Mike Kelly FCIOB MCIM
Chief Executive

Our Ref	AJT
Your Ref	HSC/AJT
Date	1 December 2014
Please ask for	Andrea Tomlinson
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Legal & Democratic Services Division

Jayne Hammond LLB (Hons)
Solicitor
Assistant Director of Legal & Democratic Services

TO: All Members of Health Scrutiny Committee

Councillors : Adams, P Bury (Chair), E Fitzgerald, L Fitzwalter, J Grimshaw, S Haroon, K Hussain, Kerrison, Mallon, T Pickstone, S Smith and R Walker

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Tuesday, 9 December 2014
Place:	Peel Room (Elizabethan Suite), Town Hall, Knowsley Street, Bury
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

The Agenda for the meeting is attached.

Reports are enclosed only for those attending the meeting and for those without access to the Council's Intranet or Website.

The Agenda and Reports are available on the Council's Intranet for Councillors and Officers and also on the Council's Website at www.bury.gov.uk – click on **Agendas, Minutes and Forward Plan**.

Copies of printed reports can also be obtained on request by contacting the Democratic Services Officer named above.

Yours sincerely

Chief Executive

AGENDA

1 **APOLOGIES FOR ABSENCE**

2 **DECLARATIONS OF INTEREST**

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 **PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

4 **MINUTES OF THE LAST MEETING** (Pages 1 - 6)

The Minutes of the last meeting held on 8 October 2014 are attached

5 **MATTERS ARISING**

6 **BURY GP FEDERATION - UPDATE**

Chief Officer, Michelle Armstrong will give a presentation at the meeting.

7 **BURY CCG - UPDATE** (Pages 7 - 34)

The CCG Chief Officer Update and Finance paper which were presented to the CCG Governing Body Board Meeting on 26 November are attached as a point of reference.

8 **URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

9 **HEALTH AND WELLBEING BOARD MINUTES** (Pages 35 - 40)

The Minutes of the last meeting of the Health and Wellbeing Board held on 20 October 2014 are attached for information.

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Agenda Item 4

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 8 October 2014

Present: Councillor P Bury (in the Chair)
Councillors Adams, E Fitzgerald, L Fitzwalter, S Haroon, Kerrison, Mallon, S Smith and R Walker

Also in attendance: Linda Jackson - Assistant Director - Strategic Support Services.
Jimmy Cheung – Senior Medicines Optimisation Pharmacist, North west Commissioning Support Unit.
Lesley Jones, Director of Public Health, Bury Council
Sharon Martin – Deputy Chief Executive, Bury Clinical Commissioning Group.
Catherine Jackson – Executive Nurse Bury CCG/Nurse Clinician
Julie Gallagher – Democratic Services

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Councillor J Grimshaw, Councillor K Hussain and Councillor T Pickstone

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HSC.363 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.364 PUBLIC QUESTION TIME

There were no questions asked by the members of public present at the meeting.

HSC.365 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the last meeting held on 11th September 2014 be approved as a correct record and signed by the Chair.

HSC.366 MATTERS ARISING

The Chair reported that he had attended a meeting of the Greater Manchester Health Scrutiny Committee to discuss the Healthier Together consultation. The Chair reported that more than 10,000 people had attended consultation events and 12,000 responses had been received, the last date for submission is 24th October 2014.

The Deputy Chief Officer responded to concerns raised by Members in relation to the proposals recently submitted by the hospital Trust's in Bolton, Salford and Wigan; the Deputy Chief Executive reported that the recent developments would not alter the consultation proposals.

In response to a question from Councillor Walker; the Director of Public Health confirmed that a report in relation to Intra-health, will be considered at a future meeting of the Health Scrutiny Committee.

It was agreed:

That the Director of Public Health will produce a briefing note for consideration by members of the Health Scrutiny Committee that provides them with information on public health funding and the intra health contract

HSC.367 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION

Jimmy Cheung, Senior Medicines Optimisation Pharmacist, North West Commissioning Support Unit gave a presentation providing an overview of the PNA consultation document. An accompanying report had been submitted to the Committee providing an evaluation of the pharmaceutical need across the Borough and included information relating to:

- Context of the PNA
- Public Health services
- Population Demography
- Local Identified health need
- Current pharmacy provision and services
- Future matters

Those present were given the opportunity to ask questions and make comments and the following points were raised:-

In response to a Member's question, in relation to the need for a pharmacy in Besses ward; the Senior Medicines Optimisation Pharmacist reported that the PNA is of particular importance to NHS England, the PNA is a key document when making decisions with regards to pharmacy applications.

The Senior Medicines Optimisation Pharmacist reported that pharmacy services would be monitored firstly by NHS England via the pharmacy contract and secondly by the General Pharmaceutical Council (GPH), the GPH will register and visit all pharmacies.

Members discussed the need to ensure that pharmacies collaborate with each other and with other healthcare professionals, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support.
Members of the Committee expressed concern that members of the public are not always aware of the additional services available in each pharmacy and it may necessary for a piece of work to be undertaken to re-educate and inform the public.

In response to a Member's question the Senior Medicines Optimisation Pharmacist reported that it is the pharmacists' responsibility to self-declare their level of competence when providing enhanced pharmacy services. The Pharmacist is supported by training and education from the GPC on an ongoing basis.

It was agreed:

That the Chair on behalf of the Health Scrutiny Committee will collate a response to the Pharmaceutical Needs Assessment consultation taking in to account the points raised in the discussion. The response will be submitted prior to the consultation deadline on 31st October 2014.

HSC.368 CLINICAL COMMISSIONING GROUP - QUALITY STRATEGY

Catherine Jackson; Executive Nurse Bury CCG/Nurse Clinician Unit gave a presentation providing an overview of Bury's Clinical Commissioning Group (CCG) quality compliance and quality strategy. The presentation contained the following information:

The Executive Nurse reported that the CCG wanted to provide members of the committee with assurance that they are meeting the statutory obligations to ensure that services for local people are of a good quality. This is done via a variety of means:

NHS Constitution (2011) – Outcomes framework
Quality Domains of the NHS England Assurance Framework
Local assurance – Monitor, CQC, Healthwatch, Patient Cabinet, review patient experience, visits and performance data.
North east sector assurance – NES Commissioning Board, Serious incidents panel, dedicated Continuing Health Team.

The Executive nurse reported that the CCG have developed a quality strategy that includes five priority areas:

- Patients will receive quality health care because all commissioning decisions will be quality assessed and approved
- The quality and safety of care will be improved by *consistent* scrutiny and challenge of *all* health care providers by the CCG and by working collaboratively with all stakeholders
- Health outcomes will improve though quality improvement measures and monitoring of outcomes
- Patients will have a better experience of healthcare by ensuring providers are compliant with national recommendations
- 'No decision about me without me'. Patient experience will meet expectations by improved engagement with patients, partners and stakeholders

Those present were given the opportunity to ask questions and make comments and the following points were raised:-

In response to a Member's question, the Executive nurse reported that some visits to Care Homes may be conducted jointly with the adult safeguarding nurse and or representatives from the Local Authority.

The Executive Nurse reported that the complaints system can be very difficult to navigate; the CCG provides a complaints helpline to assist members of the public. The Executive Nurse reported that she attends regular meetings to discuss complaints within the Pennine Acute and Pennine Care NHS footprint to identify trends/share information.

In response to a Member's question, the Executive Nurse reported that the CCG do not collate complaints in relation to nursing homes. However, some nursing homes do produce an annual complaints report.

Members of the Committee expressed concerns in relation to changes within the health service this has resulted in members of the public struggling to navigate patient pathways in respect of their care.

The Executive Nurse reported that staff in the NHS are highly motivated, fully support the quality agenda and sickness absence levels are low.

In response to a Member's question, the Executive Nurse reported that, the Quality Strategy is not a document that sits alone but will sit alongside the CCG's Strategic Development Plan and would form part of any contract negotiations.

It was agreed:

Catherine Jackson; Executive Nurse Bury CCG/Nurse Clinician Unit be thanked for her attendance.

HSC.369 BETTER CARE FUND

Members of the Committee considered a verbal presentation from the Deputy Chief Officer, Sharon Martin in relation to the Better Care Fund.

The Better Care fund is a joint pooled budget for health & social care implemented from April 2015 which will have to be agreed between Local Authorities and CCG's and then signed off by Health & Wellbeing Boards.

The Better Care Fund will develop a sustainable health and social care system

The CCG Deputy Chief Officer reported that it will be necessary to organise services around people to enable them to receive care & support in their own homes.

The total Better Care Fund resource is £12.97 million and will be categorized as follows; Social care spend, £5.8 million; Performance care element £3.43million, new investment £2.5 million; Local Authority capital allocations 1.24 million.

The CCG Deputy Chief Officer reported that there are national supporting metrics underpinning delivery these are not linked to payment & performance but still need to set ambition & measure:

- Permanent admissions of older people to care homes
- Proportion of older people- still at home 91 days after discharge to reablement & rehabilitation services
- Delayed transfers of care
- Local metric – emergency hospital admissions for injuries due to falls
- Patient /service user experience – local or national metric

The CCG Deputy Chief Officer reported that the Fund was signed off by the Health and Wellbeing Board on Thursday 18th September, some initial feedback has been received.

Those present were given the opportunity to ask questions and make comments and the following points were raised:-

Members discussed the financial risks associated with the Better Care Fund. The Deputy Chief Officer reported that the performance element of the Fund which equates to 3.4 million pounds in monetary terms, is a financial risk for the Local Authority and the CCG. To secure this money the CCG will need to ensure that there is a 5% reduction in activity within the acute sector. The Pennine Acute Trust will need to be assured that if they take capacity out of the acute system as a result of a predicated drop in the level of funding, that there is an increased capacity within primary care..

In response to a Member's question, the Deputy Chief Officer reported that in order for the integration of services to be successful, all partners need to develop effective data sharing. The Healthier Radcliffe pilot has developed a system for data sharing across the six GP practices and representatives from the CCG within the north east sector have compiled a bid to develop a system to integrate patients health and social care data.

The Deputy Chief Officer reported that the Better Care Fund is money that is being top sliced from the CCG budgets and equates to 4.8% of the CCGs total budget.

In response to a members' question, the Deputy Chief Officer reported that it will be necessary for Pennine Acute NHS Trust to reconfigure services as a result of changes within the health service. Accident and Emergency departments are costly, a number of elderly patients end up there because there is nowhere else safe within the community. The Better Care Fund will ensure money is directed in to community services to prevent unwanted and un-necessary hospital admissions.

Linda Jackson, Assistant Director; Operations, reported that the Better Care Fund will result in partners within the acute sector, primary care and the local authority having to work differently and this will result in the reconfiguration and re-modelling of some services.

In response to a member's question, the Assistant Director reported that the reablement monies identified within the fund is a funded by the Local Authority.

The Assistant Director reported in the recently published quality and efficient scorecard for frail and elderly locality benchmarking standards, Bury were the highest performing CCG/Local Authority. This is an excellent achievement, despite the CCGs underfunding and funding constraints place on the Local Authority.

It was agreed:

The Deputy Chief Officer be thanked for her attendance.

HSC.370 URGENT BUSINESS

There was no urgent business reported.

COUNCILLOR P BURY
Chair

(Note: The meeting started at 7.00 pm and ended at 9.10 pm)

Bury Clinical Commissioning Group

NHS Bury Governing Body

26th November 2014 – 3.00pm – 5.00pm

Details	Part 1	x	Part 2		Agenda Item No.	**1.6**
Title of Paper:	Chief Officers Report					
Board Member:	Stuart North, Chief Officer					
Author:	Stuart North, Chief Officer					
Presenter:	Stuart North, Chief Officer					
Please indicate:	For Decision		For Information	x	For Discussion	

Executive Summary

Summary	Chief Officer reporting on current issues.					
Risk	**High**		**Medium**		**Low**	
	Please indicate **above** the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". **NB** Risks can include failure to act and lost opportunities.					
Recommendations	The Board is asked to: note the contents of the report.					

Strategic themes

Deliver improvement in outcomes for patients			
Deliver service improvement through system redesign in priority areas			
Develop NHS Bury CCG and Primary Care capability as commissioners and leaders			
Deliver through the Health and Wellbeing Board improved population health and reduction in inequalities			
Deliver the CCG element of QUIPP through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.			
Equality Impact Assessed?		Supports NHS Bury CCG Governance arrangements	

Chief Officer Report

Healthier Together (HT)

The Healthier Together formal public consultation officially ended on the 30th September; however, responses were accepted until 5pm on the 24th October.

Bury had its own locality engagement and communications plan, and secured face to face engagement with over 530 local people throughout the three month consultation period. The CCG used a mixed approach to engage with local communities including through the media, social media and through existing networks. Face to face engagement included, but was not limited to, young people, carers and members of the local Jewish and Asian Communities. We also distributed around 2,000 consultation documents through various networks and at engagement events.

Across Greater Manchester, there were over 23,000 formal responses, of which 601 were from Bury residents, the largest public response to a regional consultation about health services conducted in England in the last decade.

Next steps will include a paper going to the November meeting of the Committees in Common, to agree the decision making process. Also at the November meeting the CCGs will receive a report on the consultation reach and engagement activities. Responses will be independently analysed by Opinion Research Services (ORS).

The CCG's through the Committees in Common will make the final decision on the options, and timescales for this will be advised in due course. This will be an open and transparent process and all key decisions will be discussed and taken in public.

For the latest information on the Healthier Together process please visit: https://healthiertogethergm.nhs.uk/

Better Care Fund (BCF)

The BCF submission was signed off by the Health and wellbeing Board in September and then submitted to NHS England. We have been recently notified that our submission has been approved subject to the following conditions:

- Condition 1b: The plan must further demonstrate how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E
- Condition 4b: The plan must address the outstanding financial risks identified in the NCAR report
- Condition 4c: The plan must address the outstanding analytical risks identified in the NCAR report

We are working with Local Authority colleagues and Provider organisations with support from an advisor from NHS England, to ensure that our next submission at the end of December will be approved without conditions.

The size of the challenge faced by the Bury health economy to be addressed through the BCF is a significant factor in this regard.

Financial Outlook and Future Allocations

The financial outlook for Bury CCG in 2015/16 at this stage looks extremely challenging with recurrent savings in excess of £8m and total savings of around £14m likely to be required in order for the CCG to balance its books. Further details of this financial outlook are included in the Finance Report. The scale of the challenge facing the CCG needs to be considered in the context of what is already being achieved by the CCG. Areas of efficient practice by the CCG include:-

A. Bury is the only area in the north of England to have delivered a reduction in elective activity since 2011.

B. The Dr Foster report highlighted that Bury was one of the lowest users of procedures of limited clinical value in the country.

C. The AQUA ADaSS report on frail elderly shows not only that Bury is the only area in the North West which is in the top half of performers for every indicator, but for 8 of the 9 indicators Bury are in the top 25%. This includes indications of low admissions and readmissions of frail elderly to secondary care.

D. The latest information on medicines management shows that Bury CCG prescribing costs are the lowest in Greater Manchester and, the only CCG in Greater Manchester below the national average. However, the CCG is only 0.5% below the national average costs whereas Bury are funded for 10% less than average.

In this context it is clear that despite being more efficient than average in all of these areas, the fact that Bury CCG is underfunded by £20m, £5m more than any other CCG in the North of England, means that we still have more to do. This, together with the CCG's investment into the Better Care Fund in 2015/16, creates a huge challenge for us next year and we will bring proposals to future meetings of the Governing Body as to how this position can be addressed.

At a recent public accounts committee hearing on CCG allocations the Committee challenged NHS England with regard to the inequities in the funding of some CCGs. At the hearing Simon Stevens, Chief Executive of NHS England stated his aspiration that no CCG would be more than 5% under its target allocation by the end of 2016/17. This is encouraging news as in 2014/15 Bury CCG is £20m (10.1%) under its target allocation. Unfortunately it was also confirmed that there will be no change to the 2015/16 allocations already announced which still leaves Bury CCG £19m below its target allocation for next year.

Co-Commissioning Primary Care

The attached document describes the process and options for Co Commissioning Primary Care in 2015/16. Whilst further detail is required before we make a final recommendation to the Governing Body at this stage we would be minded to apply to jointly commission primary care with NHS England.

5 Year Forward Plan

The attached document is an important visionary document from NHS England setting out a clear direction for the NHS over the next 5 years. An important aspect of the forward review is the permissive approach to developing new models of integrated care with partner provider organisations. This is an important area for Bury to strategically consider in the near future.

Stuart North
Chief Officer
stuartnorth@nhs.net

NHS
Bury Clinical Commissioning Group

NHS Bury Governing Body

26th November 2014, 3.00pm – 5.00pm

Details	Part 1	**X**	Part 2		Agenda Item No.	**3.3**
Title of Paper:	Finance Report					
Board Member:	Claire Wilson, Chief Finance Officer					
Author:	Claire Wilson, Chief Finance Officer & CSU team					
Presenter:	Claire Wilson, Chief Finance Officer					
Please indicate:	For Decision		For Information		For Discussion	**X**

Executive Summary

Summary	▪ At the end of month 7, the CCG has a deficit of £807k against a planned surplus of £146k and is therefore £953k behind its plan. This is in part due to new in year pressures but is also a result of non-delivery of QIPP schemes. ▪ Without corrective action, the forecast for the year is a **deficit** of £1.674m against a planned surplus of £250k. Therefore there is a financial gap of £1.9m, which needs to be addressed in year. ▪ A high level analysis of the CCG run rate has concluded that in 2015/16 there will be a gap between income and expenditure estimated at £14m. Of this, £8m is a recurrent gap and £6m is non-recurrent. ▪ A robust, clinically lead QIPP programme will be required for 2015/16 which will need to be approved by the Governing Body over the next few months.
Risk	**High** **X** **Medium** **Low** Without corrective action, the CCG will have a financial deficit at the end of the financial year which would be a breach of a key statutory duty.
Recommendations	The Governing Body are asked to note the content of the report and support the on-going work in this area.

Strategic themes

Deliver improvement in outcomes for patients	
Deliver service improvement through system redesign in priority areas	**Y**
Develop NHS Bury CCG and Primary Care capability as commissioners and leaders	**Y**
Deliver through the Health and Wellbeing Board improved population health and reduction in	

inequalities			
Deliver the CCG element of QIPP through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.			**Y**
Equality Impact Assessed?	**n/a**	Supports NHS Bury CCG Governance arrangements	**Y**

Finance Report

1. Financial position for the period ending 31st October 2014.

1.1. The attached report attached provides an analysis of the financial position at the end of October 2014 (month 7).

1.2. At the end of month 7, the CCG has a deficit of £807k against a planned surplus of £146k and is therefore £953k behind its plan. This is in part due to new in year pressures but is also a result of non-delivery of QIPP schemes.

1.3. Without corrective action, the forecast for the year is a **deficit** of £1.674m against a planned surplus of £250k. Therefore there is a financial gap of £1.9m, which needs to be addressed in year.

1.4. This is a £300k improvement on the position reported at month 6 as we have now reflected a £300k reduction to the budgeted Healthier Radcliffe investment in 2014/15.

1.5. Key elements of the £1.9m gap:

- Non delivery of QIPP - £2.9m
- Additional overspend on Continuing Healthcare Costs - £200k (excludes QIPP non-delivery)
- Generic drugs pressure (part year impact) - £230k
- Other drugs pressures - £600k (excl's QIPP non-delivery)
- Pennine acute over-performance at cap level (mostly non-elective activity) - £800k
- Offsetting reserves –no longer required – (£2m)
- Other underspends – (£1m)

1.6. As previously reported to the Governing Body, a number of actions are being taken in order to address the current overspend and there are also a number of potential non recurrent options being pursued should these actions not deliver in the short term (e.g. stopping in-year investment).

2. QIPP 2014/15

2.1. The 2014/15 plan assumed delivery of £7.9m QIPP savings and in March 2014, the Governing Body agreed a number of measures to address the affordability gap.

2.2. As the year has progressed it has become clear that many of the actions agreed have not resulted in the savings anticipated and actual delivery is forecast at £5m against the £7.9m target. Of this, all savings achieved in year are non-recurrent.

2.3. It should be noted that the 2 biggest non-elective activity deflection schemes are not yet operational. It is hoped that these schemes will have an impact on non-elective admissions over the final quarter of the year (PMCF and the £5 per head LES). However,

the current significant levels of over performance and the cap and collar contract with the acute trust means that deflections will have little impact on the in-year position.

3. Financial Outlook 2015/16

3.1. It is widely reported that Bury CCG is currently £20m behind its target allocation. Moving towards our target will support us in achieving longer term financial sustainability, however in the short term; the CCG must play its part to take urgent action in addressing the current financial challenges.

3.2. As described above, the CCG has not delivered successful recurrent QIPP savings in 2014/15 which, together with the current levels of overspend, means that the CCG moves into 2015/16 in recurrent deficit.

3.3. 2015/16 will be a significant challenge for the CCG as it invests £11.7m in the Better Care Fund (BCF). Current levels of non-elective activity growth have put additional pressure on the BCF to deliver the efficiencies required for investment.

3.4. A high level analysis of the CCG run rate has concluded that in 2015/16 there will be a gap between income and expenditure estimated at £14m. Of this, £8m is a recurrent gap and £6m is non-recurrent.

3.5. This position has worsened considerably in-year as a result of the 2014/15 overspends on non-elective activity, CHC costs and prescribing.

3.6. A robust, clinically lead QIPP programme will be required for 2015/16 which will need to be approved by the Governing Body over the next few months. Urgent work is on-going to develop detailed plans and updates will be provided in due course to both the Finance and Contracting Committee and to the Governing Body.

3.7. All CCGs are required to deliver a 10% savings on running costs in 2015/16. Work is on-going in order to identify the savings required on CCG establishment costs, however, approximately 50% of our running costs are CSU recharges. We therefore expect the CSU to deliver savings in line with the national target in the form of a reduced contract value. To date, the CSU have not been able to confirm their ability to offer this reduction and so this is a risk on our ability to meet this target.

4. Recommendations

4.1. The Governing Body are asked to:

- note the content of the report and the risks associated with the in-year financial position.
- note the significant challenges associated with the 2015/16 financial position and support the work required to develop a robust and clinically lead QIPP programme.

Claire Wilson
Chief Finance Officer
Clairewilson10@nhs.net

Finance Report

for the period ending 31st October 2014

Financial dashboard

Financial Overview

	Annual budget	YTD Budget	YTD Actual	YTD Variance	Forecast Variance	Mitigations required	Target
	£000	£000	£000	£000	£000	£000	£000
Allocation	(225,378)	(128,213)	(128,213)	0	0	0	0
Running Costs	**4,674**	**2,728**	**2,498**	**(230)**	**(310)**	0	(310)
Programme Costs	**220,453**	**125,339**	**126,522**	**1,183**	**1,984**	(1,924)	60
(Surplus)/deficit	**(250)**	**(146)**	**807**	**953**	**1,674**	(1,924)	(250)

	% of income	
	Plan	Year to date
Surplus/(deficit) **	0.1%	-0.6%
Running costs	2.1%	1.9%
** Planning guidence requirement = 1%		

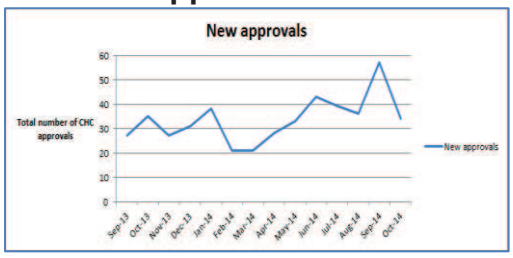
CHC Spend

Continuing Healthcare Expenditure							
	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Annual Budget £000's	Forecast outturn £000s	Sum of Forecast Variance £000s	Result
CHC	7,647	8,133	486	12,511	13,319	808	

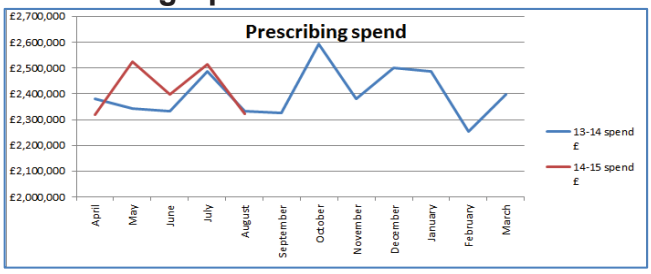
Top 5 Acute Contracts

Top 5 Acute Contracts					
	YTD Plan	YTD Actual	YTD Variance	% Variance	RAG
	£000's	£000's	£000's	%	
Pennine Acute Hospital Trust	40,290	41,483	1,193	3%	
Central Manchester University Hospital NHS Foundation Trust	3,960	4,256	296	7%	
Bolton NHS Foundation Trust	3,968	3,260	(708)	-18%	
Salford Royal NHS Foundation Trust	3,380	3,466	86	3%	
University of South Manchester NHS Foundation Trust	862	858	(4)	0%	

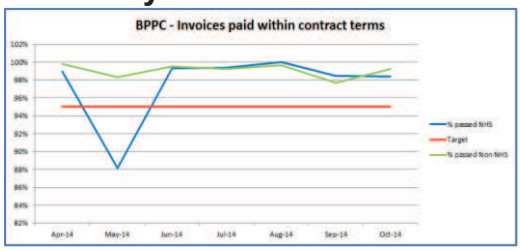
CHC new approvals



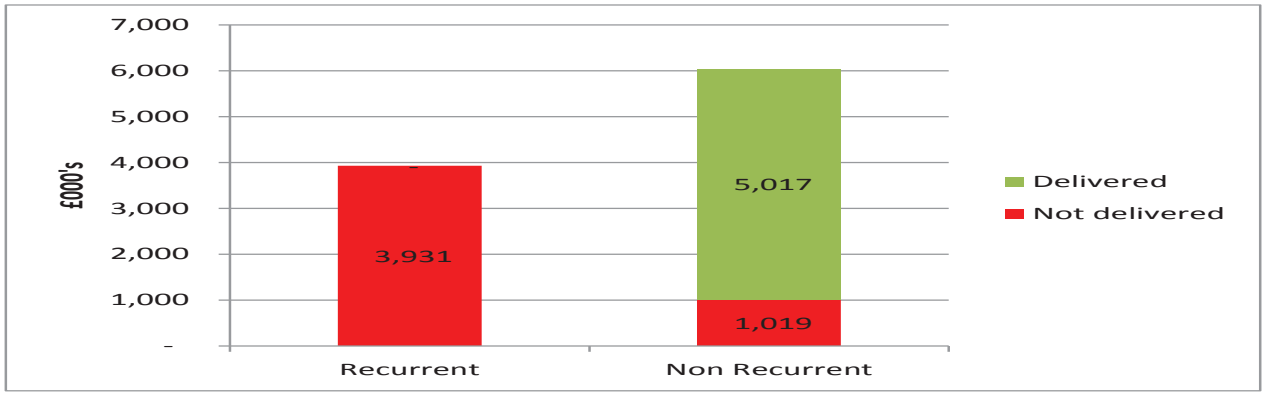
Prescribing Spend



Better Payment Practice Code



2014/15 QIPP performance



Financial Performance - Month 7

Table 1: Financial Performance for the period ending 31st October 2014

	Annual budget	Establishment (October)	WTE Worked (October)	YTD Budget	YTD Actual	YTD Variance	Forecast Variance	Mitigations	Variance after mitigations
	£000	WTE	WTE	£000	£000	£000	£000	£000	£000
Allocation	(225,378)			(128,213)	(128,213)	0	0	0	0
Administration Costs									
Running Costs	4,674	23.01	28.01	2,728	2,498	(230)	(310)	0	(310)
Total Admin Costs	**4,674**	**23.01**	**28.01**	**2,728**	**2,498**	**(230)**	**(310)**	**0**	**(310)**
Programme Costs									
Acute	121,845	-	-	71,217	72,244	1,027	1,520		1,520
CHC	12,511	-	-	7,647	8,133	486	808	(200)	608
Community	20,170	4.45	3.61	11,769	11,958	189	493		493
Mental Health	22,496	-	-	13,123	12,601	(522)	(737)		(737)
Other	3,185	-	-	2,077	2,062	(15)	115		115
Primary Care	32,921	9.24	13.08	19,337	19,524	187	485	(100)	385
Total Programme Costs	**213,128**	**13.69**	**16.69**	**125,170**	**126,522**	**1,352**	**2,684**	**(300)**	**2,384**
Total Expenditure	**217,803**	**36.70**	**44.70**	**127,898**	**129,020**	**1,122**	**2,374**	**(300)**	**2,074**
Reserves	7,325			169	0	(169)	(700)	(1,624)	(2,324)
Grand total	**225,128**	**36.70**	**44.70**	**128,067**	**129,020**	**953**	**1,674**	**(1,924)**	**(250)**
(Surplus)/deficit	**(250)**			**(146)**	**807**	**953**	**1,674**	**(1,924)**	**(250)**

1. The CCG has a statutory duty to breakeven. For 2014/15, the financial plan is to deliver a £250k surplus for the year. At the end of October 2014, the CCG is reporting a year to date overspend of £808k, which is an £953k adverse variance against its planned position.

2. The planned surplus of £250k will only be achieved after mitigations totalling £1,924k are implemented.

3. It should be noted that the CCG planned surplus of £250k represents 0.1% of current allocation; NHS England annual planning guidance for 2014/15 required a minimum 1% surplus.

Running Costs

Table 2: Running Costs at the end of October 2014.

	Budgeted WTE Oct £'000	Actual WTE Oct £'000	Budget £'000	Budget YTD £'000	Actual YTD £'000	Variance YTD £'000	Forecast Outturn £'000	Forecast Variance £'000
Costs								
Pay								
CCG Staff Costs	22.25	27.69	1,642	958	803	(155)	1,412	(230)
Non Pay								
CSU Re-charge	-	-	2,316	1,351	1,365	14	2,316	0
NHS Property Services Recharge	-	-	129	75	75	0	129	0
Reserves	-	-	86	52	-	(52)	-	(86)
Other Non Pay	0.76	0.32	502	293	254	(39)	507	5
Total Running Costs	**23.01**	**28.01**	**4,674**	**2,728**	**2,498**	**(230)**	**4,364**	**(310)**

4. A breakdown of the running cost position is shown in table 2 above. The CCG are currently reporting a year to date underspend of £230k, with a reported forecasted underspend for the year of £310k.

5. This position is an improvement to the balanced position reported at month 6 as clinical leads costs have been realigned to programme costs in accordance with the national definition.

6. Table 3 below provides an analysis of running costs by cost centre.

Table 3: Running costs analysis by Cost Centre

	Annual budget £000s	YTD budget £000s	YTD actual £000s	YTD variance £000s	Forecast outturn £000s	Forecast variance £000s
ADMINISTRATION & BUSINESS SUPPORT	260	151	141	(11)	245	(15)
BUSINESS INFORMATICS	231	135	135	0	231	0
CEO/ BOARD OFFICE	592	345	321	(24)	548	(43)
CHAIR AND NON EXECS	181	106	102	(4)	180	(1)
CLINICAL SUPPORT	349	204	79	(125)	136	(214)
COMMISSIONING	795	464	452	(12)	799	3
COMMUNICATIONS & PR	146	85	85	0	146	0
CONTRACT MANAGEMENT	498	290	292	2	501	4
CORPORATE COSTS & SERVICES	252	147	144	(3)	235	(17)
CORPORATE GOVERNANCE	27	16	16	0	27	0
EDUCATION AND TRAINING	26	15	15	0	26	0
EMERGENCY PLANNING	26	15	15	0	26	0
EQUALITY AND DIVERSITY	27	16	16	0	27	0
ESTATES AND FACILITIES	129	75	75	0	129	0
FINANCE	728	424	408	(16)	777	50
GENERAL RESERVE - ADMIN	86	52	0	(52)	0	(86)
HUMAN RESOURCES	70	41	41	0	70	0
IM&T	44	26	40	14	44	0
MEDICINES MANAGEMENT	70	41	41	0	78	0
PATIENT AND PUBLIC INVOLVEMENT	72	42	42	0	72	0
PROCUREMENT	68	40	40	0	68	0
Running costs total	**4,674**	**2,728**	**2,498**	**(230)**	**4,364**	**(310)**

Acute costs

7. Actual activity data has been received to month 6 and forecasted for the remainder of the year. A detailed breakdown of acute provider's activity and finance data is provided in Annex 1; the position on the top 5 contracts is shown table 4 below.

Table 4: The top 5 Acute Contracts at the end of October 2014.

Top 5 Acute Contracts					
	YTD Plan	YTD Actual	YTD Variance	% Variance	RAG
	£000's	£000's	£000's	%	
Pennine Acute Hospital Trust	40,290	41,483	1,193	3%	
Central Manchester University Hospital NHS Foundation Trust	3,960	4,256	296	7%	
Bolton NHS Foundation Trust	3,968	3,260	(708)	-18%	
Salford Royal NHS Foundation Trust	3,380	3,466	86	3%	
University of South Manchester NHS Foundation Trust	862	858	(4)	0%	

8. The two contracts with the highest overspends are Pennine Acute Hospitals and Central Manchester University Hospital Foundation Trust.

Pennine Acute Hospitals NHS Trust

8.1. The Pennine Acute contract is currently over performing to month 6 by £1,193k, within this, non-elective activity is overspent by £1,739k.

8.2. At the request of the CCG, NWCSU have undertaken an Urgent Care Review on the Pennine Contract in order to further understand the reasons for this overspend. The results of this review were presented to the Governing Body in its October development meeting and an action plan has been developed. An update on progress to date against the actions agreed can be found in Annex 2.

8.3. The key adverse variances on this contract are as follows:

i. **Non-elective admissions** – (£1.2m overspent).
   - Emergency Admissions are up by 3.8 % compared to 2013/14 and the conversion rate from A&E to admission for 2014/15 has increased by 1% over the same period. At an average cost of £2,100, this equates to a £ 1.1m overspend by the year end. (545 additional spells).
   - Out of Hours activity has seen an overall increase of **2.5%**, resulting in a **22%** increase in number of patients sent to A&E by a clinician and a **32%** increase in 999 ambulances arranged by a clinician when compared to 2013/14. However, number of patients having arrived at A&E with 'Bardoc' as a referral source demonstrates an attrition of circa **25%**.

ii. **Maternity Services** – (£206k overspend). Over-performance on maternity services contract at month 6 as a result of activity being 275 spells over planned activity levels. However, it should be noted that maternity costs across all providers are broadly in balance, with corresponding underspends being seen on the Bolton Foundation Trust contract.

iii. **Critical Care –** (£316k overspend) Over-performance in critical care is predominantly based on 4 long stay critical care patients, with 1 patient incurring a length of stay of 139 days.

Central Manchester University Hospitals NHS Trust

8.4 The contract to month 6 is over performing by £296k. The main areas of over performance are within Elective (£187k) within the following specialties:

i. Paediatric T&O (£63k overspend). There is one patient in month 6 costing £62k, which has been queried with trust and will be reduced by half. This reduction is reflected in the forecast.

ii. General Surgery (£32k overspend). Contract performance is 6 spells above planned activity levels

iii. Gynaecological Oncology (£57k overspent). Contract performance is 17 spells above planned activity levels

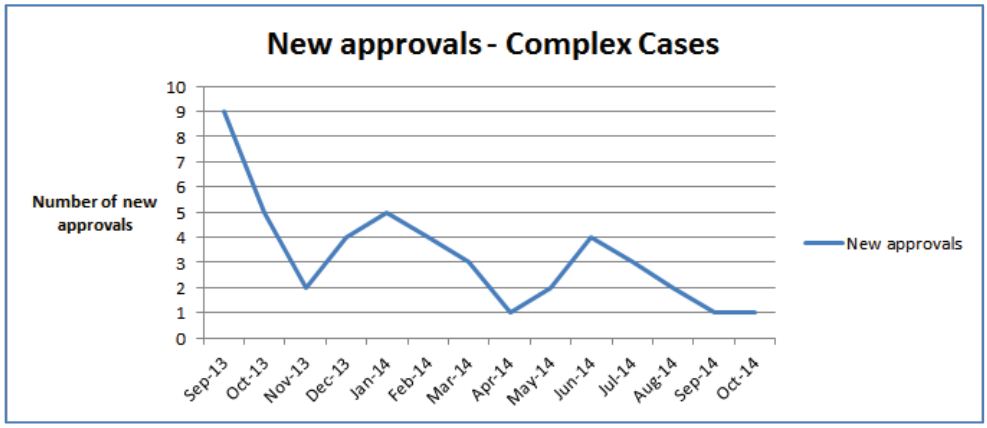
8.5 There is also an over performance within day cases of £124k and the majority of this is driven by Clinical Haematology (£97k) which has had 5 high cost patients discharged costing £84k in total.

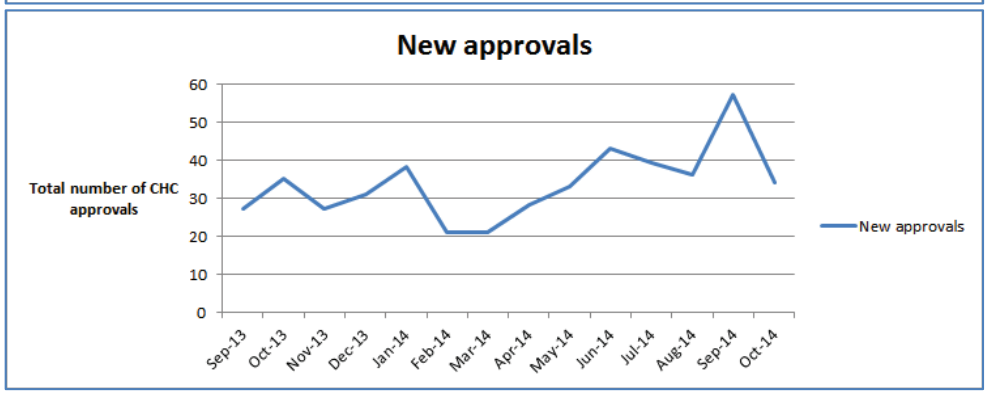
Continuing Care

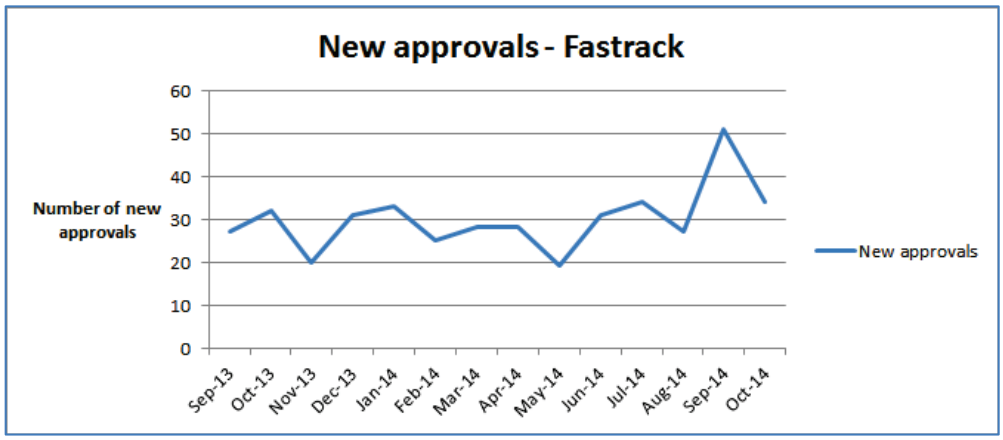
9 Continuing Care costs are currently £486k overspent to month 7 with an outturn forecast of £808k overspend. The executive lead for CHC is working with the team in order to develop an urgent action plan for reducing the overspend by the end of the year.

10 £200k saving is required against the current forecast in order to support the CCGs financial recovery plan in this financial year. This means managing the budget to within a £600k overspend.

11 The charts below show that the increase in the total number of new CHC approvals is driven predominantly by fast track cases. The number of new Complex Case approvals has reduced since the implementation of weekly panel meetings.







Community Services

12. Community Services are £189k overspent to month 7 with a forecast overspend of £493k. The main overspending areas are:

- **Spamedica Cataract Services** – This service has seen a rise in activity from £20k in 2013/14 to a forecast £335k in 2014/15. Discussions are on-going with Spamedica and Opticians, who refer to Spamedica, to try and improve control of the referral process.
- There are also a number of services which are not currently funded in the budgets. There will need to be a detailed piece of work undertaken prior to 2015/16 budget setting in order to provide assurance that all costs are accounted for. Examples include:
    - **Pennine Care extension of the Catheter and Stoma Prescribing Pilot** – variation to the Pennine Care Community Contract at a cost of £75k.
    - **Primary Eye Care Minor Eye Conditions Service** – New service which started in June 2014. The cost of this service in -year is forecast at £98k.
    - **Contribution to Killilea House** – The agreed contribution in 2014/15 is £800k but only £661k is budgeted.

Mental Health

13. Mental Health is currently underspent £522k to month 7 with a forecast under spend of £737k. The main under-spending areas are:

- **Mental Health cost-per-case patients** – There is a year to date underspend of £236k with a forecast underspend of £433k. This is mainly due to a review of patient placements carried out in 2013/14 with full year savings now being realised.
- **Technical adjustments -** Release of approximately £300k of prior year accruals no longer required.

Other budgets

14. **Property Services** - At month 7, the CCG is reflecting the proposed in year charges from both NHS Property Services and Community Health Partnerships. A review is currently being undertaken to ensure costs correctly reflect provider occupancy across the estate.

15. **Clinical Leads** – These costs have been realigned from the running costs to programme costs.

16. **GP IT** – Pressures in relation to the CCGs new responsibilities in relation to GPIT.

Primary Care

Table 5: Breakdown of Primary Care Financial Position

	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Annual Budget £000's	Forecast outturn £000s	Sum of Forecast Variance
Central Drugs	503	449	(54)	862	794	(68)
Local Enhanced Sevices	742	732	(10)	1,043	1,132	89
Medicines Managmeent - Clinical	114	124	10	196	217	21
Out of Hours	813	820	7	1,393	1,563	170
Home Oxygen	104	87	(17)	179	187	8
Prescribing	17,060	17,312	252	29,246	29,785	539
			0			0
Primary Total	**19,336**	**19,524**	**188**	**32,919**	**33,678**	**759**

17. Local Enhanced Services (LES) are showing a forecast over spend of £89k. Funding for the Super LES and the £5 per head pump priming funding have been reflected in the financial position to month 7. The forecast overspend is due to minor ailments (care at the chemist) and an over spend on the anti-coagulation LES which is not in the Super LES.

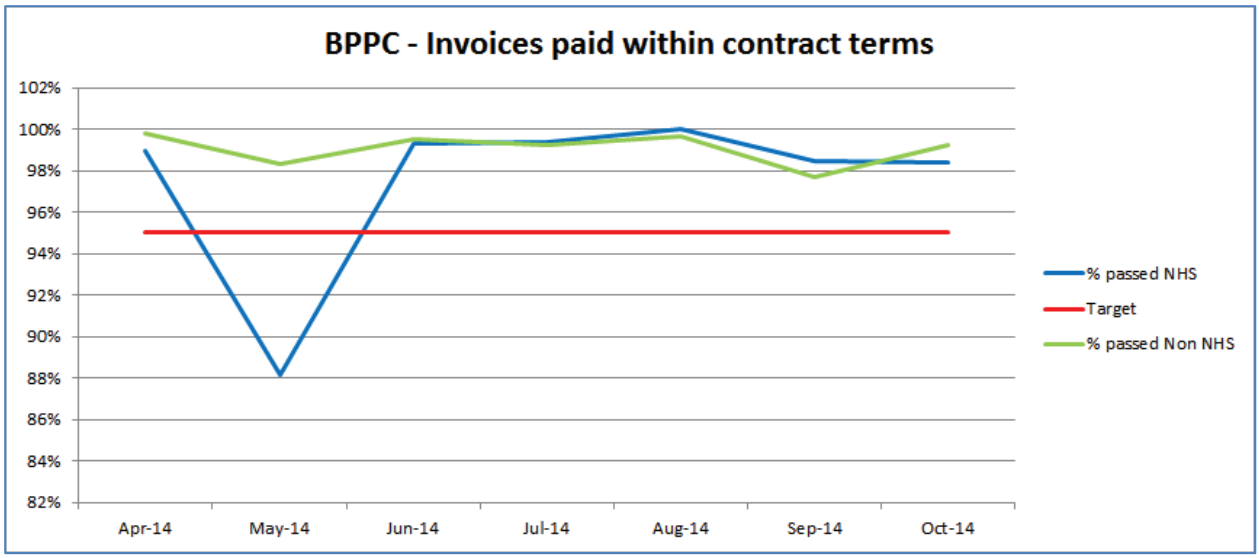
18. Actual data has now been received for the first five months of the year from the Prescription Pricing Authority (PPA) for GP practice prescribing. The budgets have been re-profiled in accordance with the PPA recommended profile. The current year-end forecast is a £539k overspend which includes GP practice prescribing, the Scriptswitch licence fee, the prescribing incentive scheme and out of hours prescribing.

19. A new pressure of £230k has arisen in October 2014 in relation to the community pharmacy funding settlement for generic drugs.

Better Payment Practice Code

20. The number of NHS invoices paid within contract terms at the end of September is 98% which over achieves the target of 95%.

21. The number of Non NHS invoices paid at the end of September is 99% which over achieves against the target of 95%.



Annex 1

Top 10 Provider Contracts by Point of Delivery

The information within the summary table below is based on actual month 6 SLAM activity data.

		Activity YTD			Finance YTD			Finance (forecast outturn)		
Trust Desc	POD Split	Activity Plan	Activity over / (under) plan	Variance as a % of plan	Budget	Actual over / (under) plan	Variance as a % of Budget	Budget	Actual over / (under) plan	Variance as a % of Budget
		Activity	Activity	%	£000's	£000's	%	£000's	£000's	%
PENNINE ACUTE HOSPITALS NHS TRUST	A&E	26,261	137	1	2,593	25	1	5,096	49	1
	Crit Care	1,078	277	26	1,077	316	29	2,221	484	22
	Day Case	7,052	(170)	(2)	4,622	(58)	(1)	9,254	(117)	(1)
	Diagnostics	8,363	589	7	881	32	4	1,763	64	4
	Direct Access Diagnostics	14,923	(2,936)	(20)	502	(148)	(30)	1,004	(297)	(30)
	Elective	1,866	(179)	(10)	4,376	(519)	(12)	8,702	(1,033)	(12)
	Elective Excess Bed Day	541	(127)	(23)	127	(29)	(23)	253	(59)	(23)
	Maternity	1,873	452	24	2,218	206	9	4,437	411	9
	Maternity Excess Bed Days	0	50	0	0	19	0	0	39	0
	Non Elective	7,327	109	1	11,132	1,190	11	22,967	2,454	11
	Non Elective Excess Bed Days	2,066	(47)	(2)	470	(5)	(1)	969	(10)	(1)
	Non Elective Non Emergency	174	19	11	299	17	6	617	36	6
	Non Elective Non Emergency Excess Bed Days	126	(6)	(5)	31	(4)	(13)	64	(8)	(13)
	Other	3,457	530	15	5,557	367	7	11,114	606	5
	Other Outpatient	0	332	0	0	0	0	0	0	0
	Outpatient First Attendance	16,639	116	1	2,608	31	1	5,215	61	1
	Outpatient Follow Up Attendance	41,903	(1,388)	(3)	2,834	(123)	(4)	5,625	(244)	(4)
	Outpatient Procedure	4,752	(600)	(13)	964	(122)	(13)	1,934	(244)	(13)
PENNINE ACUTE HOSPITALS NHS TRUST Total		138,401	(2,842)	(2)	40,290	1,193	3	81,236	2,194	3
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	A&E	1,586	98	6	143	11	8	289	19	6
	Crit Care	158	(33)	(21)	168	(41)	(24)	336	(81)	(24)
	Day Case	631	151	24	503	124	25	1,046	196	19
	Diagnostics	779	583	75	59	13	22	118	25	21
	Elective	222	50	22	489	187	38	1,010	354	35
	Elective Excess Bed Day	230	(178)	(77)	56	(40)	(71)	113	(80)	(71)
	GP Direct Access	4	4	100	0	0	18	1	0	18
	Maternity	176	(21)	(12)	278	(20)	(7)	555	(39)	(7)
	Non Elective	373	1	0	550	4	1	1,093	(6)	(1)
	Non Elective Excess Bed Days	260	(145)	(56)	69	(40)	(57)	138	(79)	(57)
	Non Elective Non Emergency	194	(32)	(17)	361	(69)	(19)	722	(138)	(19)
	Non Elective Non Emergency Excess Bed Days	295	(238)	(81)	69	(52)	(76)	138	(104)	(76)
	Other	438	3,555	811	514	208	40	1,082	380	35
	Other Outpatient	55	(12)	(22)	1	(0)	(22)	3	(1)	(22)
	Outpatient First Attendance	1,350	13	1	203	(2)	(1)	419	(8)	(2)
	Outpatient Follow Up Attendance	4,530	242	5	462	10	2	955	20	2
	Outpatient Procedure	197	(19)	(9)	34	2	5	70	2	3
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST Total		11,479	4,018	35	3,960	296	7	8,086	459	6

		Activity YTD			Finance YTD			Finance (forecast outturn)		
Trust Desc	POD Split	Activity Plan	Activity over / (under) plan	Variance as a % of plan	Budget	Actual over / (under) plan	Variance as a % of Budget	Budget	Actual over / (under) plan	Variance as a % of Budget
		Activity	Activity	%	£000's	£000's	%	£000's	£000's	%
BOLTON NHS FOUNDATION TRUST	A&E	1,450	41	3	146	4	3	288	(87)	(30)
	Crit Care	0	64	0	0	66	0	0	108	0
	Day Case	384	111	29	323	123	38	644	245	38
	Elective	148	(27)	(18)	336	(86)	(26)	676	(169)	(25)
	Elective Excess Bed Day	23	(20)	(87)	5	(4)	(86)	9	(8)	(86)
	GP Direct Access	0	29	0	1	0	0	2	(0)	(0)
	Maternity	455	(86)	(19)	648	(116)	(18)	1,273	(208)	(16)
	Non Elective	456	17	4	709	(27)	(4)	1,427	(61)	(4)
	Non Elective Excess Bed Days	152	(31)	(20)	34	(5)	(16)	66	(10)	(16)
	Non Elective Non Emergency	977	(123)	(13)	879	(77)	(9)	1,765	(154)	(9)
	Non Elective Non Emergency Excess Bed Days	39	(34)	(87)	15	(13)	(87)	31	(27)	(87)
	Other	486	464	96	311	(2)	(1)	629	3	0
	Outpatient First Attendance	1,826	338	18	186	33	18	362	64	18
	Outpatient Follow Up Attendance	3,942	(203)	(5)	189	(1)	(1)	384	(2)	(1)
	Outpatient Procedure	813	93	12	136	15	11	262	29	11
	Unbundled Diagnostics	0	1,049	0	49	0	0	97	0	0
BOLTON NHS FOUNDATION TRUST Total		11,151	1,662	15	3,968	(90)	(2)	7,914	(277)	(3)
SALFORD ROYAL NHS FOUNDATION TRUST	A&E	1,134	54	5	149	8	5	304	16	5
	Day Case	600	92	15	446	66	15	900	133	15
	Diagnostics	149	233	156	14	26	177	29	51	176
	Elective	178	(13)	(7)	555	(65)	(12)	1,105	(130)	(12)
	Elective Excess Bed Day	174	(124)	(71)	41	(29)	(71)	84	(60)	(71)
	Non Elective	299	22	7	547	94	17	1,102	140	13
	Non Elective Excess Bed Days	233	(137)	(59)	53	(31)	(59)	106	(60)	(56)
	Non Elective Non Emergency	16	5	33	11	15	131	23	30	131
	Non Elective Non Emergency Excess Bed Days	3	10	271	1	2	306	2	5	306
	Other	1,027	(52)	(5)	989	(57)	(6)	1,977	(114)	(6)
	Other Outpatient	105	(50)	(48)	2	(1)	(43)	5	(2)	(43)
	Outpatient First Attendance	880	(23)	(3)	151	(7)	(5)	303	(15)	(5)
	Outpatient Follow Up Attendance	2,850	802	28	316	64	20	638	129	20
	Outpatient Procedure	550	14	3	105	1	1	209	2	1
SALFORD ROYAL NHS FOUNDATION TRUST Total		8,196	835	10	3,380	86	3	6,788	126	2
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	A&E	158	20	12	15	4	26	30	8	26
	Crit Care	35	(27)	(77)	57	(47)	(83)	114	(95)	(83)
	Day Case	138	49	35	140	72	51	278	98	35
	Elective	77	(19)	(25)	198	(55)	(28)	393	(107)	(27)
	Elective Excess Bed Day	8	0	6	2	(0)	(1)	3	(0)	(1)
	GP Direct Access	1	(1)	(100)	0	(0)	(100)	0	(0)	(100)
	Maternity	2	1	33	4	(2)	(48)	9	(4)	(48)
	Non Elective	76	11	15	165	(10)	(6)	338	(33)	(10)
	Non Elective Excess Bed Days	30	149	489	7	34	501	14	32	233
	Non Elective Non Emergency	9	3	26	24	3	10	50	5	10
	Non Elective Non Emergency Excess Bed Days	0	4	0	0	1	0	0	2	0
	Other	2	129	8,575	61	16	27	121	32	27
	Other Outpatient	8	8	93	1	1	85	1	1	85
	Outpatient First Attendance	279	3	1	40	1	2	79	2	2
	Outpatient Follow Up Attendance	976	64	7	80	5	6	158	9	6
	Outpatient Procedure	309	(72)	(23)	51	(23)	(44)	102	(45)	(44)
	Unbundled Diagnostics	186	(26)	(14)	17	(2)	(12)	35	(4)	(12)
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST Total		2,294	296	13	862	(4)	(0)	1,725	(100)	(6)

		Activity YTD			Finance YTD			Finance (forecast outturn)		
Trust Desc	POD Split	Activity Plan	Activity over / (under) plan	Variance as a % of plan	Budget	Actual over / (under) plan	Variance as a % of Budget	Budget	Actual over / (under) plan	Variance as a % of Budget
		Activity	Activity	%	£000's	£000's	%	£000's	£000's	%
WRIGHTINGTON WIGAN AND LEIGH NHS FOUNDATION TRUST	A&E	26	2	7	3	(0)	(16)	5	(1)	(16)
	Crit Care	0	9	0	0	12	0	0	12	0
	Day Case	67	9	13	98	35	35	200	63	32
	Diagnostics	59	24	41	8	2	29	17	5	29
	Elective	39	22	56	194	118	61	386	218	56
	Elective Excess Bed Day	44	(7)	(16)	11	(2)	(16)	22	(3)	(16)
	GP Direct Access	5	(1)	(21)	0	(0)	(12)	0	(0)	(12)
	Maternity	0	2	0	0	3	0	0	5	0
	Non Elective	10	(6)	(60)	17	(1)	(5)	34	(2)	(5)
	Non Elective Non Emergency	4	5	124	13	10	74	26	19	74
	Other	17	342	1,986	20	123	613	51	140	274
	Other Outpatient	22	17	77	0	0	77	1	1	77
	Outpatient First Attendance	170	25	14	20	2	10	39	4	10
	Outpatient Follow Up Attendance	446	170	38	33	13	39	66	26	39
	Outpatient Procedure	74	28	38	12	5	39	24	10	39
WRIGHTINGTON WIGAN AND LEIGH NHS FOUNDATION TRUST Total		983	641	65	430	319	74	872	496	57
EAST LANCASHIRE HOSPITALS NHS TRUST	A&E	261	(30)	(12)	24	(3)	(11)	47	(4)	(9)
	Crit Care	2	1	34	2	2	108	4	0	1
	Day Case	34	8	24	32	4	14	66	8	12
	Elective	15	(4)	(26)	34	(16)	(48)	70	(34)	(49)
	GP Direct Access	4	1	37	0	0	182	0	0	178
	Maternity	70	(15)	(22)	14	3	21	27	6	21
	Non Elective	66	(8)	(12)	118	0	0	234	2	1
	Non Elective Excess Bed Days	90	(53)	(59)	20	(12)	(59)	40	(23)	(59)
	Non Elective Non Emergency	16	(0)	(1)	20	3	13	39	6	15
	Non Elective Non Emergency Excess Bed Days	1	(1)	(100)	0	(0)	(100)	0	(0)	(100)
	Other	704	(341)	(48)	84	(64)	(77)	161	(123)	(76)
	Other Outpatient	58	80	137	7	1	10	15	1	9
	Outpatient First Attendance	151	(26)	(17)	19	(5)	(26)	38	(10)	(25)
	Outpatient Follow Up Attendance	347	16	5	25	1	3	50	1	2
	Outpatient Procedure	57	17	30	6	2	37	13	4	33
	Unbundled Diagnostics	149	(22)	(15)	8	(1)	(8)	16	(1)	(9)
EAST LANCASHIRE HOSPITALS NHS TRUST Total		2,026	(378)	(19)	413	(85)	(20)	821	(168)	(20)
STOCKPORT NHS FOUNDATION TRUST	A&E	40	16	39	4	1	34	9	3	34
	Day Case	9	(8)	(89)	10	(9)	(88)	19	(16)	(88)
	Diagnostics	6	6	100	1	0	42	1	1	42
	Elective	7	1	9	40	(2)	(5)	74	(3)	(5)
	Elective Excess Bed Day	0	2	0	0	0	0	0	1	0
	Maternity	0	0	0	6	0	0	11	0	0
	Non Elective	17	(4)	(23)	(8)	21	(251)	(17)	42	(252)
	Non Elective Non Emergency	2	1	35	5	(2)	(45)	10	(5)	(45)
	Other	0	0	0	1	(5)	(323)	3	(10)	(323)
	Outpatient First Attendance	25	(1)	(5)	4	(0)	(9)	8	(1)	(9)
	Outpatient Follow Up Attendance	43	12	29	4	1	23	7	2	23
	Outpatient Procedure	3	8	270	1	2	409	1	4	409
STOCKPORT NHS FOUNDATION TRUST Total		152	32	21	66	9	13	126	18	15

		Activity YTD			Finance YTD			Finance (forecast outturn)		
Trust Desc	POD Split	Activity Plan	Activity over / (under) plan	Variance as a % of plan	Budget	Actual over / (under) plan	Variance as a % of Budget	Budget	Actual over / (under) plan	Variance as a % of Budget
		Activity	Activity	%	£000's	£000's	%	£000's	£000's	%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	A&E	58	9	16	6	1	19	11	3	23
	Crit Care	0	2	0	0	2	0	0	3	0
	Day Case	13	1	4	11	3	30	22	7	29
	Diagnostics	7	1	7	1	0	3	2	0	2
	Elective	4	(1)	(33)	5	(1)	(18)	10	(2)	(18)
	GP Direct Access	0	2	0	0	0	0	0	0	0
	Non Elective	12	(1)	(7)	28	2	8	57	3	5
	Non Elective Non Emergency	1	(1)	(100)	1	(1)	(100)	3	(3)	(100)
	Other	14	(5)	(37)	3	3	89	6	5	90
	Other Outpatient	4	(3)	(73)	0	(0)	(47)	0	(0)	(48)
	Outpatient First Attendance	22	4	20	3	(0)	(0)	7	(0)	(1)
	Outpatient Follow Up Attendance	54	24	45	5	2	37	9	3	37
	Outpatient Procedure	2	1	34	0	0	39	1	0	39
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST Total		192	32	17	63	10	16	128	19	15
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	A&E	6	(0)	(1)	1	(0)	(6)	1	(0)	(6)
	Day Case	4	(0)	(4)	3	1	52	5	3	52
	Elective	3	(1)	(35)	8	(4)	(43)	16	(7)	(43)
	Elective Excess Bed Day	3	(0)	(3)	1	0	12	2	0	12
	Non Elective	1	(0)	(0)	2	(1)	(64)	4	(2)	(64)
	Other	0	1	0	0	0	45	1	0	45
	Outpatient First Attendance	0	1	0	0	0	0	0	0	0
	Outpatient Follow Up Attendance	3	4	134	1	(0)	(4)	2	(0)	(6)
	Unbundled Diagnostics	0	3	0	0	0	0	0	0	0
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST Total		20	8	37	16	(3)	(17)	31	(5)	(17)
Grand Total Acute SLAM Provider		174,895	4,324	2	53,449	1,732	3	107,727	2,762	3

Annex 2

Bury CCG NEL Action Plan

Monday, 03 November 2014

NWCSU
A partner in our clients' future

Bury CCG Action Plan; following NEL over performance review and story board

Bury CCG and the NES CCGs have seen significant over performance in Non-Elective activity during 2014/15. A piece of work has been recently undertaken to try and understand the reasons for such over performance, and the following areas were investigated:

- A&E attendances
- NEL Admissions
- Critical Care
- Maternity pathways

Based on the preliminary analysis a number of key recommendations were made to Bury CCG Governing Body, these include:

- Deep dive into Bardoc increased activity - consider impact of extended 7DS.
- Further Investigation to understand coding of admissions, when GP referrals are redirected through to A&E.
- Deep dive into over performance in General Medicine at a HRG level.
- Workstream leads for LTC to review primary care pathways and management.
- Review of all QIPP schemes for admission avoidance.

In addition to the above the Governing Body also requested further investigation into the below areas:

- Surgical Complications linked to Extended LoS – Who pays?
- Genitourinary - identified as one of the top 6 Diagnosis Group for NEL admissions in Quarter 1 – is this elective turning into NEL due to waiting lists?
- Audit of A&E coded admissions.
- Audit of maternity notes to understand intermediate
- Audit of BARDOC –to understand diagnosis and place of residence i.e. NH, CHC, Social Care

Based on the above recommendations the following actions have been brought together to monitor the progress against the actions required to further understand the over performance, and consequently, where possible, identify actions that will address / help to control any further over performance during 2014/15.

Unique Reference ID	Action	Description	Owner	Due date	Status Update	RAG
BCCGNEL01	Surgical Complications linked to Extended LoS – Who pays?	Understand if there is any guidance that outlines 'who pays' when patient has extended LoS due to surgery complication.	JL	14/11/2014	There is no rule that defines the trust as responsible for the cost of the patient's episode of care when clinical negligence is the cause. Where a corrective procedure is required, the cost of that procedure is absorbed by the trust who undertook the initial procedure. There is also specified never event that would result in the cost of the related episode of care being credited to the commissioner. CNST would cover any negligence claims; however this would be linked to patient compensation rather than cost of episode of care.	
BCCGNEL02	Audit of maternity notes to understand intermediate	A clinical audit of Maternity notes cross referenced to the PBR maternity Pathway criteria to understand if all antenatal pathways are	MH	November 2014	Ongoing	

		being coded appropriately.				
BCCGNEL03	Audit of BARDOC	BARDOC referrals to A&E have gone up significantly over the last year. Stewart Reynolds and CCG to meet with Bardoc to investigate, and agree an action plan where appropriate.	SR/SD	14/11/2014	A meeting has taken place with Bardoc and an action plan agreed. **See Annex A**	

Unique Reference ID	Action	Description	Owner	Due date	Status Update	RAG
BCCGNEL04	Genitourinary	Disease of the genitourinary system was the 6th highest diagnosis codes in quarter one. Further investigation needs to be undertaken to understand if this is a result of long elective waiting lists resulting in patient tipping into NEL activity.	JL	14/11/2014	Waiting times for Urology for non-admitted PAHT are currently under the sustainable tolerance rate , for admitted and non-admitted pathways backlog numbers are low and within the sustainable threshold rates. Waiting times based on 7 moths of RTT data shows that most patients are treated at week 17/18 with an average wait time of 12.2 weeks (due to outliers) for admitted pathways. For non-admitted most patients are treated at 1/2 weeks with an average wait time of 12.2 weeks (due to outliers). As at month 5 Disease of the genitourinary system are still in the top 6 diagnosis codes, however there has been no growth in this NEL admission diagnosis group when comparing it to last year.	
BCCGNEL05	Further Investigation to understand	A random sample audit of GP letters for admissions	CCG/ DG	November 2014	Ongoing	

	coding of admissions, when GP referrals are redirected through to A&E.	should be identified; then linked back to the patient admission method in SUS.				
BCCGNEL06	Deep dive into over performance in General Medicine at a HRG level.	Undertake further analysis into HRG level year on year variances and over performance, provide summary report to highlight key areas	DL/JL	14/11/2014	On Track - Further analysis has been completed; Summary report will be available for the next governing body.	
BCCGNEL07	Workstream leads for LTC to review primary care pathways and management.		CCG /SR Work steam leads	November 2014	Ongoing	
BCCGNEL8	Review of all QIPP schemes for admission avoidance	.	DL/DG/ CCG	November 2014	Ongoing	

Annex A - Bury CCG Bardoc Action Plan and reports

Action Point	Benefits
Install BARDOC "plus" for patients with care plans	Patients with care plans will be given a special OOH number to ring which will give them fastrack access to an experienced GP reducing the risk of inppropriate admission or A&E attendance
Floor walking senior GPs at weekend	Look into having senior clinician reviewing the A&E referrals in real time
Clinical audit for A&E Referrals	The Audit Team under the direction of Medical Director will review all A&E referrals on a daily basis
Introduce viewing of DOS	BARDOC will store electronic information at all sites including the vehicles informing clinicians of alternatives to A&E. We will work towards introducing the Directory of Services DOS
Access to GP record	We are working with Bury GP Federation with a view to accessing the Vision system either directly or via MIG system
To mandate the use of web view	To ensure that GP surgeries inform the OOH service of frequent service users, patients with complex care needs etc.

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Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: 30 October 2014

Present: Cabinet Member, Councillor Rishi Shori (Chair); Director of Public Health, Lesley Jones; Police Inspector Lee Parker; NHS England, Mr. Rob Bellingham; Executive Director, Communities and Wellbeing, Pat Jones-Greenhalgh; Chief Operating Officer, Stuart North; Councillor Andrea Simpson; Dr. Audrey Gibson; Barbara Barlow representing Healthwatch.

Also in attendance:

Karen Whitehead, Strategic Lead Health and Families – representing Mark Carriline.
Derek Burke, Chief Officer B3SDA – representing Dave Bevitt.
Heather Hutton, Health and Wellbeing Board Policy Lead.
Julie Gallagher, Democratic Services.

Apologies:

Executive Director, Children and Families, Mark Carriline
Dave Bevitt

Public attendance: 3 members of the public were in attendance

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HWB.393 DECLARATIONS OF INTEREST

There were no declarations of interest.

HWB.394 MINUTES

Delegated decision:

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 18th September 2014, be approved as a correct record and signed by the Chair.

HWB.395 MATTERS ARISING

Members of the Board reviewed the Health and Wellbeing Board forward plan.

Delegated decision:

The Health and Wellbeing Board forward plan be noted.

HWB.396 PUBLIC QUESTION TIME

The Chair, Councillor Shori, invited questions, comments and representations from members of the public present at the meeting and the following issues were raised;

In response to the questions raised by representatives from Save Bury Children's Centre, Councillor Shori reported that consultation with regards to the closure and re-designation of some of the children's centre is ongoing. The Council is in the process of reviewing all of its community assets to ensure that services provided in the centres continue to be joined up and fully integrated.

The Strategic Lead Health and Families reported that they are very aware of the current provision, the consultation is wide ranging and some services will continue at other venues.

The Director of Public Health reported that a Starting Well Partnership Board has been established as a sub-committee of the Health and Wellbeing Board.

In response to a question from Councillor Walker; the Director of Public Health reported that there are maps available that provide information in relation to Cancer prevalence within the Borough.

HWB.397 UPDATE ON THE BURY DIRECTORY

The HWB considered a verbal presentation from the Health and Wellbeing Board Policy Lead in relation to the Bury Directory.

The Department for Communities & Wellbeing and the Department for Children & Culture have worked in partnership to respond to the requirements set out by the Care Act 2014 and the Children and Families Act 2014 by developing 'The Bury Directory'.

The Bury Directory provides a mechanism for members of the public to access advice and information about a range of services.

A full communications strategy has been produced to support the implementation of the Directory. The strategy provides details of how the system will be marketed.

The Health and Wellbeing Policy Lead reported that training can be provided to key stakeholders on how the system will be implemented.

Delegated decision:

The presentation be noted.

HWB.398 PRIORITY 4 OF THE HEALTH AND WELLBEING STARETGY – PROMOTING INDEPENDENCE OF PEOPLE LIVING WITH LONG TERM CONDITIONS AND THEIR CARERS

Members of the Board discussed priority four of the health and wellbeing strategy.

There was consensus amongst the Board members that the priority, actions and measures of success needed to be refreshed.

Delegated decision:

1. The Health and Wellbeing Board Policy Lead and the Director of Public Health will meet prior to the next Board meeting.
2. A refreshed Priority Four will be prepared for consideration at the next meeting of the Health and Wellbeing Board.

HWB.399 LETTER FROM THE SECRETARY OF STATE

Members of the Board discussed a letter received from the Secretary of State for Health Jeremy Hunt MP. The letter contained the following information:

- The letter emphasises the importance of working together across the health and social care landscapes.
- Effective engagement between Health and Wellbeing Boards and the major providers who serve their communities is critical to shared success.
- Strong constructive dialogue from all partners involved in developing and delivering the Better Care Fund will be crucial to success.
- Boards and providers must be positively engaged in the local decision making process.

In the discussion that followed Members considered the Boards relationship with the Borough's major providers in particular Pennine Acute NHS Trust and Pennine Care Foundation NHS Trust.

Delegated decision:

1. Democratic Services will respond to the letter from the Secretary of State on behalf of the Health and Wellbeing Board.
2. The Chief Executive of the Pennine Acute NHS Trust and the Pennine Care NHS Foundation Trust will be invited to attend the next meeting of the Health and Wellbeing Board due to be held on the 18th December 2014.
3. Provider representatives will be invited to attend future meetings of the Health and Wellbeing Board when their input/expertise is required.

HWB.400 PRIORITY ONE OF THE HEALTH AND WELLBEING STRATEGY ENSURING A POSITIVE START TO LIFE FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES.

Members of the Board discussed a refreshed report in relation to priority one of the health and wellbeing strategy.

The refreshed report contained the following revised actions:

- Improve health and developmental outcomes for under 5s.
- Develop integrated services across education health and social care which focus on the needs of the child especially those with the most complex needs.
- Support positive and resilient parenting, especially for families in challenging circumstances.
- Narrow the attainment gap amongst the vulnerable groups.

The refreshed priority one report identified key measures of success and indicators.

Members of the Board discussed how best to benchmark the key measures and indicators of success. The Director of Public Health reported that quarterly Health and Wellbeing Strategy performance reports will be considered by the Health and Wellbeing Board.

Delegated decision:

The Health and Wellbeing Board approves the Health and Wellbeing Strategy refreshed priority one actions, measures of success and indicators.

HWB.401 TEAM BURY UPDATE

Members of the Board considered a verbal presentation from the Health and Wellbeing Board Policy Lead in relation to Team Bury.

At a meeting of the Team Bury Forum three priorities for the Borough were agreed; developing a stronger economy, stronger, safer community; Health and Well Being.

The Bury Wider Leadership Group is accountable to the Team Bury Forum. A single partnership group is accountable to the Bury Wider leadership Group for each priority.

The Policy Lead reported that some existing groups will be merged and other disbanded.

The Policy lead reported that the structural changes although not particularly radical will require a change of mindset and culture.

Delegated decision:

The report be noted.

HWB.402 ETIQUETTE AND EXPECTATIONS DOCUMENT

The Etiquette and Expectations document is intended to provide a practical guide to the operational running of the meetings for members, deputies and guest speakers.

Delegated decision:

The Board approves the Health and Wellbeing Board's Etiquette and Expectations document.

HWB.403 REVISED GREATER MANCHESTER HEALTH AND WELLBEING BOARD

Members of the Board considered the proposals for the refocusing of the Greater Manchester Health and Wellbeing Board.

Delegated Decision:

The report be noted.

HWB.404 BURY HOSPICE

In response to a question from the Chair, Councillor Shori, the Chief Operating Officer, Bury CCG reported that the CCG would continue to work with Bury Hospice to offer advice and support. The CCG have agreed to provide some additional monies to support the hospice.

HWB.405 PUBLIC ACCOUNTS COMMITTEE

The Chief Operating Officer, Bury CCG reported that the Parliamentary Public Accounts Committee have received evidence from the Director of Finance, NHS England in relation to the under-funding of some CCGs.

The Chief Operating Officer reported that Bury CCG is considerably underfunded and if the rules are amended and equalised this could result in additional monies being made available.

Councillor Rishi Shori
Chair

(Note: The meeting started at 6pm and ended at 7.25pm)

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