Better Payment Practice Code (Number)	95.00%	97.19%	2.19%	G →	95.00%	>95%	0.00%	G →
Cash balance at month end is within 1.5% of monthly drawdown	464	16	448	G				
CCG cash drawdown does not exceed maximum cash drawdown					437,321	437,321	0	G →

Note – The first 3 metrics correspond to those reported in Note 42 of the Annual Accounts, and represent the statutory duties of the CCG.

The full finance dashboard is presented in Appendix 1

## Key Messages

- **The CCG is currently classed as an organisation in turnaround due to the deteriorating financial position.**
- The CCG is forecasting a year end deficit of £7.35m, which is £11.30m below plan. This position includes several significant variances which are detailed in section 3. The forecast outturn has deteriorated from last month by £6.18m as follows:
  - o £3.03m of this is the net unmitigated risk from month 8 now included in the forecast outturn position following a review of the risks;
  - o Further in month deteriorations have materialised in month 9 including Continuing Healthcare (£1.03m) and Mental Health Out of Contract (£0.23m);
  - o The remaining £1.89m is a reassessment of all forecast positions following the report from PwC.
- There are no further risks to the forecast reported at month 9. All risks and mitigations identified at month 8 have been reviewed and, where appropriate, included in the forecast outturn position.
- The December financial position has already been discussed with the NHS England Area Team, who are fully briefed on the forecast deficit. A detailed financial recovery strategy for improving the 2015/16 position and recovering the underlying deficit position is being developed for consideration by NHS England 3<sup>rd</sup> Feb.

## 1. Red / Amber financial measures

- *'Achieve planned surplus'* - The red rating reflects the £11.30m forecast outturn variance from plan. This results in the CCG forecasting a deficit of £7.35m against a planned surplus of £3.95m. The year to date (YTD) position is a surplus of £0.13m but this is £2.83m short of the planned YTD surplus of £2.96m and is therefore rated amber.
- *'Programme expenditure does not exceed programme allocation'* – a red rating has been received for year to date and forecast outturn. Programme expenditure is forecast to be higher than allocation by £8.26m. This is offset by a forecast underspend on running costs of £0.91m.
- *'Risk adjusted surplus'* – a red rating has been received as the CCG's risk adjusted surplus is a deficit of £7.35m. This is now in line with forecast outturn.

## 2. Key Actions

- The financial position at month 9 is reported nationally in a full 'trial run' of the annual accounts process undertaken in April based on the full year March position. This includes a draft Annual Governance Statement and Head of Internal Audit Opinion, will be subject to external audit by Mazars and will be reported to the Audit Committee.
- A first draft of the 5 year financial plan has been prepared. This is being updated to reflect national planning guidance, the draft national tariff and CCG allocations which have recently become available. An updated version will be completed by the end of January.
- Weekly contract planning meetings between the CCG's contracting team and the main acute provider, York Teaching Hospital NHS Foundation Trust, have now commenced.
- Further analysis of prescribing overspends – initial analysis was presented in November, with further areas of detailed investigation continuing.
- Development of practice information packs to be provided to GP practices containing details of acute activity and prescribing expenditure.
- Roll out of the finance e-learning package has commenced, initially within the CCG, with intention to roll out to primary care in the near future following a training needs analysis survey to Council of Representatives members due out mid January.

## 3. Forecast Outturn

The main variances within the 2015/16 forecast outturn at December month end are as follows.

*Note - Adverse variances are represented as (negative values), favourable variances as positive values*

Description	Value	Commentary / Actions
Unallocated QIPP	(£9.91m)	Non delivery of full value of unallocated QIPP.
Acute overspend (York Teaching Hospital NHS Foundation Trust - YTHFT)	(£6.25m)	Forecast overspend on contract of £7.60m, less application of contract penalties £1.35m. Discussions are on-going with YTHFT to align forecast outturn positions. See section 6 for further detail of acute activity.
Mental Health Out of Area placements	(£1.91m)	The forecast overspend has deteriorated from £1.68m, due to new out of contract placements.
Acute overspends (secondary care and ambulance services, excluding YTHFT)	(£1.54m)	Overspends with other providers. The total forecast overspend is split across several providers with the largest being Ramsay (£0.75m). All contracts continue to be monitored and activity reviewed by the contracting team, and managed through the appropriate channels.

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Prescribing	(£1.42m)	This represents an improvement from £2.05m in the previous report. This is partly due to an underspend in September, and partly due to reduced Category M prices from 1 <sup>st</sup> January which has reduced the forecast by £0.23m.
Prior year brought forward pressures	(£0.62m)	Additional costs relating to 2014/15 above level of year end accruals.
Mental Health	(£0.31m)	£0.25m increased cost with Tees, Esk and Wear Valleys NHS Foundation Trust from Oct and £0.06m Specialist Rehab for Brain Injury.
Better Care Fund social care scheme reduced investment	£3.68m	Assessed proportion of pooled budget investment not possible due to level of system savings not released in line with joint plans.
Release of contingency	£1.97m	0.5% contingency as per national planning rules
Better Care Fund performance fund	£1.86m	
GP Innovation Fund	£1.26m	
Continuing Healthcare (CHC)	£1.07m	The forecast has deteriorated by £1.59m since last month. This is partly due to review of the forecasting assumptions used in previous months, and partly due to two additional high costs patients. £0.56m of this deterioration was reported as a risk at month 8.
Further contract adjustments	£1.01m	
Running costs underspend	£0.91m	
Primary Care Co-commissioning	£0.57m	£0.30m relates to release of 14/15 accruals relating to costs which will now not arise. £0.29m is an allocation increase to correct a shortfall in the 0.5% contingency which transferred with co-commissioning budgets.
Systems Resilience contingency	£0.42m	
Uncommitted readmissions investment	£0.33m	
Reserves	(£1.53m)	Balance of reassessment of all forecast risks and mitigations following the report from PricewaterhouseCoopers
Other programme overspends	(£0.89m)	
<b>Total impact on planned surplus</b>	<b>(£11.30m)</b>	

#### 4. Risks and mitigations

There are no further risks to the forecast reported at month 9. All risks and mitigations identified at month 8 have been reviewed and, where appropriate, included in the forecast outturn position.

#### 5. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet at 31<sup>st</sup> December 2015 and all key metrics (see page 1) are green.

The CCG's maximum cash drawdown has been adjusted for the forecast deficit and the CCG will need to manage cash within the adjusted limit.

## 6. QIPP programme

### 6a. QIPP progress table

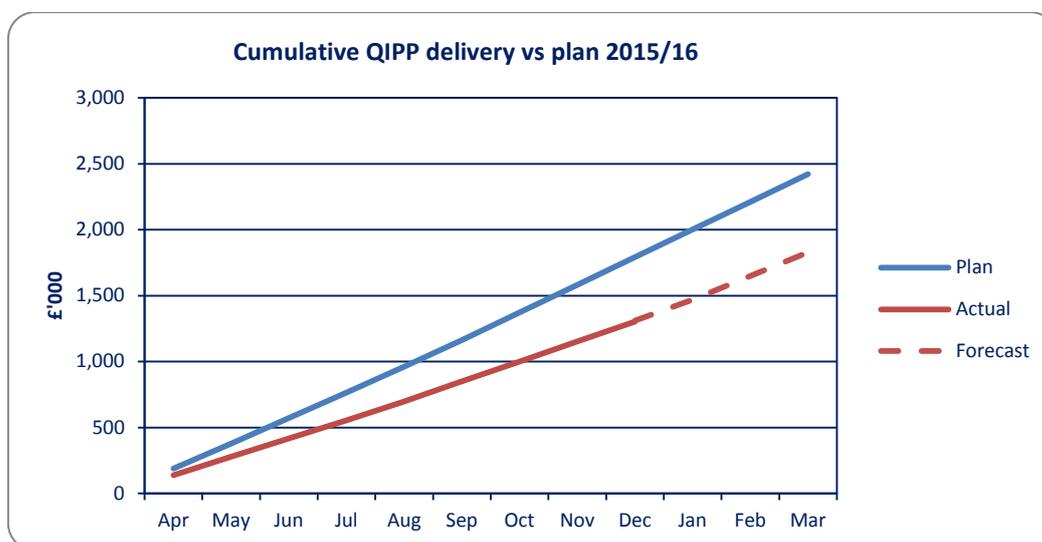
The finance and contracting team are currently working through QIPP schemes with the Innovation and Improvement team to ensure financial baselines are in place and to develop suitable monitoring. The table below reflects that this work is still in progress and some QIPPs show up to date financial information, however those coloured grey require further work and will be shown in the future reports.

Scheme Name	Ref	YTD				Forecast Outturn				Comments
		Planned savings £000	Expected savings £000	Actual savings £000	RAG rating	Planned savings £000	Expected savings £000	Actual savings £000	RAG rating	
Prescribing - Dressings	PRE.04	25	0	0		50	5	5	A	Pilot now planned to start in new year in Selby area
Prescribing - Gluten Free Foods (Phase 1)	PRE.02	0	45	36	G	0	60	51	G	
Community Diabetes Team	PC.03	0	114	0	A	0	152	0	A	Savings on acute activity not evidenced in acute data (see 5b)
Community Diabetes Prescribing		75	75	0	R	100	100	0	R	Savings not yet identified through ePact - to be reviewed with Medicines Management
DVT Pathways	PrC.02	0	0	0		0	17	17	G	Pathway and revised savings being finalised. Expected start date now Feb 16 (previously reported as Oct)
Prescribing - Medicines Management Schemes	PRE.06	188				250				
Prescribing - Medicines Management Facilitator	PRE.07	22				29				
Prescribing - Malnutrition / ONS products	PRE.03	30	12	0	A	53	31	31	A	Expected savings from November however prescribing data is 2 months in arrears so no saving can be evidenced yet
Prescribing - Stoma care & continence	PRE.01	34				49				
Community Pharmacy		12				16				
Dermatology indicative budgets		0	0	0		0	21	21	G	Updated for expected savings as per financial model and later start date - savings assumed from February
CHC efficiencies		464	464	464	G	619	619	619	G	
Elective orthopaedics procurement	PC.05	375	375	375	G	500	500	500	G	
Out of hours procurement	UC.04	375	375	375	G	500	500	500	G	
Local prices - Ramsay hip reconstructions		192	0	0	R	257	0	0	R	
Biosimilar Infliximab		0	71	54	G	0	123	92	G	
<b>Total identified QIPP</b>		<b>1,792</b>	<b>1,531</b>	<b>1,304</b>		<b>2,422</b>	<b>2,128</b>	<b>1,836</b>		
Better Care Fund Schemes		5,308				7,128				
Unidentified QIPP		0				9,912				
<b>Total QIPP requirement</b>		<b>7,101</b>	<b>1,531</b>	<b>1,304</b>		<b>19,462</b>	<b>2,128</b>	<b>1,836</b>		

'Planned savings' is the saving included in the 2015/16 financial plan. 'Expected savings' are the most up to date savings and may be different from those included in the financial plan following development of a business case or changes to assumptions used in the financial plan.

## 6b. QIPP cumulative delivery

The graph below shows cumulative YTD and forecast QIPP delivery for all schemes above, against planned delivery as per the 2015/16 financial plan.



## 6c. QIPP commentary – red and amber schemes

Note that as per section 6a, work is on-going to quantify QIPP savings and integrate QIPP exception reporting into this report. Until this is complete, a QIPP highlight report covering all schemes is included in appendix 2.

- **Community Diabetes Prescribing** – Data from ePact has been reviewed but currently shows a small increase in cost across all blood glucose monitoring strips. Further analysis is underway to establish whether there are other factors affecting this data (for example growth).
- **Local prices – Ramsay hip reconstructions** – This scheme was included in planning as a local change to coding under discussion with Ramsay. However, it transpired that this would trigger other coding changes that would offset the savings.
- **Community Diabetes Team** – Some savings in acute activity have been evidenced however these are not of the magnitude expected and do not exceed the increased cost from the introduction of a Diabetes Local Enhanced Service in primary care. Anecdotal evidence is that diabetes clinic activity in secondary care has reduced materially and this has been queried with YTHFT to ensure that activity is being correctly coded and counted.
- **Prescribing – Malnutrition / Oral Nutritional Supplements** – A revised formulary has been agreed and has gone live with communications to primary care to follow. Savings are expected from November onwards. However, prescribing data is received 2 months in arrears so savings cannot yet be reviewed. This scheme was originally included in the financial plan with a start date of September so the amber rating relates to a shortfall against YTD plan due to a later start date.
- **Prescribing – Dressings** – This scheme was included in the financial plan with a start date of October. A pilot scheme in Selby is now due to start in the new year.

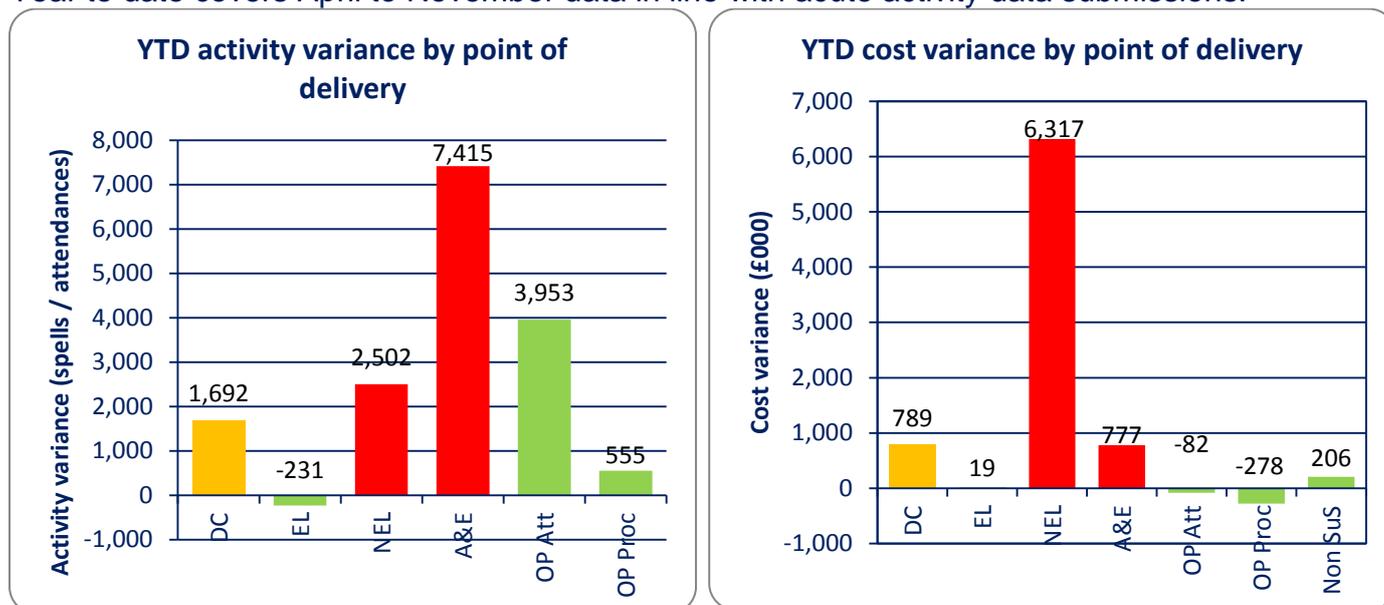
## 7. Secondary Care activity

### 7a. York Teaching Hospitals NHS Foundation Trust

The two graphs below show YTD activity and cost variance against plan by point of delivery (POD) with the CCG's main acute provider, York Teaching Hospital NHS Foundation Trust.

Variances are shown as red when they are 10% or more above plan, amber where 5-10% above plan and green where less than 5% above plan or below plan.

Year to date covers April to November data in line with acute activity data submissions.



Notes – April to October data is freeze, November is flex and may change when final freeze data is submitted. The cost graph excludes contract adjustments such as readmissions and marginal rate adjustments, penalties and CQUIN.

Non elective admissions are 13% above plan with an overspend against plan of £6.32m. This mainly relates to the Better Care Fund planned savings which were deducted from plan (£4.75m). Other overspends relates to Geriatric Medicine (£0.89m), Trauma and Orthopaedics (£0.42m) and General Medicine (£0.34m).

Accident and Emergency attendances are 17% above plan with an overspend against plan of £0.78m. This relates to the Better Care Fund planned savings which were deducted from plan (£0.94m).

### 7b. Other secondary care providers

Other secondary care providers are showing a YTD overspend of £1.54m in the April to December financial position, the majority of this being with Ramsay (£0.75m) and the remainder split across several other providers. £0.19m of the Ramsay variance relates to the local reconstruction procedure tariff QIPP (See section 6a).

Appendix 1 – Finance dashboard

	YTD Position			Forecast Outturn		
	Cumulative To Date			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
<b>Commissioned Services</b>						
<b>Acute Services</b>						
York Teaching Hospital NHS FT	129,304	134,490	(5,186)	173,830	180,076	(6,246)
Yorkshire Ambulance Service NHS Trust	9,919	9,674	245	13,225	12,912	313
Leeds Teaching Hospitals NHS Trust	6,202	6,209	(7)	8,305	8,417	(112)
Hull and East Yorkshire Hospitals NHS Trust	1,645	1,586	59	2,220	2,134	86
Harrogate and District NHS FT	929	1,160	(231)	1,241	1,532	(291)
Mid Yorkshire Hospitals NHS Trust	1,354	1,431	(77)	1,804	1,917	(113)
South Tees NHS FT	864	868	(4)	1,160	1,148	11
North Lincolnshire & Goole Hospitals NHS Trust	491	508	(17)	655	677	(22)
Sheffield Teaching Hospitals NHS FT	150	193	(43)	200	244	(44)
Non-Contracted Activity	2,059	2,761	(702)	2,745	3,563	(817)
Other Acute Commissioning	71	71	0	94	94	0
Ramsay	6,012	6,569	(558)	8,008	8,758	(750)
Nuffield Health	2,747	2,678	70	3,641	3,546	95
Other Private Providers	492	738	(246)	656	1,010	(354)
Systems Resilience	1,149	1,101	49	1,441	1,377	63
<b>Sub Total</b>	<b>163,388</b>	<b>170,037</b>	<b>(6,649)</b>	<b>219,225</b>	<b>227,406</b>	<b>(8,180)</b>
<b>Mental Health Services</b>						
Leeds & York Partnerships NHS FT	15,152	15,152	(0)	15,152	15,152	0
Humber NHS FT	746	753	(7)	994	1,043	(48)
Tees Esk and Wear Valleys NHS FT	9,685	9,808	(123)	18,801	19,047	(246)
Specialist Services	3,960	5,319	(1,359)	4,274	6,253	(1,979)
Non-Contracted Activity - MH	112	374	(263)	149	411	(263)
Other Mental Health	90	82	9	90	82	9
<b>Sub Total</b>	<b>29,744</b>	<b>31,487</b>	<b>(1,743)</b>	<b>39,461</b>	<b>41,988</b>	<b>(2,527)</b>
<b>Community Services</b>						
York Teaching Hospital NHS FT - Community	14,749	14,823	(74)	19,658	19,765	(107)
York Teaching Hospital NHS FT - MSK	1,666	1,477	190	2,222	2,011	211
Harrogate and District NHS FT - Community	3,331	3,497	(166)	4,441	4,654	-212
Humber NHS FT - Community	783	783	(0)	1,044	1,083	-39
Hospices	881	880	1	1,175	1,174	1
Longer Term Conditions	262	262	1	350	349	1
Other Community	107	118	(11)	142	160	(17)
<b>Sub total</b>	<b>21,780</b>	<b>21,840</b>	<b>(59)</b>	<b>29,033</b>	<b>29,196</b>	<b>(164)</b>
<b>Other Services</b>						
Continuing Care	17,462	17,577	(115)	22,948	21,875	1,073
Funded Nursing Care	2,757	2,720	37	3,676	3,626	50
Patient Transport - Yorkshire Ambulance Service NHS Trust	1,316	1,329	(13)	1,755	1,785	(31)
Voluntary Sector / Section 256	550	549	1	733	731	2
Non-NHS Treatment	480	682	(203)	631	876	(245)
NHS 111	509	499	9	678	643	36
Better Care Fund	11,293	9,710	1,583	14,874	9,421	5,453
Other Services	127	331	(203)	170	409	(239)
<b>Sub total</b>	<b>34,493</b>	<b>33,397</b>	<b>1,096</b>	<b>45,465</b>	<b>39,366</b>	<b>6,099</b>

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	YTD Position			Forecast Outturn		
	Cumulative To Date			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
<b>Primary Care</b>						
Prescribing	37,082	38,259	(1,177)	49,384	50,805	(1,421)
Local Enhanced Services	1,028	1,011	17	1,386	1,366	20
Oxygen	211	169	43	282	224	58
Primary Care IT	788	772	15	1,050	1,050	0
Out of Hours	2,633	2,613	21	3,511	3,609	-98
GP Innovation Fund	436	356	79	436	356	79
<b>Sub Total</b>	<b>42,178</b>	<b>43,180</b>	<b>(1,002)</b>	<b>56,048</b>	<b>57,410</b>	<b>(1,362)</b>
<b>Primary Care Co-Commissioning</b>	<b>30,379</b>	<b>29,865</b>	<b>514</b>	<b>40,506</b>	<b>39,937</b>	<b>569</b>
<b>Running Costs</b>	<b>5,701</b>	<b>5,124</b>	<b>577</b>	<b>7,602</b>	<b>6,692</b>	<b>910</b>
<b>Trading Position</b>	<b>327,664</b>	<b>334,930</b>	<b>(7,266)</b>	<b>437,340</b>	<b>441,995</b>	<b>(4,655)</b>
<b>Prior Year Balances</b>	0	622	(622)	0	622	(622)
<b>Reserves</b>	2,916	0	2,916	3,952	2,031	1,921
<b>Contingency</b>	2,146	0	2,146	1,972	0	1,972
<b>Unallocated QIPP</b>	0	0	0	(9,912)	0	(9,912)
<b>Reserves</b>	<b>5,062</b>	<b>622</b>	<b>4,439</b>	<b>(3,988)</b>	<b>2,653</b>	<b>(6,641)</b>
<b>Financial Position</b>	<b>332,725</b>	<b>335,552</b>	<b>(2,826)</b>	<b>433,352</b>	<b>444,648</b>	<b>(11,296)</b>
<b>Surplus</b>	2,959	0	2,959	3,945	0	3,945
<b>Overall Financial Position</b>	<b>335,684</b>	<b>335,552</b>	<b>132</b>	<b>437,297</b>	<b>444,648</b>	<b>(7,351)</b>

## Appendix 2 – QIPP highlights report

### Better Care Fund (BCF)

Overall performance of BCF against projected targets remains below trajectory. In particular Non Elective Activity at York Teaching Hospitals Foundation Trust (YTHFT) is running approximately 15% above plan. Whilst individual BCF schemes are having an impact, it is difficult to assess the level of Return On Investment (ROI) each scheme is delivering. This issue will be addressed at the February Joint Delivery Group (JDG) where an approach to evaluating the 15/16 BCF plan will be agreed.

Early high level guidance around requirement for 16/17 BCF plans was contained in the NHS Planning Guidance document issued in Dec 15, but detailed technical guidance is still awaited, despite first high level cut of BCF plan being required on 8 February. There is still no Section 75 agreement in place with City of York Council and this issue is likely to continue to cause tension across the system until resolved. The next steps for agreeing schemes for 16/17 are to be discussed at the Integrated Commissioning Executive meeting where health and social care commissioners are working together to agree shared objectives and priorities for the system.

### Cancer, Palliative & End of Life

Work is progressing steadily on the 2 week wait revised referral guidelines to get them implemented.

Last week a meeting was held to focus on subsidised exercise programmes for those living with and beyond cancer in Selby and Tadcaster. The scheme will accept referrals from other Vale of York practices as this is funded by Macmillan. The Communications Team have been tasked with highlighting this project and the offers from City of York and East Riding health improvement teams to actively promote these services.

Locally across this and neighbouring CCGs a collaborative project funded by Cancer Research UK is underway to support practices to increase uptake with screening programmes and improve earlier diagnosis rates. It has now been confirmed that Cancer Research UK has increased the resource available to our patch which is excellent news.

A further GP education evening on palliative care took place on 12th January 2016 with over 50 attendees at the Pavilion Hotel.

As part of the local strategy a detailed mapping exercise will take place in March. A summary paper reviewing local service provision will then be presented to the SMT.

### Integrated Care

#### Bronchiectasis:

From a review of the 22 patients who experienced the scheme a paper will be submitted to SMT at the end of January 2016 where consideration will be given as to whether to continue funding the extra staff time.

#### Integrated care and reablement:

Work is underway drafting a service specification with outcomes framework for an 'Independence Service' to deliver an enhanced reablement and intermediate care offer. A summary has been shared with key stakeholders, with wider engagement on the outcomes and service pathways planned for Jan-Feb 2016.

**Integrating community services:**

During January 2016 services will be moved to function-based service specifications by April 2016 and further direction is required on the short term work programme. A plan will be developed for the development of outcomes for these services. Work continues to re-align the existing case manager/community matron service, whilst also supporting the existing community hospitals review project.

**Patient Transport Service (PTS) Review:**

A proposed new tariff for Extra Contract Request (ECR) charges has been received from Yorkshire Ambulance Service (YAS) and a number of questions have been asked of YAS to help understand the potential impact of the proposed new costings. The dedicated project manager will cost the potential impact based on a sample of previously funded ECR journeys.

**Minor ailments service in community pharmacies:**

In December 2015 there were 57 consultations at the 6 pilot pharmacy sites for minor ailments. The majority of patients (80.7%) said they would have attended a GP Practice for their minor ailment if the service did not exist and over half (52.6%) of the consultations have been with under 13s.

**Transport developments:**

A meeting has been scheduled for week commencing 25 January with YTHFT and YAS to discuss YAS proposals for renal pilot which will look at a service for renal patients requiring daily or frequent dialysis.

**Community equipment and wheelchairs:**

This project is on track with significant effort/time being placed upon the procurement with some planned rapid improvement work. The market engagement event is due to take place on the 19th January 2016. From the online survey there have been over 200 responses (combined prescriber and patient). Service specifications continue to be up-dated and will be ready for sign off at the end of Feb. The PQQ pack will be ready in March. Additionally, the CCG is currently exploring opportunities to work with HealthWatch to develop a local, lived-experience group who will help shape, procure and monitor the services.

## **Mental Health & Learning Disabilities Transformation**

NHS Property Services, the CCG and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) are working closely to ensure that the estates solutions for the Vale of York are both safe and sustainable as well as providing clinically therapeutic environments to meet the needs of service users and their carers.

During 2016 there will be a number of initiatives to improve pathways and models of care and this will necessitate other improvement works to the estates and links with other stakeholders, particularly the voluntary sector.

Work to reopen Outpatients and Clinics at Bootham Park is on schedule for the end of January, subject to CQC approval. Peppermill Court is now empty and in the process of being handed over to contractors for the works required to house the two twelve bedded acute units and Section 136 suite.

Currently a potential claim for a Judicial Review is underway regarding Bootham Park Hospital and the CCG has been named now as a defendant in that claim. Consequently a number of colleagues are heavily involved in preparing the evidence to respond to this claim.

## Planned Care

Neurology: Costed models have now been provided by YTHFT for Epilepsy and Headaches and the aim is to use this information to provide a costed Business Case to SMT in February.

Diabetes: The service for community diabetes will be mainstreamed into the contract and so will be handed over to the Finance and Contracting team for on-going monitoring and performance management.

Referral Support System (RSS): There are on-going discussions with YTHFT regarding the processing of 2 Week Waits (2WW) for cancer referrals and the aim is to have this resolved by the end of the month. RSS guidelines are now on Covalent, the project and programme management system used by the CCG which will support the efficient management of these new guidelines. The SMT paper on the support and approach required for managing guidelines and the will be discussed by end of the month. A return on investment analysis to be completed this month for discussion with leads in February. The transition of RSS staff to the CCG as part of the closure of the local service is currently at the stage of identifying premises for the service and the CCG awaits a proposal from NHSE on a potential property. There are potential issues with the N3 connection relating to Information Governance and data sharing which need to be resolved. The up-dating of the i-Refer (Royal College of Radiologists) diagnostic imaging guidelines need to go through the Clinical Research and Effectiveness Committee after local clinical review.

Bone Protection: This project aims to get primary care colleagues to work on improving bone health in those high risk groups and is on track. It has now been agreed to discuss this with the Primary Care Strategic Working Group on 28th January with a view to establishing a sub-group to evaluate the impact of this service and review the service specification.

Musculo-skeletal (MSK): Discussions took place with YTHFT on December 31st on potentially including MSK within an integrated approach to service delivery in the future. It was agreed to set up an engagement event with GPs and YTHFT to look at how the service could be improved through this collaborative approach and to explore using the Patient Participation Groups at GP surgeries. YTHFT also agreed to draft a communication highlighting the current issues with the interim service to gain support from primary care colleagues during the current period of high demand and there will be further monitoring of demand and capacity issues during this interim period.

Ophthalmology: The Low Vision service specification will be completed in the next couple of weeks and this will be considered at the Ophthalmology Programme Board meeting in March. Three 'task & finish' groups have been set up to develop recommendations for new ways of working for Minor Eye Care Services, Glaucoma Referral Refinement and Post-Cataract Care. All of these groups will reflect the priorities identified in the report from the Nous Group (a firm of management consultants) and the subsequent Health Needs Analysis.

## Prescribing

A paper has been presented to the Senior Management Team (06.01.16) highlighting the current vacancies within the medicines management team and the impact these vacancies may have on the QIPP therapeutic switches and other areas of medicines management activity. The prescribing meeting with all the GP Prescribing Leads is taking place on 26th January and it is hoped that this meeting will provide a better understanding regarding the prescribing agenda and future activity.

## Primary Care Reform

Although Primary Care Home was unsuccessful in securing funding through National Association of Primary Care (NAPC) Vale of York (VoY) Practices are still keen to develop the model and conversations have taken place around re-forming the Artist Groups. Artist groups are groups of practices which will look at commissioning issues and develop solutions. To support this, the CCG has identified work streams, a clinical lead, and a senior Innovation and Improvement lead for each Artist Group with a view to starting these conversations with Practices - and hopefully enabling Practices to begin working together on some of the commissioner opportunities outside these meetings.

Another key area of work at the moment is premises - with bids needing to be submitted for the Primary Care Transformation Fund in February 16. The CCG is working closely with colleagues at the PCU and NHS Property Services to review bids for support/submission by the CCG. The main constraining factor in approving any premises bids will be the need for these to be revenue neutral as there is currently no additional revenue available from NHS England.

The CCG has met with NHS England on 11/01/16 to develop a plan to move forward with the delegation of work and budgets under the co-commissioning agenda. The CCG will continue to hold monthly meetings with the NHS England team, and report progress around co-commissioning into the CCG's Primary Care Co-Commissioning Committee.

The CCG is working on a General Practice Workforce Review. There has now been some interest from Practices (mainly City and Vale Alliance (CAVA) and it is hoped that other Alliances will follow.

The deadline for submission of Local Digital Roadmaps has moved from March to June, giving us a bit more time to develop our local vision. The CCG needs to assign staff to manage/lead this piece of work which is a whole system enabler the requirement to move towards paperless providers by 2020.

## Urgent Care

The schemes within the Urgent Care Programme are all progressing well at present. An additional number of work streams have been put in place which link with the Systems Resilience Group (SRG) priorities; stakeholders and owners have been identified for these and progress is on-going. All work streams within the SRG funding for 2015-16 such as the Arclight link worker scheme have now been evaluated and these have been circulated to the Unplanned Care Working Group. Further integration of some of these into core business is being progressed such as the Urgent Care Practitioners. We are currently awaiting guidance as to available funding for 2016-17 and the allocation process can then progress. On-going complimentary schemes may be merged for the new financial year such as the Handyman Scheme and GPs in the emergency department.

During Autumn 2015, the Emergency Care Improvement Programme (ECIP) identified the York and Scarborough health care systems as requiring support to meet the 4-hour target and in managing Delayed Transfers of Care (DToC) so that flow through the system was maintained. Following the initial visits a further audit of 'stranded' patients was proposed and this took place w/c 11th January 2016. A number of community hospitals and units were visited, as well as a number of elderly medical and DToC wards in both acute hospitals. All patients on the wards were reviewed; including patients who had just been admitted and those due for discharge that day, so that patient journeys could be reviewed and where possible pathways/interventions escalated. A number of actions were identified for both immediate impact as well as longer term

review and transformation. These included review of preparation and delivery of medications, therapy assessment available for patients admitted on a Friday, medical support for community units, the numbers of patients who were admitted with mainly 'social' reasons and supporting carers and relatives to make prompt choices in the difficult circumstances of transferring a relative to a care home. The availability of complex care packages was also discussed, with some real capacity issues in council and private social care.

## Summary

The team remains very busy with a number of projects both improving service delivery and patient experience as well as contributing to the QIPP challenge. The flooding across the North of England over the Christmas period was unprecedented. The flooding, communications outages (breaks in connections) and staff availability problems that took place during the Christmas break are already being reviewed by organisations involved for lessons learnt; NHS111 has issued a comprehensive report this week. Overall, the provision of alternate solutions in testing circumstances has been good such as the YAS work with Tadcaster, additional GP sessions in Primary Care and a contract variation with Out of Hours GPs; issues in communication and escalation have been identified in some areas, and there seems to have been a significant shift in capacity where patients were (correctly) using NHS111 and the GP OOH services preferentially over ED. This is a trend in the right direction and may indicate some visibility of the different communications that have been publicised, but we need to be able to support those services within the system. There were also some very good examples of staff and different organisations working very well together; the Urgent Care Practitioners have been working with the staff at Tadcaster Medical Centre (where the bottom floor was flooded) and community teams to perform home visits for vulnerable patients, as well as offering the loan of their Static Medical Unit. Immediate changes have been made where necessary and a review of the System Wide Escalation Policy is taking place; to be completed by the end of February. Following this a summit has been planned at UCWG, to synchronise with other provider learning point meetings, to ensure that an overall review of resilience problems is on-going.

The team have also been contributing to the closer working and engagement with general practices arising from the Council of Representatives discussions. The four artist groups are to be revised and to focus on commissioning initiatives with four underlying themes being split between the groups. The focussed themes will initially be based on urgent care, prescribing, primary care and integrated/community care. Together with the four themes it has been recognised that there are four enablers which run through all of them, namely: finance, estates, technology and workforce. The senior managers in the team are working closely with the clinical lead in these areas to develop an overview of the proposals to share and inform Council of Representatives.