

Title of Meeting:	Governing Body	Agenda Item: 6.3										
Date of Meeting:	1 February 2018	<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </tbody> </table>			Session (Tick)		Public	X	Private		Workshop	
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Workshop												
Paper Title:	Transformation & Delivery Director's Report											
Responsible Governing Body Member Lead Wendy Balmain Director Transformation and Delivery		Report Author and Job Title Christian Turner Head of Business Change										
This Paper is for:	<table border="1"> <thead> <tr> <th>To Approve</th> <th>To Accept</th> <th>To Assure</th> <th>To Note</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>				To Approve	To Accept	To Assure	To Note			X	
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		X										
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Finance, Performance and Commissioning Committee												
Executive Summary												
<p>This paper provides updates on the Quality Innovation Productivity and Prevention (QIPP) plan for 2017/18 and progress delivering the CCG's priorities.</p> <p>The forecast savings out-turn for the programme (£6.33m) has been revised and reported through the CCG Financial Plan to NHSE.</p> <p>The strategy for delivering savings by reducing referrals into secondary care is starting to have a demonstrable impact.</p> <p>The Extended Access service from two town-based hubs (Ripon and Harrogate) was successfully launched on December 4, 2017. Extended Access for more rural practices is to be launched in February.</p> <p>The scope of GP out-of-hours (OOH) project is being incorporated into the integrated urgent care strategy work and considered alongside integrated local care to ensure outcomes for patients are delivered through a simplified offer.</p> <p>The Integrated Care Delivery team have now developed a draft set of principles, outcomes and scope of services. These are described more fully in the paper which is being sent to Governing Body for consideration alongside this update (1st February, 2018).</p> <p>Winter planning continues to be an operational priority for the local health and care system and the CCG is working closely with partners to ensure people receive safe and effective care.</p>												
Recommendations												
<p>Governing Body to be assured:</p> <ul style="list-style-type: none"> • Savings continue to be identified and achieved in 2017/18, but as highlighted in previous reports delivering the full target remains at risk. The forecast position as reported to NHSE has been amended to reflect this risk. • Further schemes are being proactively developed for fast implementation to help address the savings shortfall in the final quarter of 2017/18. • Evidence is emerging that the strategy for demand management in primary care is reducing referrals into secondary care. • Winter planning continues to be an operational priority for the local health and care system and the CCG has been working closely with partners to ensure people receive safe and effective care. 												

Monitoring

Progress will be monitored through the Transformation and Delivery Board with regular update reports submitted to the FPCC and Governing Body.

CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	Quality, Safety and Continuous Improvement	X
2	Better Value Healthcare	X
3	Well Governed and Adaptable Organisation	X
4	Health and Wellbeing	X
5	Active and Meaningful Engagement	X

	CCG Values	X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

CCG Values underpinned in this paper

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES	X	NO	
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If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline
2:1	The changing financial position impacts the ability of the CCG to develop and implement an achievable QIPP programme that can deliver the requirements set out in the financial recovery plan.

Does this paper mitigate risk included in the CCGs Risk Registers? If Yes, please outline.

	Ref: Risk No	Outline
YES	GBAF 2-1 Principle Risk 1	The scale of QIPP required to support delivery of the Financial Recovery Plan has increased and this could impact on capacity and opportunity to develop and implement achievable service change.
YES	GBAF 2-3 Principle Risk 3	The CCG financial plan for 2017/18 will not be delivered resulting in deterioration in the in-year financial position and longer term financial sustainability.

Any statutory / regulatory / legal / NHS Constitution implications

The CCG has a requirement to meet its statutory financial duties.

Management of Conflicts of Interest

Conflicts of interest have been identified prior to the meeting. Conflicts of Interest will be discussed at the start of the meeting and appropriate action will be agreed, however as this paper is for assurance only it

	is recommended that all conflicted members can be present.
Communication / Public and Patient Engagement	Effective public and patient engagement are essential to several of the schemes outlined in this paper.
Financial / resource implications	The programme needs to deliver £8.5m of savings. If not there is a significant risk that the CCG will not meet its agreed financial plan for 2017-2018. Such a large programme of change will require resources from across the organisation and from external third parties.
Outcome of Equality Impact Assessment	EIAs have been completed for 2016/17 schemes. EIA assessments have been completed for 2017/18 schemes as part of the integrated impact assessment process for each scheme as they progress. Copies are available on request.

For further information please contact:

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1.0 Purpose

This report provides a brief update on progress being made on the CCG's Transformation and Delivery (T&D) Programme, which includes the CCG QIPP plan and the further, additional savings areas.

This report has been structured to reflect the CCG's priorities as follows:

- QIPP savings and demand management schemes
- Strategy and integrated care
- Winter planning

2.0 QIPP savings plans

The table below summarises the forecast savings out-turn as submitted to NHSE at the end of December 2017.

Area	Plan (£m)	Current forecast outturn (£m)
Original QIPP Targets		
Contracts	1.38	1.16
HOPs and RMS	1.18	0.99
Prescribing	1.03	1.03
CHC Residual	0.13	0.13
SDIP RightCare	3.51	0.05
Unconfirmed	1.28	N/A
Totals	8.51	3.36
Additional identified savings		
CHC	0.93	0.93
Mental Health	0.5	0.5
Joint Recovery Plan	1.04	1.04
Additional prescribing	0.5	0.5
Totals	2.97	2.97
Grand Total		6.33

The additional £2.97m is being addressed in the four areas listed and further detail is provided in sections 2.1 to 2.3 below. The Continuing Health Care (CHC) and Mental Health programmes have been running as single programmes across the three North Yorkshire CCGs since summer 2017. For new schemes business cases and plans are in development and will include thorough analysis of each opportunity to give assurance as to the level of savings that can be realised in 2017-18 and 2018-2019.

2.1 Continuing Health Care (CHC) Programme efficiency plan including mental health and section 117 aftercare

The delivery of QIPP savings from the CHC programme is being led by the CHC Programme Board. A clear work programme has been agreed by the Board which includes a review of existing high cost packages of care and improvement to the review process going forward to ensure that people are receiving care that meets their personal needs.

Of the CHC cases which have been reviewed, 25% of cases have identified as having cost saving opportunities due to the person no longer needing the same level of health funded care. A further 65% of fast track reviews have identified similar opportunities. It is important to note that all reviews continue to focus on ensuring the individual receives the right care.

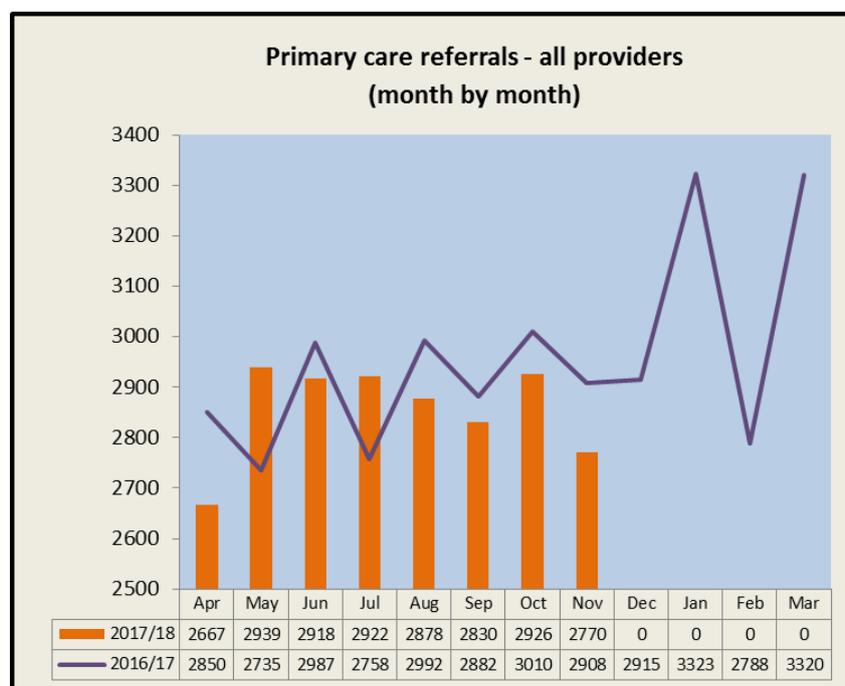
A clinical reviewer continues to undertake mental health case reviews with an expected completion in March 2018.

A new financial modelling tool has been developed to accurately reflect the financial impacts arising from the changes identified and the review of financial information. It is expected that further financial detail will be confirmed in the next reporting period.

2.2 Demand management programme

Primary care variation

Close working continues with 10 GP practices to review variations of demand across practices and identify the causes of the variation. This work started in October 2017 and evidence shows that the number of referrals into secondary care continues to reduce in comparison to 2016/17. The chart below demonstrates this with a particular drop in November 2017, which is the first complete month for the GP Variation work.



Dermatology clinics

Arising from the GP variation work, a new opportunity has been identified to utilise the skills which currently exist in general practice more effectively, and a business case is being developed to support a pilot for a dermatology service within primary care.

RightCare

This programme continues to focus on opportunities to improve outcomes and make efficiencies through both gastroenterology and musculoskeletal services.

A new consultant referral review process is to be trialled at Harrogate District Foundation Trust. Building on experience in the 100 days rapid change work in 2016 clinicians believe that up to 40% of gastro referrals could be handled differently either in primary or secondary care. The findings from this pilot will provide evidence for the level of savings and it is expected that there will be an in year impact.

A spinal pathway workshop was undertaken in late December 2017 with spinal consultants and the findings from this are providing the basis for updating guidance on MRI scans for backs, and changes to referral criteria for spinal surgery as an interim pathway.

Ophthalmology pathway review

There are two viable proposals which have been identified to date regarding changes to ophthalmology pathways – one for changes to glaucoma pathway and one regarding injections for age-related macular degeneration. Outline business cases for both proposals were approved by FPCC on 23 January, 2018, and will now be subject to further clinical review and discussions with local providers.

Reduction in vitamin D prescribing and testing

The proposal to further restrict inappropriate testing of vitamin D levels and the prescribing from primary care is to be shared with the CCG's Patient Participation Group.

Follow-ups

The weekly activity data received from HDFT is starting to show a reduction in follow-up numbers on a monthly basis since November (but it is possible that this could be attributable to seasonal fluctuations over the Christmas period).

Consultant Connect Pilot

The use of the Consultant Connect system as a pilot is being considered in the context of the CCG approach to demand management in primary care.

2.3 Additional prescribing

Practice-based pharmacists

The aim of this project is to use additional clinical pharmacist capacity to work directly with GP practices and their local populations with a focus on improving outcomes for patients through better medicines management. The benefits of doing this include delivering medicines waste reduction, financial savings and better patient experience. The business case for this proposal was approved at FPCC in December 2017 and work has begun to recruit three further clinical pharmacists for a 12 month period with the plan to have them in place by March 2018.

Changes to repeat prescriptions

In addition to marketing campaigns which are already in place to help reduce unnecessary repeat ordering of prescriptions, this proposal is for taking on a temporary pharmacist technician to extend the reach and impact of the campaign. The technician will work directly with GP practices, local care homes pharmacists and patients focusing on the repeat prescription process. The business case for this has been submitted to FPCC for consideration on 30 January, 2018.

3 Strategy workstream priorities

3.1 Integrated care

The CCG strategy paper 'Your community, your care: developing Harrogate and Rural District together', was discussed at a Governing Body on 7th December, 2017, in addition to being shared with Harrogate Health Transformation Board. Feedback from Governing Body and partners has been helpful in preparing the latest version. A wider engagement and communications strategy is now being developed.

The CCG Integrated Care Delivery group have developed a draft set of principles, outcomes and scope of services. These are described more fully in the paper which is being shared separately with Governing Body today at item 8.2.

3.2 Extended Access

At the time of writing the Extended Access Service has been live for seven weeks working from two hubs – one in Ripon and one in Harrogate. As at 8th January 636 appointments had been booked equating to a 58% utilisation rate. The overall DNA (did not attend) rate is 8.8% and reasons for this are still to be explored and monitored. Appointments were booked as follows:

- 459 GP appointments
- 39 advanced nurse practitioner (ANP) appointments
- 87 nurse appointments
- 18 healthcare assistant (HCA) appointments
- 33 clinical pharmacist appointments

There is variation in usage by practice and this is being monitored by the CCG. Building on the launch of the two town-based hubs, a new rural solution is being finalised and will be available for patients within their own local practice or a nearby rural practice – this is due for implementation in February.

Extended Access is being tested as a pilot and is subject to review. Likewise it will be considered in the context of simplifying access for people to services as an integrated care delivery model evolves.

3.3 GP Out of Hours

The CCG has engaged with the market via a prior information notice (PIN) in relation to OOH. At the same time the integrated urgent care (IUC) specification was published by NHS England. This detailed the key actions required by commissioners to develop and implement an IUC service by 31st March 2019. This has implications for HaRD CCG's planned approach to engage the market in the redesign of OOH service.

A report was submitted to FPCC for consideration on 23 January, 2018 and FPCC asked that the scope of project be updated to encompass requirements for integrated urgent care. The updated proposal is being prepared.

4 Winter Planning

There has been increased focus at national level on the preparation and delivery of A&E performance for winter 2017/18 across England. From 18 December 2017, NHS England has been operating a Winter Operations room 24 hours a day, 7 days a week. This will remain in place until post-Easter 2018 although may stand down to 5 days a week.

Normal escalation processes operate 'in-hours' and all A&E delivery boards are required to submit exception reports at weekends and bank holidays where a local system meets any one of a set of criteria e.g. 4hr performance <87%, ambulance handovers >60 minutes, any 12hr trolley waits. Acute trusts have also been given guidance to reduce or cancel routine elective admissions and can breach some sex rules if in the patient's interest.

HDFT implemented an 'Every Hour Matters' week from 2 January to 7 January 2018. This meant that all key partners were on site and able to immediately respond to requests and patient demand. Actions could then be taken to manage patient flow, ensure quality and safety and improve the 4hr performance.

A&E performance dropped to 78% on 1 January but recovered to >95% by 5 January. January performance to date is 90.02% and YTD performance is 95.84%. Performance is monitored by the HaRD CCG A&E Delivery Board and a winter de-brief event will be held to learn lessons from this year's plans and ensure that plans for the Easter bank holiday period are in place.

5 Recommendations

Governing Body to be assured:

- Savings continue to be identified and achieved in 2017/18, but as highlighted in previous reports delivering the full target remains at risk. The forecast position as reported to NHSE has been amended to reflect this risk.
- Further schemes are being proactively developed for fast implementation to help address the savings shortfall in the final quarter of 2017/18.
- Evidence is emerging that the strategy for demand management in primary care is reducing referrals into secondary care.
- Winter planning continues to be an operational priority for the local health and care system and the CCG has been working closely with partners to ensure people receive safe and effective care.

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