

Accountable Officer Report

November 2019

1.0 Sustainability Transformation Partnership Update

Together with NHS England/Improvement and our Integrated Care System (ICS) partners we have agreed that Hambleton, Richmondshire and Whitby CCG (HRW CCG) will move from the North East and North Cumbria ICS into the Humber, Coast and Vale Health and Care Partnership (HCV). Work to bring HRW CCG into the HCV footprint has started and will be formalised from April 2020. The CCG will continue to be involved in, and influence, commissioning and contractual flows for acute services in the North East for the local population.

Moving HRW CCG to HCV means that North Yorkshire CCG will be a member of two, rather than three, ICSs. It also helps to promote greater alignment with North Yorkshire County Council, whilst still supporting a close relationship with the North East and North Cumbria ICS given patient flows to Middlesbrough.

2.0 Urgent Care Update

The urgent and emergency care system continues to perform well across Hambleton, Richmondshire and Whitby in response to continued pressures in A&E (James Cook and Darlington Hospitals), Urgent Treatment Centres (Friarage and Whitby) and 999 demand (Yorkshire Ambulance Service) during the first half of 2019/20.

The CCG continues to monitor performance and provide system support, both at local and A&E Delivery Board level. This support is particularly through our out of hospital schemes and initiatives which are aimed at managing demand on our acute and ambulance service partners.

The Friarage Hospital Urgent Treatment Centre have over achieved against the 4 hour target of 95%, during the first six months of 2019/20. The temporary changes to services delivered on the Friarage site, moving from 24/7 Accident and Emergency provision (A&E) to 24/7 Urgent Treatment Centre (UTC) provision and reduced acuity admissions to the site via ambulance and GPs, commenced on 27 March 2019. The transition continues to run smoothly for all partner organisations.

A contract is in place between HRW CCG, Yorkshire Ambulance Service (YAS) and South Tees Hospital Trust to continue with the provision of additional ambulance resource which is supporting the temporary changes at the Friarage

hospital. This additional ambulance resource is currently cost neutral to the commissioner.

South Tees Hospitals Foundation Trust recorded Trust level cumulative performance just below the 4 hour target for Type 1 A&E during the first six months of 2019/20.

At the James Cook hospital site, Yorkshire Ambulance Service (YAS) handover and turnaround times have recorded good performance during Quarters 1 and 2, with minimal turnaround delays over 30 minutes despite the increased demand.

Yorkshire Ambulance Service response times to emergency calls across Yorkshire have also been maintained despite the ongoing pressures with the Trust overall achieving the average response time standard of 7 minutes to Category 1 calls (the most serious life threatening calls) for each individual month between April and September 2019 inclusive. The integration of Yorkshire Ambulance Service advanced and specialist paramedics has continued to add vital resilience to the current GP 'out of hours' service across Hambleton and Richmondshire and also provides a vital service additional service within the Mayford and Mowbray GP practices during the 'in hours' period.

Transformational work with the current providers of **GP OOHs services** (Harrogate District Foundation Trust and YAS) continues to deliver a new joint operating model (and associated cost profile) across both Harrogate and Rural District and Hambleton and Richmondshire areas.

Planning for Winter 2019/20 is now well underway with all our partner organisations at HRW system, A&E Delivery Board and NHS England Yorkshire and Humber (and the North East) levels. NHS England/ Improvement have developed six elements as expected national 'defaults'. These include for example, ensuring mental health services can respond quickly and comprehensively; and improving the uptake of the flu vaccines. Working with system partners a plan will be agreed to respond to the six elements. A 'Winter Delivery Agreement' will also be developed for the system. The focus of the Agreement will be to set out how partners will work together to maximise capacity, both in hospitals and in the community during winter.

Delayed Transfers of Care

Quarter 2 2019/20 delayed transfers of care (DToC) position for Hambleton, Richmondshire and Whitby patients is 5.06% against the Provider target of 6.5% Bed Days Occupied by Patients recorded as a DToC. Since the commencement of the Urgent Treatment Centre model from 27 March 2019 the average position has been 5.49%.

Targeted programmes of work to reduce DToCs with our main provider South Tees Hospital Trust are ongoing; including full utilisation of 'Discharge to Assess' pathways including Virtual Assessments and Step Up/ Step Down Beds (average occupancy of 57%). In October 2019 South Tees committed to roll out a Trusted Assessor process aimed to reduce length of stay associated to social care assessments.

3.0 Emergency Preparedness Response and Resilience (EPRR)

Each year NHS organisations are required to complete an EPRR Assurance process. At the end of October the CCGs submitted their assurance to NHS England/ Improvement against the updated standards.

Following assessment against the standards, all three North Yorkshire CCGs self-assessed as demonstrating 'substantial compliance' against the core standards. This compliance level was reviewed and confirmed by NHSE (Yorkshire & Humber) at the North Yorkshire Local Health Resilience (LHRP) partnership meeting on 18 November 2019.

Each year a new 'deep dive' is released and this year's relates to 'severe weather response'. The deep dive standards do not contribute to the overall assessment rating.

As a Category 2 responder HRW CCG is assured as fully compliant in all but five of the 2019/20 core standards. Compliance is assessed as "partial" for the remaining five standards and an action plan is in place to close these existing gaps in compliance.

All three North Yorkshire CCGs continue to work together on matters relating to EPRR and EU Exit, developing a common EPRR Policy including Business Continuity and Incident Response.

The recommendations from internal audit, undertaken during August 2019, will be included as part of a new North Yorkshire CCG EPRR plan, along with recommendations and guidance from emergency planning leads at North Yorkshire County Council and Local Health Resilience Partnership colleagues.

4.0 EU Exit

If ratification has not happened by 31 January the legal default is the UK will leave the EU without a deal. The new EU Exit date may pose challenges given the festive holiday, winter pressures and staffing capacity however we will continue to review our plans and work through any outstanding issues to ensure we are as ready as we can be however the UK leaves the EU.

The key message is that we do not stand down too much too soon. If the withdrawal agreement stands then there will be a transition period of 14 months to deal with any likely changes.

Submissions have been made by all North Yorkshire CCGs as part of daily situation report (sitrep) reporting to the national team. There is parity across all three North Yorkshire CCG sitreps. No current risks have been identified.

North Yorkshire County Council have robust planning in place for social care and support of vulnerable people.

We will continue to work to ensure that EU Exit and its implications on health and care services are discussed on a regular basis to ensure sufficient oversight. Business continuity planning will continue, taking into account the instructions in the national guidance and we will continue to escalate any points of concern on specific issues internally and to the regional teams.

5.0 North Yorkshire three Clinical Commissioning Groups Transition

In April 2019, each of the three North Yorkshire CCGs Council of Members / Clinical Representatives agreed to prepare to submit an application to NHS England/Improvement by September 2019 to merge the three CCGs from April 2020. Throughout the last 6 months work has continued by the merger Operational Working Groups with the merger application. On 30 September, the CCGs submitted the application to NHS England/ Improvement and a meeting took place between NHS England and the three North Yorkshire CCGs to discuss and provide additional evidence to support the application.

On 5 November 2019, an approval letter was received, with conditions, from NHS England/Improvement to merge the three CCGs – NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG and NHS Scarborough and Ryedale CCG – on 1 April 2020 to create the NHS North Yorkshire CCG. A Merger Operational Group has been established to monitor progress on our journey to full merger on 1 April 2020.

Since the Governing Bodies last met an interview process has been completed to appoint a clinical leadership designate for the North Yorkshire CCGs. The following appointments were made:

- Clinical Chair – Dr Charles Parker
- Vice Clinical Chair – Dr Alistair Ingram
- Associate Clinical Chair – Dr Phil Garnett

A North Yorkshire CCGs meeting planner has been developed to plan the Governing Body meetings and Committee meetings throughout 2020/21. The secretariats will be confirming dates and locations.

Senior Leadership Team

Jane Hawcard, Chief Finance Officer commenced in her new position on 1 November 2019. This appointment now completes the recruitment of the Senior Leadership Team.

The next phase of consultation is currently underway which considers the roles of GP Clinical Leads / GP Governing Body Members, Lay Members and Secondary Care Doctors. A further update will be provided once this consultation is completed.

6.0 Risk Registers

The three CCGs corporate risk registers have now been amalgamated and reviewed. Work is on-going aligning the risks to new governance arrangements and will be presented to Audit Committees meeting as Committees in Common on 12 December 2019.

7.0 Operational Planning

The three North Yorkshire CCGs have submitted to their respective ICS/STPs the five year finance and activity submissions, the long-term plan performance trajectories and any associated narrative. These submissions were aggregated with other ICS/STP CCGs and providers and a single system submission was made by each ICS/STP on 15 November to the central NHS England/Improvement team. Each ICS/STP system submission had to show that the total amount of commissioned activity matched the amount of activity being forecast in provider plans. This has required some pragmatic adjustments being made at the individual organisation level to achieve an overall system balance. An update on the North Yorkshire CCG submissions was provided at the Joint Business Executive Committee on 29 October.

The five year plans do not replace the 2020/21 detailed operational planning round which is expected to take place between January and March 2020 once guidance from NHS England/Improvement is issued. To prepare for this the North Yorkshire CCGs planning group is arranging a workshop to take place in early December to agree how best to create a single North Yorkshire CCG plan for 2020/21 from three separate North Yorkshire locality plans. The single operational plan will be shared with Governing Body for final approval prior to April 2020.

8.0 Health and Wellbeing Board Update

The Accountable Officer is the Vice Chair of the North Yorkshire Health and Wellbeing Board. The following items were considered at the most recent meeting on 20 September 2019.

Public Questions or Statements

A user of mental health services detailed her concerns about the impact of the restructure of adult social care on people who use mental health services. The Chair undertook to discuss the issues raised with the Corporate Director for Health and Adult Services and then respond to the individual concerned.

Digital Health and Wellbeing Charter for Yorkshire and the Humber

This draft Charter was endorsed in principle and it was agreed that partners act as advocates for the Charter in their organisations and provide the necessary sponsorship and support to ensure it is approved and incorporated into long term submissions.

Special Educational Needs and Disability Update 2018/19

In addition to accepting this report, it was resolved that a further report be made in September 2020 which provides an update on performance of the Local Area against the Ofsted/Care Quality Commission Inspection Framework.

Local Transformation Plan for Children and Young People’s Emotional and Mental Health in North Yorkshire and York – Annual Refresh

The Board were generally happy with the content at this draft stage but felt that:

- a) there needed to be more on digital – in particular, how data can help to plan services and drive efficiency; and
- b) assurance was required regarding Craven e.g. being sighted on their Local Transformation Plan; and

Looking Ahead

The Board next meets on 29 November 2019, when it will consider Annual Reports of the Adult and Children’s Safeguarding Boards, together with the Better Care Fund (BCF) Plan and BCF quarterly performance report.

Amanda Bloor
Accountable Officer
North Yorkshire Clinical Commissioning Groups
November 2019