

Minutes of the Executive Committee, meeting held on

18 July 2018 at West Offices, York

Present

Michelle Carrington (MC)

Dr Kev Smith (KS)

Michael Ash-McMahon (MAM)

Denise Nightingale (DN)

Executive Director of Quality and Nursing

Director of Primary Care and Population Health

Acting Chief Finance Officer

Executive Director of Transformation, Complex Care and Mental Health

In Attendance

Caroline Alexander (CA)

Fiona Bell (FB)

Simon Cox (SC) via dial in

Shaun Macey (SM) for item 15

Abby Combes (AC)

Lisa Marriott (LM) for item 10

Jo Baxter

Assistant Director of Delivery & Performance

Deputy Director of Transformation & Delivery

Chief Officer, Scarborough & Ryedale CCG

Head of Transformation & Delivery

Head of Legal & Governance

Senior Manager, NHS England

Executive Assistant

Apologies

Phil Mettam (PM)

Accountable Officer

The agenda was discussed in the following order:

STANDING ITEMS

1. Apologies

There were no apologies.

2. Declaration of Interests

There were no Declarations of Members' Interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes from the previous meeting

The minutes of the Executive Committee held on 4 July were approved. DN requested the addition of a post meeting note under item 15, Extension of the Proactive Health Coaching Programme:

DN advised that since the last Executive Committee meeting, Tees, Esk and Wear Valleys NHS Foundation Trust had been offered up to £100,000 for this year for Attention Deficit Hyperactivity Disorder and Autism assessment waiting list reductions for children.

4. Action Tracker/Matters Arising From The Minutes

The Action Tracker was updated by the Committee.

Continence

MC advised that the Continence work had now split into 2 workstreams. Jenny Brandom, Deputy Chief Nurse was making progress into the children's pathways however more hands on programme management was needed. A request was made for Caera Mahoney, Commissioning & Transformation Manager B7 to assist. The committee were supportive of this if her direct line manager was in agreement.

Laura Angus, Lead Pharmacist was working on adult prescribing and would be asked to present the findings at the next Executive Committee including what further resource was required to progress the work.

Transforming Care Partnerships CYC Bid for NHS Capital Funding

Executive approval for the capital element of this proposal was given and the committee confirmed there was no associated financial liability associated with this. However, the CCG welcomed further discussion with regards to the design of the service elements as the case progressed.

CORPORATE

5. Increase in hours – Assistant Commissioning Specialist Adults

The committee reviewed an increase in hour's request of 2.5hrs per week to assist with a significant complex procurement and recovery of IAF targets.

Running costs were currently overspent however the committee acknowledged the benefits the additional hours could deliver and agreed to support a fixed term contract from 1st August to 31st March 2019. This would be reviewed at the end of February with a view to make permanent from the 1st April 2019.

6. Mentoring Agreement

The committee noted the update from DN on the mentoring agreement between the Vale of York CCG and Warrington CCG which would provide additional support with regards to Personal Health Budgets. This was an NHS England arrangement with no additional cost to the CCG. The initial meeting had been very helpful with a series of further meetings planned.

7. eMBED Contract

MAM opened a discussion around the current eMBED HR contract. The contract break clause was due at the end of March 2019 with 6 months' notice required. eMBED had enquired at a recent meeting of the CCG's intentions following their awareness that some CCG's who would not be renewing the contract.

The committee agreed a full options paper was required to include details of the current eMBED HR structure and contract. MAM would prepare this for the next Executive Committee.

In addition, the committee requested a broader paper on the full eMBED services which would be brought back to the Executive Committee later in the year.

11. Service Level Agreement (SLA) for Medicines Management Services from NHS Harrogate and Rural District CCG

The committee approved the draft version of the SLA paper and related expenditure (approximately £46,452 per annum) for the NHS Harrogate and Rural District CCG Medicines Management Service.

The committee requested that the population numbers quoted in the SLA were amended to match 2018/19 CCG allocation population numbers. Subject to these amendments the committee approved the draft as a final version.

BUSINESS CASES AND COMMISSIONING STATEMENTS

13. Safeguarding Children Enhanced Capacity and Succession Planning Proposal

MC presented the paper which set out the proposal to increase the safeguarding children's team capacity for the 4 CCG's across North Yorkshire and York.

The proposal described an approach that combined an increase in hours (previously approved and in place), a new developmental post that recognised the increasing scope of safeguarding children practice, areas for development recognised during regulatory inspections and the need to urgently commence succession planning as a benefit of this post.

The finance implication for the Vale of York CCG if split amongst 4 CCG's would be approximately £18k for 2018/19 increasing to £32k in 2019/20.

The committee approved the CCG's proposed investment share and the case made on the basis that children's services were a key risk/priority. The committee also noted that if the remaining CCG's were not supportive, consideration would need to be given on how this would be taken forward to secure safeguarding for the Vale of York population.

Feedback also suggested that the title of the paper should be changed with the removal of "succession planning" as this could be misleading. The proposal allowed for succession planning as an additional benefit. MC to feedback.

14. York Health & Care Place Based Improvement Partnership programme support

The committee discussed the request from City of York Council to provide part funding for the staffing resource required to support the Placed Based Improvement Board. It was proposed that the cost would be split amongst the four key partners City of York Council, Vale of York CCG, York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Trust for a Programme Manager and Programme Support Officer at an estimated cost of £90,000 per annum.

The committee felt that further clarity was required around the work programme and the governance for decision making of the group. PM would raise the concerns of the committee to the Chief Executive of City of York Council.

FINANCE & PERFORMANCE UPDATE

16. Finance Update

MAM advised the committee that the CCG had achieved the re-profiled planned financial deficit of £3.5m. MAM explained this was based on the prudent assumption that there was no QIPP / cost reduction delivery in Q1 with regards to the AIC contract as at the time of writing the report this could not be quantified on an actual cost basis. The risk share had therefore been applied and this was the worst case scenario showing a £1.4m overspend at the end of June. This was offset by underspends with Leeds Teaching Hospitals NHS Trust, an underspend on Specialist Rehabilitation and Brain Injury (SRBI) and the release of the contingency.

The first triangulation meeting across the AIC partners had taken place and this would be done on a monthly basis going forward. The report to the System Transformation Board from this meeting showed that commissioners were reporting in the same way and that all partners had delivered their Sustainability Funding. MAM highlighted however, that there was a differing assumption around cost reduction profile, largely due to York Teaching Hospital Foundation Trust's

submission of an updated financial plan more recently and after the AIC had been signed. Although respective plans remained the same and in line with the AIC contract value, there was a gap at Q1, which together with York Teaching Hospital NHS Foundation Trust's assumptions around pass through cost increases and unplanned care costs (Currently based on 20% of urgent care activity tariffs) was £1.2m across the system.

Feedback was awaited on the Financial Recovery Plan.

15. General Practice Forward View - Online Consultations

SM joined the meeting for this item

SM presented the paper which provided a number of recommendations and suggestions to progress the Online Consultations programme of work. This was now driven through the General Practice Forward View promoting the use of technology to offer new types of access to appointments in Primary Care.

The committee discussed and supported the proposed actions acknowledging that whilst this was ultimately a practice decision, the CCG would require assurance around the process that practices would be undergoing – particularly around patient engagement, and continued access to booking appointments in person and via telephone. Additional support and advice could be offered to practices as required from lesson learned elsewhere and any concerns around a practices readiness for launch would be escalated.

SM advised that Tadcaster Medical Centre & Priory Medical Group were likely to be the first practices to go live.

In response to a query raised regarding the availability of additional funding, SM advised that discussions were still taking place with NHS England. The committee agreed that any available additional funding used by early adopters would need to be done so on the explicit instruction and understanding that the early adopters would provide subsequent support / learning to roll out to practices.

The committee approved the approach for CCG support.

Post meeting note

SM and MAM clarified the financial position for 2017/18 & 2018/19. This confirmed affordability and that the project management costs had been joint funded through the region.

ASSURANCE AND RISK

CA and AC joined the meeting

17. Issues of Assurance Framework and/or Risk Register

The risk register would now be a standing item on the agenda and the committee discussed the preferred way this would be presented. It was agreed that all programme risks as a one-off exercise following the next Financial Recovery Board would be reviewed with subsequent escalation only risks as required going forward.

12. Process for Reviewing Secondments and Further Non-recurrent or Recurrent Funding

The committee discussed and agreed that a separate log of seconded positions within the CCG would be helpful. The structure chart and running costs exercise were due to be presented at the next Executive Committee and it was therefore agreed the secondment list would be derived from the final structure chart. MC would oversee this.

9. NHSE IAF 17/18 Assessment

The committee noted and welcomed the 2017/18 CCG Annual Assessment letter from NHS England. A communication had been issued to stakeholders to summarise the outcomes and detailed information was now being worked through. The next Improvement and Assessment Framework meeting would take place on the 31st July with NHS England.

10. Locality Services Review (Out of Hospital)

LM, FB & SC joined the meeting (SC via dial in)

KS introduced the paper which provided a strategic context to the review and described the scope, approach and process that would be taken.

- Whilst presenting the paper to the committee LM welcomed feedback and any suggested amendments to the paper. The committee discussed the paper in detail and agreed the “out of scope” areas should be reviewed. It was felt that with the exception of Housing Services, all areas should now be within scope.

In addition, the committee suggested that within the design section, it should be clear that constraints needed to include the requirement to reflect the overall CCG financial position. It was suggested that this be reflected in the wording of the document.

The committee welcomed the progress to date on the review.

LM left the meeting

8. QIA for Orthopaedic Repatriation

The proposal to repatriate elective orthopaedic activity back to York Teaching Hospital Foundation Trust was ongoing. AC introduced the item and advised there were two key elements to discuss, the choice agenda and quality.

A robust discussion was held and the committee agreed a review would be needed on existing guidance for the Referral Support Service. This would be aimed at providing an informed choice rather than a direct instruction to restrict choice.

Assurance was still outstanding from York Teaching Hospital NHS Foundation Trust regarding concerns over theatre safety following a series of Never Events. This unresolved assurance had recently been escalated and a meeting was planned in August with the Medical Director of York Teaching Hospital NHS Foundation Trust to discuss further.

The committee agreed that further progress and implementation would be subject to the outcome of that meeting unless resolution was formally confirmed before then.

Next meeting Wednesday 1st August