

Title of Meeting:	Governing Body		Agenda Item:7.2									
Date of Meeting:	6th December, 2018		<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td style="text-align: center;">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	
Session (Tick)												
Public	X											
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Workshop												
Paper Title:	Transformation & Delivery 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 style="text-align: center;">X</td> <td></td> </tr> </tbody> </table>				To Approve	To Accept	To Assure	To Note			X	
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		X										
<p>Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. A version of this report was received by the Finance, Performance and Commissioning Committee (FPCC) on the 27 November 2018.</p>												
<p>Executive Summary</p> <ul style="list-style-type: none"> • The full QIPP requirement for 2018/19 is £5589k as per the CCG's financial plan. • The current position for delivered savings at the end of October is £2188k. • Primary care referrals into our main acute provider are still above the planned level but this number has decreased from 3.4% in October to an expected level of 2.6% by the end of November. • This reduction reflects the seasonal trend in previous years and if it continues the CCG will achieve the planned level of referrals for 2018/19. • The local consultant triage of gastro referrals has been successfully launched and will be monitored to help understand lessons that can be applied more widely across the Demand Management and aligned incentive contract (AIC) programmes. • Planning for 2019/20 continues and is being approached jointly with providers both locally and across the West Yorkshire and Harrogate Health and Care Partnership (WY&HCP). • The final business case for Integrated Care is in development and due for submission to the CCG in January 2019. 												
<p>Recommendations Governing Body to be assured:</p> <ul style="list-style-type: none"> • That progress is being made delivering the QIPP plan. • Planning for 2019/20 is underway • Progress is being made developing an Integrated Care delivery model 												

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.
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.

YES	GBAF 3-1 Principle Risk 1	The AIC is helping align strategic planning across the CCG and Harrogate District Foundation Trust (HDFT).
Any statutory / regulatory / legal / NHS Constitution implications		There are no immediate legal implications.
Management of Conflicts of Interest		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.
Communication / Public and Patient Engagement		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 engagement. Engagement is an iterative process related particularly to integrated care, building on what the public has previously told us about how they want to see services delivered.
Financial / resource implications		The QIPP programme for 2018/19 needs to deliver at least £5.589m savings in year. This enables the CCG to deliver its financial plan.
Outcome of Equality Impact Assessment		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:
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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 Contract	2600	2600	2600
Medicines Management Core Programme	751	840	756
Practice-based pharmacists	250	80	72
Repeat prescriptions	150	77	69
CHC Programme	1838	632	569
Original Target Profile	5589	4229	4066
Variance to target	0	-1360	-1523

Achieved savings

	Target (£k)	Achieved: confirmed to October (£k)
Aligned Contract	2600	1519
Medicines Management Core Programme	751	462
Practice-based pharmacists	250	0
Repeat prescriptions	150	0
CHC Programme	1838	207
Original Target Profile	5589	2188

The current position for delivered savings at the end of October is £2188k. Additional savings above this figure have been delivered in Medicines Management and these will be confirmed when data is finalised. Subject to further savings from Medicines Management, the QIPP savings delivered are at 75% of the original target profile for October 2018.

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.

Within planned care the new consultant led triage service for gastroenterology medical referrals went live on 14th November. The approach uses local knowledge and expertise

and will help manage referral demand into secondary care. Where referrals are appropriate for secondary care HDFT consultants will be able to identify more efficient patient pathways. The scheme will also provide learning to further develop and implement a referral for opinion approach that can reduce referrals into secondary care.

Work continues developing the First Contact Practitioner model for MSK. Detailed working practices have been shared with orthopaedic consultants and accurate estimates for staffing numbers to support the pilot have been prepared. Subject to availability of appropriate staff the pilot is intended to be launched in early 2019.

Following a joint GP and Consultant event earlier this year, three practices have agreed to take part in a pilot to trial direct access to hysteroscopies to improve the patient journey and reduce the level of activity along the pathway, this is expected to begin in December. The new approach will introduce a direct referral to hysteroscopy for patients presenting with specific symptoms/problems and GPs will be provided with clear guidelines and pathway information to assist with appropriate referrals. The gynaecology department will aim to do a one-stop 'see and treat hysteroscopy' where appropriate. The anticipated outcome is an improved patient experience (fewer hospital clinic attendances) and increased efficiency within the department (fewer attendances per patient).

The unplanned care delivery group is aiming 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. There has been a reduction in excess bed days during 2018 compared with same 6 month period in 2017. The latest position (October 2018) with delayed transfers of care (DTC) is showing a figure of 2.5% which is below the 3.5% target.

NHS England and NHS Improvement (NHSE/I) hosted a regional winter planning leadership workshop for the North of England in Manchester which staff from the CCG and HDFT attended. Following this further joint working has been continuing to address winter pressures on the system and reduce unnecessary admissions. An action plan has been agreed which is focussed on effort in primary and secondary care to identify and treat at risk respiratory patients and further work is being undertaken in the Emergency Department to identify and support patients with frailty issues.

The planned care and unplanned care groups are now working together to prepare activity plans to support the 2019/20 planning process based on the schemes which are currently being developed and implemented. There remains a level of risk of realising the scale of change required to deliver the Aligned Incentive Contract with HDFT but both organisations are committed to developing new ways of working that support affordable healthcare for our population.

2.2 Demand Management

The position against the CCG's plan has improved since the October update. In October the referral levels from primary care to our main acute provider were 3.4% higher than planned. The current position shows that the level has now reduced to 2.6% above plan. This reduction reflects both a seasonal trend and impact of a programme of work designed to maximise primary care management of patients as follows;

- Seven GP practices have been undertaking referral audits. The aim of the audits is to identify good practice on managing referrals and opportunities to manage referrals better within primary care reducing the need to refer into secondary care.

- A review of lower gastro intestinal (LGI) and upper GI referrals (UGI) has been completed and new guidance, still in line with NICE guidance, and an e-referral form has been developed to support better use of the 2 week wait referral pathway.
- A draft 'alternative to referral' chart has been prepared by GP Lead to act as a useful prompt for GP practices before considering a referral.
- A GP variation dashboard (The 'Gatekeeper Dashboard') has been prepared and the first issue has been sent to all GP practices. It includes information relevant to all GP practices as well as information specific to individual practices. It will be updated and circulated on a fortnightly basis.

2.3 Medicines Management

Adalimumab update: The new contract prices for both the biosimilar and original product (Humira) will come into effect on the 1st December. The final impact for the CCG budget has yet to be finalised but the reduction in prices is greater than what was predicted. Detailed figures to be reviewed at the Medicines Management QIPP delivery group in December and an element of this saving will contribute to high-cost drugs savings within the AIC contract.

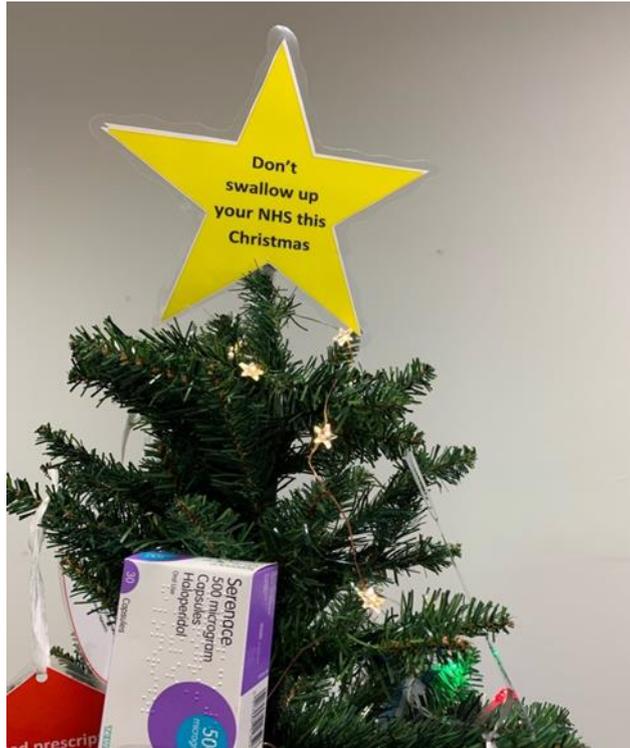
The practice-based pharmacist's project the team are now working in nine care homes supporting seven GP practices. To date 199 patient reviews have been completed and 297 medicines have been stopped (35 associated with increased risk of falls).

As part of the repeat prescriptions/waste management project a series of flu clinics have taken place in October and November and a range of information has been shared with over 1500 patients as detailed below.

Flu clinic information	
Number of patients reached:	1626
Total number of medicine waste leaflets:	217
Total number of medicine for self-care leaflets:	290
Information packs*:	431
Consultation Information:	182

* Information Packs contain: Medicine waste leaflet, PPG information and Online services patient guide.

The waste management campaign has attracted the interest of BBC Breakfast news and the CCG is working with the BBC to develop the story further. In the run up to Christmas the CCG is also entering a Christmas tree into the St. John's Knaresborough Christmas Tree Festival using the theme of medicine waste.



2.4 Continuing Healthcare (CHC) Programme

The new brokerage service with North Yorkshire County Council has been live since July for mainstream CHC clients, using the new tiers and tariffs and the process for working with Fast Track clients is now embedded. At the end of September 2018 there had been 53 CHC packages of care referred to the brokerage service.

From September North Yorkshire County Council have also been providing clients with support around personal health budgets. Joint reviews are taking place with CHC managers and Direct Payment advisors for all current PHB patients and new PHBs now being set up. There are monthly meetings taking place review/improve working practices and to develop the strategy for default PHBs during 2019/20.

3 Integrated care

The Harrogate Integrated Health and Social Care programme board had a development session on 25 October. It focussed on reviewing the outputs from the various hub sessions which had taken place in September and October to further develop the model for Harrogate and Rural District. The development session covered key areas including:

- Hub locality areas
- Operational hours
- Workforce modelling
- Communications and engagement.

Detailed planning and development is now taking place in programme workstream groups and the outputs will feed into the final business case which will be submitted to the CCG in January 2019.

The Integrated Care Delivery Group has reviewed the initial thinking from the programme board development session and has prepared a series of questions which have been shared

with the programme team. Responses to these questions will be included within the final business case and will help give assurance to the CCG that an appropriate hub model is being recommended.

Transformation funding has been allocated to Harrogate to support local primary and community care integration work. This includes;

- Primary Care Networks funding supporting the development of primary care home hub models
- Harnessing the Power of Communities, a voluntary sector proposal led by Community First Yorkshire and
- Population Health Management, a programme to improve population health by data driven planning and delivery of proactive care.

The proposals have now been formally approved by West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) and the funding is now available to the CCG for allocation to agreed projects.

4 Integrated urgent care

The HaRD CCG Urgent Care Strategy was approved at the October 2018 Governing Body. A delivery plan is now being developed with key stakeholders and patient representatives. This will include a timeline for a phased implementation and how key work streams will link with other pieces of work such as Integrated Care.

The minimum requirement of the NHS England specification for Integrated Urgent Care will be delivered for April 2019. The development of a long term, sustainable urgent care service for the population of Harrogate and Rural District will be a 2-3 year programme.

5 Planning for 2019/20

Operational Plan 2019/20

Representatives from the CCG and HDFT attended a joint West Yorkshire & Harrogate Health and Care Partnership planning event on 14th November. Expectations from NHSE and NHSI are that operational plans for 2019/20 will be prepared across the HCP in a more collaborative way between commissioners and providers. A series of HCP workshops have been scheduled through to the end of March to help with this.

The HCP System Leadership Executive has also asked that each place establishes a joint planning approach that mirrors the HCP approach. For Harrogate this can be managed through the existing AIC governance arrangements.

Formal planning guidance is expected from NHSE/I in mid-December and the first draft submission covering activity and efficiency schemes (QIPP and providers' cost improvement programmes) will need to be made on 14th January 2019. The final submission for the CCG's operational plan as a single place is 4th April 2019. The HCP will submit a system plan on 11th April 2019.

QIPP Planning 2019/20

The CCG has completed a review of the NHSE Menu of Opportunities and identified potential new QIPP schemes. These align well with the existing Demand Management programme and the work being undertaken in the AIC planned and unplanned care delivery groups.

CHC QIPP proposals will be presented at the CHC programme board in December. These will then be shared with HaRD CCG's Transformation & Delivery Board. The Medicines Management team has met and an initial list of QIPP schemes has been prepared.

6 Recommendations

Governing Body to be assured:

- That progress is being made delivering the QIPP plan.
- Planning for 2019/20 is underway
- Progress is being made developing an Integrated Care delivery model