NHS
Vale of York
Clinical Commissioning Group

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held on 4 July 2013 at West Offices, Station Rise, York YO1 6GA

Present

Professor Alan Maynard (AM)	Chair
Dr Emma Broughton (EB)	GP Member
Mr Kevin Howells (KH)	Interim Chief Finance Officer
Mr John McEvoy (JM)	Practice Manager Member
Dr Shaun O'Connell (SO)	GP Member
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Carrie Wollerton (CW)	Executive Nurse

In Attendance

Mrs Gill Brickwood (for item 9) (GB)	Urgent Care Programme Lead
Ms Balwinder Kaur (for item 7) (BK)	Interim Service Improvement Lead, Mental Health
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Paul Edmondson-Jones (PE-J)	Director of Public Health and Well-being, City of York Council
Ms Kersten England (KE)	Chief Executive, City of York Council
Dr David Hartley (DH)	GP, Council of Representatives Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Member
Dr Brian McGregor (BM)	Local Medical Committee Liaison Officer, Selby and York
Dr Andrew Phillips (AP)	GP Member
Mr Keith Ramsay (KR)	Lay Member and Audit Committee Chair
Dr Cath Snape (CS)	GP Member
Ms Helen Taylor (HT)	Corporate Director, Health and Adult Services, North Yorkshire County Council
Dr Phil Underwood (PU)	GP, Council of Representatives Member

Fourteen members of the public were in attendance.

AM welcomed everyone to the meeting. He particularly welcomed KH, Interim Chief Finance Officer, and JM, Practice Manager Member.

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

1. Roger Wilson – Pocklington Patient Participation Group

Besides the City of York, the Vale of York CCG covers a large hinterland and rural area. A major concern for those who live in the less populated parts of the catchment area is the response to emergency medical need. Yorkshire Ambulance Service (YAS) has a target of a maximum of 8 minutes to arrive at an address from where a 999 call has been made. I believe YAS achieves this target for the whole of Yorkshire but this includes densely populated urban areas where 90% plus outcomes are achievable. By definition this means the target for the rural areas and communities are probably being continually missed. What does the CCG see as a "safe" minimum response time for a rural area and, and if, the present figure is lower than the 75% target, what processes have been put into place to achieve it and by what date?

CW highlighted that ambulance response times in rural areas were not only an issue in North Yorkshire but a challenge nationally. In respect of implementation of the eight minute response time for all areas consideration was required of the cost associated with achievement of this target against available resources. The CCG was working with YAS in respect of a balance between the achievability of the eight minute and nineteen minute response times taking account of both patient safety and expectations within the community.

CW explained that a number of schemes were being implemented across North Yorkshire and York to address the concerns raised and that the YAS Commissioning for Quality and Innovation Scheme focused on response times in rural areas. The CCG was also seeking to learn from schemes in other areas. In regard to the timescale to achieve the target CW advised that it was not possible to give a date but gave assurance that this matter was taken very seriously and regular progress reports would be provided on the ongoing work.

SO added that it was not ideal but there was a need to recognise that within limited resources it was unlikely that the same response times would be achievable for all geographical areas. He reiterated that work was ongoing with YAS to identify potential actions and consider whether the eight minute response time was reasonable for all areas. This included the potential to move vehicles around to improve response times and alternative transport provision for patients to hospital to free ambulances for emergencies. SO advised that this was a regular item for detailed consideration on the Quality and Performance Committee agenda.

In regard to Pocklington EB noted that an Emergency Nurse Practitioner would be working with YAS to improve access times.

2. Diana Robinson

In the light of recent remarks by Dr Jonathan Sheffield, CEO of the NIHR Clinical Research Network, what assurance can the CCG give us that patients in this area will continue to have access to clinical trials, in other words, that such trials will not revert to being based in the larger teaching hospitals, especially when it comes to retaining research-trained staff locally and covering any excess treatment costs that may be involved? Since the overall picture presented by the NIHR shows that both financial and health benefits flow from such research will the commitment to clinical research enshrined in the new NHS Constitution be similarly embedded in* all *the relevant CCG contracts, including those with new service providers for both services and procurement, and not overlooked for short-term savings? In other words, will the Vale of York CCG honour the 2012 Health and Social Care Act and support the continued availability of research for patients in this area?*

* *https://www.brighttalk.com/webcast/6833/75207 refers viz Clinical Research - How CCGs can help patients to improve treatments in the NHS*

SO responded that the specifications for two current procurements, in respect of pain and dermatology services, included the requirement for participation in research and also training of students. The intent was to include this in all contracts with an expectation that all providers, current and future, would also actively participate in order to maintain and increase the evidence base. SO also noted that work was ongoing with general practice to promote opportunities in primary care.

AM highlighted the importance of gathering evidence but noted that within the limited resources funding for research was diverted from patient care.

3. Gwen Vardigans, ' Defend our NHS'

In view of it being the birthday of the NHS on 5 July, is the CCG still committed to the original ethos of it being a public service free at the point of delivery?

AM confirmed this.

AGENDA ITEMS

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 6 June 2013

The minutes of the meeting held on 6 June were agreed.

The Governing Body

Approved the minutes of the meeting held 6 June 2013.

4. Matters Arising from the Minutes

Matters arising were either confirmed as completed or had not yet reached their scheduled date.

The Governing Body

Noted the matters arising schedule.

5. Chief Clinical Officer Report

RP presented MH's report which provided information relating to an urgent decision emanating from the Individual Funding Request Panel, potential areas of integration with Local Authorities, Finance and Contracting Teams, contracts, and meetings with external partners. She highlighted the decision to reconsider and approve funding for a nasal procedure on a patient who had been the victim of a criminal assault which had previously been turned down. RP advised that the contract with York Teaching Hospital NHS Foundation Trust was expected to be signed the following day, 5 July.

The Governing Body

Noted the Chief Clinical Officer's Report.

6. Director of Public Health Report

In referring to this item in PE-J's absence AM remarked in general on reports presented to the Governing Body. He requested that the CCG's strategic objectives be clearly referenced and that the information presented should describe how the work would contribute towards their achievement.

In respect of PE-J's report AM highlighted the work focusing on 500 preventable deaths due to cancer and coronary heart disease and questioned how these would be identified to implement change. He also expressed the wish for inclusion in a future report of an overall view of the health status of the local NHS Vale of York CCG population.

EB noted that the CCG had signed up to the Smoke Free Alliance.

The Governing Body

Noted the Director of Public Health Report.

7. Section 136 Suite for Vale of York

BK attended for this item

BK presented the report which sought approval to address the lack of a health based place of safety for anyone detained under Section 136 of the Mental Health Act 1983. The most recent local drivers were a death in custody and national monitoring of health organisations meeting this requirement. The cost of the proposal outlined to establish a Section 136 Suite for Vale of York residents at Bootham Park Hospital was £430K. Leeds and York NHS Partnership Foundation Trust had agreed to contribute £30K on a non recurrent basis and the CCG's investment plan for 2013/14 provided for £300K, therefore if approved the additional funding would require sourcing on a recurrent basis. BK noted that in order for the Suite at Bootham Park to be a long term rather than an interim solution, as previously discussed, there would be a requirement for estates work to be carried out. She advised that, if approved, it was anticipated the Suite would be established in early September 2013.

Members welcomed the proposal for a potential solution to address the long standing deficiency in provision of a place of safety but expressed concern at the additional cost pressure. In response to discussion about the incorporation of the Intensive Home Treatment Team (IHTT) to provide a multi disciplinary approach and concern about the potential impact of Section 136 patients on the IHTT, BK reported that benchmarking had been undertaken which supported an integrated crisis service model and that monitoring would be through key performance indicators. Members also sought clarification on Section 136 arrangements in the surrounding CCG areas with a view to potential cost sharing, including with the Leeds CCGs regarding their Section 136 service from Leeds and York NHS Partnership Foundation Trust with a view to economies of scale.

In regard to the requirement to make changes to the front entrance of the proposed site KH emphasised that a maximum capital cost be agreed prior to the commencement of the work.

The Governing Body

1. Noted and welcomed the progress towards establishing a Section 136 Suite for Vale of York residents.
2. Approved the proposal to invest £400K in the provision of a Section 136 place of safety provided by Leeds and York Partnership NHS Foundation Trust subject to clarification of potential economies of scale to reduce the cost impact and agreement of a capital cost prior to commencement of the alterations.
3. Noted that approval created a pre-commitment in to 2014/15.
4. Noted that an update would be provided at the September Governing Body meeting, with information about capital expenditure.

8. Performance and Quality Dashboard

In introducing this item AM expressed concern at the current lack of data and noted that work was ongoing to improve availability to enable reporting of a more up to date position.

Quality and Performance

CW referred to the discussion at public questions relating to YAS and in this regard additionally noted that information relating to Pocklington had been omitted from the Dashboard; this would be included in future reports.

In respect of patients waiting 52 weeks or more from referral by their GP or other healthcare professional CW reported that there was one patient at York Teaching Hospital NHS Trust from NHS Vale of York CCG. CW advised that this was an improved position in York and that measures were being introduced to help to prevent future breaches. She reported that since the Dashboard had been published a urology patient at Leeds Teaching Hospitals NHS Foundation Trust had also breached this performance target for NHS Vale of York CCG.

CW highlighted the change in reporting of MRSA and clostridium difficile to include both hospital and community cases due to the CCG being monitored as an organisation in its own right. The overall target for 2013/14 was no more than 71 cases, of which the performance target for York Teaching Hospital NHS Foundation Trust was no more than 43 across the York and Scarborough sites. In noting the current total of eight cases CW advised that joint working was taking place to reduce infections and prevent relapse, including learning from other parts of the country. The Quality and Performance Committee was closely monitoring the position. It was agreed that the hospital and community cases be distinguished in the Dashboard. CW noted she would reconfirm all targets relating to healthcare acquired infections in the next report.

CW advised that work to develop reporting of Mental Health data in the Dashboard was continuing.

Following discussion about Choose and Book it was noted that this was a quality standard and that implementation of the Referral Support Service would result in improved performance for this indicator. Choose and Book also provided an audit trail and was the safest means of referral.

Finance

KH reported that due to data not currently being available the information presented was a profile of expenditure which appeared to be on budget and was predicated on achievement of QIPP schemes. During July work was ongoing to incorporate activity levels and assess deliverability of QIPP savings to identify the actual financial position.

AM reiterated the issues regarding availability of data and expressed concern about the overall financial position, noting the potential in both primary and secondary care for introduction of measures to address the financial challenges. Following the work to assess the position an extraordinary meeting may be arranged on the afternoon of 1 August to keep members of the public informed.

QIPP

RP noted that a number of schemes were on track to deliver the QIPP targets and that other plans were being reviewed. Robust information was being sought to inform this work; this would be discussed at the Governing Body meeting on 1 August.

The Governing Body

1. Noted the Performance and Quality Dashboard.
2. Requested that infection reporting be broken down in to hospital and community cases.
3. Noted that an extraordinary meeting would be held on 1 August 2013 following review of the financial position and QIPP schemes.

9. Recovery and Improvement Plan – NHS England Gateway Reference: 00062

GB attended for this item

GB presented the report which described the progress towards delivering the recovery and improvement plan submitted to NHS England by 31 May as required. The Urgent Care Board, which comprised the major stakeholders in urgent care, would ensure a whole system approach. The plan was based on the key issues detailed in the report. GB noted the complexities of achieving improved support for patients and avoiding admissions through joint working of a number of organisations.

In response to AM seeking clarification of measurement of outcomes, GB advised that an Urgent Care Dashboard was being developed which would enable better evaluation of performance. She additionally confirmed that Equality Impact Assessments would be incorporated in all plans, work was ongoing to learn from other areas where measure had been implemented, and the timescale for consultant ward rounds at weekends was being brought forward from the reported target date of February 2014.

With regard to improving services for the frail elderly and hard to reach and to reduce admissions, detailed discussion ensued about the evidence base relating to inappropriate admissions and impact on A&E attendance and admissions. RP assured members that all plans would be evidence based. KH highlighted the need to prioritise the components of the plan that focus on the elements which would impact most on the CCG in 2013/14.

The Governing Body

Noted the recovery and improvement plan submitted to NHS England and supported its delivery, subject to evidencing.

10. NHS England CCG Assurance Framework 2013/14: Briefing Paper

RP referred to the briefing on the proposed Assurance Framework for CCGs noting that she and MH were meeting with the Area Team later in July prior to the first quarterly review in early September.

Discussion included concerns about the capacity of the Area Team to fulfil both their assurance role and their role as a major commissioner and also the potential for increased bureaucracy which could impact on the work of the CCG. RP noted that similar concerns had been identified and reported back to NHS England by the other CCGs. She also highlighted that members of the Area Team attended the monthly Business Committee and that this therefore provided some assurance through an established mechanism.

The Governing Body

1. Noted the proposed NHS England CCG Assurance Framework for 2013/14.
2. Noted that an update on the final arrangements for the Assurance Framework would be provided at the November meeting.

11. Key Financial Policies

KH referred to the report which, following establishment of NHS Vale of York CCG as a legal entity in its own right from 1 April 2013, recommended adoption of key financial policies: Standing Orders, Scheme of Reservation and Delegation, and Prime Financial Policies.

The Governing Body

Adopted the following key financial policies: Standing Orders, Scheme of Reservation and Delegation, and Prime Financial Pollicies.

12. Strategic Collaborative Commissioning Committee Minutes

The Governing Body:

Received the minutes of the Strategic Collaborative Commissioning Committee of 9 May 2013.

13. NHS Vale of York CCG Quality and Performance Committee Minutes

The Governing Body:

Received the minutes of NHS Vale of York CCG Quality and Performance Committee held on 15 May 2013.

14. Any Urgent Business

Frequency of Meetings: Alan Maynard announced that, as the committee structure was now established, the schedule for meetings in public would normally be alternate months: September, November, January, March.

15. Next Meeting

The Governing Body:

Noted that the next scheduled meeting would be held on 5 September 2013 at 10am at The Memorial Hall, Potter Hill, Pickering YO18 8AA. However, as mentioned at item 8 above, an extraordinary meeting on the afternoon of 1 August 2013 was now scheduled.

16. Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 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.

17. Follow Up Actions

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

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 4 JULY 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 April 2103	Procurement Policy	Procurement limits to be reviewed via the Audit Committee	Interim Deputy Chief Finance Officer	17 July 2013
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
6 June 2013	Public Questions: Never Incidents	• Meeting to be arranged with Lesley Pratt • Regular meeting with Healthwatch to discuss learning from serious incidents	CW CW	31 July 2013 31 July 2013

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
6 June 2013	NHS Vale of York Clinical Commissioning Group Constitution Update	• Update on ratification of amendments	RP	Due 4 July meeting
4 July 2013	Performance and Quality Dashboard	• Reporting of hospital and community MRSA and clostridium difficile cases to be distinguished	CW	5 September meeting
4 July 2013	NHS England CCG Assurance Framework 2013/14	• Update on Assurance Framework	RP	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
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
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPT	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
NHS IQ	NHS Improving Quality
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

Acronym	Meaning
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
PDR	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
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
WCC	World Class Commissioning
WTD	Working Time Directive
YFT/YTHFT	York Teaching Hospital NHS Foundation Trust