

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the Meeting of the Vale of York Clinical Commissioning Group Shadow Governing Body held on 5 July 2012 at The Folk Hall, Hawthorn Terrace, New Earswick, York.

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Dr Mark Hayes	Accountable Officer
Dr David Hayward	GP Member
Dr Tim Hughes	GP Member
Dr Andrew Phillips	GP Member
Mrs Rachel Potts	Chief Operating Officer
Mr Keith Ramsay	Lay Member
Dr Cath Snape	GP Member
Mr Adrian Snarr	Director of Finance
Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council

In Attendance

Ms Michèle Saidman	Executive Assistant
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Apologies

Mr Pete Dwyer	Director of Adults, Children and Education, City of York Council
Dr Tim Maycock	GP Member
Dr Shaun O'Connell	GP Member

Six members of the public were in attendance.

Alan Maynard welcomed everyone to the first Vale of York Clinical Commissioning Group (CCG) Shadow Governing Body meeting in public.

The following matter was raised in the public questions allotted time:

John Yates, York Older People's Assembly:

- *Raised concerns about the tenor of meeting papers and minutes in terms of being understandable to members of the public and also sought improved communications.*

Mark Hayes welcomed the feedback and confirmed the intent for plain English to be used. He noted that the Vision, Mission and Values at item 8 had undergone such scrutiny. Alan Maynard added that further feedback would be appreciated.

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

None.

3. Minutes of the Meeting held on 7 June 2012

The minutes of the meeting held on 7 June 2012 were agreed.

The Shadow Governing Body:

Approved the minutes.

4. Matters Arising and Action Log

International Conference on Improvement: Mark Hayes confirmed that the first annual conference, inspired by the visit to Jonkoping, Sweden, earlier in the year, would be held on 26 October 2012 at York Racecourse. The main invitees would be UK CCG leads and the focus would be on the statutory duty of CCGs to support innovation. The main speakers would be Goran Henricks, from Jonkoping, Helen Bevan, Chief of Service Transformation at the NHS Institute for Innovation and Improvement, and Jim Easton, National Director of Transformation, NHS Commissioning Board. The format would comprise presentations and a "world café".

Clinical Accountable Officer Report: In respect of signing of contracts with providers, referred to under this item, Adrian Snarr reported that all the acute trust contracts had been signed and the community contracts were being finalised. Also in relation to this agenda item, and in respect of City of York Council appointments, Rachel Potts advised that Paul Edmondson, currently Director of Public Health in Portsmouth, had been appointed as Director of Public Health; the Assistant Director interviews were taking place on 11 July.

Other actions were either completed or ongoing.

The Shadow Governing Body:

Noted the updates.

5. Clinical Accountable Officer Report

Mark Hayes gave a brief verbal update due to his period of annual leave. He had attended a course in relation to his Masters Degree in Leadership for Quality and was attending meetings in London to assist with aspects of the legal duties of CCGs to promote innovation.

The Shadow Governing Body:

Noted the Clinical Accountable Officer report.

6. Health Economy Financial Position

Adrian Snarr presented the report which began to describe implications for the Vale of York CCG following NHS North Yorkshire and York's publication at its June Board meeting of a forecast deficit of £19M. He noted that, although the PCT remained the accountable body for the current financial year, the assumptions and forecast deficit would be apportioned across all PCT functions and that this would therefore pose a challenge to the CCG.

Adrian Snarr advised that the current CCG budget of £349M would increase to circa £358M when corporate and other budgets had been transferred. The CCG was likely to start 2013/14 with a deficit of £5.3M, its proportion of the £19M forecast deficit. This would be a challenging position particularly in view of the additional national NHS efficiency requirements. Adrian Snarr assured members that the CCG would play a key role in the ongoing work to achieve longer term solutions across North Yorkshire and York.

In response to the announcement on the morning of the meeting by the Secretary of State for Health that it was not the intention for CCGs to start 2013/14 in a deficit position, Adrian Snarr noted that clarification was required and highlighted that as CCGs were not yet fully established planning would continue for a deficit position. He also noted that the information in respect of recurring and non recurring positions was not currently included but would be shown in the financial strategy to be presented in due course. This would illustrate that even if the deficit was written off the CCG would still be in a position of overspend.

Members noted the ongoing challenges across the North Yorkshire and York health community and the associated role through engagement of member practices. The need for radical, and potentially controversial, system change was emphasised.

The Shadow Governing Body:

Noted the NHS North Yorkshire and York financial paper and supported the PCT agreed actions in addition to CCG agreed priorities.

7. Constitution

Mark Hayes reported on the consultation process with GP practices and the Local Medical Committee for development of the CCG constitution, a requirement of the authorisation process. The draft constitution would be submitted to Hempsons week commencing 9 July for legal advice. It would then be signed off.

In response to discussion, Mark Hayes referred to various requirements relating to the authorisation process and advised that clarification was awaited of any impact to the authorisation of a potential NHS North Yorkshire and York Cluster Board financial deficit.

The Shadow Governing Body:

Noted the update.

8. Vision, Mission and Values

Mark Hayes advised that the Vision, Mission and Values had been developed for the CCG and had been subject to consultation with stakeholders. He noted that this was a “living” document which would be updated as and when appropriate.

The Shadow Governing Body:

Approved the amended Vision, Mission and Values statement.

9. Performance

9.1 Performance Dashboard

Finance

In referring to the finance section of the Performance Dashboard, Adrian Snarr advised that the information was presented in the similar format to the PCT Dashboard as the redesign work was ongoing for development of the CCG Dashboard. He explained the year end forecast duties and associated requirements - namely to operate within the cash resource limit and overall cash limit and to meet the Better Payment Practice Code of paying at least 95% of non NHS creditors within 30 days - noting that this information would be populated and monitored through the year, though in the main at North Yorkshire and York level.

In terms of the overall Month 2 position for the Vale of York CCG, Adrian Snarr advised that much of the information presented was estimated due to the time lag in availability of contractual information. He highlighted the Ramsay Hospital Clifton Park, York Teaching Hospital NHS Foundation Trust contract and main North Yorkshire and York acute providers also note small patient flows to Hull and East Yorkshire NHS Trust and Mid Yorkshire Hospitals NHS Trust.

In respect of non NHS contracts Adrian Snarr referred to the volatility over recent years of the continuing care and funded care budgets but noted a small underspend. He noted the prescribing budget as one over which the CCG had ability to control.

Information on corporate budgets would be included as the staff transfer was completed. The rate of transfer was due to the PCT being required to ensure that its responsibilities for 2012/13 could be fulfilled. Members noted that the CCG would have a total of approximately 30 staff, not all full time; the Commissioning Support Service (CSS) would have approximately 450 staff to work across the eight Yorkshire and Humber CCGs. A service specification was currently being developed for commissioning from the CSS; payment would be from within the overall spending cap of no more than £25 per head per 1000 population. The CSS contract would be performance managed.

Helen Taylor welcomed Adrian Snarr's assurance that the established continuing care team arrangements would be maintained and highlighted opportunities for more collaborative working. Discussions were taking place in regard to options for a lead host for this function.

Adrian Snarr explained that many of the efficiency programmes were profiled through the year and therefore benefits would not be demonstrated immediately. He also clarified the Commissioning for Quality and Innovation (CQUIN) scheme payments for 2012/13.

Members noted the challenging financial position with particular reference to the requirement to manage activity within plans in collaboration with partners. They looked forward to the development of plans to manage the deficit and apparent over-trading of the main provider organisation.

Performance

Rachel Potts noted that the Commissioning for Quality and Outcomes report complemented the Dashboard and that the format of the latter was as per the PCT Cluster's performance management of the CCG. She highlighted areas by exception.

In respect of the cancer 31 and 62 day targets the overall performance was good but there were issues in individual specialties. Work was ongoing with secondary and primary care and more recent information indicated that performance in June had improved. The impact of patient choice was noted as contributing to this issue.

Implementation of Choose and Book, an area which had underperformed for some time, remained an issue. GP members described the complexities of this system from the perspective of both the patient and expertise required within primary care. The referral for advice and guidance process which was currently being developed may assist in providing a local solution. It was agreed that an IT session on Choose and Book be included in the August GP Forum.

Rachel Potts reported that in addition to the six cases of clostridium difficile in the Dashboard a further two cases had been reported, noting that this was against a very low target. She assured members that Shaun O'Connell was working with York Teaching Hospital NHS Foundation Trust and primary care to implement action plans emanating from root cause analyses.

In regard to the reported Never Event at York Teaching Hospital NHS Foundation Trust, Rachel Potts advised that this was an error and no such event had occurred in the reporting period. She additionally agreed to circulate to members the list of Never Events for information.

Treatment of patients within the 18 week and 52 week referral to treatment times, as referred to in the Commissioning for Quality and Outcomes report, was discussed. The 18 week performance target was being delivered but an action plan was being implemented to treat the remaining 47 patients who had waited 52 weeks, mainly for elective general surgery. In view of concerns about capacity and sustainability, this position was being monitored weekly. Members sought and received further clarification in regard to the additional funding which had been provided to address the 18 week backlog. Mark Hayes also noted that, as there was no target position between 18 and 52 weeks, consideration was being given to implementing a further position, for example 32 weeks.

Rachel Potts advised that early indications were that GP referrals were lower in the current year than in April and May 2011. Further information on referral levels would be reported monthly.

Quality, Innovation, Productivity and Prevention (QIPP)

Rachel Potts advised that the £7.3M QIPP schemes were linked with the financial plan and that each scheme had a named clinical or management lead.

Elective Care Pathways: The pathways were at different stages of development but were on plan with the exception of dermatology where work was ongoing to develop a community based service. Improvements were being project managed.

Long term conditions: Tim Hughes detailed the developing Neighbourhood Care Teams of which there would ultimately be 15 or 16 across the CCG. These teams would be staffed by partnership working between health, social care and the third sector. Approximately a third of the CCG's population would be covered by the early adopters: Priory Medical Group, Haxby Group Practice and Strensall Medical Practice. This programme, called 'Better', aimed to improve prevention and keep people at home, systematically optimise medical and social care, reduce length of stay in hospital and enable end of life care at home. Team development was being supported through the NHS Institute for Innovation and Improvement with emphasis on "bottom up" change. Work would take place at pace in regard to vulnerable groups, including nursing and residential homes.

Tim Hughes highlighted the need for cultural change and that such change would take time to implement but emphasised the potential efficiencies in terms of both better care and financial efficiencies. He also noted that the Neighbourhood Care Teams would be empowered through direct reporting to the Collaborative Improvement Board.

Urgent Care: Rachel Potts reported efficiencies in service and positive patient experience following the establishment of the Urgent Care Centre. The GP presence there had been funded for six months and would be subject to a formal evaluation. The outstanding tariff issues were under discussion.

Musculo-skeletal Service (MSK) expansion: Rachel Potts reported that there was recurrent impact and work was being extended to include areas such as pain management and rheumatology. The fact that, although savings were being achieved in terms of the tariff, there had not been the expected activity reduction; this was being addressed with York Teaching Hospital NHS Foundation Trust.

Contracting: Contracting caps were being implemented.

Lucentis: This QIPP was profiled for implementation in October; PCT Cluster guidance was awaited.

Mark Hayes described the ongoing issue relating to continued use of Lucentis instead of Avastin for wet age-related macular degeneration.

9.2 Commissioning for Quality and Outcomes

In addition to the discussion above, Rachel Potts highlighted the integration of A&E and the Walk-in Centre and the 2012/13 CQUIN scheme for York Teaching Hospital NHS Trust. Cath Snape additionally informed members that further performance data for mental health services would be incorporated in the Performance Dashboard.

The Shadow Governing Body:

1. Noted the Performance Dashboard.
2. Noted the Commissioning for Quality and Outcomes Report.
3. Noted that improved timeliness in data reporting was desirable

10. NHS North Yorkshire and York Cluster Board Minutes

The Shadow Governing Body

Received the minutes of the NHS North Yorkshire and York Cluster Board meeting held 22 May 2012.

11. Any Urgent Business

None.

12. Next Meeting

The Shadow Governing Body:

Noted that the next meeting would be held on 2 August 2012 in the Committee Room, Selby District Council, Civic Centre, Doncaster Road, Selby YO8 9FT.

13. Exclusion of the Public

There was no private session.

14. Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix A.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE SHADOW GOVERNING BODY MEETING ON 5 JULY 2012 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
5 April 2012	Performance Dashboard	Redesign to be requested	Rachel Potts	Ongoing
3 May 2012	Single Integrated Plan, 2012/13 Contracts/QIPP and North Yorkshire and York Review	GP to be identified to provide clinical intelligence to data interrogation work Proposal of 'Board to Board' meeting with York Teaching Hospital NHS Foundation Trust	Rachel Potts/ David Haywood Alan Maynard	Dependent on availability of accurate Month 2 data Ongoing
3 May 2012	York Teaching Hospital NHS Foundation Trust minutes	<ul style="list-style-type: none"> • CCG representation on the Executive Board to be sought. • Annotated notes of Executive Board meetings to be requested 	Alan Maynard Alan Maynard	Ongoing Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 June 2012	York Teaching Hospital NHS Foundation Trust Executive Board	<ul style="list-style-type: none"> Patrick Crowley and representatives from key organisations with whom CCG works to be invited to meet with Shadow Governing Body 	Mark Hayes/ Rachel Potts	Ongoing
7 June 2012	Quarterly Review of NICE Guidance and Medicines and Technologies	<ul style="list-style-type: none"> Maternal Caesarean requests to be progressed outwith the meeting 	Emma Broughton	Ongoing
5 July 2012	Performance Dashboard	<ul style="list-style-type: none"> IT/Choose and Book session at GP Forum List of Never Events to be circulated 	David Hayward Rachel Potts	16 August 2012