

ANNUAL GENERAL MEETING

3 September 2015

The George Hudson Boardroom, West Offices, Station Rise, York

ATTENDEES

Members of the Public

Fiona Benson
Richard Benson
John Bettridge
Michael Cantle
Joyce Copley
Philip Crowe
Gabi Gorin
Anne Leonard
Chris Mangham
Rex Negus
David Northcott
Lesley Pratt

Stakeholders / Other Organisations

Ann Barnes	Pickering Medical Practice Patient Participation Group Member
Rod Barnes	Yorkshire Ambulance Service
Anna Bialkowska	Chair, Partnership, Tang Hall Big Local
Will Boardman	Strategy and Policy Group Manager, (People and Neighbourhoods), City of York Council
Sheila Branch	Pickering Medical Practice Patient Participation Group Member
Emily Ellis	Spire Hull and East Riding Hospital
Steven Entwistle	Scrutiny Officer, City of York Council
Kerry Pickup	Visual Impairment Services Team Assistant, Wilberforce Trust
Barry Sanderson	Chairman, Friends of St Monica's, Easingwold
Kevin Sell	York LGBT Forum
Alison Wrigglesworth	Services Manager, York Alzheimer's Society
John Yates	York Older People's Assembly

CCG - Governing Body

Keith Ramsay (KR)	Chairman
Siân Balsom (Non-voting)	Manager, Healthwatch York
Dr Louise Barker	GP Member
David Booker	Lay Member
Dr Emma Broughton (EB)	GP Member
Michelle Carrington	Chief Nurse
Dr Paula Evans	GP, Council of Representatives Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Louise Johnston (Non-voting)	Practice Manager Representative
Dr John Lethem (Non-voting)	Local Medical Committee Liaison Officer, Selby and York
Dr Shaun O'Connell	GP Member
Dr Andrew Phillips	GP Member, Interim Deputy Chief Clinical Officer
Dr Guy Porter (GPO)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Rachel Potts	Chief Operating Officer
Tracey Preece	Chief Finance Officer
Sheenagh Powell	Lay Member and Audit Committee Chair
Sharon Stoltz (Non-voting)	Interim Director of Public Health, City of York Council

CCG – In attendance

Sharron Hegarty	Communications Manager
Paul Howatson	Senior Innovation and Improvement Manager
Stacey Marriott	Innovation and Improvement Manager
Michele Saidman	Executive Assistant
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator
Helen Williams	Innovation and Improvement Manager

APOLOGIES

Councillor Tina Funnell	City of York Council
Dr Tim Maycock	CCG Governing Body GP Member

KR welcomed everyone to the second Annual General Meeting of NHS Vale of York Clinical Commissioning Group.

Celebrating Successes and Vision for the Future: Dr Mark Hayes (MH)

MH referred to the CCG's Annual Report for 2014/15 and described a number of highlights. He reported that the CCG had in its second year again achieved its financial targets and noted in particular the duty to achieve a 1% surplus.

In terms of wider achievements MH referred to the mental health *Discover* programme and the engagement in development of the new Mental Health and Learning Disability Service which would commence from 1 October 2015. An interim programme of work had been agreed at Bootham Park Hospital in July 2014 for purposes of safety and with a view to a new build. Work on the interim improvements was due to start imminently and an options appraisal would be

developed for the new build for which completion was expected in approximately three years. MH emphasised that the new service provider had an outstanding reputation.

MH noted the recommissioning of IVF services from December 2014 and the development of integrated health and social care services through three pilots: Priory Medical Group with a number of other practices, Selby initiated by York Teaching Hospital NHS Foundation Trust, and Pocklington. Lessons were being learnt from the different approaches.

In October the CCG had been successful in becoming one of six CCGs in the country to join the Accelerate Programme, subsequently renamed New Models of Care. Further development of this work was establishment of Wave 2 Pioneer Sites and the CCG had been one of eleven CCGs awarded this status in January. This work had been further advanced with York Teaching Hospital NHS Foundation Trust, the local authorities and the voluntary sector emanating in a collaborative, instead of competitive, approach to development of community services and the establishment of the Provider Alliance Board which was working on development of integrated services out of hospital.

MH noted that through joint working with York Teaching Hospital NHS Foundation Trust a major incident due to winter pressures had been avoided at the York site.

Following the achievements of 2014/15 MH highlighted that 2015/16 would be a challenging year in the context of the unprecedented national position of no growth in NHS resources and increased activity. Whilst improvements in quality resulted in decreased costs, this took time to implement. However, this work was being progressed through closer working between agencies. The CCG had led on the establishment of a System Leaders Group comprising MH and the Chief Executives of York Teaching Hospital NHS Foundation Trust, City of York Council, North Yorkshire County Council, NHS Scarborough and Ryedale CCG and Tees, Esk and Wear Valleys NHS Foundation Trust. They would meet on a regular basis to oversee the programme of work for recovery and sustainability across the Vale of York area.

MH emphasised the CCG's commitment to its values and principles and to collaborative work to create a new health and social care system. The aim was to deliver the services needed within the financial allocation and that this should not be at the expense of future provision of services.

Financial Report: Tracey Preece (TP)

TP gave a presentation on financial performance, programme costs and running costs for 2014/15 and the financial plan for 2015/16. She reported that the CCG had achieved all its key statutory financial targets and particularly noted achievement of the 1% surplus, a principle business rule for all CCGs, against the planned 0.57%. A number of measures, including non recurrent money from NHS England, had supported the CCG's position but for 2015/16 the full allocation was now available. TP additionally noted an unqualified audit opinion on the Annual Accounts from the CCG's external auditors, Mazars, and expressed appreciation to the Finance Team for their work in this regard during her absence on maternity leave.

TP described the 2014/15 programme costs in respect of acute services, mental health and learning disability services, community services, other services – including continuing health care and funded nursing care – and primary care. She noted that a national review was currently taking place on the weighted capitation formula for primary care and CCG allocations.

In respect of the 2014/15 running costs, reported in terms of pay and non pay, TP noted that the non pay included an element of the CCG's contract with Yorkshire and Humber Commissioning Support. She highlighted that the CCG was not permitted to overspend on running costs and noted that an underspend in this area had assisted achievement of the programme costs position.

TP reported that the 2015/16 financial plan met all NHS England's planning and business rules and provided for a 2.5% increase for mental health services. Contracts with all main providers had been signed, though there had been a slight delay in respect of the contract with York Teaching Hospital NHS Foundation Trust. TP noted that investment had been made where required, for example in IVF services, Increasing Access to Psychological Therapies (IAPT), and the Better Care Fund integration pilots. She also referred to the new responsibilities relating to primary care co-commissioning and advised that further detail was available on request.

In terms of risks in 2015/16 TP noted that the financial plan had been submitted with an unmitigated risk of £1.2m. Other principle risks were the required outcomes and savings needed in respect of investment in the Better Care Fund as these schemes had not delivered the reduced acute hospital activity as planned. TP reported that the CCG was working with partners, including City of York Council and York Teaching Hospital NHS Foundation Trust, on a financial recovery plan which required a draft submission to NHS England on 4 September and would be discussed at the Governing Body meeting on 1 October. She noted that, while there was risk associated with the financial recovery plan, it was required to deliver in full.

TP emphasised that in parallel with delivering the financial recovery plan the longer term aim of achieving financial sustainability across the system remained a key consideration. She reiterated the forthcoming challenge across the NHS in terms of savings and efficiencies.

TP advised that in addition to their organisation's financial plans NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust were working on a joint financial plan from 2016/17. She highlighted that this would ensure the best use of money available for services within the Vale of York.

TP noted that the CCG was also required to deliver Constitutional targets. This would require a whole system solution.

TP finally advised that a set of the 2014/15 Annual Accounts was available on request.

Questions from Members of the Public

Anna Bialkowska (AB), Chair, Partnership Tang Hall Big Local

Tang Hall Big Local is a national lottery funded programme giving £1m over 10 years to make Tang Hall a better place to live and work. Our approved first 2 year plan has as its themes - Well-being, Environment, Young People and Family Support, Local Facilities and Building Community Connections.

As a Partnership Board we have already developed links with many local residents, businesses and agencies working in the area.

We have no current connections with the health service.

- 1. How can we as a community organisation develop links with the health care services in our area with a view to supporting (and helping to deliver – we are all about developing partnership to facilitate community development and capacity building) the newer developments such as social prescribing?*
- 2. Can we be a portal for sharing CCG programmes relevant to Tang Hall - start walking groups, share lists of regular activity in the area, funding other ideas together such as talking/sharing groups etc.?*
- 3. Our organisation is based on participatory budgeting and all decisions are made by a majority who have to be residents – we have worked hard for 2 years to consult widely and are keen to make a start – showing patience and compassion through active kindness for our neighbours – can we work together to make Tang Hall - a healthier and happier place to live?"*

Response

MH referred to discussions with Councillor Tina Funnell and noted that the approach described aligned with the CCG's aims and values and work on integration of care. The only way to meet the challenge was to increase self care and self reliance. MH emphasised that the CCG would be keen to work with the Tang Hall community, and any other community with a similar approach, to develop health care interaction. He would arrange for a meeting to progress AB's request.

AB referred to the lack of links in the community with primary health care and invited members, and anyone interested in developing services who lived in Tang Hall, to a party on Saturday 19 September from 10am to 12 noon at Tang Hall Primary School.

EB noted that, as a GP covering the Tang Hall area, she would welcome the opportunity to become involved in this work.

John Yates (JY), York Older People's Assembly

Does the CCG feel that GPs might improve on their overall diagnoses, particularly in older people, by being more aware of and identifying conditions that exhibit multiple and varied symptoms identified elsewhere. For example where visual problems identified by Opticians, and /or Auditory symptoms identified by Hospital Audiology Clinics may be relevant to an overall diagnosis and could therefore contribute to better GP diagnoses of a condition and its subsequent treatment.

Is there an awareness of these potential factors, particularly in elderly patients who may not be able or have the time or knowledge to highlight these symptoms in a short GP consultation?

Response

EB, as one of the GP Programme Leads with responsibility for education and primary care co-commissioning, emphasised that the question raised was one of good practice and the value placed on a holistic cradle to grave approach by GPs. She reported that there were a number of areas of care where there was a seamless process, including a fast track pathway from optician to hospital, and that through Read Codes the hospital would provide information for the patient's GP. As a commissioning organisation the CCG supported this as good general practice.

In terms of the elderly EB highlighted the national project for the over 75s to have a named GP. The integrated care approach, described earlier, supported this group were at at the highest risk of admission.

EB recognised that the 10 minute consultation time could be a challenge but advised that there were alternatives, for example booking a double appointment, home visits and working with relatives.

EB reported that work was taking place on development of an improved audiology pathway.

In closing the meeting KR expressed appreciation to MH and TP for the candour of their reports. He also noted that this was GPO's last Governing Body meeting and expressed appreciation for his contribution to the CCG.

KR thanked members of the public for their attendance and interest in, and support of, the CCG's activities. He also, on behalf of the Governing Body, thanked all members of the CCG, primary and secondary care, community and mental health services and the voluntary sector for their work to deliver the CCG's vision.