Vale of York
Clinical Commissioning Group

**GOVERNING BODY MEETING**

**2 July 2020 9.30am to 11.30am**

**By Microsoft Teams due to Coronavirus COVID-19**

**AGENDA**

| | | | | |
|---|---|---|---|---|
| **STANDING ITEMS – 9.30am** | | | | |
| 1. | Verbal | Apologies for absence | To Note | All |
| 2. | Verbal | Declaration of Members' Interests in the Business of the Meeting | To Note | All |
| 3. | Pages 3-12 | Minutes of the meeting held on 7 May 2020 | To Approve | All |
| 4. | Verbal | Matters arising from the minutes | | All |
| **ASSURANCE – 9.35am** | | | | |
| 5. | Pages 13-24 | Quality and Patient Experience Report including Risk | For Decision | Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse |
| 6. | Pages 25-26 Full Report in Separate Document | 2019/20 Annual Report and Annual Accounts | To Ratify | Michael Ash-McMahon Deputy Chief Finance Officer |
| 7. | Pages 27-30 | Annual Health Checks for People with Learning Disabilities or Serious Mental Illness – Update Report | To Receive | Denise Nightingale Executive Director of Transformation, Complex Care and Mental Health |

| | | | | |
|---|---|---|---|---|
| 8. | Pages 31-42 | Primary Care Networks Update | To Receive | Fiona Bell-Morrit, Lead Officer Primary Care (Vale) / Gary Young, Lead Officer Primary Care (City) |
| 9. | Pages 43-47 | Interim Measures – Governance and Committee Meetings: First Quarterly Review | To Agree | Phil Mettam Accountable Officer |
| 10. | Pages 48-55 | Medicines Commissioning Committee Recommendations | To Receive | Dr Andrew Lee Executive Director of Primary Care and Population Health |
| **FINANCE – 11.00am** | | | | |
| 11. | Pages 56-68 | Financial Performance Report 2020/21 Month 2 | To Receive | Michael Ash-McMahon Deputy Chief Finance Officer |
| **CORONAVIRUS COVID-19 UPDATE – 11.10am** | | | | |
| 12. | Verbal<br><br>Pages 69-95 | Update<br><br>'Our work to support the local health system during the Covid-19 Pandemic'<br><br>Video link, also included in document, https://youtu.be/zBQv8boaKPA | To Receive | Michelle Carrington / Andrew Lee<br><br>Holly Jenkinson, Senior Communications and Media Relations Officer / Caera Mahoney, Commissioning and Transformation Manager |
| **NEXT MEETING** | | | | |
| 13. | Verbal | 9.30am on 3 September 2020 | To Note | All |
| **CLOSE – 11.30am Part II meeting to follow** | | | | |

NHS
Vale of York
Clinical Commissioning Group

Item 3

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 7 May 2020 by Microsoft Teams due to Coronavirus COVID-19**

**Present**

| | |
|---|---|
| Dr Nigel Wells (NW) (Chair) | Clinical Chair |
| Michael Ash-McMahon (MA-M) | Deputy Chief Finance Officer |
| David Booker (DB) | Lay Member and Chair of Finance and Performance Committee |
| Michelle Carrington (MC) | Executive Director of Quality and Nursing / Chief Nurse |
| Dr Helena Ebbs (HE) | North Locality GP Representative |
| Phil Goatley (PG) | Lay Member, Chair of Audit Committee and Remuneration Committee |
| Julie Hastings (JH) | Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee |
| Dr Andrew Lee (AL) | Executive Director of Primary Care and Population Health |
| Phil Mettam (PM) | Accountable Officer |
| Denise Nightingale (DN) | Executive Director of Transformation, Complex Care and Mental Health |
| Dr Chris Stanley (CS) | Central Locality GP Representative |
| Dr Ruth Walker (RW) | South Locality GP Representative |

**In Attendance (Non Voting)**

| | |
|---|---|
| Dr Aaron Brown (AB) | Liaison Officer, YOR Local Medical Committee Vale of York Locality |
| Abigail Combes (AC) | Head of Legal and Governance |
| Holly Jenkinson (HJ) | Senior Communications and Media Relations Officer |
| Michèle Saidman (MS) | Executive Assistant |
| Sharon Stoltz (SS) | Director of Public Health, City of York Council |

**Apologies**

| | |
|---|---|
| Simon Bell (SB) | Chief Finance Officer |

**STANDING ITEMS**

**1. Apologies**

As noted above.

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

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

## 3. Minutes of the Meeting held on 2 April 2020

The minutes of the last meeting were agreed.

**The Governing Body:**

Approved the minutes of the meeting held on 2 April 2020.

## 4. Matters Arising from the Minutes

Matters arising would either be carried forward to the time when "business as usual" resumed or to their scheduled date.

## ASSURANCE

## 5. Quality and Patient Experience Report

MC presented the report which provided an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across the CCG's commissioned services. It summarised by exception, progress and updates on quality, safety and patient experience and provided an update on actions to mitigate the risks aligned to Governing Body. MC noted that the Quality and Patient Experience Committee had particularly welcomed the comprehensive approach established at both system and local level in response to the Coronavirus COVID-19 pandemic when presented with the previous iteration of the report.

MC provided a detailed update on the impact of and response to Coronavirus COVID-19 in care homes noting discussions across the CCG footprint included with the Vale System Working Group and York Central Primary Care Network. She emphasised that further interventions were required to avoid the expected 90% increase in cases within six weeks as indicated by modelling and explained that three sets of national guidance had been issued. Whilst recognising established good practice within the CCG MC stressed that further work was required. She also explained that Local Authorities were required to develop and mobilise plans for social care within two weeks and that there were a number of CCG specific requirements. *(Post meeting note: This information - Principles to Deliver an Enhanced Universal Support Offer to Care Homes in the North East and Yorkshire Region* and *Responding to COVID-19 in Care Homes - was circulated immediately after the meeting).*

MC clarified that the definition of a care home was 'Care Quality Commission registered with and without nursing' and therefore included residential care homes, nursing homes and learning disability homes. The CCG specific requirements, which had a mobilisation date of 14 May, included:

- A registered nurse to visit a care home each day.

- Patients discharged from hospital to a care home to receive a follow-up visit the next day. York Teaching Hospital NHS Foundation Trust had commenced this work.
- Establishment of a 24/7 helpline, such as the Airedale model.
- Specialist infection prevention control support including immediate establishment of a "Super Trainer" followed by trainers in all care homes, where possible using a "train the trainer" approach, to ensure guidance was being appropriately operationalised, MC noted that she had written to Primary Care Networks with a view to the potential for Practice Nurses to be included in this.

Further guidance related to primary care specific requirements. In this regard MC referred to the national Directed Enhanced Service to support care homes which was unlikely to be in place soon but based on the principles in that document she was writing to all practices to establish a system response to the crisis in care homes. Whilst recognising the need for agreement of a contractual mechanism, the requirements included:

- Weekly 'check ins', which may be 'virtual', with each care home. This should be multidisciplinary and include expertise and support as required for the population needs.
- A 'Team Around the Home' partnership offer for each care home with a single access point and a named clinical lead for each home. This was already in place at North Yorkshire County Council and work was taking place with City of York Council.

Whilst reiterating the priority focus on care homes SS expressed concern relating to aspects of availability of data about cases of Coronavirus COVID-19 in care homes and enquired about potential further strengthening of partnership working with the CCG. MC responded that the CCG was in discussion with City of York Council regarding sharing of information noting that the CCG was providing support for their development of a 'dashboard' approach. She advised however that much of the information required for this was provider led, such as the Care Quality Commission Capacity Tracker. MC also asked GPs to consider information they would find useful to inform design of the 'dashboard'. MA-M noted potential for information from North of England Commissioning Support to be included.

Detailed discussion ensued including in relation to the 24/7 helpline requirement. In this regard HE, while recognising reduced GP contacts from care homes as a result of the Airedale model, explained that it was not multi disciplinary team based, was a reactive rather than proactive approach and was not locally linked . She highlighted that AccuRx, which had been adopted and become 'business as usual', could provide comprehensive facilities including integration of SMS and photos in the medical record. It also fulfilled the requirements without the need for new commissioning arrangements. AB concurred and added that he was involved in work with NHS England and NHS Improvement on development of a 'virtual' ward proposal, initially for 'shielded' and vulnerable patients but with the potential for adapting in response to the crisis in care homes. CS additionally noted that 100 Samsung tablets being sent out to primary care the following week would include AccuRx.

In response to NW enquiring about responsibility for co-ordination, timing and avoidance of duplication MC explained that Local Authorities had the lead for the

response and explained that daily, i.e. seven days a week, Gold Command care home resilience calls which included City of York Council and North Yorkshire County Council representation, had been established. She also described North Yorkshire County Council's comprehensive approach of daily calls to all homes using a standard 'script' noting that City of York Council were considering a similar approach. MC also explained other intelligence sources included potentially care home swabbing, sources of death rates, Public Health and Safeguarding. She emphasised that a mechanism was required for primary care intelligence, currently not incorporated, to be provided for the strategic Gold Command.

MC explained that within the CCG footprint there were 22 nursing homes, 31 residential homes, 26 learning disability homes and Woodlands Neurological Rehabilitation Centre, York, all requiring contact and differing appropriate support. In response to DB enquiring about capacity to meet this challenge and associated staff stress levels, MC advised that CCG resources were being diverted in this initial stage of establishing a co-ordinated response, notably through the Deputies who were also providing a resource for mutual support. NW added in the context of support that consideration was also required of potential leeway for primary care in terms of statutory requirements.

In response to HE highlighting the need for pharmacists working in care home pharmacy roles in a model supporting poly pharmacy and deprescribing and based in the multi disciplinary teams, MC advised that work was already taking place in the CCG on developing such an additional offer.

MC requested members provide feedback on any perceived gaps or relating to the 'dashboard' being developed by City of York Council and noted she would circulate the wider draft offer to care homes to members for comment.

*AL joined the meeting*

AL emphasised the need for transformation in primary care to progress on a population health needs approach. He also noted the perspectives of leadership in relation to care homes and the 'one care home one practice' model.

MC provided an update on swabbing advising that clarity was required in relation to swabbing residents in care homes as there were currently no established processes to fulfil the requirements. A resolution was being sought via the Local Resilience Forum, including the logistics of delivery, collection and assessment. North Yorkshire County Council and City of York Council were also working together on a local solution. MC highlighted that demand for swabbing was expected to exceed capacity.

PG commented that the report provided assurance that a pragmatic approach was being adopted for practical arrangements, also noting elements of innovative practice being developed.

**The Governing Body:**

Received the Quality and Patient Experience Report confirming, in the context of the separate strategic and operational work streams which manage the response and risks associated with Coronavirus COVID-19, that it provided:

- Assurance of the measures in place to manage the CCG response and contribute to the system response to Covid-19.
- Assurance of the work being undertaken to understand the quality and safety of commissioned services.
- Assurance of the underpinning approach to patient engagement.
- Assurance of the actions to manage the risks aligned to Governing Body.

## 6. Risk Update

AC assured members that the regular process of updating and reporting of risks was taking place. She noted with regard to finances that it was not yet possible to articulate aspects of risk from the recent financial changes and with regard to infection prevention control that improvement in the level of clostridium difficile may be the result of the Coronavirus COVID-19 infection prevention control requirements. AC also reported fluctuation in levels of risk and noted that the actions relating to SEND (Special Educational Needs and Disability) were on hold supported by the Coronavirus Act.

AC advised that the Deputies Group had reported there were no new risks to escalate to Governing Body and that members were already aware of any risks with a score that required reporting.

**The Governing Body:**

Noted the update.

## 7. CCG Annual Assessment 2019/20 and System Oversight

PM referred to the email from NHS England and NHS Improvement circulated to members which advised that, in view of the focus on responding to the Coronavirus COVID-19 pandemic, development of the 2020/21 System Oversight Framework had been postponed and the 2019/20 CCG annual assessment process would be delayed until at least Quarter Two of 2020/21.

**The Governing Body:**

Noted the update on the CCG Annual Assessment 2019/20 and System Oversight.

**FINANCE**

## 8. Financial Performance Report 2019/20 Month 12

MA-M reported that the £18.8m forecast deficit position had been achieved at the end of 2019/20. As a result of this and the CCG's standard of financial control NHS England and NHS Improvement had made available both the £14.0m Commissioner Sustainability Funding and a further £4.8m allocation which meant that the CCG had achieved a position of breakeven for the first time since 2014/15. MA-M explained that the cumulative debt had therefore not increased but the underlying position remained unchanged. Additionally, the CCG had been able to contribute a further £150k to the System Recovery Plan which it had been agreed would be passed directly to York

Teaching Hospital NHS Foundation Trust to support delivery of their overall financial plan and access to their sustainability funding. MA-M also highlighted the strong Continuing Healthcare performance throughout 2019/20.

MA-M referred to the deterioration in the prescribing position, in particular the further £250k deterioration in the Prescribing QIPP (Quality, Innovation, Productivity and Prevention). He explained that a lessons learnt review would be undertaken in respect of PIB2 (Prescribing Incentive Budget) to inform potential continuation as the scheme was not having the required impact, but also to share some of the positive examples that had delivered.

MA-M noted that financial targets, in particular the year-end cash position, had been met and reiterated that the overall position recognised the CCG's good financial controls. He highlighted a number of challenges in 2020/21 including the fact that the CCG did not yet have a financial plan agreed with NHS England and NHS Improvement.

Detailed discussion ensued regarding PIB2 including the fact that it had started mid year, the context of strong performance in prescribing efficiencies historically across the Vale of York compared to other CCGs, recognition that the targets had been stretching and achievement in the face of unavoidable cost increases such as No Cheaper Stock Obtainable and Category M drugs. In response to NW enquiring about future plans in this regard, AL explained that prior to the Coronavirus COVID-19 pandemic the Medicines Management Team had been working on the potential to change from an approach of cost savings to one focusing more on quality prescribing.

DB reported that the Finance and Performance Committee had considered the Finance Report and had recorded appreciation to SB, MA-M and the Finance Team for their work to achieve the CCG's 2019/20 plan, particularly in the recent challenging circumstances. The Committee had also noted, and would continue to monitor, the increased potential for fraud to be perpetrated at this time.

PM endorsed DB's comments and highlighted the uncertainty created as a result of the pandemic. He also wished to express appreciation through the Primary Care Networks for the ongoing work.

PM referred to emerging potential significant financial risks across the system. He proposed, and members agreed, that these be considered via the Finance and Performance Committee.

**The Governing Body:**

Received the Month 12 Financial Performance Report noting and commending the position of break even in 2019/20.

**COVID-19 UPDATE**

**9. Update**

AL reported that nationally both the number of Coronavirus COVID-19 cases and the death rates were reducing and locally numbers were comparatively low. However, death rates from other causes, such as heart attacks and strokes, had increased and

were happening more in the community. Death rates in care homes were double those than would normally be expected at this time.

AL reported that discussions were taking place at Integrated Care System level to plan steps to resume routine services noting that as at 5 May York Teaching Hospital NHS Foundation Trust had cancelled 43,000 outpatient appointments and 2,000 elective procedures. Challenges included the fact that staff were working in different places from usual and surgical facilities were being used for critical care. AL explained that there was now pressure to return to the pre-COVID-19 position by early August but highlighted limitations such as the requirement for York Teaching Hospital NHS Foundation Trust to operate at 70% bed occupancy in the context of its usual level of 95%, supplies of personal protective equipment were only sufficient for current activity and testing capacity requirements for admissions.

AL advised that he had highlighted at the next stage planning group that primary and secondary care must work more closely together than pre COVID-19. He emphasised the need for greater levels of engagement and for transformation of the relationship between primary and secondary care. In response members stressed that maintaining what had become the 'new norm' for working relationships was key to the required transformation.

DN provided an update on Tees, Esk and Wear Valleys NHS Foundation Trust services which were continuing whilst maintaining social distancing or on a 'virtual' basis. The longer term mental health impact of the pandemic was also being recognised to inform forecasting future service requirements. DN cited the example of segmenting working age adults according to their experiences during the pandemic. She noted that referrals to Child and Adolescent Mental Health Services had reduced during the last six weeks but consideration was being given to meeting increased need when schools re-opened through broader agency discussion. DN also noted the potential for consideration of a preventative model in schools beyond the Kooth service which was already in place.

DN advised that Crisis Services for adults were at similar to pre pandemic levels. She additionally explained that Tees, Esk and Wear Valleys NHS Foundation Trust wished to seek GPs' views on further service developments. In response, whilst recognising a number of pilots in the Selby area, detailed discussion ensued on the need for mental health and primary care to be provided more closely and for services to be more integrated across all aspects of care, instead of the apparent 'caseload' mind-set. Opportunities emanating from ways of working during the pandemic could potentially be utilised to expedite such transformation.

**The Governing Body:**

Noted the updates and associated actions.

**10. Next Meeting**

**The Governing Body:**

Noted that a workshop would take place on 4 June 2020.

In concluding the meeting NW, on behalf of the Governing Body, expressed appreciation to everyone in the CCG for their work at this difficult time. PM additionally commended the commitment of the Executive Team and reiterated thanks to all staff.

Appendix A

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP**

**ACTION FROM THE GOVERNING BODY MEETING ON 7 MAY 2020 AND CARRIED FORWARD FROM PREVIOUS MEETING**

| Meeting Date | Item | Description | Director/Person Responsible | Action completed due to be completed (as applicable) |
|---|---|---|---|---|
| 2 January 2020<br><br><br>2 April 2020 | Patient Story | • Update on establishing a local system approach for pertussis vaccination in pregnancy<br>• Ongoing in context of the Coronavirus COVID-19 pandemic | MC | 5 March 2020<br><br><br>Ongoing |
| 2 January 2020<br><br>2 April 2020 | Learning Disabilities Mortality Review | • Update on potential proposals and a stocktake of progress<br>• Ongoing in context of the Coronavirus COVID-19 pandemic | MC | 5 March 2020<br><br>Ongoing |
| 2 January 2020<br><br><br>2 April 2020 | Board Assurance Framework and Risk Management Policy and Strategy | • Risk Management Policy and Strategy to be presented for ratification | AC | 2 April 2020<br><br>Deferred until “business as usual” resumed |
| 5 March 2020 | Primary Care Networks Update | • Further update in three months | AL | 2 July 2020 |

| Meeting Date | Item | Description | Director/Person Responsible | Action completed due to be completed (as applicable) |
|---|---|---|---|---|
| 2 April 2020 | Interim Measures – Governance and Committee Meetings | • First quarterly review of suspension of Risk Policy and Strategy so far as it relates to reporting | PM / AC | 2 July 2020 |
| 2 April 2020 | COVID-19 update | • Review learning on the part of both teams and organisations | All | Ongoing |
| 7 May 2020 | | • Draft offer to care homes to be circulated to members for comment. | MC | |

**Item Number: 5**

**Name of Presenter: Michelle Carrington**

**Meeting of the Governing Body**

**Date of meeting: 2 July 2020**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Quality and Patient Experience Report**

**Purpose of Report** *(Select from list)*
**For Decision**

**Reason for Report**
The purpose of this report is to provide the Governing Body with an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarises by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provides an update on actions to mitigate the risks aligned to Governing Body.

**Strategic Priority Links**

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

**Local Authority Area**

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

**Impacts/ Key Risks**

☐Financial
☐Legal
☒Primary Care
☒Equalities

**Risk Rating**

**Emerging Risks**

Risks to quality and safety across all commissioned services due to the impact of Covid-19

Risks emerging from the SEND action plan and impact of Covid-19 upon the deliverables.

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

**Risks/Issues identified from impact assessments:**

N/A

**Recommendations**

For Governing Body to accept this report for assurance and mitigation of key quality, safety and patient experience issues.

**Decision Requested (for Decision Log)**

In the context of the separate strategic and operational work streams which manage the response and risks associated with Covid-19, Governing Body is requested:

- determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services
- determine whether members are assured of the actions to manage the risks aligned to Governing Body

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Michelle Carrington, Executive Director of Quality & Nursing | Michelle Carrington, Executive Director of Quality & Nursing<br>Paula Middlebrook , Deputy Chief Nurse |

Vale of York
Clinical Commissioning Group

# Quality and Patient Experience Report to Governing Body

## – July 2020

## 1. PURPOSE OF THE REPORT

The purpose of this report is to provide the Governing Body with an update on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarises by exception, progress and updates on quality, safety and patient experience that is not related to existing risks.

The overarching risk to quality and safety at present is the impact of the Covid-19 pandemic. This report will therefore aim to provide assurance to Governing Body of the systems and process in place to contribute to a system response and how we continue to seek assurance regarding the impacts upon the services we commission.

The purpose of this report is to provide the Quality and Patient Experience Committee with an exception report upon

- Covid-19 impact and changes to commissioned services with particular focus upon
    - Support to care homes
    - Restarting elective services
    - Mental health services
- Assurance on quality and safety of services at York Teaching Hospitals NHS FT
- Serious Incidents
- Patient Experience
- Communications and Engagement update with a focus upon
    - attainment of the Carer friendly Employer accreditation
    - Urgent care survey
- Children's commissioning and progress regarding Written Statement of Action
- Wheelchair Services
- Governing Body Risks

## 2. COVID-19 AND CHANGES TO COMMISSIONED SERVICES

A detailed account of the CCG and system partner organisational response and transition to safely restart services was provided to Quality and Patient Experience Committee and subsequently to Governing Body in May 2020. This work continues to progress.

**Support to Care Homes**
Improving and increasing support into care homes continues at pace. This includes establishing a 'package of care' led by primary care which includes identifying a clinical lead, weekly check-ins, access to medicines management and a process in

place for personalised care planning. The CCG are facilitating the development of a more bespoke model for learning disability homes in conjunction with TEWV.

Achieving the principles to support care homes (document attached last time) continues to develop with partners and progress being made against identifying a registered nurse for each care home from community services and a follow up visit the day after discharge from hospital.

The Quality & Nursing team achieved the requirement from NHSE/I to offer IPC training into 100% of care homes with the aim to provide proactive support to prevent outbreaks and harm to residents. The VOY CCG were in the top achieving region nationally. A number of other independent providers participated in the training and this will be spread to include more care settings such as assisted living and domiciliary care.

The Quality & Nursing Team continue to engage with Independent Care Providers via the weekly "Partner in Care Covid Response Echo Network" providing information and support, with attendees from neighbouring CCGs. This key platform has enabled the team to share latest advice and guidance relating to issues such as Testing, Infection Prevention and Control (IPC), support with bereavement, Mental Capacity and DOLs, hospital discharges.

The daily care home 'Gold' meetings continue with partners across NY&Y to review all information and intelligence and ensure optimum support is being provided. This is also the forum to prioritise covid-19 testing into homes. A daily dashboard has been developed for primary care to ensure GPs have access to the latest information about the covid status of homes they are clinical leads for.

**Moving to the Second Phase to 'restart' Services**

The NHSE second phase response to COVID-19 was shared with all partners on the 29th April and clearly set out the ambition for increasing the volume of non-COVID-19 care and diagnostics available for local people across physical and mental health services and in line with the infection prevention and control (IPC) requirements captured in the new operating framework for NHS care.

All fast track (suspected cancer) and urgent referrals have been processed during the initial COVID response and some limited diagnostics and face to face treatments for priority cancer and urgent care provided in cold sites including the local independent sector hospitals. Locally routine referrals have been switched on again supported by a clinical assessment services; however, outpatient capacity is extremely limited while the local system remains on a level 4 COVID-19 response. Diagnostics capacity also remains challenged and will do into the future due to the impact of infection control on national delivery guidance. In turn the lack of diagnostics capacity impacts on a number of care and treatment pathways.

All services are planning for when staff and some estate become available as COVID-19 services are de-escalated. Services continue to risk stratify their waiting lists, backlogs and surveillance lists in order to clinically prioritise how any future capacity would be scheduled for these patients.

Patients are also being supported in understanding the self-isolation requirements for them to safely take up scheduled urgent and cancer surgery in line with national IPC guidelines and these requirements mean many local people are not able to accept their scheduled surgery. This has been escalated nationally via NHSE as an inequality and clinical risk issue.

NHSE/I have also outlined a process for recovery planning from the end of August through to March 2021(Phase 3) with an initial planning submission on the 22nd June to region. The NY&Y subsystem have started work across all partners to build this recovery plan and this will be informed by the health needs assessment which will support both NHSE/I ('health') recovery planning and the wider North Yorkshire & York LRF recovery plan. This has identified the new, different and greater needs in four waves of COVID response across health and wider determinants of health.

**Covid risks**

Governing Body have received a specific risk register for covid related risks. These risks will be managed at Governing Body.

## 3. ADULT MENTAL HEALTH; RESPONDING TO COVID-19

The following section provides an outline of how mental health services have responded to the changes needed in order to maintain Covid safety and ensure patients receive the mental health support required.

With the exception of IAPT, all clinical teams in the community have been able to retain the same level of patient contacts through the use of tele-video conferencing or telephone contacts. Where people have needed to be seen face to face, the service has continued to do so with the use of personal protective equipment.

**IAPT**.

The service is currently unable to offer face to face consultations however is offering a range of therapies online, over the telephone and using video consultations. Referrals into the service are low however, and the CCG is working with TEWV through the 'IAPT - we've got your back' publicity campaign. This has been circulated to GPs and more widely across Local Authority and Third Sector networks

along with promotion and general awareness raising of IAPT self-referral and self-help online resources

**Early Intervention in Psychosis (EIP)**

The EIP service continues with use of the new 'Attend Anywhere' digital application where appropriate.

**Foss Park Inpatient Facility**

The new in patient facility at Foss Park was opened early and has dedicated COVID safe environments that support people being admitted, tested for COVID and isolated until it is deemed safe to transfer to a base ward.

**The Haven @ 30 Clarence Stree**t has closed due to lockdown restrictions however the provider, Mental Health Matters, continues to offer a telephone service which has been widely promoted across primary care and community support networks. They are also working with York St John Converge to offer a virtual classroom offer at weekends.

A Voluntary Care Sector provider is offering on-call mental health first aid in Selby.

**All age 24/7 mental health crisis & support line**

In response to a national COVID response, TEWV has developed an all age 24/7 urgent care single telephone line for all its mental health services including; Adult Mental Health, Learning Disabilities and Children and Young People. This provides access to advice about mental health and appropriate services, including third sector, via a triage process. The new 0300 0200 317 number went live from 18 May and all patient facing information on TEWV's website has now been updated.

**Dementia**

A specialist dementia nurse has been in post since February 2020 commissioned from Dementia Forward. She is now taking referrals from primary care and providing support for people with dementia/cognitive impairment and vulnerable older people who might be put at higher risk due to social distancing.

In order to ensure memory assessment and dementia diagnosis can continue during COVID restrictions, joint work is on-going to develop a virtual assessment pathway via telephone and use of technology.

### Eating disorders

Concerns have been raised around the needs of a number of vulnerable adults with an eating disorder and the expectations on GPs to take on what is considered by them to be the complex monitoring and management of physical health. In response to these concerns, the CCG has negotiated with TEWV an interim solution to increase capacity within the specialist community eating disorder service to offer physical health checks to patients identified as high risk. Community teams are regularly reviewing their caseload to ensure that they can prioritise contact with patients assessed as highest risk and also to make sure all patients receive a level of contact to help them through this difficult period. The CCG is working with TEWV and Primary Care to develop a sustainable solution.

### Moving Forward – Planning for a potential mental health surge in need

TEWV are currently modelling the anticipated 'surge' in mental health needs and how the services can respond to the expected demand. Modelling based upon other widespread 'emergencies' and how they have impacted upon mental health are being utilised to help inform this.

## 4. Assurance on quality and safety of services – York Teaching Hospitals NHS Foundation Trust (YHFT)

YHFT remains at risk summit level following the CQC inspection and further regulatory notices served. Interim governance arrangements have been put in place led by NHSE/I to gain assurance on progress of the CQC action plan. These meetings take place every two weeks and the CCG Chief Nurse attends. Good progress has been made against the action plan but some issues remain:

- The CQC response is awaited to the last submission made by the trust and there will be difficulties assessing achievement as services have been reconfigured radically during covid-19.
- The requirement to increase paediatric nursing resource into emergency departments remains challenging. NHSE/I are working with the national bodies to determine the best model going forward and are looking at nationwide incidents to see if reduced paediatric nurses within ED are in anyway linked.
- Environmental changes agreed and commenced but had to be put on hold due to COVID 19 changes in ED.
- Standardised paper nursing documentation to be rolled out in June 2020 with a digital nursing care record project to be commenced with a view to implement by January 2021.
- Staffing on the medical wards has improved mainly due to increased capacity during covid-19, a number of nurse returners and the use of third year student

nurses. However as activity increases and services are switched back on this may become more difficult.

- In terms of performance there have been improvements in 12 hour trolley waits in ED and achievement of the 4 hour ED target directly related to reduced activity in ED. The main performance related concerns which impact on quality are the increase in the numbers of people waiting for interventions, the number of people who wait specifically longer than 52 weeks and achievement of the diagnostic target. In order to address this and to ensure there is clinical risk assessment of the backlog the following has been put in place: An initial stocktake of services has been completed across Care Groups to determine gaps for Fast Track and Urgent Care; and develop system actions to mitigate.
- Clinical Risk and Oversight Committee; Refreshing Clinical Harm Review process for 52 week patients and Risk Stratification routine patients and those awaiting diagnosis. Shared approach to risk management with Primary Care.
- A process for capturing and assessing the Transformation in services due to COVID-19 to 'lock in' learning and drive best practice.
- Bed modelling to understand the impact of a second wave of COVID-19 and/ or increases in other non-elective work on our reduced bed base.
- Validation of waiting lists (RTT and Endoscopy Surveillance patients).
- Re-assessment of activity for the coming year, based on capacity and shared demand assumptions across Humber Coast and Vale – inform new patient pathways and priority work.

## 5. SERIOUS INCIDENTS (SIs)

Reporting of incidents and Never Events are continuing during Covid-19 however numbers are reduced with organisations reporting this in is line with reduced activity/occupancy. SI activity is monitored with weekly update circulated to relevant CCG leads.

## 6. PATIENT EXPERIENCE

The volume of patient queries and concerns to the CCG remain low since the start of the pandemic. However there has been a notable shift in patient queries as concerns start to relate to delays in being able to access services which had been paused at the outset.

## 7. COMMUNICATIONS AND ENGAGEMENT

The Patient Story for QPEC this month focuses upon the work undertaken by the Maternity Voices Partnership to understand the experiences of and areas for improvement by women/families and a subsequent piece of work to understand the

experiences of women / families who have been pregnant during the Covid-19 pandemic.

**Carer Friendly Employer accreditation:**

In June 2020 NHS Vale of York Clinical Commissioning Group (CCG) has been awarded 'Carer Friendly Status' by York Carers Centre for recognising staff members who manage their employment with caring responsibilities and pledging to support them. This announcement comes during Carers' Week 2020 (8 – 14 June 2020) which focuses on raising the visibility of carers in organisations and communities.

This pledge includes raising carer awareness in the organisation, supporting their wellbeing and maintaining carer friendly HR management and policies, which together with work already undertaken to identify staff who are carers through a staff survey has resulted in the accreditation. We are continuing to raise the visibility of carers within our organisation and are linking up with York Carers Centre to ensure our staff have access to the support they need

**Urgent care survey**

The CCG has launched a survey to understand what people know about urgent care services and when to use them, to help improve and develop services as part of urgent care transformation. We are asking people what they do if they have an urgent medical condition which cannot wait until a routine appointment with a GP or other healthcare professional is available. The survey runs from 28 May 2020 for one month. We are also looking at holding some online focus groups in partnership with Healthwatch, to try and dig deeper to understand our population's needs. The survey should take about 10 minutes and can be accessed here: www.surveymonkey.co.uk/r/voyurgentcare2020

## 8. CHILDREN'S COMMISSIONING

The Special School Nursing transformation plan has been further delayed due to the impact of the Covid 19 pandemic on education services. Staff consultations have not been able to take place and therefore changes to employee contracts will not be possible at this time . The CCG has prepared further briefing papers for school Governors and HR departments to support them in this process which will now take place in the Autumn. It is also recognised that at this current time, parents are already anxious about children returning to school and implementing changes may further increase these emotions.

Submission of the Written Statement of Action (WSOA) to OfSted was undertaken on the 29th May. This was required following the SEND inspection which took place

in December 2019 requiring the local area to make significant improvements to become compliant with the Children & Family Act 2014. Confirmation has been received that the WSOA has been accepted as fit for purpose. It will be published on both the CYC and CCG websites, so that parents, carers, children and young people can understand the actions we are jointly taking to improve the effectiveness of the local area in identifying and meeting needs, and improving outcomes for children and young people who have special educational needs and/or disabilities.

## 9. WHEELCHAIR SERVICES

The CCG is working with Nottingham Rehabilitation Services (current provider of wheelchair services) to review and reshape the current performance and quality assurance mechanisms. The current performance reporting metrics do not provide real time assurance regarding quality of the service and are confusing to interpret.

A wheelchair user Forum is now established and is helping to inform areas requiring improvement.

There is no evidence of risk to patient care, however the current reporting mechanisms do not allow for a detailed understanding of the service, activity, response times etc in a way that can alert the provider or CCG to any anticipated challenges in service delivery moving forward.

Formal notification is being provided to NRS identifying areas for improved reporting required with a strengthened Performance and Quality sub CMB.

## 10. GOVERNING BODY RISKS

The following section provides an update regarding the Quality and Nursing risks aligned to Governing Body.

| Governing Body Risk | Update |
|---|---|
| QN04 Increasing number of extended trolley waits in ED breaching 12 hrs | Covered in narrative of report above |
| QN08 Clinical Risks associated with growing waiting list (planned care) | Covered in narrative of the report above, with increasing risk due to increased backlog associated with covid. |
| QN.13 – Hep B vaccine in renal patients - Unavailable | The CCG is supportive of a shared care model whereby YTHFT undertakes the identification, coordination and liaison with primary care to administer the vaccine. This has historically been an effective and safe model. It is evident that some practices are reluctant for this |

| | |
|---|---|
| | model on the basis that the contractual responsibility now sits with the specialist renal service.<br><br>LMC supported an initial approach to ensure vaccines were up to date and clear the backlog generated from July 2019 to current as part of the covid response to avoid the need for hospital attendance. The majority of backlog vaccines have now been completed.<br><br>Discussion is ongoing with the LMC to seek support to continue with this model throughout the next phase of recovery. |
| QN.15 – CQC involvement in York Teaching Hospital NHS Foundation Trust | Covered in narrative of report above |

## 11. RECOMMENDATIONS

In the context of the separate strategic and operational work streams which manage the response and risks associated with Covid-19, Governing Body is requested:

- determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services
- determine whether members are assured of the actions to manage the risks aligned to Governing Body

**Item Number: 6**

**Name of Presenter: Michael-AshMcMahon**

**Meeting of the Governing Body**

**Date of meeting: 2 July 2020**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Annual Report and Accounts 2019/20**

**Purpose of Report** *(Select from list)*
**To Ratify**

**Reason for Report**

The Annual Report and Accounts (circulated separately) have been approved by the Audit Committee on 25 May 2020.

The CCG's external auditors' Annual Audit Letter will be circulated to Governing Body members and published as soon as it is available.

**Strategic Priority Links**

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☒Financial Sustainability

**Local Authority Area**

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

**Impacts/ Key Risks**

☒Financial
☒Legal
☐Primary Care
☐Equalities

**Risk Rating**

**Emerging Risks**

N/A

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified. N/A

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

**Risks/Issues identified from impact assessments:** N/A

**Recommendations**

N/A

**Decision Requested (for Decision Log)**

The Governing Body is asked to ratify the Annual Report and Accounts 2019/20

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Simon Bell, Chief Finance Officer | Natalie Fletcher, Head of Finance<br>Caroline Goldsmith, Deputy Head of Finance |
| Michelle Carrington, Executive Director of Quality and Nursing/Chief Nurse | Helena Nowell, Planning and Assurance Manager<br>Caroline Alexander, Assistant Director of Delivery and Performance – Performance<br>Victoria Binks, Head of Engagement – Patient Engagement<br>Paula Middleton, Deputy Chief Nurse - Quality<br>Charlotte Sheridan-Hunter, Commissioning and Transformation Manager – Health Inequalities |

The documents referred to above have been circulated electronically to members of the Governing Body and are available at http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/

**Item Number: 7**

**Name of Presenter: Denise Nightingale**

**Meeting of the Governing Body**

**Date of meeting: 2 July 2020**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Annual health checks (AHC) for people with Learning Disabilities (LD) or Serious Mental Illness (SMI) – update report**

**Purpose of Report** *(Select from list)*
**To Receive**

**Reason for Report**

To provide an update following discussion at the June Governing Body Workshop.

**Strategic Priority Links**

☐Strengthening Primary Care
☒Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☐System transformations
☐Financial Sustainability

**Local Authority Area**

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☐North Yorkshire County Council

**Impacts/ Key Risks**

☐Financial
☐Legal
☒Primary Care
☒Equalities

**Risk Rating**

**Emerging Risks**

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

**Risks/Issues identified from impact assessments:**

**Recommendations**

Governing Body receive the update.

**Decision Requested (for Decision Log)**

Governing Body notes the update.

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Denise Nightingale<br>Executive Director of Transformation, Mental Health and Complex Care | Carl Donbavand<br>Programme Lead (Complex Care and Mental Health) |

# Annual health checks (AHC) for people with Learning Disabilities (LD) or Serious Mental Illness (SMI) – update report

**Context**
In the NHS Vale of York CCG there are 1036 patients on the QOF LD Health Register and 2565 patients on the QOF SMI register. Between 2019/20 Q1 and Q3 43.9% of people eligible with LD and 27.3% of people with SMI had received a complete annual physical health check.

**Background Drivers**
**These have been highlighted previously and include:**

- The Long Term Plan sets out as a priority that at least 75% of those eligible with Learning Disability have a health check each year.
- Compared to the general population, the median age of death is 23 years younger for men with a learning disability and 27 years younger for women (DH&SC, 2020)
- Nationally between 10 April and 15 May there have been 386 deaths of people with a learning disability/ Autism (134% increase) There is a mortality review programme for deaths occurring in people with a learning disability.
- People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people Two thirds of these deaths are from avoidable physical illnesses., . This disparity in health outcomes is partly due to physical health needs being overlooked, both in terms of identification and treatment.
- The Five Year Forward View for Mental Health set out a priority to ensure that 60% of 'active' patients on the mental health Quality Outcome Framework (QOF) receive a comprehensive physical health check at least annually.
- Annual health checks are included as an Improvement Assessment Framework (IAF) indicator for the CCG .
- Ensuring health checks for those with either a severe mental illness or a learning disability is a key priority of Humber Coast and Vale ICS.

**Expectations during Covid-19 emergency period.**
Correspondence from Simon Stephens regarding the Phase 2 Response to COVID-19 (29 April) states that Annual Health Checks for people with a learning disability should continue. This was reinforced in the COVID-19 National Primary Care Bulletin (18 May, issue 40).

Nationally there has been a lack of guidance to enable health checks to be delivered during covid-19 despite the expectation that they are. However, national guidance from the National Learning Disability and Autism Cell, who are in discussions with the National Primary Care Cell, is now in development

**Actions regarding health checks for those with a learning disability:**

- GP identified to develop proof of concept regarding offering elements of the physical health check virtually, overcoming barriers during covid-19 period and subsequently sharing good practice across primary care.
- Funding proposal submitted on behalf of North Yorks and York CCGs to the HCV as part of the HCV transformation funding for personalised care – includes proposal to develop personalised approaches to health checks for those with a learning disability using the third sector to provide coordinator roles, support with reasonable adjustments and personalising care and support.

- Scoping of all funding opportunities available for practices which includes national DES (£140 per completed health check) and the Investment and Impact Fund (IIF) to highlight funding/workforce opportunities to practices
- Understand the national offer and requirements including guidance on virtual mechanisms as this develops.
- Collaboration with NYCCGs to gain a consistent approach.

**Actions Planned for LD health checks:**

- Establish clear communication message with primary care around priorities, sharing best practice and coding guidance in terms of updating/maintaining the learning disability registers with practice managers.
- Meetings scheduled with Vale and Selby PCNs to share examples of good practice and facilitate developing alternative models (e.g. pooling resource to build infrastructure/specialist roles across PCNs)
- Discussions on-going to determine plans for NIMBUSCARE and meeting to be scheduled to facilitate developing alternative models
- Development of more timely health check performance data (using RAIDR) for targeted improvement approach.
- Development of a CCG assurance programme group across primary care and mental health commissioning teams

**Actions regarding SMI health checks:**

- 19 practices agreed to implement a Local Enhanced Service from 1 October 2019. It was suggested that during this trial period practices engage with the LES and 'opportunistically augment existing efforts' for example QOF, amber drugs testing and the NHS health check. Although Q4 data is not yet available the LES appeared to support improvements in health check numbers
- Data collection has been suspended during the COVID-19 crisis so unfortunately does not provide a complete picture and it is not yet possible to see whether an improved performance has been maintained.
- NHSE have supported funding for practices who have rolled out the Ardens template

**Actions Planned for SMI health checks:**

- As practices move to recovery mode following the crisis, the CCG will recommence collecting health check data and performance monitoring can be actively resumed.
- LES Evaluation template developed
- Meetings scheduled with PCN who agreed to the LES to gather feedback on the pilot and inform future service model and LES in 2020/21

**Item Number: 8**

**Name of Presenter: Fiona Bell-Morritt and Gary Young**

**Meeting of the Governing Body**

**Date of meeting: 2 July 2020**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Primary Care Networks Update**

**Purpose of Report** *(Select from list)*
**For Information**

**Reason for Report**

To provide a summary update of PCNs' plans

**Strategic Priority Links**

☒Strengthening Primary Care
☒Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☐Financial Sustainability

**Local Authority Area**

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

**Impacts/ Key Risks**

☐Financial
☐Legal
☐Primary Care
☐Equalities

**Risk Rating**

**Emerging Risks**

Pressure on GP premises, recruiting to additional roles, 'unlocking' General Practice.

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

**Risks/Issues identified from impact assessments:**

**Recommendations**

For information

**Decision Requested (for Decision Log)**

Governing Body noted the update.

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Dr Andrew Lee<br>Executive Director of Primary Care and Population Health | Fiona Bell-Morritt, Lead Officer Primary Care (Vale)<br>Gary Young, Lead Officer Primary Care (City) |

NHS
Vale of York
Clinical Commissioning Group

# Central PCN Update

**Governing Body**
**2nd July 2020**

# Central PCN Update

NHS
Vale of York
Clinical Commissioning Group

- **Nimbus (1)** Nimbus no longer hold PCN contracts and Central York now has five PCNs replacing the previous three contracts.

| PCN Name | Clinical Director | Practice Name/s |
|---|---|---|
| **East of Yorkshire** | Dr Tim Maycock | Pocklington Group Practice \| Elvington Medical Practice \| My Health |
| **West, Outer and North** | Dr Daniel Kimberling | The Old School Medical Practice \| Front Street Surgery \| Haxby Group Practice |
| **Priory Medical** | Dr Emma Olandj | Priory Medical Group |
| **York Medical** | Dr Rebecca Field | York Medical Group |
| **York City Centre PCN** | Dr David Hartley | Jorvik Gillygate \| Unity \| Dalton Terrace \| East Parade |

- **Nimbus (2)** Nimbus now includes all central York GP practices as a unified single GP-led provider (one voice).

# Central PCN Update

NHS
Vale of York
Clinical Commissioning Group

- **Central PCNs have been working much more closely together**:
  - **Central Covid Hub**: developed by Dr Daniel Kimberling and Dr Russell Saxby, the Central York Covid Hub is hosted and managed by Nimbus as a collaboration between York GPs, CYC, CVS and a team of volunteers. Set up to support socially isolated patients with known/suspected Covid at risk of rapid deterioration, the hub has contacted 445 patients to date and made 11 referrals back to GP. The hub has supported PH Track & Trace and is currently exploring how to integrate Health Trainers (CYC Public Heath) as a pilot scheme to improve the health and wellbeing of patients already contacted. The hub has also been approached by respiratory consultants keen to explore how the hub can be used to proactively follow up patients who may need longer term Covid surveillance.
  - **Nursing Home MDTs**: York PCNs are working together to create better links with external services, including a coordinated approach to PCN nursing home MDTs. Led by Dr Emma Olandj, a proposal has been put to TEWV to pilot: if successful, it will be extended to other community services, with the aim of creating a far reaching and streamlined MDT service for all York nursing Home residents.

# Central PCN Update

Vale of York Clinical Commissioning Group

- **Central PCNs have been working much more closely together**:
  - **Community INR point of care testing**: for housebound patients on warfarin; led by Dr Emma Olandj, a proposal been agreed by PCN Clinical Directors and being worked up by the community team with PCN support.
  - **Winter Flu**: led by Dr Mike Holmes (Nimbus Chair), a multi-agency working party has been established to explore how a unified system approach to locality flu vaccinations can be developed this winter to minimise the risk of not being able to run other services out of GP surgeries at the same time (practice resilience).
  - 
  - **2nd Wave Covid Planning**: PCNs and practices within PCNs are working together to develop plans in the event of a 2nd wave of Covid: for example, Pocklington are working with MyHealth and Elvington on a resilience plan including online consultations, sharing surgery premises, and creating a shared triage hub. They are also sharing data trends and soft intelligence to forecast if and when to respond, as well as working with community services so that Community Hubs can be quickly stepped back up. Working closely together, local partners know how to respond, depending on how the situation develops.

# Central PCN Update

Vale of York Clinical Commissioning Group

- **Central PCNs have been working much more closely together**:
  - **Urgent Care Transformation:** as reported previously, the review of urgent care contracts across Vale of York has restarted and the theme of 'place' dominated the Clinical Workshop held 18th June. Central York, with its proximity to York ED, is a clearly identifiable place. PCN Clinical Directors, working through Nimbus, are fully engaged in the process and jointly reviewing how the Improving Access contract can be considered an 'urgent care asset' when the contract moves to the PCN DES in April '20, as well as collaborating with Vocare (OOH) and York ED as a next step to developing a 24/7 fully integrated urgent care offer for York that aligns with Talk Before You Walk (being developed with YAS/111 regionally)
  - **System Leadership**: York Health and Care Collaborative continues to be co-chaired by PCN Clinical Director Dr Rebecca Field, and Dr Emma Broughton, supported by Lisa Marriott (VOYCCG), to continue developing collaborative and integrated community relationships. The examples above further demonstrate Central PCNs, through their Clinical Directors, are actively engaging with health and care partners across the local system, including 3rd sector. They are doing this at a practice to practice level within PCNs, at a PCN to PCN level across York, and as a single community of Central York PCNs/GPs with system partners.

# Central PCN Update

NHS
Vale of York
Clinical Commissioning Group

- **Central PCNs: Challenges**
  - **Premises**: Covid continues to place increasing pressure on GP practice premises with the two largest practices/PCNs reporting they are at maximum capacity and even needing to ask other health partners, who have been sharing practice premises, to vacate to allow the practices to continue to function effectively.
  - **Additional Roles Recruitment**: the PCN DES supports recruiting additional roles which, in many cases, has been delayed due to Covid. There's a general concern that much of this additional funding, hence resource, may be lost this year.
  - **Unlocking General Practice:** unlike the coordinated approach to de-prioritising work in General Practice in the face of Covid, the approach to reinstating de-prioritised work, or 'unlocking' General Practice, has felt largely uncoordinated. While this allows individual practices to be responsive to local patient needs PCNs broadly agree guidance (national, regional or local) would be helpful. The East PCN has agreed a traffic light system to restart work (Green: what can and can't be restarted. Amber: can do/difficult. Red: can't restart). Of note is that Pocklington said phlebotomy is at about 50% of pre-Covid activity (7000>3500).

NHS
Vale of York
Clinical Commissioning Group

# Vale PCN's - Governing Body Update:

Fiona Bell-Morritt
Lead Officer, Primary Care.

2nd July 2020

# Vale wide update 1/2

NHS
Vale of York
Clinical Commissioning Group

- **Vale System Group:**
  membership comprising NYCC; 3 x District Councils; Community services; TEWV; Stronger Communities teams; Clinical Directors and Lead GP's; CCG. Was meeting weekly, now moving to monthly to allow locality working to progress. **Locality groups established.**

- **Focus on Frailty; community services joint working and mental health** – developing more resilient communities with wider community partners.

- **System Leadership –** developing through the Vale System Group: next steps to include the voluntary sector and opportunities to secure consistent input into partnership discussions, particularly re more resilient communities. Work with NYCC and the District Councils supporting this.

- **Testing of symptomatic patient service**: working in partnership with NYCC using customer call centre and AcuRx texting service to provide support: ability to step up if needed for wave 2.

- **Care Home MDTs:** significant work to align care homes to single practice and lead GP. MDT's in place and developing how to optimise impact from wider partners (community services and TEWV).

# Vale wide update 2/2

- **Closer working between district nurses and practice nurses**: regular discussions around caseloads, prioritisation etc in each locality to support patient care and optimise staff resources.
- **Winter Flu** – involved in discussions being led by Mike Holmes but likely, due to geography, to develop PCN level solutions.
- **2nd Wave Covid Planning**: work ongoing to ensure ability to restart hot and cold sites in case of second wave.
- **Premises**: pressure on premises particularly as additional roles develop and are put in place. Exploring options for co-location for roles such as link workers etc.
- **Additional Roles Recruitment** – progressing now with additional recruitment. Main priority across Vale is for Care Co-Ordinator roles and for FCP's (Selby Town and SHaR): working collaboratively with other providers wherever possible to avoid destabilising other services. Concern re ability to use resource in year.
- **Reinstating core services** suspended due to Covid-19
- Challenges: capacity and time to take forward the work priorities (links to additional roles and affordable capacity within the PCN's) particularly for those below 50,000 population.

## Selby District: (Selby Town and Tadcaster and Rural Selby PCN's)

- **Development of a population health management needs assessment – Selby Town.**

## Selby Town PCN:

- **Pilot of a mental health MDT approach -** Work with TEWV to embed mental health link workers into primary care.
- **Smoking cessation pilot** : population health focus: Scott Road.
- **improving support for people with mild to moderate frailty –** linking health to colleagues in North Yorkshire Sport and other partners to explore opportunities to enhance support including CRT.
- Building on system workshop from Escrick

## Tadcaster and Rural Selby

- as above re population health data
- **Time for Care**- restart of support re virtual
- Focus on **obesity and cancer and care co-ordination**

## South Hambleton and Ryedale :

- **Community nursing and practice nurse MDT's**: PLT shared learning
- Discussions with PCN's in neighbouring localities re potential for joint working
- Focus on **frailty, dementia and mental health**

**Item Number: 9**

**Name of Presenter: Phil Mettam**

**Meeting of the Governing Body**

**Date of meeting: 2 July 2020**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Interim Measures – Governance and Committees**

**Purpose of Report** *(Select from list)*
**For Approval**

**Reason for Report**
The interim measures for meetings that were established in April 2020 in response to the Covid-19 outbreak were due for a review after three months.

At this point, the government recommendation to work from home remains in place, and therefore a continuation of the interim measures is needed to maintain safety.

**Strategic Priority Links**

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
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☐Financial Sustainability

**Local Authority Area**

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☐North Yorkshire County Council

**Impacts/ Key Risks**

☐Financial
☒Legal
☐Primary Care
☐Equalities

**Risk Rating**

**Emerging Risks**

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

**Risks/Issues identified from impact assessments:**

N/A

**Recommendations**

At this point, the recommendations remain that people work from home wherever possible and that public gatherings should be avoided. The CCG is in the process of risk assessing all staff prior to any return to work but at present the majority of staff are working from home and will continue to do so into the autumn. While a number of the measures required for crisis management such as daily phone-calls are now being reduced, the CCG is not yet returning to "business as usual".

It is therefore proposed that the interim measures put into place in April 2020 remain in place for a further three months, with the position to be reviewed in October. The report from April is attached for reference.

**Decision Requested (for Decision Log)**

Governing Body are requested to approve the recommendations of the report.

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Phil Mettam<br>Accountable Officer | Helena Nowell<br>Planning and Assurance Manager |

**Interim Measures – Governance and Committee Meetings**

Following the declaration of pandemic flu, Coronavirus Covid-19, as a major incident in line with national emergency planning provisions ( under the Civil Contingencies Act 2004), and in order to maintain safety for staff and maximise available capacity, the following measures are proposed on an interim basis, initially for 3 months but on a renewable basis thereafter:

1. **Committee Meetings**
   Where meetings can be stood down safely, or reduced in number, the Chair of each committee has the discretion to do so, with information to be passed to the Head of Legal and Governance. The forward plan will be amended accordingly.
   At present, the Executive Committee are convening as a daily phone call and therefore formal committee sessions are not being held.

2. **Format of meetings**
   It is suggested that the agenda for each meeting be reduced to cover essential emergency planning updates and actions currently being taken, or to be taken, to address the issues raised. Other business is at the Chair's discretion. For example the Chair of QPEC has agreed the following:
   - Bi-monthly 'Deep Dives' scheduled will be paused until such a time as it is deemed appropriate to recommence.
   - The agenda will focus upon safeguarding and emerging quality and risks issues
   - Papers / reports can be brief in the format of a highlighted report, or the updated risks.

   Routine updates on normal CCG business can be circulated via email outside the meeting. Papers for each individual meeting should continue to be circulated in advance, in order that meeting attendees are fully briefed and to maintain focused discussions, and with any decisions requested to be clearly stated.
   Meetings in person should be reduced or suspended with telephone conference call (or such other remote access as may be available) being the preferred option in order to maintain social distancing and reduce unnecessary travel.
   The length of meetings should be reduced, with a suggested maximum of 90 minutes for Governing Body meetings, to free capacity.
   Meetings in public will be suspended, as will the publication of papers a week in advance for Governing Body, given the rapidly-changing nature of the current situation. Public updates can be given via the CCG website. See note below on the basis for this.

3. **Minuting of meetings**
   In order to free capacity for emergency planning support, detailed minutes will be reduced to action points and decisions only. These can then be circulated to meeting attendees with minimal delay. There are known difficulties with the conference call format, for example to know when attendees have left the meeting, so attendees at the start of the meeting will be recorded as well as subsequent joiners where they have introduced themselves.

4. **Governance-related issues**
   There are a number of standing items on committee agendas, in particular **risk**. Since the organisation's biggest risk at this point is the effect of Covid-19 on the organisation's work, it is suggested that risk monitoring focus on this, with any routine issues reported by exception only and circulated via email rather than forming part of a committee discussion. **Declarations of interest** should continue to be made at the start of meetings where these are not already captured on the standard form. However, the annual renewal of declarations will not take place in April as is normally the case, and it will be accepted that the 2019-20 declarations remain current into 2020-21 unless individuals declare otherwise. Individuals still have a responsibility to declare all interests, but the routine renewal of forms will be suspended until later in the year.

5. **Freedom Of Information Requests/ Subject Access Requests**
   The CCG will continue to process these, but given the other calls on staff time, the normal timescales may not be met, and requestors will be notified accordingly in the acknowledgement of receipt. It is suggested that the CCG's FOI policy be amended to include provision for emergency suspension or delay. Advice from the Information Commissioner's Office indicates that the ICO understands the issues that the NHS is currently facing.
   The latest advice from NHS Digital on information governance is here: https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance

6. **Remote working**
   Work is continuing with the CCG's new IT provider (NECS) to roll out Microsoft Teams in order to facilitate remote working, and it may be possible that further ways of enabling remote meetings are developed. These may require further changes to the way committee meetings are conducted which will be communicated as and when necessary.
   All Governing Body members (including lay members) and CCG employees are expected to work remotely (from home) to reduce rates of infection. This will continue until national government advice removes the current restrictions.

Note

The CCG's Constitution, at Annex C (page 63 of the current version 5), states that any portion of the standing orders may be suspended provided such suspension is recorded and the minutes made available to the Audit Committee for review. See also paragraph 7 of the Detailed Scheme of Delegation, which delegates decisions on suspension of standing orders to the Governing Body.

The Public Bodies (Admission to Meetings) Act 1960 includes provision for the discussion of confidential business in private sessions. Under the terms of this Act, a Board may:
" . . . *by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution . . ."*

Given that the current nature of board and committee discussions will be focused on emergency planning arrangements, there is an argument that to hold such discussions in public would be prejudicial the public interest.

The majority of public bodies have now suspended meetings in public for reasons of public safety.

**Item Number: 10**

**Name of Presenter: Dr Andrew Lee**

**Meeting of the Governing Body**

**Date of meeting: 2 July 2020**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Medicines Commissioning Committee Recommendations February 2020**

**Purpose of Report** *(Select from list)*
**For Information**

**Reason for Report**

These are the latest recommendations from the Medicines Commissioning Committee – February 2020

**Strategic Priority Links**

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☐Financial Sustainability

**Local Authority Area**

☐CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

**Impacts/ Key Risks**

☐Financial
☐Legal
☐Primary Care
☐Equalities

**Risk Rating**

**Emerging Risks**

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

**Risks/Issues identified from impact assessments:**

**Recommendations**

For information only

CCG Executive Committee have approved these recommendations

**Decision Requested (for Decision Log)**

Recommendations noted.

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Dr Andrew Lee<br>Director of Primary Care and Population Health | Faisal Majothi – Senior Pharmacist<br>Callie Turner – Pharmacy Technician |

NHS
Vale of York
Clinical Commissioning Group

# Recommendations from York and Scarborough Medicines Commissioning Committee February 2020

| | Drug name | Indication | Recommendation, rationale and place in therapy | RAG status | Potential full year cost impact |
|---|---|---|---|---|---|
| **CCG commissioned Technology Appraisals** | | | | | |
| 1. | **TA617: Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure** | | Lusutrombopag is recommended, within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having planned invasive procedures. | RED | NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations will be less £9,000 per 100,000 population.<br><br>The technology is a further treatment option and due to this the overall incremental cost of treatment is not deemed to be significant.<br><br>The addition of lusutrombopag in the treatment pathway may help reduce the need for platelet transfusions. It may also help increase the time in which procedures can be scheduled and reduce hospital stays.<br><br>The patients who may be suitable for lusutrombopag are small, approximately 4 per annum in Vale of York CCG and 2 per annum in Scarborough CCG.<br>Direct costs are £800 for each 7 day treatment course versus £193.14 per unit of platelets<br><br>Tariff excluded drug<br><br>Note though that this will be additional cost to CCG drug budget as funding arrangements for platelet transfusions do not come from drugs budget. |
| **NHSE commissioned Technology Appraisals – for noting** | | | | | |
| 2. | **TA616: Cladribine for treating relapsing–remitting multiple sclerosis** | | This guidance replaces TA493.<br>Cladribine is recommended as an option for treating highly active multiple sclerosis in adults, only if the person has:<br>• rapidly evolving severe relapsing–remitting multiple sclerosis, that is with at least:<br>  ○ 2 relapses in the previous year and<br>  ○ 1 T1 gadolinium-enhancing lesion at baseline MRI or a significant increase in T2-lesion load compared with a previous MRI, or<br>• relapsing–remitting multiple sclerosis that has responded inadequately to treatment with disease- | RED | No cost impact to CCGs as NHS England commissioned. |

| | | | | |
|---|---|---|---|---|
| | | modifying therapy, defined as 1 relapse in the previous year and MRI evidence of disease activity<br>This recommendation is not intended to affect treatment with cladribine that was started in the NHS before this guidance was published. | | |
| 3. | **TA618: Atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer (terminated appraisal)** | NICE is unable to make a recommendation about the use in the NHS of atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer because Roche did not provide an evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology, in this combination, is unlikely to be used at this point in the treatment pathway. | BLACK for this indication | No cost impact to CCGs as NHS England commissioned. |
| 4. | **TA619: Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer** | Palbociclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if:<br>• exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and<br>• the conditions in the managed access agreement for palbociclib with fulvestrant are followed<br>This recommendation is not intended to affect treatment with palbociclib with fulvestrant that was started in the NHS before this guidance was published. | RED | No cost impact to CCGs as NHS England commissioned. |
| 5. | **TA620: Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer** | Olaparib is recommended as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if:<br>• they have a BRCA1 or BRCA2 mutation<br>• they have had 3 or more courses of platinum-based chemotherapy and<br>• the company provides olaparib according to the commercial arrangement<br>Olaparib is recommended for use within the Cancer Drugs Fund as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose | RED | No cost impact to CCGs as NHS England commissioned. |

| | | | | |
|---|---|---|---|---|
| | | disease has responded to platinum-based chemotherapy only if:<br>• they have a BRCA1 or BRCA2 mutation<br>• they have had 2 courses of platinum-based chemotherapy and<br>• the conditions in the managed access agreement for olaparib are followed<br>These recommendations are not intended to affect treatment with olaparib that was started in the NHS before this guidance was published. | | |
| 6. | **TA621: Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer** | Osimertinib is not recommended, within its marketing authorisation, for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults. This recommendation is not intended to affect treatment with osimertinib that was started in the NHS before this guidance was published. | BLACK for this indication | No cost impact to CCGs as NHS England commissioned. |
| **Formulary applications or amendments/pathways/guidelines** | | | | |
| 7. | Dietary products used in metabolic disorders ; includes the following products | To mirror Leeds APC formulary decision from Dec 2019 | AMBER Specialist Initiation | No significant cost to CCGs expected as reflects current prescribing practice. |
| 8. | Long acting somatostatin analogues (Octreotide LARÒ and Lanreotide Autogel®): for the treatment of neuroendocrine tumours | To mirror Leeds APC formulary decision from Dec 2019 | RED | No significant cost to CCGs expected as reflects current prescribing practice. |
| 9. | GammaCore - Transcutaneous Stimulation of the Cervical Cranch of the Vagus Nerve for Cluster Headaches | To mirror Leeds APC formulary decision from Dec 2019 | RED | No cost impact to CCGs as currently only supplied through the NHSE Innovation and Technology Payment (ITP) Scheme |
| 10. | Mexiletine 200mg capsules (Mexitil®)<br><br>- treatment of ventricular tachycardia inpatients who | To mirror Leeds APC formulary decision from Dec 2019<br><br>(Leeds use unlicensed brand for this indication on their formulary and in shared care) | AMBER shared care | No significant cost to CCGs expected as reflects current prescribing practice and patient numbers expected to be low.<br><br>(Leeds use unlicensed 200mg brand for this indication |

| | | | | |
|---|---|---|---|---|
| | have failed all licensed alternatives | | | on their formulary and in shared care, if alternative 167mg strength used which is licensed of myotonia then cost will be significant) |
| 11. | Collagenase clostridium histolyticum (Xiapex ®) Discontinuation | Approved removal from formulary as product discontinued. Previously listed as RED.<br>NICE TA now withdrawn as a result | n/a | n/a |
| 12. | Ingenol mebutate | Approved change from GREEN to BLACK as product discontinued following suspension of product license | BLACK | No significant cost to CCGs expected as alternatives cheaper or similar in price.<br><br><u>Current use Dec 2018 – Nov 2019</u><br>VoY CCG = £ 9,110 (149 items)<br>ScR CCG = £3057 (52 items) |
| 13. | Estriol 0.01% cream | Approved change from RED to GREEN status for lower strength estradiol cream for recurrent UTI when when a patient cannot for clinical reasons use the applicator for the higher strength product. | GREEN | No significant cost to CCGs expected as no of patients expected to be low |
| 14. | Opioid substitution treatment pathway: for patients no longer able to take oral maintenance methadone in last days/weeks of life (updated) | Update to reflect decision to add methadone to formulary to the formulary as AMBER SI for this indication taken at Dec 2029 MCC meeting. | n/a | No significant cost to CCGs expected as all the proposals are current practice. |
| 15. | TEWV Safe Transfer of Prescribing Guidance (updated) | Approved updated version. | n/a | No significant cost to CCGs expected as all the proposals are current practice. |
| 16. | TEWV Dementia treatment algorithm | Approved updated version<br><br>Previous version recommended switch to standard-release formulation for escalation of dose following initiation with MR preparation (at 8mg daily), with the following statement:<br>“Modified release preparation can only be continued after the 1st 4 weeks of treatment where there is a documented clinical need e.g. poor compliance / carer daily visit and the rivastigmine patch formulation inappropriate”<br><br>The guidance has been amended to support the option of continuing the MR formulation, with removal of the above | n/a | No significant cost to CCGs expected as all the proposals are current practice. The cost differential between equivalent doses of standard and modified-release galantamine products is now small (see below) |

<table>
<tr><td></td><td></td><td>statement, which will support better patient compliance with and tolerance of treatment</td><td></td><td></td></tr>
<tr><td>17.</td><td>TEWV Lisdexamfetamine shared care guidelines</td><td>Approved. Was due a scheduled update, and no significant changes.</td><td>n/a</td><td>No significant cost to CCGs expected as all the proposals are current practice.</td></tr>
<tr><td>18.</td><td>Levetiracetam – branded vs generic prescribing</td><td>Agreed to remove sentence to maintain patients on their usual brand as MHRA Antieplileptic drugs classification is Category 3 – it us usually unnecessary to ensure that patients are maintained on a specific manufacturer’s product unless there are specific reasons such as patient anxiety and risk of confusion or dosing errors.<br>To seek further guidance from neurology before making any further recommendation to switch patients currently on Keppra® to a generic.</td><td>n/a</td><td>Around 70% of spend in York and Scarborough is for branded Keppra.<br><br>Spend/Items Nov 2018 – Oct 2019<br><br><table><tr><th></th><th></th><th>VoY CCG</th><th>ScR CCG</th></tr><tr><td>Levetiracetam total</td><td>Items</td><td>11,793</td><td>5982</td></tr><tr><td></td><td>Spend</td><td>£266,882</td><td>£97,011</td></tr><tr><td>Keppra</td><td>Items</td><td>2477 (21%)</td><td>1252 (21%)</td></tr><tr><td></td><td>Spend</td><td>£197,354 (74%)</td><td>£66,924 (69%)</td></tr></table>Costs of each brand (MIMS Jan 2019)<br><br><table><tr><td>Levetiracetam</td><td>250mg tab, 60=£3.35.<br>500mg tab, 60=£7.21.<br>750mg tab, 60=£6.34.<br>1g tab, 60=£8.90.<br>100mg/ml sugar-free oral soln, 300ml=£7.69.</td></tr><tr><td>Keppra</td><td>250mg, 60=£28.01.<br>500mg, 60=£49.32.<br>750mg, 60=£84.02.<br>1g, 60=£95.34<br>100mg/ml, 300ml=£66.95.</td></tr></table></td></tr>
<tr><td>19.</td><td>NYCC Primary Care Sexual Health Formulary – updated to include Levosert as an option</td><td>Approved. NYCC Public Health has decided that at present Levosert will not be the 1st line IUD within the primary care sexual health formulary and Mirena will remain 1st line IUD choice as currently detailed. However, Levosert will be included within the formulary as an option and the decision to use it should to be based on clinical assessment and patient factors. The NYCC position on Levosert will of course be reviewed should additional evidence become available.</td><td>Green</td><td>No significant cost to expected</td></tr>
<tr><td>20.</td><td>Gender Dysphoria Section of Formulary</td><td>The MCC recommendation is to add as an additional section to the formulary in Chapter 6 for clarity with these drugs classed as AMBER Specialist Initiation. This is in</td><td>AMBER Specialist Initiation</td><td>No significant cost to CCGs expected as all the proposals are current practice in terms of drug costs but there will be additional costs associated with GP</td></tr>
</table>

| | | | | |
|---|---|---|---|---|
| | | line with all neighbouring NHS organisations. However, it should be noted by CCG Executive that locally, LMC/BMA are not supportive of this stance and hence in order to adopt MCC recommendation will need further local discussion.<br>The drugs to be include as follows:<br>• Goserelin 3.6mg injection<br>• Leuprorelin 11.25mg injection<br>• Estradiol (Oestradiol) 1mg & 2mg tablets<br>• Estradiol Twice weekly matrix patches releasing approximately 50, 75 & 100 microgram/24 hours<br>• 0.1% gel (Sandrena®)<br>• 0.06% gel (Oestrogel®)<br>• Finasteride 5mg tablets<br>• Cyproterone acetate 50mg & 100mg tablets<br>• Spironolactone 25mg & 100mg tablets<br>• Testosterone Undecanoate<br>• 1g in 4ml (250mg/ml) oily injection (Nebido®)<br>• Sustanon 250® 1ml injection (testosterone propionate 30mg, testosterone<br>• phenylpropionate 60mg, testosterone isocaproate 60mg & testosterone decanoate 100mg)<br>• Testosterone gel 50mg/5g (1%) sachets (Testogel®)<br><br>This mirrors status a Newcastle and Leeds who have guidelines in place which they share with GPs to supported continued prescribing once initiated by specialist service. | | monitoring of these drugs. |

**Item Number: 11**

**Name of Presenter: Michael Ash-McMahon**

**Meeting of the Governing Body**

**Date of meeting: 2 July 2020**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Financial Performance Report Month 2**

**Purpose of Report**
**For Information**

**Reason for Report**

To brief members on the interim financial management arrangements for the April to July period.

To update members on the financial performance of the CCG, achievement of key financial duties, and forecast outturn position for 2020/21 as at the end of May 2020.

To provide details and assurance around the actions being taken.

**Strategic Priority Links**

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☒Financial Sustainability

**Local Authority Area**

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

**Impacts/ Key Risks**

☒Financial
☐Legal
☐Primary Care
☐Equalities

**Risk Rating**

**Emerging Risks**

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

**Risks/Issues identified from impact assessments:**

**Recommendations**

The Governing Body is asked to note the financial performance to date and the associated actions.

**Decision Requested (for Decision Log)**

The Governing Body is asked to note the report.

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Simon Bell, Chief Finance Officer | Natalie Fletcher, Head of Finance |

# Finance and Contracting Performance Report – Executive Summary


April 2020 to May 2020

Month 2 2020/21



NHS
Vale of York
Clinical Commissioning Group

# Financial Performance Headlines

## IMPROVEMENTS IN PERFORMANCE

| Issue | Improvement | Action Required |
|---|---|---|
| **Month 1 to 4 financial position** | CCGs have been informed by NHSE that allocations for the April to July period will be adjusted to ensure that a break even position is achieved. Prior to this, the CCG's draft plan included a deficit of £5.6m relating to this period. | Detailed variance reporting to NHSE to ensure that required allocation adjustments can be explained and justified. |
| **Full year forecast position** | The CCG has reassessed its forecast outturn for 2020-21, taking into account the changes for M1-4 and the impact on the risk assessment carried out at draft plan stage. Previously the CCG submitted a draft plan with a control total compliant deficit of £16.3m, and £8.6m additional risk. The risk assessed forecast outturn is now a deficit of £16.3m, representing an £8.6m improvement. | Submit updated North Yorkshire and York forecast outturn to HCV STP by Friday 19th June.<br><br>Updated planning guidance expected from NHS England in July – the impact of this will then be assessed and reported. |

# Financial Performance Headlines

## DETERIORATION IN PERFORMANCE

| Issue | Deterioration | Action Required |
|---|---|---|
| **Underlying position** | The CCG's forecast outturn for 2020-21 assumes that the on-going impact of the coronavirus pandemic significantly impacts on the ability to identify and implement QIPP savings across the system. This will have a recurrent impact and therefore increase the CCG's underlying deficit.<br><br>The forecast underlying deficit at the end of 2020-21 is a deficit of £26.7m. This represents a £2.4m deterioration on the 2019-20 closing underlying deficit of £24.3m. | Continue to assess the COVID-19 situation with a view to re-instating system cost reduction work and identifying new opportunities as soon as capacity allows.<br><br>This will include building on the opportunities identified through the review of rapid change and service improvement across the Humber Coast and Vale Integrated Care System. |

# Financial Performance Summary

## Summary of Key Finance Statutory Duties

| Indicator | Year to Date | | | | Forecast Outturn | | | |
|---|---|---|---|---|---|---|---|---|
| | Target £m | Actual £m | Variance £m | RAG rating | Target £m | Actual £m | Variance £m | RAG rating |
| In-year running costs expenditure does not exceed running costs allocation (see note) | | | | | 2.0 | 2.1 | (0.1) | R |
| In-year total expenditure does not exceed total allocation (Programme and Running costs - see note) | | | | | 173.0 | 176.6 | (3.6) | R |
| Better Payment Practice Code (Value) | 95.00% | 99.77% | 4.77% | G | 95.00% | >95% | | G |
| Better Payment Practice Code (Number) | 95.00% | 97.07% | 2.07% | G | 95.00% | >95% | | G |
| CCG cash draw down does not exceed maximum cash draw down | | | | | 506.3 | 506.3 | 0.0 | G |

The first two lines in the table shown above are based on month 1 to 4 only, because at this stage NHSE has only confirmed allocation for this period.

- In-year running costs and total expenditure are currently showing as exceeding allocation, as the CCG's allocation is expected to be adjusted through the month 1 to 4 break even arrangements.

# Financial Performance Summary

## Summary of Key Financial Measures

| Indicator | Year to Date | | | | Forecast Outturn | | | |
|---|---|---|---|---|---|---|---|---|
| | Target £000 | Actual £000 | Variance £000 | RAG rating | Target £000 | Actual £000 | Variance £000 | RAG rating |
| Running costs spend within plan | 1.1 | 1.0 | 0.1 | G | 6.7 | 6.6 | 0.1 | G |
| Programme spend within plan | 85.4 | 87.8 | (2.4) | R | 523.1 | 529.4 | (6.3) | R |
| Deficit is within control total (In-year) | | | | | (16.3) | (16.3) | 0.0 | G |
| Cash balance at month end is within 1.25% of draw down | 507 | 295 | 212 | G | | | | |

Note – for Year to Date the plan figure is as per the ledger and M1-4 notified allocation. Plan figures in the forecast outturn column are based on the CCG's updated draft financial plan.

- 'Programme spend within plan' – Actual expenditure is higher than plan within the Year to Date position, which will be amended through allocation adjustments in order to deliver a break even position. Actual expenditure is higher than target within the forecast outturn position, as the target reflects the CCG's updated draft financial plan. However, this is still within the originally notified control total.

# NHS Vale of York Clinical Commissioning Group Financial Performance Report

## *Detailed Narrative*

Report produced: June 2020

Financial Period: April 2020 to May 2020 (Month 2)

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### 1. Update to financial planning and reporting arrangements

Following guidance issued in March 2020 relating to interim arrangements for payment of providers from April 2020 to July 2020, the CCG made an update to its draft financial plan. The following changes were reflected –

- Payments to NHS providers were updated to reflect the mandated block values
- Planned spend with Independent Sector Providers on the list of nationally procured services was removed
- Planned spend on non-contracted activity with NHS providers was removed
- Savings related to the CCG's QIPP programme were removed, with the exception of Continuing Healthcare (CHC). Although it was not anticipated that CHC savings would materialise from the continued proactive review of packages evidenced in previous financial years, due to interim arrangements regarding reimbursement of costs for packages of care related to COVID-19, it was felt that the CHC plan figure including QIPP was a realistic assessment at that time
- Contingencies and risk reserves were removed

These changes largely netted off across the CCG's financial plan, resulting in a net reduction in planned expenditure of £34k.

In mid-May NHS England released further guidance alongside a centrally derived expenditure model for CCG's. This expenditure model was based simply on 2019-20 month 11 forecast outturn with Independent Sector spend removed, and high level growth assumptions applied across all categories. Revised allocations for April to July were released, based on the central expenditure model and CCGs were informed that retrospective allocation adjustments would be made to ensure that a break even position was achieved.

The CCG made the decision to continue to work to its own financial plan rather than move to the NHSE central model. An adjustment of -£1.8m has been made in reserves to reconcile the CCG's planned spend for April to July (£174.8m) to the initial M1-4 allocation (£173.0m).

## 2. Year to Date position

The year to date position in the table below covers April and May. The budget for these months is based on the CCG's draft financial plan, with a £1.2m adjustment to reduce the overall plan to meet the current allocation as advised by NHSE.

The year to date position includes £1.7m of COVID-19 related spend, for which funding will be retrospectively added to the CCG's allocation. The table below adjusts for this in order to show variances against plan excluding COVID-19 related spend. Due to the retrospective allocations to ensure that CCGs deliver a break even position, the CCG anticipates an allocation adjustment of £555k in addition to the COVID-19 related funding.

| | YTD Position (£000) | | | | | |
|---|---|---|---|---|---|---|
| | **Budget** | **Actual** | **Variance** | **COVID related spend** | **Variance excl COVID spend** | **Comments** |
| Acute Services | 44,629 | 44,612 | 17 | 19 | 37 | |
| Mental Health Services | 9,827 | 9,690 | 137 | 10 | 147 | £87k underspend on MHIS investments in plan over and above TEWV block payment, £49k reduced activity MH Out of Contract and SRBI |
| Community Services | 5,306 | 5,402 | (95) | 88 | (7) | |
| Continuing Healthcare | 5,157 | 6,094 | (937) | 1,000 | 63 | |
| Other Services | 3,127 | 3,141 | (14) | 9 | (5) | |
| Prescribing | 8,945 | 9,109 | (164) | 0 | (164) | £551k prior year pressure due to March prescribing figures, offset by underspends relating to timing only (i.e. not expected to underspend across full financial year) |
| Primary Care | 1,323 | 1,852 | (529) | 551 | 23 | |
| Primary Care Delegated Commissioning | 8,063 | 7,866 | 197 | 0 | 197 | £121k slippage on investment reserve provided in plan (difference between Primary Care allocation and detailed expenditure plan), £52k PMS premium no spend to date (expected to be spent in full across financial year), £25k underspend on Dispensing Doctors |
| Running Costs | 1,109 | 990 | 119 | 24 | 142 | Various underspends across pay (vacancies) and non pay |
| Reserves | 185 | 0 | 185 | 0 | 185 | Funding provided in reserves for potential YAS contract adjustment and VoY share of system recovery project costs |
| **Position against CCG financial plan** | **87,672** | **88,757** | **(1,084)** | **1,702** | **618** | |
| **COVID-19 Allocation adjustment** | (1,173) | 0 | (1,173) | 0 | (1,173) | |
| **Reported YTD position** | **86,500** | **88,757** | **(2,257)** | **1,702** | **(555)** | |

## 3. Forecast

The forecast position covers two distinct phases of the financial year, as follows –

- For April to July, the plan is based on the CCG's draft financial plan, with a £1.8m adjustment to reduce the overall plan to meet the current allocation as advised by NHSE. Expenditure has been forecast on a detailed basis. The forecast for April to July includes £2.2m of COVID spend and shows an overall forecast overspend of £3.6m, for which the CCG expects to receive additional allocation. The table below therefore shows a break even position for this period.
- For August to March, further guidance has not yet been received so the plan figures are based on the CCG's draft financial plan. Of the 2020-21 planned deficit of £16.3m, £9.9m of this relates to the period August to March. In addition, at draft plan stage the CCG identified £8.6m risk to delivery. An updated risk assessment revises this to £6.3m risk relating to the August to March period. The CCG is therefore forecasting a deficit of £16.3m for this period.

The forecast table on the following page shows April to July plan and forecast as per the ledger, as well as August to March plan and current assessment of forecast outturn. The CCG is forecasting a deficit of £16.3m for the financial year.

Guidance on financial management arrangements for August to March is expected to be released in late June or early July. It is anticipated that for CCGs this will outline a move away from the "truing up" to break even arrangements towards managing within a fixed financial envelope, although this has not been formally confirmed and any detail on how such an envelope would be calculated has not yet been communicated.

## Forecast Outturn 2020-21

| | Forecast Position (£000) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | April to July | | | August to March | | | Financial Year | | | | |
| | Plan | Forecast | Variance | Plan | Forecast | Variance | Plan | Forecast | Variance | Comments Apr-Jul | Comments Aug-Mar |
| Acute Services | 88,947 | 88,934 | 13 | 181,217 | 181,997 | (780) | 270,165 | 270,932 | (767) | | £667k contract alignment issue with YTHFT due to CQC requirements, £113k slippage on ISTC element of prime provider QIPP |
| Mental Health Services | 19,653 | 19,486 | 168 | 37,433 | 37,433 | 0 | 57,087 | 56,919 | 168 | £114k underspend on MHIS investments with TEWV which are over and above centrally notified block payment (currently awaiting MHIS guidance) | |
| Community Services | 10,612 | 10,702 | (91) | 21,248 | 21,148 | 100 | 31,860 | 31,851 | 9 | £88k COVID spend in Apr-Jul forecast | Slippage on Health Navigator patient recruitment |
| Continuing Healthcare | 10,314 | 11,173 | (859) | 22,162 | 22,162 | 0 | 32,477 | 33,336 | (859) | £1.4m COVID spend in Apr-Jul forecast, £344k FNC prior year pressure due to backdated rates uplift. CHC & FNC non-COVID forecast to underspend by £858k Apr-Jul | Slippage on QIPP for remainder of financial year, fully offset by risk reserve |
| Other Services | 5,974 | 5,988 | (13) | 11,389 | 11,389 | 0 | 17,363 | 17,376 | (13) | | |
| Prescribing | 17,890 | 18,438 | (549) | 35,036 | 35,779 | (743) | 52,925 | 54,217 | (1,292) | £551k prior year impact of March prescribing figures | Slippage on QIPP for remainder of financial year, partly offset by risk reserve |
| Primary Care | 2,647 | 4,011 | (1,365) | 5,293 | 5,293 | 0 | 7,940 | 9,304 | (1,365) | £607k COVID spend in Apr-Jul forecast, £667k Improving Access (not in plan, usually funded through NR allocation, expected to be funded through 'true-up' exercise for Apr-Jul) | |
| Primary Care Delegated Commissioning | 16,127 | 15,727 | 399 | 32,457 | 32,107 | 350 | 48,584 | 47,835 | 749 | £240k slippage on investment reserve, £104k PMS (forecast included on Primary Care line above) | Assumed slippage on investment reserve and/or additional roles |
| Running Costs | 2,219 | 2,116 | 103 | 4,437 | 4,437 | 0 | 6,656 | 6,553 | 103 | Underspends across pay and non pay | |
| Unallocated QIPP | 0 | 0 | 0 | (7,436) | 0 | (7,436) | (7,436) | 0 | (7,436) | | Non delivery of unidentified QIPP |
| Contingency | 0 | 0 | 0 | 1,692 | 0 | 1,692 | 1,692 | 0 | 1,692 | | Release contingency in full |
| Reserves | 369 | 0 | 369 | 3,382 | 2,911 | 471 | 3,751 | 2,911 | 840 | Slippage on investments and cost pressures provided for in plan | Release of YAS contract risk reserve |
| **Position against CCG financial plan** | **174,752** | **176,576** | **(1,824)** | **348,311** | **354,657** | **(6,346)** | **523,063** | **531,233** | **(8,170)** | Net position against CCG plan is £1.8m forecast overspend for Apr-Jul, including £2.2m of COVID spend | |
| **COVID-19 Allocation adjustment** | (1,753) | 0 | (1,753) | 0 | 0 | 0 | (1,753) | 0 | (1,753) | Shortfall in notified Apr-Jul allocation compared to CCG financial plan | |
| **Expected impact of 'true-up' exercise** | 0 | (3,577) | 3,577 | 0 | 0 | 0 | 0 | (3,577) | 3,577 | Anticipated increase to allocation for Apr-Jul of £3.6m to cover COVID spend and £1.8m shortfall in allocation compared to outturn | |
| **Reported YTD position** | **172,999** | **172,999** | **0** | **348,311** | **354,657** | **(6,346)** | **521,310** | **527,656** | **(6,346)** | | |
| **Notified Allocation** | 172,999 | | | 338,363 | | | 511,362 | | | | |
| **Surplus / (Deficit)** | **0** | **0** | | **(9,948)** | **(16,294)** | **(6,346)** | **(9,948)** | **(16,294)** | **(6,346)** | | |

## 4. Allocation

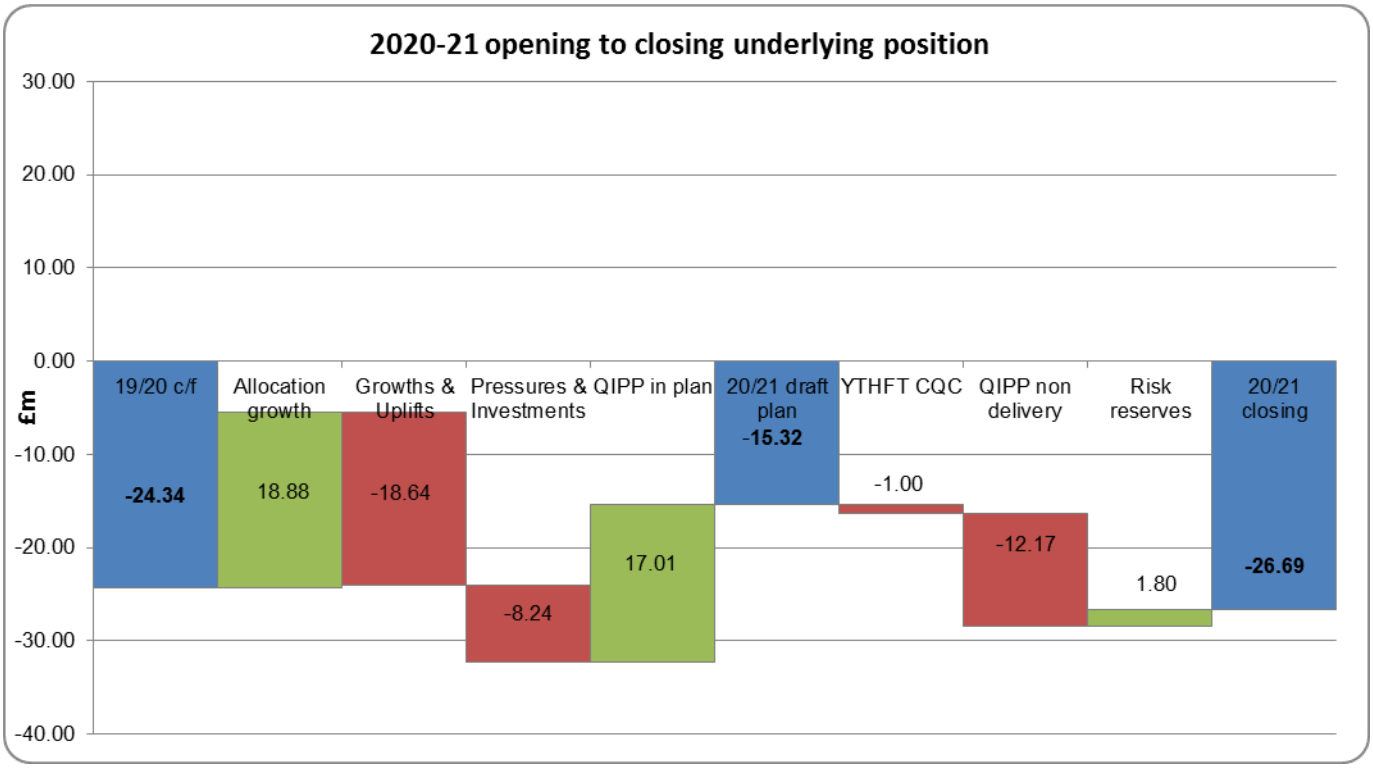
The allocation as at Month 2 is as follows:

| Description | Category | Value |
|---|---|---|
| Notified allocation M1 to M4 pro rata (Core) | Core | £150.69m |
| Adjustment to allocation based on central expenditure model (Core) | Core | £4.60m |
| Notified allocation M1 to M4 pro rata (Primary Care) | Delegated | £16.11m |
| Adjustment to allocation based on central expenditure model (Primary Care) | Delegated | (£0.44m) |
| Notified allocation M1 to M4 pro rata (Running Costs) | Running Costs | £2.22m |
| Adjustment to allocation based on central expenditure model (Running Costs) | Running Costs | (£0.17m) |
| **Total allocation at Month 2** | | **£173.00m** |

## 5. Underlying position

The CCG's forecast outturn for 2020-21 assumes that the on-going impact of the coronavirus pandemic significantly impacts on the ability to identify and implement QIPP savings across the system. This will have a recurrent impact and therefore increase the CCG's underlying deficit.

The bridge chart below shows the movements in the planned and forecast deficit, which results in an anticipated £26.7m underlying deficit at the end of 2020-21.



## 6. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 31 May 2020.

The CCG achieved the Better Payment Practice Code in terms of both the volume and value of invoices being paid above the 95% target year to date.

The CCG achieved its month end cash holding target, despite some of the additional challenges around meeting some of the initial COVID-19 response expenditure and this is testament to the strong financial controls in place in this area.

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# Our work to support the local health system during the Covid-19 Pandemic

March – June 2020

# Summary

The following is a snapshot of our work to support the local health system during the initial stages of the COVID-19 pandemic.

Through a period of significant challenge, huge efforts have been made to both support and transform existing services, develop and implement rapid changes, and work collaboratively to protect the health and wellbeing of staff and patients.

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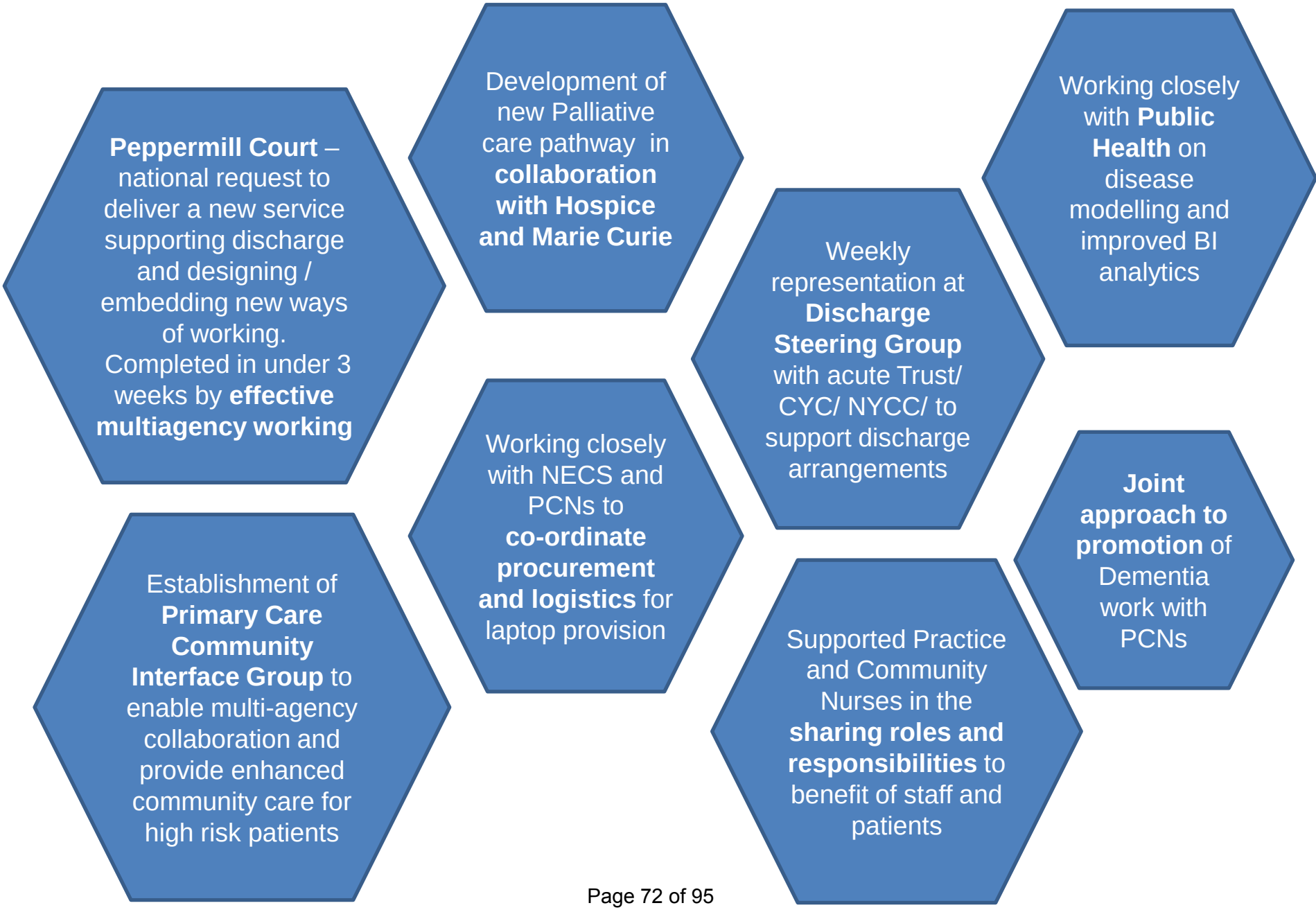
# Collaboration


**Peppermill Court** – national request to deliver a new service supporting discharge and designing / embedding new ways of working. Completed in under 3 weeks by **effective multiagency working**
Development of new Palliative care pathway in **collaboration with Hospice and Marie Curie**
Working closely with **Public Health** on disease modelling and improved BI analytics
Weekly representation at **Discharge Steering Group** with acute Trust/ CYC/ NYCC/ to support discharge arrangements
Working closely with NECS and PCNs to **co-ordinate procurement and logistics** for laptop provision
**Joint approach to promotion** of Dementia work with PCNs
Establishment of **Primary Care Community Interface Group** to enable multi-agency collaboration and provide enhanced community care for high risk patients
Supported Practice and Community Nurses in the **sharing roles and responsibilities** to benefit of staff and patients

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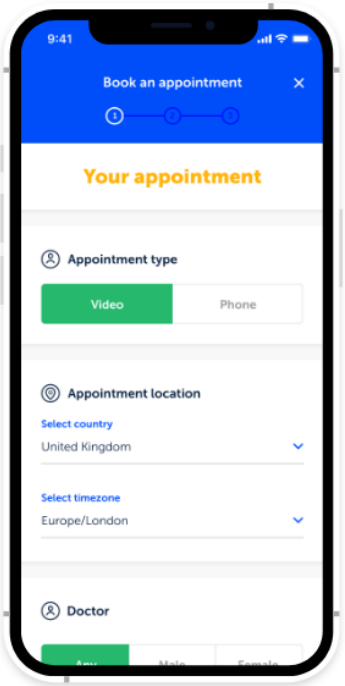
# Service transformation

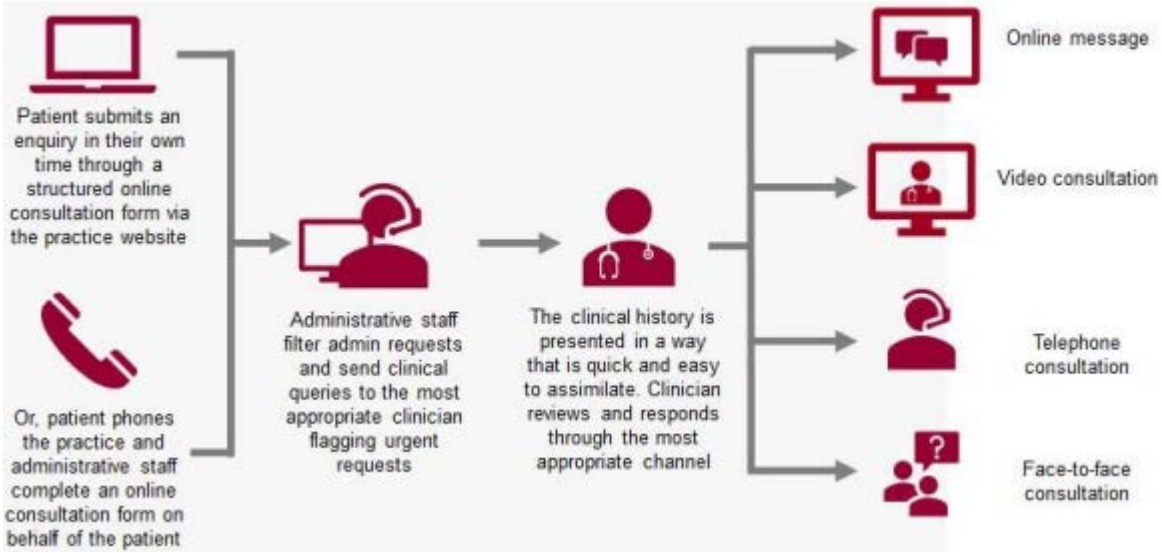
**Working with our voluntary sector partners to deliver social prescribing**

**COVID-19 monitoring service, support hub and swab site set up within an extremely tight timeframe**




**Supporting the on-going development of York Health and Care Collaborative to enable new ways of working**


**Options review for streamlining processes and timescales for Learning Disability health checks**




**Implementation of 'Total Triage' model covering 30,000 patients in Vale of York**


**Encouraging the uptake of a new LES for practices to undertake annual health checks for individuals with severe mental illness**

Dementia Forward

Care and Support for Life

**Dementia Forward nurse working with York practices to target and support this vulnerable patient group during the COVID-19 outbreak**

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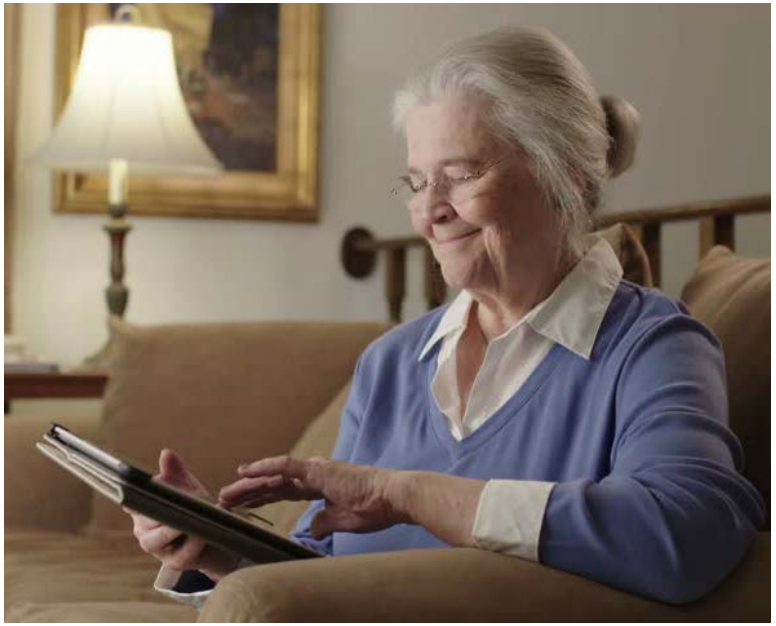
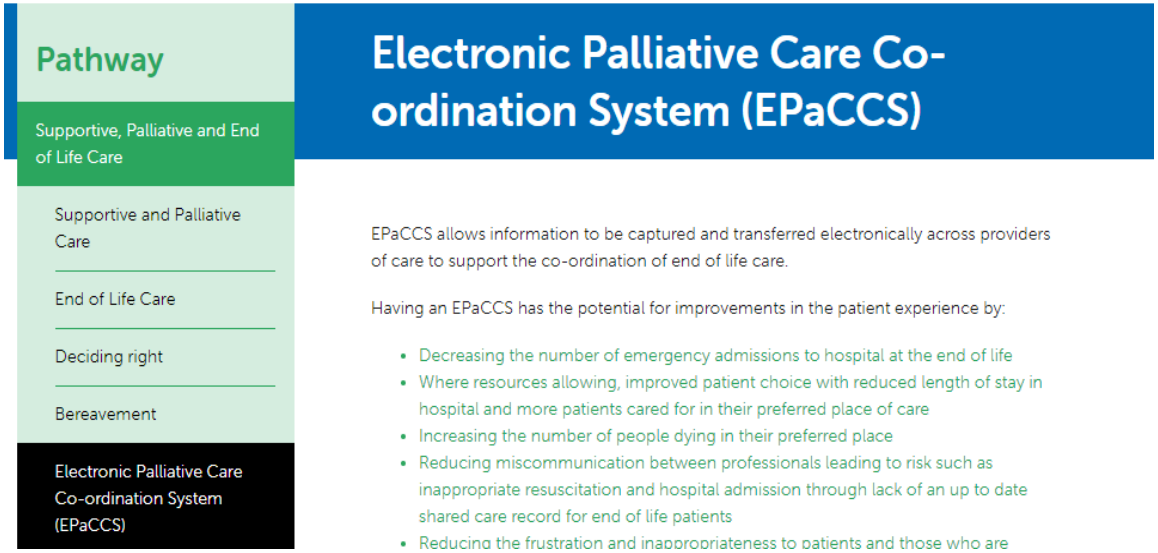
# IT solutions

**Supporting rollout of Electronic Prescribing Services (EPS) and Electronic Repeat Dispensing (EPD) to GP Practices**



**Over 120 tablet devices provided to care homes to enable remote GP consultation**

**Funding for Ardens**
**Software and support with rollout**




**Introduction of EPaCCS to support Advance Care Planning**

**Support for licencing costs for remote access solutions**

RAIDR®

Reporting Analysis & Intelligence Delivering Results

**RAIDR dashboard launched to CCG and Primary Care in June**


**Over 400 laptops delivered to PCNs**

**Offer of enhanced mobile and broadband packages for clinical staff**

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# Supporting system resilience

# Medicines management

**Direct support to practice pharmacists**

**Support to palliative care teams**

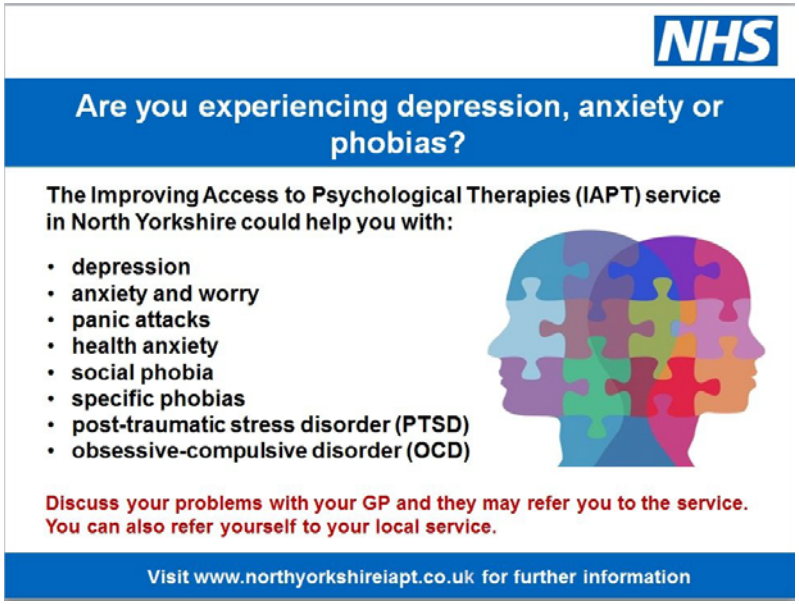
**Keeping practices updated on supply and medicine related issues**


**Linking with the York Integrated Care Team and offer to support care home teams in GP practices as required**

Care Homes
Our Partners in Care
Care Homes and Domiciliary Care

Project ECHO®

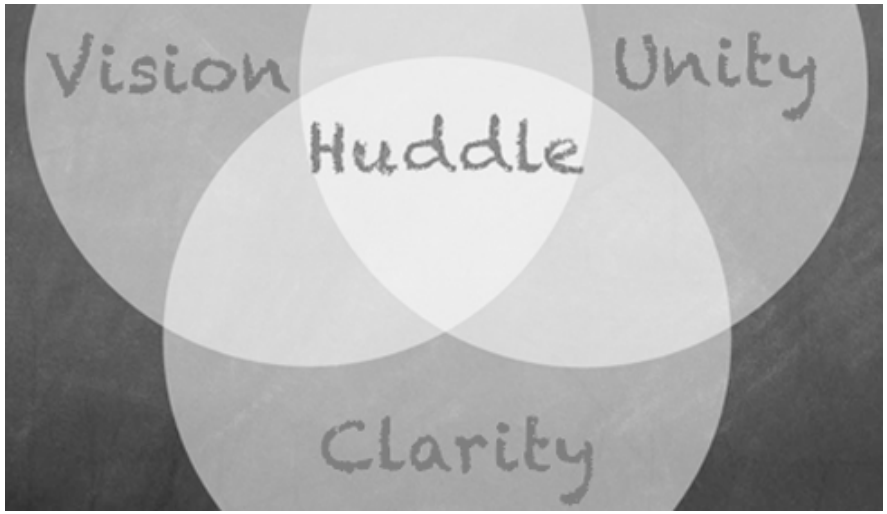
**Involvement with Project ECHO to offer support to care homes**




**IAPT practitioners embedded within GP practices and still available to patients virtually during the pandemic**


**Training in hand washing and safe use of PPE delivered to all care homes**

**Offer of training in PPE, IPC, catheter care, sepsis awareness, falls prevention, React to Red, nutrition and hydration.**




**Huddles to support primary care work load**

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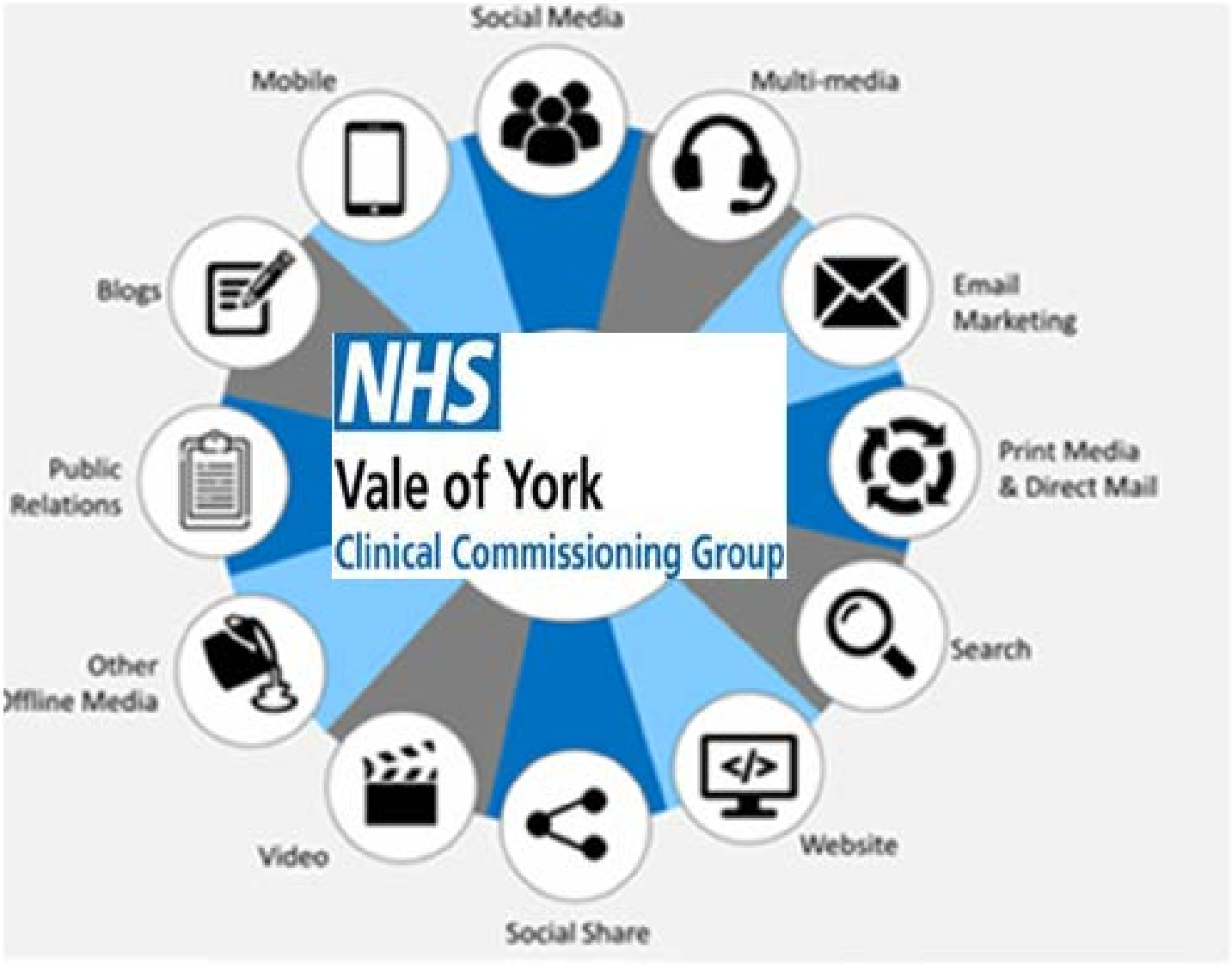
# Communication and engagement

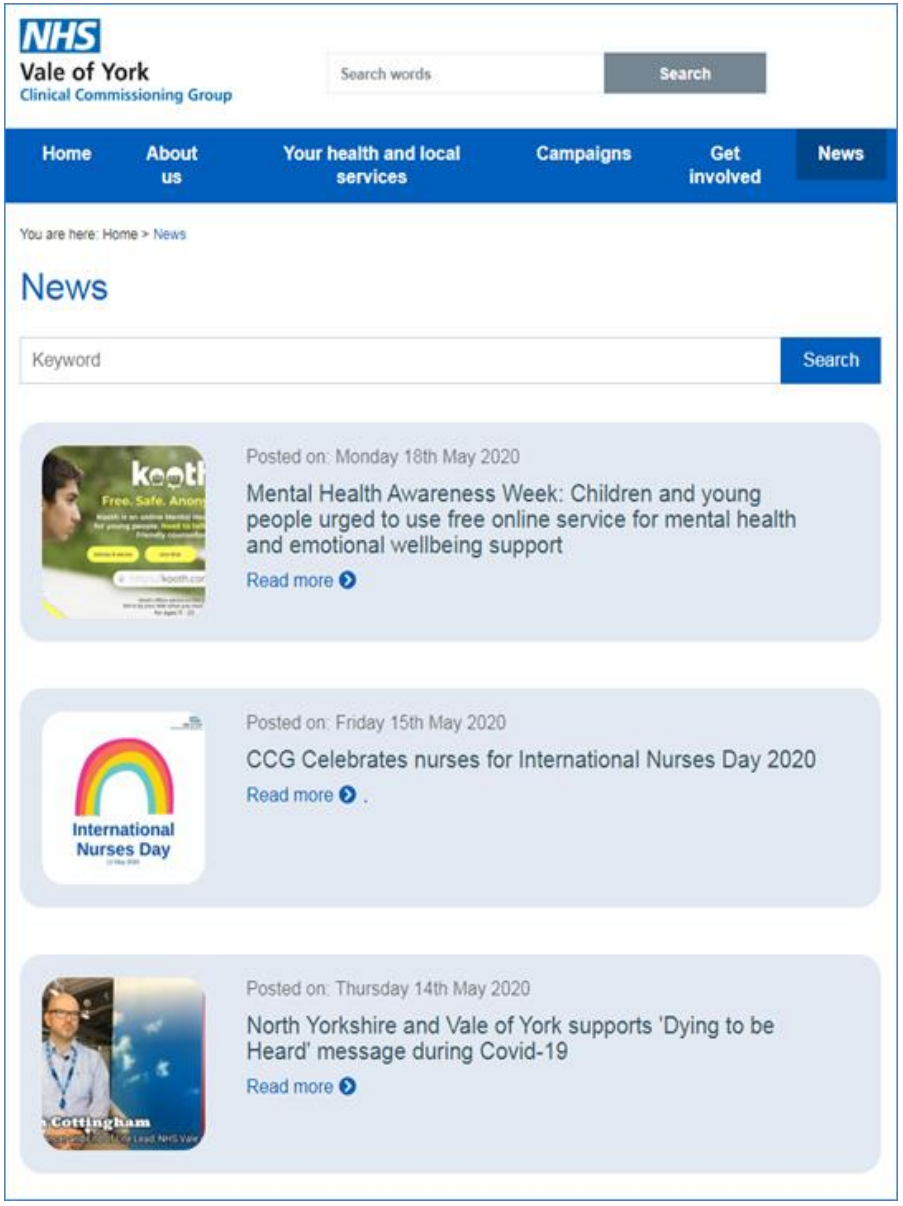



**Integrated COVID and non-COVID communications and marketing**


**Ongoing stakeholder engagement with local partners including hosting online and virtual engagement events / meetings**


**Daily COVID-19 updates and dedicated online resource for primary care**

**Video updates from the Executive Team, Clinical Chair and Lay members**




**Proactive media**

# Covid-19: Looking after your mental wellbeing and managing stress

Many of us will be feeling stressed and anxious - this is completely normal in this situation and is not a reflection of your ability to do your job or that you are failing. Remember you have your colleagues and team to support you at this time with a variety of easy to use virtual and digital means.

## Here are some tips to help you:

**Keep communicating with friends, family and colleagues** talk over difficulties especially if you are feeling upset or anxious. We can all support each other.


**Limit checking in the news and social media** to once or twice a day. Too many times can add to stress and anxiety.

**Take a break away from your working area** go outside into natural light and get fresh air - it will help lift your mood and help you sleep.

**Eat as healthy as you can** and stay hydrated try to avoid too much caffeine.

**Prioritise sleep it is important** to keep you healthy and performing well at work. Anxiety can often make sleep harder but try not to worry, if this happens there are some great mediditation and sleep apps available.

**Continue to make time for things** you do enjoy outside of work. These can be a welcome distraction and a good way to reduce stress.

**Exercise is great for your physical and metal health** - it is the best way to reduce stress and even a few minutes can help.

**Staff health and wellbeing updates**


**Regular updates and engagement using social media**

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# Staff wellbeing

# Using technology to stay in touch

**Video meetings**

**Instant messaging**

**WhatsApp groups for each team**

**Regular email updates**

**Offering meditation and relaxation sessions and promoting techniques to staff**

**Delivering homemade cakes and biscuits to colleagues during lockdown**

# In Their Own Words…