

Minutes of the Executive Committee, meeting held on
1 August 2018 at West Offices, York

Present

Phil Mettam (PM)	Accountable Officer
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Simon Bell (SB)	Chief Finance Officer
Michael Ash-McMahon (MAM)	Deputy Chief Finance Officer

Apologies

Denise Nightingale (DN)	Executive Director of Transformation
Dr Kev Smith (KS)	Director of Primary Care and Population Health

In Attendance

Fiona Bell (FB) for KS	Deputy Director of Transformation and Delivery
Becky Case (BC) for item 6	Head of Transformation & Delivery
Dr Shaun O'Connell (SOC) for item 9	GP Lead for Acute Service Transformation
Laura Angus (LA) for item 17	Lead Pharmacist
Caroline Alexander (CA)	Assistant Director of Delivery and Performance
Jo Baxter	Executive Assistant

The agenda was discussed in the following order:

STANDING ITEMS

1. Apologies/Welcome

Apologies were as above. PM welcomed SB, new Chief Finance Officer to his first Executive Committee meeting.

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 18 July were deferred to the next meeting.

4. Action Tracker/Matters Arising From The Minutes

The Action Tracker was updated by the Committee.

CORPORATE

5. Medicines Commissioning Committee Recommendations July 2018

The committee reviewed and approved the recommendations.

6. Non-Emergency Medical Transport Service (MNET) Eligibility Assessment

BC joined for this item

BC shared the update paper with the committee from Scarborough & Ryedale CCG to maintain consistency and confirmed there were no changes to the previously approved specification. The update provided further information on the eligibility questions received since the launch on the 30th July 2018.

7. Better Care Fund (BCF) Operating Guidance & Refreshed Expectations for Delayed Transfers Of Care (DTC)

The committee noted the paper which would be discussed in more detail at the Strategy and Transformation meeting later. It was agreed SB would become the Executive lead for BCF going forward with regular catch ups with Pippa Corner, Assistant Director Joint Commissioning.

A brief discussion was held on the current DTC position, however the committee agreed any further discussions required input from DN. SB & DN to take forward with Pippa Corner.

9. North Yorkshire Overview & Scrutiny Committee - Hyper Acute Stroke Services for Harrogate Patients

PM referred to the proposal from the West Yorkshire and Harrogate Health & Care Partnership Programme around stroke services. The clinically led programme of work had originally focussed on the configuration of hyper acute units, however had more recently been expanded to cover the entire pathway from prevention (screening, atrial fibrillation and treatment) to rehabilitation. The subsequent changes from the proposal highlighted a potential reduction in hyper acute units from 5 to 4.

Concerns had been raised that the Executive team had not been fully sighted on the proposal and any potential impact on York services. It was agreed that further discussion was required regarding local input and that the Governing Body would be informed of the proposal.

8. RSS Guidelines Governance Structure

SOC joined for this item

SOC presented the paper which discussed the delegated authority to the Clinical Research and Effectiveness Committee (CREC) to approve RSS guidelines that were due for review.

CREC may have authority for any guidelines that would have no financial impact, any significant change to the service provision or reputational risk on behalf of both CCG's as part of the RSS harmonisation process. If when reviewing the guidance documents any of these factors were identified, the guidelines would be escalated to the Executive Committee for approval. This would not affect CCG commissioning statements which would still require Executive Committee sign off.

The committee approved the delegated authority in that context however requested that an outline summary document be produced for Executive Committee overview. SOC would take this forward with KS.

In addition it was agreed that CREC should be an advisory group rather than a committee and the Terms of Reference should be amended to reflect this. CREC would therefore become the Clinical Effectiveness Advisory Group.

10. eMBED Human Resources (HR) and Organisational Development (OD) Services Contract Extension

A decision was required on the provision of HR and OD services through eMBED. The contract was for 3 years with a breakpoint of March 2019 and the option of a 2 year extension.

MAM presented the paper which provided 3 options, to extend the contract, in-house the service or procure a replacement service. Consideration was also given to whether the CCG should act on its own, or in collaboration with the North Yorkshire and York CCG's.

The committee discussed the options and agreed to extend the contract by 2 years, acknowledging an extension of the current contract maintained the value for money of the existing procurement, whilst avoiding the resource impact and transition risk of the other options.

11. Human Resources and Learning and Development Service Provision from eMBED

The additional paper was provided to describe the services the CCG received in relation to the existing contract with eMBED and to support item 10. The committee noted a broader paper on the full eMBED services was being worked on and would be brought back to the Executive Committee in September.

12. HR Issues

MC provided an update on the Corporate Governance team and asked for support in the context of the long term absences and maternity leave cover.

The committee approved a band 3 backfill vacancy for the Referral Support Service.

15. Running Costs Update

The committee reviewed the recurrent running costs paper which based on the current plan was £268k above budget. MAM summarised the figures and highlighted a series of staffing movements to take place that would reflect a change in the overall figure and largely offset the £268k recurrently. These changes included 2 leavers to the CCG. A further review would be required of the in-year position based on the Month 4 reported position, which would be presented at the next available Executive Committee.

The committee were supportive of the proposed changes.

13. Update on Staff Structure

The updated staff structure chart had been circulated for information.

14. Historic Continuing Health Care Funding Queries

This item was deferred to the next meeting.

16. Approval of the Constitution

The committee approved the Constitution which had been amended to reflect the changes within the CCG. This would now be taken to the September Governing Body meeting for final approval, prior to being submitted to NHS England.

BUSINESS CASES AND COMMISSIONING STATEMENTS

17. Anticoagulants - Warfarin and Non-Warfarin products

LA joined for this item

LA presented the paper which outlined a proposal to review performance on the two forms of oral anticoagulants – warfarin and non-warfarin products.

The proposal suggested the pilot of a counselling service. This would involve the implementation of a system where the patient would have a consultation with an anticoagulant trained pharmacist who would provide a balanced approach to anticoagulation, and highlight any reasonable cost savings that could be made to the NHS. Further discussions would be required with health care professionals in the Vale of York prior to implementing any changes.

Approval was sought to develop the proposal further based on the clinical case for change. The committee confirmed their support to progress the work into developing a pilot.

FINANCE AND PERFORMANCE UPDATE

18. Finance Update

The committee noted a full finance update had been provided at the recent Finance and Performance Committee.

Formal notification on the acceptance of the Financial Recovery Plan had been received from NHS England with confirmation that the qualifying criteria to access the Commissioner Sustainability Funding support for 2018/19 had been met.

ASSURANCE AND RISK

CA joined the meeting

19. Issues of Assurance Framework and/or Risk Register

There were no new risks to report. CA had circulated the current (emerging) programme risk assessment from the Financial Recovery Board as requested at a

previous meeting. This would be further refreshed in September as the AIC planned care and unplanned care steering groups were established.

MC advised that the Unity Health Care Quality Commission report had been published and work was on-going to support the practice. A paper would be presented at the next Executive Committee on progress and next steps.

20. Mental Health Individual Funding Requests (IFR)

The committee discussed their concerns at the number of outstanding cases for Mental Health IFR requests. These were being worked through as a matter of urgency and had arisen due to resourcing issues. The committee agreed the process should be reviewed and a recommendation brought back to the Executive Committee.

21. Amelia House

The committee noted the proposed closure of the Carlton Unit, part of Amelia House Care Home. The CCG and Local Authority continue to support quality improvement in the home.

Any Other Business

Contribution to Media Training Costs

Approval was sought for the costs of procuring professional media training for the newly appointed Clinical Chair of the CCG. The committee supported the importance of the training and approved the request.

Next meeting Wednesday 15th August