


Item Number: 5	
Name of Presenter: Phil Mettam	
Meeting of the Governing Body 2 March 2017	 Vale of York Clinical Commissioning Group
Accountable Officer's Report	
Purpose of Report To Receive	
Reason for 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, relevant national issues.	
Strategic Priority Links <input type="checkbox"/> Primary Care/ Integrated Care <input type="checkbox"/> Planned Care/ Cancer <input type="checkbox"/> Urgent Care <input type="checkbox"/> Prescribing <input type="checkbox"/> Effective Organisation <input 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 type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description
Recommendations The Governing Body is asked to note the report.	
Responsible Executive Director and Title Phil Mettam, Accountable Officer	Report Author and Title Sharron Hegarty, Head of Communications and Media Relations

GOVERNING BODY MEETING: 2 MARCH 2017

Accountable Officer's Report

1. Turnaround, Legal Directions and the CCG's 2016-17 Financial Position

- 1.1 In line with Legal Directions the CCG's Governing Body continues to work on implementing the Improvement Plan with regards to capability, capacity, financial leadership, governance, mobilising change and financial recovery.
- 1.2 In response to the Directions, the CCG has now finalised its draft Medium Term Financial Strategy. This has been shared with the Council of Representatives, Finance and Performance Committee, Audit Committee and NHS England for comments prior to its formal approval at Governing Body later on the agenda. This document underpins and informs the 2017-19 Financial Plan the final draft of which was submitted to NHS England on the 27th February in line with the national timetable. However, it also articulates that the plan to achieving financial sustainability will require planning beyond this period into 2020-21 when the organisation should be back into financial balance. In doing so the CCG has recognised the need to articulate a strategic plan which addresses the underlying causes of financial deficit and identifies a path to sustainability. This has required the CCG to undertake a fundamentally different approach to the development of its strategy based on a detailed understanding of its local population needs which has allowed it to pinpoint a number of areas it needs to focus on.
- 1.3 The CCG continues to report a forecast £28.1m deficit at the end of January which includes the impact of the in-year arbitration with York Teaching Hospital NHS Foundation Trust. The CCG has now received formal confirmation from NHS England of the expectation to release the nationally required 1% uncommitted reserve into the bottom line in month 12, thereby increasing the surplus in the NHS Commissioner position nationally. With the release of the 1%, as anticipated, this will equate to an actual outturn (cumulative) deficit of £23.8m. However, for the avoidance of doubt the figure before release of the 1% remains the figure to be used for performance monitoring delivery of plan in 2016-17, and was also used as the 2016-17 outturn in the recent operational plan resubmissions.
- 1.4 The Improvement Plan also outlines a number of measures to deliver an improved position in 2016-17 and the CCG is working with all partner organisations to deliver this.
- 1.5 In the last month, actions to align resources with local challenges include beginning the phased recruitment to the new internal staffing structures, embedding the new committee structures and formally contracting for the

process to deliver the joint programmes of work that will manage secondary care demand and deliver the associated efficiencies over the planning period.

2. Operational Plan 2017-19

- 2.1 The CCG has continued to work with NHSE to provide assurance around the progress with:
- delivering the CCG Improvement Plan;
 - the delivery of the 2016-17 QIPP and stabilisation of the financial position;
 - agreeing and signing the main acute contract with York Teaching Hospitals NHS Foundation Trust;
 - mobilising the programmes of work captured in the two year Operational Plan for 2017-18 to 2018-19, including the development of our local Accountable Care System and three Locality Delivery Groups, and;
 - accessing the 2017-18-2018-19 Quality Premium scheme despite not passing the financial gateway required nationally.
- 2.2 The CCG met with NHSE on the 9 February for the Q3 Integrated Assurance Framework checkpoint and this was an opportunity to highlight the progress made in the above areas and to continue to clarify how NHSE can support the CCG as it transitions from 2016-17 to 2017-18 delivery. The outcome of the checkpoint meeting was extremely positive and the CCG was able to confirm the position in relation to assurance and the key steps required to move to approvals by 1 April 2017.
- 2.3 The Operational Plan remains unapproved until after the next and final submission of the CCG's finance and activity plans on the 27 February, but NHSE have confirmed they are happy for the CCG to present the plan in public at all the Health and Wellbeing Boards in March as well as this Governing Body. This will support engagement with the public as the CCG moves into the delivery of the 2017-18 programmes, many of which are joint programmes of collaborative work with the CCG partners in the local Vale of York system.
- 2.4 The CCG has now also refreshed its Medium Term Financial Strategy and this was presented at the Council of Representatives on the 16 February and to Finance and Performance Committee on the 23 February. This will then be formally launched with the CCG's partners, supported by an engagement programme and form the basis of the CCG financial recovery strategy, as well as being promoted by NHSE at a national level as an approach for financially challenged systems such as the Vale of York.

2.5 The CCG now faces an intense period of transition to its' 2017-18 Operational Plan and the finalisation of the four programmes of work for delivery from 1 April 2017 through the new CCG organisational, governance and risk structures.

3. Council of Representatives meeting

3.1 Among the agenda items at its latest meeting on 16 February 2017, members received an update on work to achieve financial stability and sustainability in the local health and care system. Members also heard the feedback from its workshop session in January 2017 and received a presentation that described the aspects and measurements of quality, how these are driven by the CCG's Constitution and Quality Strategy.

4. Working towards an Accountable Care System in the Vale of York

4.1 Work is progressing well. The Accountable Care System Partnership Board meets for the first time on the 1 March 2017 and the North, Central and South Locality Delivery Groups have held their first meetings in February 2017.

5. Better Care Fund

5.1 Discussions are taking place with partners about how the Better Care Fund has contributed to performance over the last year and what priorities for investment should be considered for 2017-19.

5.2 The Better Care Fund forms a small part of the overall budget available to the Vale of York economy and partners are working together across the three Health and Wellbeing Board footprints to help ensure that the Better Care Fund work fits within the wider Accountable Care System approach.

5.3 National guidance is still awaited in order to finalise detailed Better Care Fund plans for the Vale of York.

6. Emergency Preparedness, Resilience and Response

6.1 The local A&E Delivery Board is hosting a workshop in March 2017 to review lessons learned from Winter 2016 with its partners and the CCG is working with providers on local planning and resilience arrangements for the 2017 Easter Bank Holiday weekend.

6.2 Following its collapse in December 2015 the Tadcaster road bridge finally opened at the beginning of February 2017.

6.3 Day 2 of the Tour de Yorkshire on Saturday, 29 April 2017 will start in Tadcaster. Due to the proposed road closures, both the GP surgery and health centre in Tadcaster will be closed on the morning of the 29 April. The CCG has representation on the Tour de Yorkshire steering group and it will liaise closely with its member practice and local community services

colleagues to ensure they receive necessary updates and details of arrangements.

- 6.4 To understand any potential implications for the local community, the CCG will be joining partners at North Yorkshire Police and local authorities to take part in meetings about the fracking site at Kirby Misperton.

7. Celebrating the integration of health and care

- 7.1 The CCG's five year vision for care and its Pioneer status has been recognised by its national Integrated Care Pioneer peers.

- 7.2 The Integrated Care Pioneer Programme (ICPP) recognised the successful trial of York Integrated Care Team's scheme for a population of 55,500 which has been rapidly expanded to cover all City of York Practices a total population of 207,000.

- 7.3 The York Integrated Care Team responds to discharge notifications and alerts about high-risk and vulnerable patients. It also offers the continuous review and support to patients to help them to stay at home. The key enablers have been the use of simple documentation and language, managing conversations across partners effectively and in a timely way and then using the information gained to refine staff tasks and keeping the Local Authority fully engaged and committed to the model of care.

- 7.4 I would like to congratulate Priory Medical Group who developed and implemented the care model. The project has had a number of successful outcomes including a reduction in emergency department attendances over two years and it has received excellent qualitative feedback.

8. Consultation to develop a new mental health hospital for the Vale of York

- 8.1 Following the Governing Body's approval on the 2 February 2017, the CCG is discussing the eight recommendations drawn out of the consultation outcome report with its mental health and learning disabilities provider, Tees, Esk and Wear Valleys NHS Foundation Trust.

- 8.2 Detailed site appraisals are underway in line with the timescales set out in the report and these will inform ongoing discussions.

9. Advisory Board meeting and agreed outcomes

- 9.1 Representatives from the Advisory Board met with CCG colleagues to hear about its studies and insight reports that identify best practices and evidence of improved outcomes and efficiencies. The meeting was very useful and the CCG is using learning from the Advisory Board throughout the delivery of the Operational Plan for 2017-19.

10. National plans and strategic issues

10.1 NHS RightCare Mental Health and Dementia Data Packs for CCGs

NHS RightCare's Commissioning for Value team has published personalised Mental Health and Dementia Data Packs for CCGs. Data included will support discussions about mental health care in each local health economy to improve the value and utilisation of resources. A main focus for Commissioning for Value is reducing variation in outcomes.

Public Health England has published guidance on tackling tuberculosis (TB) among under-served populations. This is one of the key areas for action identified in the Collaborative TB Strategy for England 2015 to 2020. This resource is intended to assist with developing services that better meet the needs of the under-served and to reverse the pattern of health inequalities commonly associated with TB.

10.2 Transfer of commissioning responsibility for obesity surgery

The commissioning responsibility for obesity surgery for adults aged 19 years and over will transfer from NHS England to clinical commissioning groups from April 2017. The funding was transferred as part of the National Identification Rule Rebasing Exercise and the final allocation adjustment was made on 9 December 2016 for 2017-18 allocations. CCGs will have the responsibility for negotiating this element of the contract with providers.

10.3 Launch of NHS GP health service

NHS England has launched the NHS GP Health Service, the world's first nationally-funded treatment service of its kind for GPs and GP trainees suffering mental ill-health. GPs and GP trainees will be able to self-refer to this free and confidential service provided through a regional network of experienced clinicians and therapists who will deliver support for a range of conditions. This follows a commitment from NHS England's Chief Executive Simon Stevens and the General Practice Forward View.

10.4 Support for adopting outcomes-based payment approach for Improving Access to Psychological Therapies services

NHS England and NHS Improvement have published guidance to support commissioners and providers to develop and implement an outcomes-based payment approach for Improving Access to Psychological Therapies (IAPT) services. The National Tariff for 2017 to 2019, published in December 2016, set out a requirement that commissioners and providers of IAPT services adopt an outcomes-based payment approach from April 2018, with an expectation that they will shadow test this in 2017.

10.5 Transforming care: new learning disability model service specification

NHS England has published a new model service specification for learning disability. This specification builds on the Transforming Care programme's national service model, published in October 2015. It provides additional detail for commissioners about the purpose, functions and intended outcomes for enhanced multi-disciplinary health and social care support, specialist community forensic support and acute learning disability inpatient services. Each specification aims to help commissioners review and meet the needs of their local population, giving people the best quality care and quality of life.

10.6 Osteoporosis care pathway developed by NHS RightCare

NHS RightCare has developed a scenario using a fictional patient to illustrate an optimal osteoporosis care pathway, in comparison with a sub-optimal but typical scenario. At each stage costs of care to commissioners has been modelled. This document is intended to help commissioners and providers understand the implications – both in terms of quality of life and costs – of shifting the osteoporosis care pathway from an uncoordinated and reactive approach to a proactive evidence-based approach. The scenario has been developed in partnership with the National Osteoporosis Society.

10.7 Wheelchair data set published for October-December 2016

NHS England's wheelchair data for October to December 2016 has been published. There has been an increase in submission rate from 92% in quarter two (Q2) to 96% in quarter three (Q3). The data shows that waiting times continue to increase: in Q2 25.4% of children were waiting more than 18 weeks for a wheelchair, increasing to 26.8% in Q3. In Q2, 16% of adults were waiting more than 18 weeks for their wheelchair, increasing to 18.5% in Q3. CCGs can use this data to target areas for improvement.

11. Recommendation

11.1 The Governing Body is asked to note the report.