

<b>Title of Meeting:</b>	<b>Governing Body</b>		<b>Agenda Item:7.2</b>									
<b>Date of Meeting:</b>	<b>4<sup>th</sup> October, 2018</b>		<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td style="text-align: center;">X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Workshop</b></td> <td></td> </tr> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Workshop</b>	
Session (Tick)												
<b>Public</b>	X											
<b>Private</b>												
<b>Workshop</b>												
<b>Paper Title:</b>	<b>Transformation &amp; Delivery Report</b>											
<b>Responsible Governing Body Member Lead</b> Wendy Balmain Director Transformation and Delivery		<b>Report Author and Job Title</b> Christian Turner Head of Business Change										
<b>This Paper is for:</b>	<table border="1"> <tr> <th>To Approve</th> <th>To Accept</th> <th>To Assure</th> <th>To Note</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>				To Approve	To Accept	To Assure	To Note			X	
	To Approve	To Accept	To Assure	To Note								
		X										
<p><b>Has the report (or variation of it) been presented to another Committee / Meeting?</b>  <b>If yes, state the Committee / Meeting:</b> Yes. A version of this report was received at the Finance, Performance and Commissioning Committee (FPCC).</p>												
<p><b>Executive Summary</b></p> <ul style="list-style-type: none"> <li>• Full QIPP requirement for 2018/19 is £5589k as per the CCG's financial plan.</li> <li>• Schemes to deliver estimated savings of £4200k have been identified and are being implemented.</li> <li>• The further savings requirement to be identified is £1389k.</li> <li>• £1511k savings have been reported through to FPCC to August 2018.</li> <li>• The AIC planned care delivery group is working closely with the demand management team at the CCG to align change initiatives across primary and secondary care.</li> <li>• Progress continues towards delivering '<i>Your community, your care: developing Harrogate and Rural District together</i>'. FPCC received a formal review of progress at checkpoint 1 and are satisfied that plans are progressing to integrate primary and community services.</li> </ul>												
<p><b>Recommendations</b>  Governing Body to be assured:</p> <ul style="list-style-type: none"> <li>• £1511k savings achieved to August.</li> <li>• The level of financial risk within the QIPP programme is £1389k and actions are being taken to address the risk including the revised approach to demand management.</li> <li>• FPCC has given assurance that Checkpoint 1 within the integrated care plan has been achieved and the programme can progress to development of the final business case.</li> <li>• Planning for 2019/20 is progressing.</li> </ul>												

**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	
-----	---	----	--

**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.
3:1	Strategic planning of partner organisations could impact on the opportunities and pace needed to transform the way services are commissioned for the local population and therefore may not fully align with the principles of a strategic system 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.

<b>YES</b>	GBAF 3-1 Principle Risk 1	The AIC is helping align strategic planning across the CCG and Harrogate District Foundation Trust (HDFT).
<b>Any statutory / regulatory / legal / NHS Constitution implications</b>		There are no immediate legal implications.
<b>Management of Conflicts of Interest</b>		The potential conflicts of interest within the integrated care programme have been reviewed at Governing Body and decision-making will be formally delegated to FPCC to remove any potential conflicts.
<b>Communication / Public and Patient Engagement</b>		Public and patient engagement will feature in several of the schemes outlined in this paper. The Patient Participation Group is sighted on schemes and plans are in place to develop their involvement.
<b>Financial / resource implications</b>		The QIPP programme for 2018/19 needs to deliver at least £5.589m savings in year. This enables the CCG to access the Commissioner Sustainability fund to bring it into in-year financial balance.
<b>Outcome of Equality Impact Assessment</b>		EIA assessments are completed for 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:  
**Christian Turner**  
**Head of Business Change**  
01423 799327

## 1.0 Purpose

This report provides an update on progress being made on the CCG's Transformation and Delivery Programme including the CCG QIPP savings programme for 2018/19.

## 2.0 QIPP Plan 2018/19

The financial plan identifies a QIPP plan requirement for 2018/19 of £5589k. The current position is as follows:

### Current plans

	Target (£k)	Current identified (£k)	Risk Adjusted (£k)
Aligned Incentive Contract (AIC)	2600	2600	2600
Medicines Management Core Programme	751	811	730
Practice-based pharmacists	250	80	72
Repeat prescriptions	150	77	69
CHC Programme	1838	632	569
<b>Original Target Profile</b>	<b>5589</b>	<b>4200</b>	<b>4040</b>
<b>Variance to target</b>	<b>0</b>	<b>-1389</b>	<b>-1549</b>

### Achieved savings

	Target (£k)	Achieved: confirmed to August (£k)
Aligned Incentive Contract (AIC)	2600	1085
Medicines Management Core Programme	751	318
Practice-based pharmacists	250	0
Repeat prescriptions	150	0
CHC Programme	1838	108
<b>Original Target Profile</b>	<b>5589</b>	<b>1511</b>

Further medicines management savings have been achieved but data is not yet available to confirm figure

## 2.1 Aligned incentive contract (AIC)

The aligned incentive contract is supported by a joint programme of work led by the CCG and Harrogate District Foundation Trust (HDFT). The programme has a clear remit to manage financial risk within the system through, the continued effective management of demand, and delivering cost reductions in the hospital. The two main areas of work are unplanned care and planned care.

The main focus of the unplanned delivery group is to reduce the number of bed days required to provide care either through reducing the demand going into the hospital or improving the discharge process so patients can leave the hospital earlier.

As part of managing unplanned care HDFT has received capital funding from NHS Improvement (NHSI) to develop an ambulatory care unit. This service will provide assessment and treatment for patients, referred from GPs and the Emergency Department

(ED), who do not require overnight admission. This reduces unnecessary admissions and improves outcomes for patients and releases capacity in ED.

The first phase of the development will be to re-locate the current Clinical Assessment, Triage and Treatment (CATT) unit to a more fit for purpose location, closer to ED. The second phase will be to incorporate the Surgical Assessment Unit (SAU). The first phase is on schedule to be introduced in December 2018.

A supported discharge service (SDS) is being rolled-out with the full service planned to be in place by November 2018. This will support patients to be discharged earlier in their pathway and so reduce the occupied bed days. It is expected that SDS will be able to support the equivalent of 15 patients at any one time and therefore reduce the requirement for escalation beds over winter. At month 7 the overall activity related to unplanned care is slightly below plan.

The focus within the planned care delivery group is to reduce the need to refer patients from primary care into secondary care and to improve efficiency within the hospital to deliver services more cost effectively. The AIC planned care delivery group is now working closely with the CCG's demand management programme with a focus on delivering savings across specialty level pathways. This approach strengthens the ability to deliver costs savings across the health system by closer working between primary and secondary care. Further detail on planned care schemes is provided in the overview of demand management below.

## 2.2 Demand Management

Through 2016/18 the CCG implemented several schemes to support demand management, including a referral management service, GP variation and health optimisation. The joint impact of these schemes enabled the CCG to deliver a reduction of 4.9% in primary care referrals in 2017/18 compared with 2016/17.

In September 2018 of the number of referrals from primary care to HDFT has shown an increase of 0.8% (159 more referrals) in comparison with the same period last year. The number of referrals from other sources (e.g. consultant to consultant) has decreased by 3.9% so the overall position estimated for the end of September is 1.2% less than the same time last year.

Demand Area	Year to Date			Variance 1718 v 1819	
	2016/17	2017/18	2018/19	Absolute	Percent
<i>Referrals (inc. TAL):</i>					
<i>Primary Care</i>	18,096	19,084	19,243	159	<b>0.8%</b>
<i>Other</i>	14,478	16,652	15,996	-656	<b>-3.9%</b>
<b>Total Referrals</b>	<b>32,574</b>	<b>35,736</b>	<b>35,239</b>	<b>-497</b>	<b>-1.4%</b>
<i>% Other Referrals</i>	<b>44.4%</b>	<b>46.6%</b>	<b>45.4%</b>	n/a	<b>-1.2%</b>

While this presents an encouraging position our plan is agreed as higher than the 2017/18 outturn, taking account of expected growth. Therefore referral levels against plan from primary care to our main acute provider are 3.4% higher (625 referrals). If the referral trend in 2017/18 is replicated in 2018/19 we can expect to see a reduction in referrals and this has been evident throughout August and September. However this has been identified as a risk and a number of actions are in place to reduce this as follows:

### **Primary care practice audit of referrals**

- Additional clinical capacity to support primary care referral audits
- First audit complete and initial findings shared with practices
- Offers made to extend audits to further practices
- Opportunities for further management in primary care (non-acute settings) to be developed

### **Two week wait referrals**

- Analysis indicates 90% of the total increase in referrals relates to two-week-wait (2WW). This is likely to be influenced by heightened media awareness and the introduction of an electronic referral system
- HDFT are undertaking audits of 2WW into urology, upper and lower GI and potentially breast surgery to assure quality and appropriateness.
- The CCG are undertaking an audit of urology referrals across five practices

### **Referral for opinion**

- The CCG have been developing the referral for opinion approach with support from a GP partner and HDFT. This will be trialled with urology service as part of the AIC planned care programme.
- The audit of referrals to HDFT being undertaken by lead clinician for urology will help inform development of processes.

### **Demand management and planned care**

- CCG demand management lead now part of the AIC planned care delivery group.
- Consultant triage of gastro referrals planned to be re-launched in early October.
- Pilot of a 'first contact practitioner' approach for MSK-related patient conditions being prepared for implementation in November
- 'Direct to hysteroscopy' pathway being trialled with plan to roll-out more widely in November

## **2.3 Medicines Management**

Recent changes implemented through the core medicines management programme continue to support the QIPP delivery programme. Key changes include:

- Proposal to de-prescribe bath oils and shower emollients approved by the area prescribing committee.
- Rebate scheme for sitagliptin approved.
- A 27% reduction in spend on low value medicines (April-June 2018) compared with the same time last year and a 6% reduction in spend on medicines available over the counter.
- A new prescribing incentive scheme discussed and agreed with the LMC (local medical council) and sent out to practices.

Through the practice-based pharmacists project the team are presently working in six care homes supporting six GP practices. To date 70 patient reviews have been completed and 117 medicines have been stopped (25 associated with increased risk of falls).

The repeat prescriptions project has seen a 1.9% reduction in prescribed items in Knaresborough practices (against a national average growth of 0.1%) This is equal to 4453 less prescription items than last year. Overall, excluding Ripon and Knaresborough, HaRD CCG practices have seen a 0.9% reduction in items prescribed.

## **2.4 Continuing Healthcare (CHC) Programme**

As previously reported there remains a significant difference between the original QIPP opportunity of £1.8m and the revised plan of £632k. The current savings delivered indicate that the final out-turn will be nearer to the risk adjusted estimate of £569k. Work continues to identify opportunities in CHC and the new working practices are being embedded and showing positive impacts.

The new brokerage service with North Yorkshire County Council has been live since 2 July for mainstream CHC clients, using new tiers and tariffs. A brokerage process for Fast Track clients is currently in the development stage but the new process for working with Fast Track clients is now embedded. Regular case reviews are established to ensure cases are managed within a timeframe of 16 weeks or less and as of 31 August only one case was opened where care had continued beyond 16 weeks.

From 10<sup>th</sup> September North Yorkshire County Council will be providing clients with support around personal health budgets where appropriate and communications have been sent to all patients and staff outlining the new service arrangements.

## **2.5 Pipeline schemes**

As part of NHSE's QIPP 4 programme the CCG has secured input from PWC to identify additional QIPP opportunities within the Harrogate system. This work includes:

- Detailed analysis of demand levels falling outside of the CCG's main secondary care provider (including, but not limited to, local acute providers, private sector and non-contracted activity) and the opportunities available to the CCG to reduce demand.
- Evaluation of other CCGs' QIPP schemes to identify potential ideas for implementation by HaRD CCG to help address the QIPP savings gap.

## **3 Integrated care**

In February 2018, Governing Body delegated decision-making authority for operational delivery for integrated care to FPCC.

Clear governance arrangements have been established for commissioners and providers to work together through The Harrogate Integrated Health and Social Care Programme Board. This Board has prepared and submitted to the CCG an outline business case (OBC) for integrated care. The OBC has been assessed against set criteria (see appendix 1) with a report prepared for FPCC in September 2018.

FPCC confirmed that there was sufficient assurance for the programme to continue to work with existing local providers to deliver integrated health and care. It was noted that the full business case will include detailed operational model, costs, and implementation plans,

The programme is now focused on the design of the primary and community care hub models. This is being done through a series of staff and partner engagement workshops to give all key stakeholders the opportunity to influence and design how the hubs will work. At the time of writing three out of five workshops have been held and well attended by staff from partner organisations providing ideas and suggestions to inform the future model of delivery.

## **4 Integrated urgent care**

A draft strategy, '*Integrated Urgent Care: Simplifying access for patients in Harrogate and Rural District*' has been prepared and to support the strategy, a workshop was held with partners in July to discuss how we can work together to provide services which are joined up

and make sense to the people. At the 4<sup>th</sup> October meeting the Governing Body is being asked to review and comment on the commissioning strategy and vision for Integrated Urgent Care in Harrogate and Rural District. Themes emerging from the discussions will be developed into a series of priority work streams and a delivery plan on approval of the strategy.

## **5 Planning for 2019/20**

Planning for 2019/20 has begun within the CCG with the first phase focused on the identification and scoping of QIPP opportunities. The first phase is due to be completed in November before more detailed proposals are developed for approval in February 2019.

NHSE have indicated that the planning round for 2019/20 will cover finance, activity and performance, and could include aspects of the Five Year Forward View and the NHS 10 year plan.

The 10 year plan is being developed and is likely to be linked with the Budget in November. There may be new deliverables in the 10 year plan but some Five Year Forward View deliverables for 2019/20 and 2020/21 will endure, e.g. within cancer, mental health, primary care and urgent and emergency care.

Planning guidance will not be issued until after the budget in November and it is expected that there will be a requirement for planning at a system level as well as at the organisation level for 2019/20. The West Yorkshire and Harrogate Health and Care Partnership has already convened an initial system planning workshop which took place in August and was attended by the CCG and HDFT.

## **6 Recommendations**

Governing Body to be assured:

- £1511k savings achieved to August.
- The level of financial risk within the QIPP programme is £1389k and actions are being taken to address the risk including the revised approach to demand management.
- FPCC has given assurance that Checkpoint 1 within the integrated care plan has been achieved and the programme can progress to development of the final business case.
- Planning for 2019/20 is progressing.

**Appendix 1 – Assurance areas for assessing progress on the integrated care programme to deliver ‘Your community, your care: developing Harrogate and Rural District together’**

Assurance areas	
1	<p>Terms of reference for board</p> <ul style="list-style-type: none"> <li>Governance established and agreed by all partners</li> </ul>
2	<p>Alliance agreement/ Memorandum of Understanding (MoU)</p> <ul style="list-style-type: none"> <li>Documentation agreed and signed by all partners</li> </ul>
3	<p>Communications plan</p> <ul style="list-style-type: none"> <li>Identifies and plans to engage with stakeholders/ partners</li> </ul>
4	<p>Risk and issues register in place</p> <ul style="list-style-type: none"> <li>Have risks been identified, mitigated and reviewed jointly</li> </ul>
5	<p>Values and vision statement</p> <ul style="list-style-type: none"> <li>As per <i>Your Community, Your Care (YCYC)</i> and agreed by all partners</li> </ul>
6	<p>Data gathering and sharing</p> <ul style="list-style-type: none"> <li>Documented joint approach and agreed by all partners</li> <li>Describes how data will be used in planning services and monitoring performance</li> <li>Enabler for integrated working between organisations</li> </ul>
7	<p>Draft implementation plan (hub options)</p> <ul style="list-style-type: none"> <li>Robust programme management, on line YCYC</li> <li>Assurance of progress (including Keep Change Transition Plan).</li> </ul>
8	<p>Outline Business Case</p> <ul style="list-style-type: none"> <li>Option appraisal to deliver the programme including hub option appraisal.</li> <li>Clear system and partnership working described.</li> </ul>