

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held on 3 October 2013 at West Offices, Station Rise, York YO1 6GA

Present

Professor Alan Maynard (AM)	Chair
Mrs Wendy Barker (WB)	Acting Executive Nurse
Mr Kevin Howells (KH)	Interim Chief Finance Officer
Dr Tim Maycock (TM)	GP Member
Mr John McEvoy (JM)	Practice Manager Member
Dr Andrew Phillips (AP)	GP Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mr Keith Ramsay (KR)	Lay Member and Audit Committee Chair
Dr Phil Underwood (PU)	GP, Council of Representatives Member

In Attendance

Dr Paul Edmondson-Jones (PE-J)	Director of Public Health and Well-being, City of York Council
Mrs Tracey Preece (TP)	Chief Finance Officer Designate
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Emma Broughton (EB)	GP Member
Ms Kersten England (KE)	Chief Executive, City of York Council
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Brian McGregor (BM)	Local Medical Committee Liaison Officer, Selby and York
Dr Shaun O'Connell (SO)	GP Member
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Ms Helen Taylor (HT)	Corporate Director, Health and Adult Services, North Yorkshire County Council

Exclusion of Press and Public

A preceding meeting had been held in accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 when it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted. This meeting had been adjourned and would resume after the meeting in public.

Ten members of the public were in attendance.

AM welcomed everyone to the meeting

The following matters were raised in the public questions allotted time:

Diana Robinson

In the light of the report on the Integration Framework, Item 6 on the Agenda, I'd like to pose a question about communication, since it says there under Point 9 that any related work with stakeholders or communications plan will be through publication of Governing Body meeting papers on the internet.

What Patient and Public input has there been (or will there be) in this communications plan?

WB responded to each element of the question emphasising that openness and transparency were key elements of the work of both the Governing Body and the CCG. The communications plan for the Integration Framework had not yet been agreed. This would be progressed via close working of the Health and Wellbeing Boards where all parties involved were represented.

Who is responsible for posting such reports on the internet?

The Executive Assistant is responsible for posting the Governing Body papers on the website.

What timeframe is used when informing the public about meetings?

Papers for regular Governing Body meetings were posted seven days in advance of the meeting. However, on this occasion apologies were offered for the delay in doing so.

What steps are taken to invite comments or questions?

Questions are invited in advance of Governing Body meetings; arrangements for other meetings vary.

Since the integration of health and care services is a major concern the means of communication would seem to be a critical issue. What plans are in place to take account of stakeholder views there?

Timing for seeking of views would be dependent on the agenda being discussed. Stakeholder engagement is crucial and a communications plan is being developed through close working with partners.

Does this use of the internet for communicating the Governing Body's business mean that there will no longer be Patient and Public Fora? If not, will there be one in November, as last year? If so, when will it be advertised and what will the Agenda consist of?

The Patient and Public Engagement Forum would continue to meet and the November date would be advertised in the near future. The agenda was currently being discussed.

Who decides the priorities for these meetings with patients and the public?

Priorities are agreed by the Patient and Public Engagement Forum.

AGENDA ITEMS

1. Apologies

As noted above. AM expressed concern at levels of members' attendance.

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

None.

3. Minutes of the Meetings held 5 September 2013

The minutes of the meeting held on 5 September were agreed.

The Governing Body:

Approved the minutes of the meeting held on 5 September 2013.

4. Matters Arising from the Minutes

Chief Clinical Officer Report:

- *Diabetic Macular Oedema Service at York Teaching Hospitals NHS Foundation Trust:* In response to AM's request for an update, RP advised that in the short term the CCG was continuing to purchase this service from York Teaching Hospitals NHS Foundation Trust to ensure that patients had access. Negotiations were continuing and information was being sought from Foundation Trust networks and other CCGs on charging arrangements. A report would be brought to the November meeting.
- *Report Templates:* RP reported that the Head of Integrated Governance was in the process of undertaking a full review of the committee structure and that revisions to the templates were included in this work. A report detailing recommendations would be presented at the November Governing Body meeting.

Section 136 Place of Safety within North Yorkshire and York: AM referred to the delay in the planned opening of the Section 136 Place of Safety confirming that Local Authority approval had been given. He noted that, in view of Bootham Park Hospital being a Grade 1 listed building, permission was required from English Heritage for the proposed structural changes. RP additionally reported that a detailed report had been presented at the Health and Wellbeing Board the previous day when Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation Trust, who had been at the meeting, had been tasked with submitting plans to complete the work. Representatives of NHS Property Services (Propco), who had also been present, had been encouraged to proceed with the work at risk to enable the facility to be opened at the end of November, otherwise the opening would be delayed until 10 January 2014; appropriate follow-up work would then be undertaken,.

Public Questions - Never Incidents: WB reported on discussions with Healthwatch noting however that there had not been any Never Incidents. She reported that discussions were taking place with providers to ensure transparency of incident reporting and dissemination of root cause analysis outcomes. Additionally, Adult Safeguarding Boards were considering sharing of information and assurance on implementation of lessons learnt.

The Governing Body:

Noted the updates and ongoing work.

5. Mid-Year Financial Review

KH presented the report which described in detail the fundamental review of the CCG's 2013/14 Financial Plan in terms of expenditure and commitments. He also noted that the expected achievement of £5.7M QIPP savings against a target of £10.7M had slipped to £5.2M and referred to pressures which included a £1M forecast overtrade on the York Teaching Hospitals NHS Foundation Trust contract, overtrade to the value of C£1.5M on other acute contracts and pressures on prescribing. In regard to the latter KH explained that the £1.8M comprised pressures from centrally funded drugs £1.2M and £0.6M drugs which following clarification should be recharged to the Local Authorities as they were the responsibility of Public Health, the requirement for achievement of the QIPP target and maintenance of the current level of spend.

The review had identified a number of in-year areas of benefit to the CCG which KH explained. These included: £2.28M for mental health services, which related to the Leeds and York Partnership NHS Foundation Trust contract and Specialist Mental Health Services, and £1.2M for continuing care. These benefits would however only materialise if in-year spend continued at the same level to the year end.

KH set out a number of risks which would have to be managed to deliver financial balance, namely York Teaching Hospitals NHS Foundation Trust contract, other acute contracts, mental health services, continuing care, prescribing, QIPP, specialised commissioning, GP IT systems and GP IT depreciation. KH explained in regard to specialised commissioning that there was a potential for specialised commissioning to seek further transfer of resources from CCGs as they believed they had been underfunded or to transfer activity back to CCGs. KH confirmed that assurance had been received from the NHS England Area Team that central funding would be provided for both GP IT systems and depreciation.

KH informed members that financial balance was achievable by the year end, including 0.57% surplus, but emphasised the considerable risks and challenges in the local health community and the fact there was no flexibility within the existing budgets.

Members expressed appreciation to KH and the Finance Team for the comprehensive report and discussed a number of areas further. AM referred to the variance in mental health services spend. KH advised that this was partly due to aspects of the legacy arrangements with Leeds and York Partnership NHS Foundation Trust and that there was a risk that out of area placements could increase during the remainder of the year in effect reducing the forecast outturn.

RP reported that an Increasing Access to Psychological Therapies (IAPT) improvement plan had been agreed with Leeds and York Partnership NHS Foundation Trust and WB advised that discussions were taking place to identify key milestones for the IAPT service. AM requested that WB provide an update at the next Governing Body meeting.

In response to further discussion KH advised that information was not yet available to assess the impact of first to follow up discharges on the overtrade with York Teaching Hospitals NHS Foundation Trust and advised that risk sharing arrangements for specialised commissioning out of area placements across the North Yorkshire CCGs were being discussed with the Area Team. AP also noted potential impact in view of a Health Select Committee report on urgent care.

The Governing Body:

1. Expressed appreciation to the Finance Team for the comprehensive report.
2. Noted the contents of this report.
3. Noted that the CCG was still awaiting validated activity data.
4. Noted the challenging financial position of the CCG.
5. Noted that financial balance could still be achieved, but that significant risks and challenges existed.

6. Supported the focus of staff resources on management of the major identified risks most notably:
 - a) Management of York Teaching Hospital NHS FT contract.
 - b) Delivery of QIPP savings.
 - c) Management of Continuing Care
7. Supported the focus of management resources on the delivery of a balanced financial position.
8. Requested an update on the IAPT improvement plan at the next meeting.

6. Framework Agreement to Promote the Integration of Health and Social Care Services in North Yorkshire and City of York

In introducing this item AM expressed concern, and members concurred, that the document was not in “plain English”.

RP explained that a report on the Integration Innovation Fund had been presented at the City of York Health and Wellbeing Board with the current limited available timetable information. In the meantime, in preparation for the 3% top slice of budgets in 2015/16 for the integration of health and social care services, the CCG was working with partner organisations to develop plans. These discussions had involved a workshop on 2 October.

RP reported that the expectation was that Health and Wellbeing Boards would receive draft discussion papers in November followed by presentation of plans in January or February 2014. The Governing Body was required to agree integration plans within the Framework Agreement prior to their presentation at Health and Wellbeing Boards.

RP noted that the overall framework enabled development of locally focused plans and confirmed that East Riding of Yorkshire Health and Wellbeing Board would be included in respect of Pocklington. She advised that a report detailing the timetable for the Integration Transformation Fund, governance arrangements and a summary of the framework agreement with associated expectations would be presented at the November Governing Body meeting.

Further to RP’s reference to East Yorkshire Health and Wellbeing Board TM noted that he was a clinical representative on the Board but expressed concern at reporting arrangements. He sought and received further assurance in respect of inclusion of Pocklington in the planning work.

In response to discussion about patient benefit RP reported that areas identified at the workshop the previous day had included establishment of connected services, ease of access, and patients being able to maintain independence at a place of safety with easy access back into the system when required.

Members highlighted that the integration transformation fund was not new money in the system and discussed in detail the need to ensure that it was utilised for service change for the benefit of patients and residents. This would affect both primary and secondary care funding. The added complexity of integration of health and social care across three Local Authority boundaries was also noted. PE-J added that the York Health and Wellbeing Board had recognised concerns about the potential “recycling” of the integration transformation fund due to the number of partner organisations and also noted the role of the Health and Wellbeing Board in this regard. Testament would be through achievement of changes to the way services were provided to patients.

KR noted that throughout the forthcoming work with partner agencies there was a requirement for awareness of potential conflicts of interest and to ensure appropriate declarations were made.

AM highlighted that patients would still require treatment and that throughout the planning process awareness of the need to reduce admissions had to be maintained in order to manage the financial position. He emphasised the need for early engagement.

The Governing Body:

Adopted the *Framework Agreement to Promote the Integration of Health and Care Services in North Yorkshire and the City of York*, noting that a summary would be provided as part of a detailed report on Integration Transformation Funding at the November Governing Body meeting.

7. Performance and Quality Dashboard

WB referred to the Dashboard and advised that it was being revised to provide assurance and include trends; the new format would be implemented with effect from December 2013. She also noted concerns at the current Red Amber Green (RAG) rating system which was against specific targets, not 100% performance, and the requirement for additional areas, for example Patient and Public Engagement and Safeguarding, to be incorporated. WB hoped to present the revised format at the next meeting.

WB described latest information for A&E which highlighted the need to understand the data noting that the performance target for Quarter 2 would be breached. However investigation had shown that staffing levels were on target but delays were experienced at busy times due to the requirement for medical intervention.

In regard to MRSA, WB noted that this indicator would remain RAG rated red in the current year as there had been one case. Work was required to understand what actions were being taken in this regard.

AM noted concern about the areas RAG rated red and welcomed the work to revise presentation of the Dashboard. He requested that, in addition to trend data, comparative data for CCGs with similar characteristics to NHS Vale of York CCG also be included.

Finance discussion had taken place at item 5 above.

The Governing Body

Noted that work was currently being undertaken to revise the Performance and Quality Dashboard with implementation of the new format from December 2013.

8. NHS Vale of York CCG Quality and Performance Committee

JM referred to the summary of Quality and Performance Committee discussion. Members discussed a number of the areas in detail.

In regard to clostridium difficile WB reported that there were currently 32 cases at York Teaching Hospitals NHS Foundation Trust against an annual target of 43 and that root cause analysis work was taking place to understand patient journeys; lessons learnt would be disseminated. She also noted that work was taking place to empower patients to address potential causes of infection, for example support from an Infection Control Nurse on discharge.

Discussion of concerns about ambulance response times included inappropriate dispatch of fast response vehicles and impact on the time counted which stopped until the arrival of an ambulance; benefits in rural areas of Emergency Care Practitioners; handover recording processes on ambulance arrival at York Hospital; and noting the intention to request attendance of senior Yorkshire Ambulance Service representatives at a future committee meeting. WB also explained that the contract with Yorkshire Ambulance Service was managed by NHS East Riding CCG and that NHS Harrogate and Rural District CCG represented the four North Yorkshire CCGs in this regard. She noted her intention to raise concerns that initiatives to address rurality issues were not implemented in NHS Vale of York CCG area.

In regard to Safeguarding WB advised that she was a member of the York Safeguarding Adults Board but expressed concern at the fact that there were only two CCG representatives on the North Yorkshire Adult Safeguarding Board.

In respect of the item relating to Patient Related Outcome Measures (PROMs) on the Matters Arising Schedule, AM expressed the view that the contract with York Teaching Hospitals NHS Foundation Trust should require distribution of questionnaires within the top decile of performance. He also highlighted that expected completion dates should be included for all matters.

JM referred to the recommendation that the Quality and Performance and Finance and Contracting Committees be combined to avoid duplication and create a more effective system.

The Governing Body

1. Received the minutes of the NHS Vale of York CCG Quality and Performance Committee of 17 July and 21 August 2013.
2. Noted the recommendation that the Quality and Performance and Finance and Contracting Committees be combined

9. NHS Vale of York CCG Finance and Contracting Committee

The Governing Body

Received the minutes of the NHS Vale of York CCG Finance and Contracting Committee of 1 August 2013.

10. Next Meeting

The Governing Body:

Noted that the next meeting was on 7 November 2013 at 10am at West Offices, Station Rise, York YO1 6GA and that consideration would be given to future venues.

11. Exclusion of Press and Public

The meeting in accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 was resumed.

12. 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 GOVERNING BODY MEETING ON 3 OCTOBER 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 April 2013 2 May 2013	Section 136 Place of Safety within North Yorkshire and York	Update to be provided at the next meeting Verbal updates to be provided at each meeting	CS	2 May 2013 meeting Monthly
4 July 2013	NHS England CCG Assurance Framework 2013/14	<ul style="list-style-type: none"> Update on Assurance Framework 	RP	7 November meeting
5 September 2013	Quality and Performance Dashboard	<ul style="list-style-type: none"> YAS trend data against targets to be incorporated 	WB	7 November meeting
5 September 2013	Medicines Commissioning	<ul style="list-style-type: none"> Link to formulary to be added to CCG intranet 	MH	7 November meeting

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
3 October 2013	Matters Arising – Chief Clinical Officer Report: <ul style="list-style-type: none"> • Diabetic Macular Oedema • Committee structure 	<ul style="list-style-type: none"> • Report to Governing Body • Report to Governing Body 	<p>MH</p> <p>RP</p>	<p>7 November meeting</p> <p>7 November meeting</p>
3 October	Mid-Year Financial Review	<ul style="list-style-type: none"> • Update on IAPT improvement plan 	WB	7 November meeting

ACRONYM BUSTER

Acronym	Meaning
4Cs	Clinical Collaboration to Co-ordinate Care
A&E	Accident and Emergency
ACCEA	Advisory Committee on Clinical Excellence Awards
ACRA	Advisory Committee on Resource Allocation
AHP	Allied Health Professional
AMU	Acute Medical Unit
ARMD	Age Related Macular Degeneration
BMA	British Medical Association
BME	Black and Ethnic Minority
CAA	Comprehensive Area Assessment
CAMHS	Child and Adolescent Mental Health Services
CBLS	Computer Based Learning Solution
CCG	Clinical Commissioning Group
CDO	Chief Dental Officer
CDiff	Clostridium Difficile
CHD	Coronary Heart Disease
CIB	Collaborative Improvement Board
CIP	Cost Improvement Programme
CMHS	Community and Mental Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPR	Child Protection Register
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSCI	Commission for Social Care Inspection
DAT	Drug Action Team
DCSF	Department for Children, Schools and Families
DGH	District General Hospital
DH or DoH	Department of Health
DPH	Director of Public Health
DSU	Day Surgery Unit
DTC	Diagnosis and Treatment Centre
DWP	Department of Work and Pensions
E&D	Equality and Diversity
ECHR	European Convention on Human Rights
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record
ETP	Electronic Transmission of Prescriptions

Acronym	Meaning
ESR	Electronic Staff Record
EWTD	European Working Time Directive
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
GDC	General Dental Council
GMC	General Medical Council
GMS	General Medical Services
HAD	Health Development Agency
HDFT	Harrogate and District NHS Foundation Trust
HCA	Healthcare Acquired Infection
HPA	Health Protection Agency
HPC	Health Professions Council
HSMR	Hospital Standardised Mortality Ratio
IAPT	Improving Access to Psychological Therapies
HWB	Health and Wellbeing Board
ICAS	Independent Complaints Advisory Service
ICP	Integrated Care Pathway
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IMCA	Independent Mental Capacity Advocate
IM&T	Information Management and Technology
IP	In-patient
IRP	Independent Reconfiguration Panel
IWL	Improving Working Lives
JNCC	Joint Negotiating and Consultative Committee
JSNA	Joint Strategic Needs Assessment
KSF	Knowledge and Skills Framework
LDP	Local Delivery Plan
LHP	Local Health Plan
LINK	Local Involvement Network
LDC	Local Dental Committee
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LOC	Local Optical Committee
LPC	Local Pharmaceutical Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPFT	Leeds and York NHS Partnership Foundation Trust
MHAC	Mental Health Act Commission
MMR	Measles, Mumps, Rubella
MPIG	Minimum Practice Income Guarantee
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSK	Musculo-skeletal Service
MSSA	Methicillin Sensitive Staphylococcus Aureus
NAO	National Audit Office
NHSI	National Institute for Innovation and Improvement
NHSIQ	NHS Improving Quality

Acronym	Meaning
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
NpfIT	National Programme for Information Technology
NPSA	National Patient Safety Agency
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OP	Out-patient
OSC	(Local Authority) Overview and Scrutiny Committee
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PbC	Practice-based Commissioning
PbR	Payment by Results
PCU	Partnership Commissioning Unit
PDP	Personal Development Plan
PHO	Public Health Observatory
PMS	Personal Medical Services
PPA	Prescription Pricing Authority
PPE	Public and Patient Engagement
PPP	Public-Private Partnership
PROMS	Patient Reported Outcome Measures
Propco	NHS Property Services
QALY	Quality Adjusted Life Year (used by NICE)
QIPP / QUIPP	Quality, Innovation, Productivity and Prevention
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RTA	Road Traffic Accident
RTT	Referral to Treatment
SARS	Severe Acute Respiratory Syndrome
SCCC	Strategic Collaborative Commissioning Committee
SHA	Strategic Health Authority
SHO	Senior House Officer
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SHMI	Summary Hospital Mortality Ratio
SLAM	Service Level Agreement Management
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
SUS	Secondary User System
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
UCC	Unscheduled Care Centre
VACCU	Vulnerable Adults and Children's Commissioning Unit
VFM	Value for Money
VTE	Venous Thrombosis Embolism

Acronym

WCC

WTD

YFT/YTHFT

Meaning

World Class Commissioning

Working Time Directive

York Teaching Hospital NHS Foundation Trust