

GOVERNING BODY MEETING

3 September 2020 9.30am to 12.30pm

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 3-13	Minutes of the meeting held on 2 July 2020	To Approve	All
4.	Verbal	Matters arising from the minutes		All
5.	Verbal	Accountable Officer Update	Verbal	Phil Mettam Accountable Officer
ASSURANCE – 10.00am				
6.	Pages 14-40	Quality and Patient Experience Report including Risk	For Decision	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
7.	Pages 41-50	Audit Committee Annual Report 2019/20	To Ratify	Phil Goatley Audit Committee Chair
8.	Pages 51-64	External Auditors' Annual Audit Letter 2019/20	To Receive	Simon Bell Chief Finance Officer
9.	Pages 65-83	Learning Disability Mortality Review Programme Annual Report 2019/20	To Receive	Christine Pearson Designated Nurse, Safeguarding Adults

10.	Pages 84-92	Proposal for a North Yorkshire and York Medicines Commissioning and Formulary Committee	To Ratify	Dr Andrew Lee Executive Director of Primary Care and Population Health
11.	Pages 93-99	Medicines Commissioning Committee Recommendations	To Receive	Dr Andrew Lee Executive Director of Primary Care and Population Health
FINANCE – 11.15am				
12.	Pages 100-110	Financial Performance Report 2020/21 Month 4	To Receive	Simon Bell Chief Finance Officer
CORONAVIRUS COVID-19 UPDATE – 11.45am				
13.	Verbal	Update	To Note	Michelle Carrington / Andrew Lee
NEXT MEETING				
14.	Verbal	9.30am on 5 November 2020	To Note	All
CLOSE – 12.30pm Part II meeting to follow				
EXCLUSION OF PRESS AND PUBLIC				
<p>In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.</p>				

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group
Governing Body on 2 July 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)

Fiona Bell-Morrit (FB-M) – for item 8	Lead Officer Primary Care (Vale)
Holly Jenkinson (HJ)	Senior Communications and Media Relations Officer
Michèle Saidman (MS)	Executive Assistant
Gary Young (GY) – for item 8	Lead Officer Primary Care (Central)

Apologies

Simon Bell (SB)	Chief Finance Officer
Sharon Stoltz (SS)	Director of Public Health, City of York Council

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 7 May 2020

The minutes of the 7 May meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 7 May 2020.

4. Matters Arising from the Minutes

Matters arising were either agenda items or ongoing in the context of Coronavirus COVID-19.

ASSURANCE

5. Quality and Patient Experience Report including Risk

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 not related to existing risks and provided an update on actions to mitigate the risks aligned to Governing Body.

MC highlighted that the Quality and Nursing Team had achieved the NHS England and NHS Improvement requirement to offer Infection Prevention Control training in 100% of care homes and the CCG was in the top achieving region nationally in this regard. She noted that a number of independent providers had participated in the training which was now being extended to include more care settings such as assisted living, domiciliary care, refugees in a York hotel, and any other environment where there was risk.

MC noted that the 'restarting' of services was ongoing.

MC referred to the information relating to York Teaching Hospital NHS Foundation Trust remaining at risk summit level and further regulatory notices being served following the Care Quality Commission inspection. She noted the interim governance arrangements led by NHS England and NHS Improvement and advised that the fortnightly assurance meetings had just been changed to monthly. MC highlighted that one of the remaining issues was the Care Quality Commission requirement to increase paediatric nursing resource into emergency departments; this could not be achieved without substantial investment. NHS England and NHS Improvement was working with the national bodies to determine the best model going forward and looking at nationwide incidents to see if reduced paediatric nurses within Emergency Departments was in any way linked. MC noted that progress would be reported to the Quality and Patient Experience Committee and to Governing Body.

MC highlighted that the CCG had been awarded Carer Friendly Employer accreditation and reported the expectation that progress would now be made within the financial envelope on the Special School Nursing transformation plan following appointment of a new Head of Children's Nursing at York Teaching Hospital NHS Foundation Trust. MC also commended Susan De Val, Commissioning Specialist, Children and Young People,

and Karen McNicholas, Senior Quality Lead, Children and Young People, for their work on the SEND (Special Educational Need and/or Disability) Written Statement of Action which had been submitted and accepted in full by Ofsted.

MC noted that the Quality and Nursing risks aligned to Governing Body were covered within the report with the exception of *Risk QN.13 Hepatitis B vaccine in renal patients being unavailable*. She detailed negotiations with the Local Medical Committee who, following support of these vaccinations being done in primary care during the COVID-19 pandemic, were of the view that the service should return to secondary care. MC explained that York Teaching Hospital NHS Foundation Trust was of the view that the service was now neither formally commissioned nor funded since the change in provision. She also noted additional monies would be required from NHS England and NHS Improvement and advised, in terms of clinical risk, that most practices had cleared backlogs for the vaccination but there was the potential for increase. Following discussion by the CCG Executive who recognised that Hepatitis B vaccination was not within the routine vaccinations commissioned from primary care, SB was discussing cost of the service with the York Teaching Hospital NHS Foundation Trust Finance Director. Discussion would also continue with the Local Medical Committee to ensure an interim arrangement. MC advised that the Quality and Patient Experience Committee would be kept informed of the position.

Detailed discussion ensued in response to NW referring to *Risk QN08 Clinical risks associated with growing waiting list (planned care)* and noting the need for clarity both about risk responsibility and mitigation. AL explained concerns relating to potential for the waiting lists to continue to increase, potentially up to 24 months, and that needs of complex patients may not be met. He noted that modelling work taking place reflected York Teaching Hospital NHS Foundation Trust's capacity rather than patient numbers and highlighted associated risk to primary care capacity. AL noted that a meeting was being arranged with Primary Care Network Clinical Directors and York Teaching Hospital NHS Foundation Trust Care Group Directors on 15 July to discuss a joint solution.

NW emphasised the need for innovation based on engagement with clinicians and also the need for both clarity and prioritisation for primary care. The GP members detailed concerns including:

- Risk to relationships between primary and secondary care clinicians as innovation did not seem to be progressing and patient needs and outcomes were being impacted.
- A shared understanding being essential to ensure referral of patients with the greatest need and for the response to be expedited.
- Recognition of use of technology and the fact that some patients did not wish to be referred but the need for assurance that anyone with a genuine health need would receive care.
- Concern about patients not receiving specialist input both from the perspective of risk to them and pressure on primary care.
- Look for opportunities to learn from other areas, e.g. three way consultations between patient, GP and consultant.

DB additionally expressed concern about children's mental health highlighting the need to also work with Education Departments in this regard.

NW noted the meeting on 15 July as an opportunity to progress discussion of different ways of working and also advised that the Humber, Coast and Vale Integrated Care System was considering the potential to mandate a Rapid Expert Input approach to triage before booking.

JH additionally expressed concern about vulnerable groups who may not wish, or be able, to access services, e.g. the fact that interpreting services were not currently available, and pressures on families who may be struggling with home schooling. She emphasised the need to share lessons and to give permission for change.

PG emphasised the need to recognise the 'positives' at the same time as focusing on the challenges and commended the work of individuals and teams across the CCG.

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 work being undertaken to understand and support the quality and safety of commissioned services;
- assurance of the actions to manage the risks aligned to Governing Body.

6. 2019/20 Annual Report and Annual Accounts

MA-M explained that the Annual Report and Annual Accounts had been submitted as part of the annual accounts process following approval by the Audit Committee. He highlighted that this had been achieved through work across the CCG teams.

In reporting discussion at the Audit Committee PG and DB referred to assurances from both Internal and External Audit and advised that appreciation had been recorded of the work of the Finance Team and colleagues who had contributed to the report. NW added appreciation on behalf of the Governing Body.

The Governing Body:

Ratified the 2019/20 Annual Report and Annual Accounts.

7. Annual Health Checks for People with Learning Disabilities or Serious Mental Illness – Update Report

In presenting this report DN thanked the GP members for their support in promoting CCG attendance at Primary Care Network meetings to discuss annual health checks for these vulnerable patients. She noted that these were physical health checks and emphasised the context of parity of esteem highlighting the actions detailed.

DN advised that the CCG was working with NHS North Yorkshire CCG who had also prioritised this area and that it was a priority for Humber, Coast and Vale Integrated Care System. She noted that the annual health checks during COVID-19 were expected to continue as outlined in Sir Simon Stephens' letter but guidance was awaited regarding fulfilling this requirement within a social distancing context.

DN emphasised that the work would continue and confirmed that she would provide regular updates. DN also noted that all opportunities were being taken to bid for funding to support primary care in this regard.

In response to MC enquiring about confidence that all appropriate patients were on practice registers, DN advised that numbers were lower than would be expected for the CCG population and work was taking place to try and correlate numbers with any Local Authority information where diagnosis might have been made in childhood. The Primary Care Networks were also being asked about levels of confidence that patients with learning disabilities were flagged on practice registers. DN additionally noted that there was a gap in the contracted service for a learning disability diagnosis for adults. She emphasised the need for clarity of the reason for a diagnostic referral in this regard as support can be offered through the community Learning Disability Team for these individuals if there are particular issues which need assessment and support.

Members noted that discussion would take place outside the meeting to progress this work.

The Governing Body:

1. Received the Annual Health Checks for People with Learning Disabilities or Serious Mental Illness update report.
2. Requested a further update in three months.

8. Primary Care Networks Update

FB-M and GY joined the meeting during this item

AL highlighted the establishment of a single primary care provider alliance in the Central Locality following disaggregation by Nimbus from the previous three Primary Care Network contracts to a five Primary Care Network federation, noting that a Chief Executive Officer was being appointed. AL commended the positive working across the Central Primary Care Networks noting in particular the Winter Flu initiative to explore how a unified system approach to locality flu vaccinations could provide practice resilience by minimising the risk of not being able to run other services out of GP surgeries at the same time. He also noted that the fourth urgent care transformation clinical workshop had taken place and that three locality based solutions would be presented to the Governing Body for consideration in due course.

AL advised that premises continued to be a challenge across all the Primary Care Networks noting added pressure from the perspective of the additional roles. Other challenges included the expectation of funding slippage in light of the stalled roll out of this year's additional roles for the Primary Care Networks Directed Enhanced Service due to COVID-19 and the prioritisation for restarting services in General Practice.

AL commended the work taking place in the Vale Primary Care Networks noting in particular the multi agency perspective.

Discussion ensued in the context of sustainability, reducing travel through continuing a degree of remote working, maintaining flexibility of working arrangements and work-life balance.

AL explained with regard to East of Yorkshire Primary Care Network that there were good local working relationships, including with the Local Authority. However, the fact that their community services were with a different provider to the rest of the CCG was an added complexity for alignment of specification for the CCG's strategic planning.

NW reported that discussion was taking place about Primary Care Network development including organisational development monies.

PM noted that the following Part II Governing Body meeting would include discussion about changes to the CCG's governance arrangements to reflect the new role of Primary Care Networks. This would be discussed at the September Part I meeting.

Detailed discussion included:

- Emphasis on relationships and collaborative working.
- Complexity of working across three Local Authorities but the benefits of District Councils in the Vale.
- Potential risk due to the unprecedented challenges, including the financial perspective, faced by both Local Authorities and the voluntary sector.
- The need for service planning to be on the approach of co-production and equal partnerships.
- With regard to Tees, Esk and Wear Valleys NHS Foundation Trust, innovative and collaborative working, including video consultations, during the pandemic; Governing Body to support the Trust's collaborative working with Primary Care Networks; and noting the CCG had been offered a place on the Trust's Council of Governors.
- The need to demonstrate that collaborative working could reduce workload.
- Potential for consideration of shared posts.
- Emphasis on place based developments.
- Recognition that larger providers were differentially starting to match the CCG's intent on the ground.
- The context of test, fail, learn and share.

The Governing Body

Received the Primary Care Networks update.

FB-M and GY left the meeting

9. Interim Measures – Governance and Committee Meetings: First Quarterly Review

PM presented the report that proposed a three month extension of the interim governance arrangements agreed in April 2020 as the current recommendation remained that people work from home wherever possible and public gatherings should be avoided. He noted that any further potential extension would depend on the Coronavirus COVID-19 position proposing that, if appropriate, consideration be given in September to transition governance arrangements, which could include a pilot to test a combination of remote and office based working.

DB advised that the Finance and Performance Committee was taking a threefold approach: maintaining awareness of the underlying financial position, potential probity and fraud issues and the financial position post Coronavirus COVID-19.

PM referred to the earlier reference to managing clinical risk noting the potential to progress discussions with clinicians on the basis of social distancing. PM, MC and AL were giving this consideration.

The Governing Body

Approved continuation of the recommendations agreed at the April 2020 meeting.

10. Medicines Commissioning Committee Recommendations

The Governing Body:

Received the Medicines Commissioning Committee Recommendations of February 2020.

FINANCE

11. Financial Performance Report 2020/21 Month 2

MA-M explained the complexity of the current reporting due to frequently changing guidance and reporting expectations, changes to financial planning, nationally set contract arrangements with NHS providers based on the month 9 position, and the continued expectation that allocations for months 1 to 4 would be “trued up” to break even by NHS England and NHS Improvement. He noted that the CCG’s COVID-19 expenditure to the end of May was currently £1.7m

MA-M advised that, in the absence of detailed guidance for months 5 to 12, this forecast was based on the last plan approved by the Governing Body, i.e. the control total compliant £16.3m underlying deficit, but with an additional £8.6m of risk. Assuming the months 1 to 4 break even position and based on this plan and current recovery information, the CCG would be able to maintain its £16.3m deficit in-year, but now including these risks, allowing the organisation to set its forecast in line with the preferred approach to provide a stretching, but realistic position that can be delivered. However, given the “true up” is non recurrent and the CCG has not been able to enact some of its recurrent plan, the forecast underlying deficit of £26.7m at the end of

2020/21 represented a £2.4m deterioration on the 2019/20 closing underlying deficit of £24.3m and there would be a £10m challenge just to maintain the in-year improvement trajectory.

MAM also highlighted that the CCG had 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; work was taking place to maintain a seven day, instead of 30 day, regime to try and avoid delays in payments, especially to primary care.

Detailed discussion included:

- The context of waiting lists and recovery costs.
- Request for communication with primary care regarding current activity at York Teaching Hospital NHS Foundation Trust.
- The respective financial positions of the CCG's partner organisations across the system with reiteration of concerns in particular about the challenges faced by Local Authorities and the voluntary sector and the associated potential impact on relationships, developments and innovation.
- The context of the NHS as an 'anchor organisation'.

DB referred to discussion at the Finance and Performance Committee where confirmation had been received from NHS England and NHS Improvement that the CCG was not an outlier in respect of the current financial position.

The Governing Body:

Received the 2020/21 month 2 Financial Performance Report.

COVID-19 UPDATE

12. Update: 'Our work to support the local health system during the Covid-19 Pandemic'

AL referred to the presentation and videos circulated with the meeting papers which described some of the CCG's work during the pandemic. He commended the commitment in terms of time and work involved.

In response to NW expressing appreciation to the Executive Team and enquiring in terms of their health and wellbeing, PM noted some of the challenges of the current working arrangements and additionally commended the Executive Team and senior staff for their commitment. He suggested that it would be beneficial if the Governing Body continued to provide a forum for reflection on the many areas of work currently in progress.

The Governing Body:

Commended the presentation and videos of the CCG's work during the pandemic.

Additional Item – Black, Asian and Minority Ethnic Groups

In response to NW referring to inequity and inequalities for Black, Asian and Minority Ethnic groups, highlighted during the pandemic, it was agreed that discussion would take place at the Quality and Patient Experience Committee about these concerns. DB additionally agreed to discuss with JH opportunities for learning from his work as a Non Executive Director with Rochdale Health Alliance.

The Governing Body:

Agreed that the Quality and Patient Experience Committee would consider inequity and inequalities relating to Black, Asian and Minority Ethnic groups and report back to the Governing Body.

13. Next Meeting

The Governing Body:

Noted that the next meeting would take place on 3 September 2020.


NW closed the Part I meeting and noted the following Part II meeting.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 2 JULY 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 2 April 2020	Patient Story	<ul style="list-style-type: none"> Update on establishing a local system approach for pertussis vaccination in pregnancy Ongoing in context of the Coronavirus COVID-19 pandemic 	MC	5 March 2020 Ongoing
2 January 2020 2 April 2020	Learning Disabilities Mortality Review	<ul style="list-style-type: none"> Update on potential proposals and a stocktake of progress Ongoing in context of the Coronavirus COVID-19 pandemic 	MC	5 March 2020 Ongoing
2 January 2020 2 April 2020	Board Assurance Framework and Risk Management Policy and Strategy	<ul style="list-style-type: none"> Risk Management Policy and Strategy to be presented for ratification 	AC	2 April 2020 Deferred until "business as usual" resumed

<i>Meeting Date</i>	<i>Item</i>	<i>Description</i>	<i>Director/Person Responsible</i>	<i>Action completed due to be completed (as applicable)</i>
2 April 2020	COVID-19 update	<ul style="list-style-type: none"> Review learning on the part of both teams and organisations 	All	Ongoing
2 July 2020	Annual Health Checks for People with Learning Disabilities or Serious Mental Illness – Update	<ul style="list-style-type: none"> Update report 	DN	1 October 2020 / 5 November 2020
2 July 2020	Interim Measures – Governance and Committee Meetings: First Quarterly Review	<ul style="list-style-type: none"> Further review of arrangements 	PM	1 October 2020
2 July 2020	Additional Item	<ul style="list-style-type: none"> Quality and Patient Experience Committee to consider inequity and inequalities relating to Black, Asian and Minority Ethnic groups and report back to the Governing Body 	JH / MC	3 September 2020

Item Number: 6	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body Date of meeting: 3 September 2020	 Vale of York Clinical Commissioning Group
Report Title – Quality and Patient Experience Report	
Purpose of Report <i>(Select from list)</i> 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. Content of this report has been discussed in detail in the Quality and Patient Experience Committee (QPEC) in July and August respectively.	
Strategic Priority Links	
<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council	<input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council
Impacts/ Key Risks	Risk Rating
<input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	
Emerging Risks Risks to quality and safety across all commissioned services due to the impact of Covid-19 and anticipated ‘surges’ or ‘waves’ of demand across services and potential harm to people being able to or not accessing access services.	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> 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
- review the new risks identified, determine whether members are assured of the mitigation and actions and determine whether they require alignment to Governing Body or QPEC.

Responsible Executive Director and Title

Michelle Carrington, Executive Director of Quality & Nursing

Report Author and Title

Michelle Carrington, Executive Director of Quality & Nursing
Paula Middlebrook , Deputy Chief Nurse

1. PURPOSE OF THE REPORT

The purpose of this report is to provide the Governing with an exception report upon commissioned services and a full update regarding risks aligned to the committee.

The exception report will focus upon:

- Covid-19 impact and changes to commissioned services with particular focus upon
 - Phase 3 'Recovery' and changes to Acute services
 - Changes and impacts upon Primary care
 - Review of the impact upon childhood vaccinations during the pandemic
 - Care Homes
 - Perinatal Mental health services
 - Preparing for seasonal Flu
- Serious Incidents
- Patient Experience
- Communications and Engagement update with a focus upon
 - the Covid-19 impact survey
 - GP Patient Survey 2020
 - Urgent care engagement review 2020
 - Special Educational Needs and Disabilities (SEND)
- CQC Update
- Risks to Quality and Safety

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 Governing Body in July 2020.

This section provides an update regarding work which continues to progress at pace with fortnightly planning returns being submitted to the HCV ICS.

An update is also provided regarding Phase 3 'recovery', impacts upon Primary care Care Homes mental health and winter planning for seasonal Flu

Moving to Phase 3 'recovery' of Acute Services

Further to the update on Phase 2 'restoration' of acute services in July to Governing Body, the NHSE third phase response to COVID-19 has been framed by the NHSE/ regional team in anticipation of the formal Simon Stevens Phase 3 letter received on 3 August 2020.

<https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>

A summary of the services restored to date by YFT are outlined below:

Care Group	Remain at 'cold site'	Restored by end June - York	Restored by end June- Scarborough
Acute, Emergency and Elderly Medicine York	Fast Track and Urgent Surgery (Trust wide) Step down Fracture Neck of Femur IP Cystic Fibrosis Heart Failure Neuro Rehab	Urgent Cardio Respiratory Face to face Cardiology, Respiratory and Gastroenterology appointments	N/A
Acute, Emergency and Elderly Medicine Scarborough	Fast Track and Urgent Surgery (Trust wide)	N/A	Urgent Cardio Respiratory Face to face Cardiology, Respiratory and Gastroenterology appointments
Surgery	Fast Track and Urgent Surgery (Trust wide)	Urgent LA work at Malton and Selby Potential to restore:- Audiology high risk patients Head and Neck Outpatients Routine urology (phased)	Day case list for urgent surgery
Cancer and Support Services	Oncology and Haematology Urgent MRI & CT Non obstetric Ultrasound	Endoscopy (phased)	Endoscopy (phased)
Family Health	Fast Track and Urgent Surgery (Trust wide)	NB – no paediatric services stood down	NB– no paediatric services stood down Day Case Scarborough
Specialised Services	Fast Track and Urgent Surgery (Trust wide) Planned Phlebotomy Orthopaedic Fracture Clinic	Urgent face to face outpatients Urgent Neurophysiology Ophthalmology surgery Urgent Diabetic Retinal Screening Drop in phlebotomy	Potential to restore:- Ophthalmology Surgery Bridlington Orthopaedics Bridlington

Acute providers have worked to expand the available capacity for all non-COVID care areas since their initial restoration from May, working within the refreshed infection control guidelines and with independent sector provider partners locally to understand all available capacity available.

This forecast capacity for the Phase 3 period (through to March 2021) was captured in plans submitted to the HCV ICS on the 10th July. In summary this outlined a plan to recover capacity to the following levels compared to planned 2020/21 levels pre-COVID:

- 63% recovery of elective activity
- 58% of day case activity
- 89% of first and follow up Outpatient activity
- 97% of non-elective activity (inpatient and ED attendances)
- Diagnostics: 80% of 19/20 baseline (all modalities)

This capacity will be used to deliver care to patients in line with an emerging clinical prioritisation framework which considers the Royal College of Surgeons prioritisation approach alongside consideration of those patients waiting for long periods on waiting lists for routine non-urgent care. This has oversight from the HCV ICS clinical and professional leadership group and the NHSE/I regional team.

There is an established framework for risk assessment in place across acute services to support patients as they are waiting or as they are rescheduled for their care. Similarly, the approach for supporting the acute workforce as they de-escalate

from COVID care at level 4 response and move into recovery is in place. These are outlined in the Appendix

Primary care

➤ Vale practices

Most practices are seeing more patients face to face although wherever possible remote consultation still seems to be the preferred option. The majority of services are now being offered across the three PCNs. Demand for Insulin medications seems low & these are slowly being reintroduced face to face where remote is not possible.

Key areas not being introduced are ear syringing, spirometry, NHS Health checks and medicals (not deemed a priority)

Demand for travel vaccinations remains low, most practices reviewing when these can restart.

➤ York City Practices

All practices are reporting a return to pre-Covid levels of activity. Most practices report that total triage while improving appropriateness of face to face consultations reduces overall capacity.

Phlebotomy capacity is approximately 50% of pre-Covid levels due to social distancing and PPE - this is impacting on services with some aspects, such as health checks which are needing to be de-prioritised.

The work agreed to be de-prioritised during Covid is being reintroduced in varying ways as individual practices respond to their local population and patient needs.

Delays in secondary care referrals and reduced secondary care capacity is causing anxiety in patients which is translating as increased workload when patients follow up with the GP. GPs report receiving more emergency dental referrals from 111.

Most PCNs have recruited the majority of the PCN additional roles. Whilst these roles are welcome and beneficial to the overall multidisciplinary workforce, there are initial challenges associated with supporting increased training and supervision needs and additional pressure on room space has resulted in some premises reaching maximum capacity, forcing some to ask third party services to relocate (i.e. midwives).

The Enhanced Care in Care Homes (including LD Homes) LES has been well received and most patients have moved to the lead GP practice. Processes are becoming well established – there is a plan to engage mental health initially to start forming weekly Care Home MDTs. If the pilot proves successful, the aim is to expand these MDTs to include a greater range of providers.

Childhood Vaccinations during the pandemic

Discussion took place at QPEC in July 2020 regarding whether covid-19 has impacted upon delivery of the child vaccination program and the need to ascertain whether there is an emerging risk.

A review of vaccination delivery has been undertaken and compared to the same period in 2019.

Data is collated from – ImmForm - the system used nationally to record data in relation to uptake against immunisation programs, incidence of flu-like illness and provide vaccine ordering facilities for the NHS. The data is therefore reliant upon accurate coding and data input by practices.

Vaccinations appear to be in line with the previous year delivery and therefore we can be assured that the pandemic has not negatively impacted upon vaccination uptake.

Local intelligence from immunisation champions in practice indicates that vaccination programs have continued throughout the pandemic and some practices have had the opportunity to catch up on outstanding vaccinations for missed or non attenders.

There is a national MMR strategy and a local Yorkshire and Humber one. The Vale of York CCG and City of York Local Authority Vaccination and Immunisation Group have worked towards improving uptake for both first and second dose MMR.

Support to Care Homes

A detailed overview was provided to Governing Body in July. Work to improve and increase support into care homes continues. An additional key focus currently is to better understand contributory factors and learning from outbreaks, working with care home managers to support them and share good practice.

- **Principles to Deliver an Enhanced Universal Support Offer to Care Homes in the North East and Yorkshire Region, CCG self-assessment.**

A further submission has been made against the principles which shows improvement in all areas including a named community nurse for all care homes, a

named lead provided by TEWV for Learning Disability homes, and a clinical lead for all care homes from primary care.

We are awaiting provision of further equipment from NHSE/I to monitor residents condition to be delivered to the homes supported by training materials. The self assessment is undergoing formal evaluation by a University to understand the impact of the introduction of the framework.

➤ **Using an Exploratory Tool to Understand Contributory Factors Involved in the Outbreak of Covid19 in Care Homes**

A tool adapted from the Yorkshire Contributory Factors Framework has been trialed with permission and support from the Improvement Academy. This aims to quickly understand key trends and themes contributing towards a Covid19 outbreak within the NHS Vale of York CCG Care Homes in order to cascade learning and share good practice amongst the Partners in Care Network. Feedback has been positive from home managers and peers within the Local Authority, Safety Networks and CQC. Bradford and Sheffield CCG are looking to adopt this approach following presentation at the recent regional patient safety collaborative network meeting.

Key trends and themes identified from initial use include :

- national policy for PPE different and slower in care sector in the beginning
- testing for staff and residents inadequate in the initial stages for social care sector
- poor hospital discharges
- staff sharing transport
- layout of buildings
- staff working across settings
- poor ownership by staff
- complex resident medical history i.e. dementia.

Good Practice and innovation by care homes has been significant, with the demonstration of a resolve to protect residents despite the challenges at national level beyond their individual sphere of control.

This includes;

- proactive closure
- prompt response to symptoms/ positive tests, isolation & zoning
- laundry for staff
- staff well being
- IPC training
- good communication and policy within homes
- Partners in Care Covid19 Echo Network Support

- joint working across organisations
- no use of agency when possible
- staff allocated to set units.

Next steps; Sharing of the learning across the Partners in Care Network and local authority continues to inform reflection by staff and embedding positive practice moving forwards. The Quality & Nursing team continue to support colleagues across all independent care providers and offer the opportunity for a framework with which to reflect and identify learning which might be transferable for peers to benefit from.

➤ **Infection Prevention and Control Submission**

The second IPC sit rep was submitted to NHSE on 10 July 2020. This was an update on activity undertaken by the CCG in respect of ongoing training and support in relation to Covid 19 e.g. donning/ doffing of PPE, handwashing.

The VoY CCG achieved 100% training across care homes at the initial target and this sit rep was able to share how the Quality & Nursing team had managed to continue support, and also widen the scope of training to include 21 out of 54 domiciliary providers which have received training or have training booked. 20 have declined or have already had training through other means including that provided in earlier care home training.

There are 130 supported living sites across the VoY CCG which the team contacted. Of those 76 have either already been trained or have dates booked. Some out of area providers have also been supported.

Significant quality and safety concerns in a Vale of York care home

The Quality and Nursing Team are supporting an urgent response to significant quality and safety issues in one of our care homes. The home provides both nursing and residential care and currently has 47 residents.

Following an increase in safeguarding concerns and whistleblowing to the CQC and as part of the CQC routine follow up actions from a previous inspection, the CQC carried out a further inspection and found the home to be in need of special measures. The CCGNYCC and CYC quality improvement teams have had a daily presence in the home to drive improvements with the support of the relevant GP clinical leads. The home made the decision to deregister as a nursing home, leaving residential provision only which meant residents with nursing needs required moving to alternative provision as a priority. Given the seriousness of the concerns all partners had already planned to move residents.

So far the CQC have issued a notice of proposal to alter the registration so care cannot be carried out in the home and the provider is required to take urgent action to improve. A significant number of residents have now been moved out of the home by the local authorities for their safety. As the situation is ongoing a further update will be provided at Governing Body.

Innovations in community nursing throughout the pandemic

It is essential that learning from the innovations that have been stimulated to respond to the challenges of the pandemic are recognised.

The Primary Care Protected Learning Time (PLT) event in July hosted one session (delivered twice) dedicated to nursing innovations. Two areas of innovation were presented in order to share the developments, explore the challenges and key learning that has been identifying during the work. The presentations aimed to enable structured discussion regarding wider changes in practice across primary care and opportunities to continue to build upon these changes moving forward.

Two areas of innovation shared were:

- Work to support care homes
- Work of the South Hambleton and Ryedale (SHaR) PCN Hubs – integrating and working better together with community nursing teams.

Adult Mental Health; How Perinatal Mental Health is responding to covid-19

The July report focused upon how adult mental health services are responding to meet the changing impact of the pandemic. The service not included within the update was perinatal mental health. An update therefore is included this month.

PNMH services for VoY CCG are provided by Tees Esk and Wear Valley NHSFT (TEWV). Services remain in their infancy as they were introduced under 2 years ago as part of the Better Births transformation and will be extended to increase availability and reach as part of the Long Term Plan. This is in recognition that perinatal mental health problems affect between 10 to 20% of women during pregnancy and the first year after having a baby. How these are recognised and managed early have a direct impact not only upon the immediate needs of the woman and baby, but also upon the longer term and possible life time effect upon the family unit and into adulthood.

A meeting of Perinatal Mental Health (PNMH) providers and commissioners was held across the HCV on the 30th June to understand the impact of the pandemic on services, risks and plans to restore. A high level summary of how our local services have been affected is provided below:

- The services provided by TEWV have been maintained through the pandemic, however in line with other services there has been a 'shift' to working remotely where possible.
- Face to face visits have been maintained based upon a risk assessment (of both covid and psychological needs of the woman)
- There was an initial reduction in referrals, however these are now returning to pre- pandemic numbers.
- The service has noted that a small number of referrals have been made 'later', with the woman therefore having more complex needs at time of referral.
- Mother and baby mental health units (Hull / Leeds) stopped partners visiting during the height of the outbreak. For a small number of women this necessitated the need to utilise the Mental Health Act in order to ensure admission to hospital which may have previously been undertaken voluntarily. Visiting is now resumed.
- There is a risk that due to reduced contact with expectant mums and new mums throughout, opportunities for recognition of problems and needs may be missed. Virtual consultations can miss the opportunity to recognise congruence between discussion and associated body language or interaction with the baby. Restoring to the norm of face to face contacts is therefore a priority
- Nursery nurse led baby massage training has continued virtually. Baby massage is a key area that helps with many factors associated with the bonding of mother and baby. This not only having a positive bonding effect but subsequent impact upon the mother's mental health wellbeing
- Virtual group sessions are being held
- Whilst some women are able to use virtual methods of consultation / support, this is a challenge for others and influenced by a range of factors i.e. personal ability, home circumstances, social
- Induction of new staff has been challenging across the HCV as there is an inability to shadow services which are integral to the service i.e. Health Visitors, midwives. The local service for TEWV has 3 new staff members due to start from September, therefore the ability to enable effective induction is essential.
- Supervision and support for staff is in place to mitigate against the challenges posed by home working

Challenges and risks:-

- Inability in some areas to work out of community based / primary care settings and inability to develop further integration with maternity services
- Risks to both worsening perinatal mental health due to lack of early recognition by healthcare partners as a result of systematic reduction in face to face contacts

- Inability to induct and appropriately integrate new members of staff
- Impact upon staff of working from home, and having regular distressing conversations from home – impact upon work / home boundary and keeping staff members 'well'.
- Risk that safeguarding opportunities may be missed

Priorities therefore for the service moving forward are:-

- To resume face to face / home visits as far as possible
- Resume integration / training and working with healthcare partners to ensure the early recognition and appropriate referral

Other mental health quality concerns

NHSE, as the responsible specialist commissioner, have shared with the CCG quality concerns regarding Garrow House in York. Garrow House is a facility in the grounds of The Retreat for women with personality disorders stepping down from medium secure placements. It is run by Turning Point who have given notice on providing the service and is due to close November 2020. However serious quality concerns have been raised by the CQC (report published 13th May 2020) with subsequent warning notices. In addition there are concerns about safeguarding and incident reporting and management. The CCG currently has no patients residing in the facility. NHSE/I are working collaboratively with the relevant CCGs to move women to alternative appropriate accommodation as soon as it practicable.

Preparing for Winter – Flu Planning

Flu planning is essential each year. Start of seasonal flu is usually October onwards. Flu planning involves both the prevention of flu outbreaks by ensuring effective vaccination programs are in place and preparation for the impact of flu upon primary and secondary care services.

The significant risks for the 2020/21 winter are:

- A second wave of Covid-19
- Seasonal flu outbreak
- Both a seasonal flu outbreak and second covid-19 second wave occurring at the same time
- How to maximise uptake for flu vaccination without bringing together at risk groups

The first flu letter was published in May 2020, however as anticipated the eligibility has been extended. See Updated Flu letter:

Humber Coast and vale ICS Flu Board

The HCV ICS Flu Board has been established as part of the NHSEI COVID-19 Incident Coordination Centre response, to oversee collaborative planning and delivery of the flu vaccination programme in 2020/21. This will be enabled through senior strategic leadership and engagement in the Board from across the health and care system.

The first meeting of the Board was held on 28th July 2020 where the following remit was discussed:

The Board will lead the development of an ambitious and deliverable system-wide strategic plan, with agreed milestones and clear accountability for actions. The Board will serve as the single point of governance across the ICS, with responsibility for ratification of initiatives to deliver the plan. The ICS Flu Board will connect directly to the Regional Primary Care and Public Health (PCPH) Cell Oversight Group, which will hold NHSEI regional oversight and governance for flu delivery, via the CCG AOs and Heads of Public Health representatives on this group. The Board will challenge the system to adopt innovative approaches to drive system change and enable delivery in a complex and changing environment resulting from COVID-19. There will be dual reporting to the HCV ICS Executive Management Group to ensure synergy to winter planning objectives and outcomes.

The Board will lead the strategic planning of the flu vaccination programme, linking to and building on the existing NEY flu plan, to enable collaborative commissioning and delivery. The work of the board will be supported by local operational flu groups facilitated by the place-based screening and immunisation coordinators who will provide local system leadership and link to the local A&E delivery board as well as feeding back directly to the Flu Board.

In season, the Board will have oversight of reporting and performance, including critical analysis of position in real time in order to direct locally targeted actions.

The Board will meet at least monthly, with local operational groups meeting more frequently as required to ensure maximum deliver as early as possible.

Updates will continue to be provided by the screening and immunisation coordinators and relevant provides in to the HCV Vaccination and Immunisation Programme Board which meet quarterly (mixture of virtual and face to face/teams). The existing commissioning accountabilities for the programme remain unchanged.

The Directors of Adults Health and Wellbeing should be utilised as an 'expert advisory group' who's advice and views can be sought and fed in to the ICS Flu

Board and the local operational flu groups in order to increase awareness and ensure maximum delivery to achieve increased uptake in care homes (staff and clients).

Local Approach

Primary responsibility for vaccination of the eligible groups, except for school aged children, lies with the GP.

An overarching steering group has been established which meets fortnightly involving practices, PHE, CCG and Local authority. The steering group has working groups and oversees the development of a City wide approach to vaccination and also key enablers for use to support vaccinations for the Vale practices.

A 'City of York Flu Model' has been developed, elements of which are summarised below.

Element 1: Support for our Housebound Patients	Element 2: Primary Care Vaccination Programme	Element 3: Mass Vaccination Programme
<ul style="list-style-type: none"> • High risk, Vulnerable Housebound patients will be vaccinated at home. • Community nurse teams • Care Home Vaccination programme 	<ul style="list-style-type: none"> • GPs Flu Vaccination Programme with practice • Community Pharmacy 	<ul style="list-style-type: none"> • Mass Vaccination Programme • Support both Community Pharmacies and GP Surgeries in delivery

The mass vaccination programme fundamental aims are to offer additional choice and capacity to the system to and free up primary care capacity. This in turn will be a 'test model' to support covid vaccination once available. The ability to deliver the mass vaccination arm of the model is dependent upon a capital bid via the HCV ICS. The outcome of this is awaiting confirmation.

A 'state of readiness' assessment has been undertaken to understand the key challenges for delivery of the program. Key challenges being consistently reported are :

- lack of confidence regarding availability of PPE. PHE are currently reviewing the PPE guidelines for Flu vaccination
- Vaccine supply to support the extended eligibility. Additional orders cannot currently be made. The vaccination program for the age extended cohort of 50-64yr olds will commence November onwards once the most vulnerable groups have been vaccinated. Negotiations are underway at a national level to secure increased vaccine supply.

- Additional cost to practices associated with measures to ensure social distancing and PPE change which reduces the number of patients who can be vaccinated in each session.

In previous years CCG Staff have been offered vaccination in the workplace . Due to home working currently, exploration of alternative models is currently underway.

We are working on a solution to deliver vaccination to substance misuse service users as contractual difficulties are a barrier to safe delivery to this group of vulnerable people.

The Steering group actions will report into SIOG (Screening and Immunisation Oversight Group) with links to the Local Resilience Forum for wider support as needed.

3. SERIOUS INCIDENTS (SIs)

Reporting of incidents and Never Events are continuing during Covid-19. The quarterly number of incidents reported is comparative to those reported in the same period for 2019/20. Therefore the predicted reduction in numbers due to reduced activity/occupancy has not transpired. SI activity continues to be monitored.

York Teaching Hospital Foundation Trust

An update from the YTHFT Deputy Director of Governance and Safety regarding work being undertaken within the Trust to improve processes was provided at the North Yorkshire and York SI panel in July. Significant improvements in process have already taken place and a 'rapid improvement day' is planned to processes map current and future state. This is being undertaken in partnership with the CCG.

As noted within the Risk update due to overall progress being made the CQC have invited the Trust to apply for the regulation notices placed upon them to be removed.

An approach to managing the backlog of outstanding action plans and queries from historical SI's from 2019 has been agreed and is being taken forward with the trust.

Tees, Esk and Wear Valleys Trust (TEWV)

The Trust is continuing to support the investigation process and hold Directors panels to sign off reports. However, there continue to be a number of overdue reports, of which 8 are VoY CCG patients, with 6 investigations yet to be assigned to a reviewer. The consequence of these delays is lost opportunities for timely

identification of learning and delayed answers for families. Updates to workforce and capacity have been requested.

Themes associated with the need for improved children and adult safeguarding processes are emerging. The CCG respective Designated Nurses for Safeguarding plan to discuss these and agree actions with the TEWV Safeguarding team.

NHS Patient Safety Strategy

Current milestones continue to be achieved, the new Patient Safety Incident Management System (PSIMS) that will replace the NRLS and StEIS has passed the Government Digital Service Assessment and been given the green light to move into the public beta testing phase.

Consultation has closed on the new Patient Safety Syllabus (to support a transformation in patient safety education and training across the NHS) and the draft patient Safety Specialists requirements (NHS organisations to identify by June 2020, at least one person as their patient safety specialist).

The consultation on a draft 'Framework for involving patients in patient safety' is ongoing.

4. PATIENT EXPERIENCE

There is a gradual restoration in patient contacts regarding complaints and concerns in line with pre-pandemic activity. No exceptionality is noted at this time.

5. COMMUNICATIONS AND ENGAGEMENT

Covid-19 impact survey

In May 2020 NHS Vale of York CCG conducted a short survey to find out how the restrictions to stop the spread of coronavirus (COVID-19) were affecting people's everyday lives and their mental and physical wellbeing. This may be in the way they accessed medical help or were able to carry out everyday activities for themselves or someone they were caring for.

There was a particular focus on reaching those who might be most vulnerable to the effects of the current crisis: those with health conditions or disabilities, carers, people who are visually impaired or have hearing loss, people who feel socially isolated or have cognitive impairment/dementia, and people with mental illness.

This survey was part of a wider piece of work within York and North Yorkshire to look at the impact and unintended consequences of the coronavirus (covid-19) response, and the support that would need to be put in place to help with recovery and next steps. This formed the basis for the rapid health needs assessment for covid-19.

As a result the rapid health needs assessment has been discussed at various forums. The York Health and Care Collaborative are basing their work plan on it, at regional level it's been presented to SLE silver group and at the HCV recovery workshop. It will be presented at the next Health and Wellbeing Board. Some of the emerging themes have been:

- Impact assessing the delays and backlog of two week wait referrals and screening suspension and bringing a population health angle
- starting a conversation about primary care restart for some long term condition programmes in eg diabetes
- recommending digital inclusion work through community hubs
- finding creative ways of keeping a prevention focus remotely eg. remote CO monitoring of smokers

GP Patient Survey 2020

In July 2020 the England-wide GP Patient Survey (GPPS) published its results. It provides practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England. In NHS Vale of York 7,053 questionnaires were sent out, and 3,206 were returned completed. This represents a response rate of 45%.

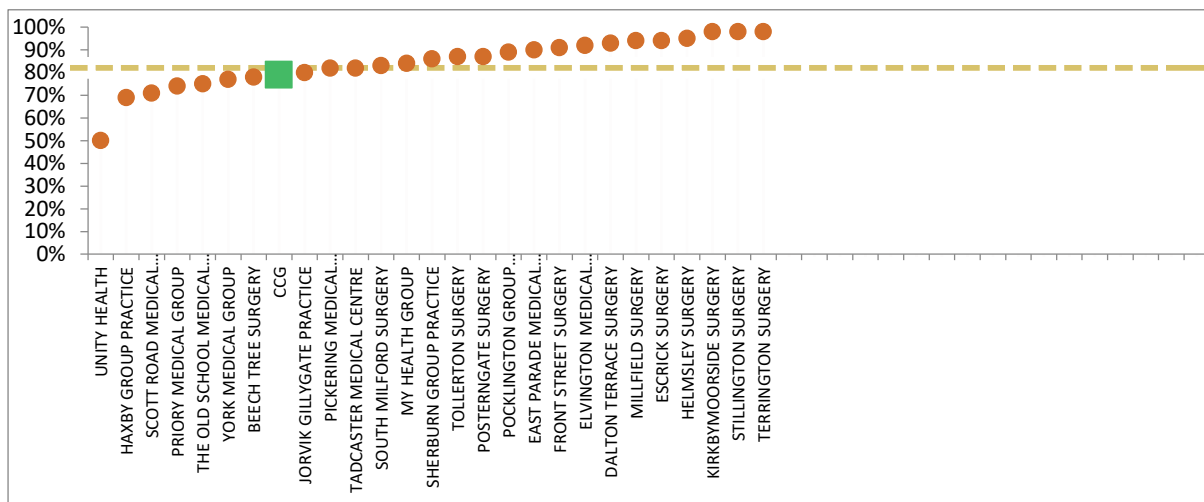
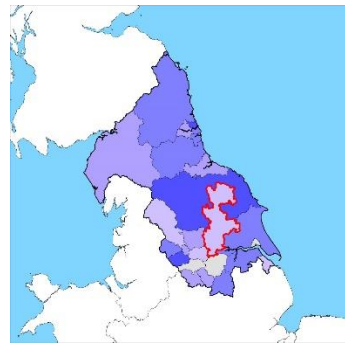
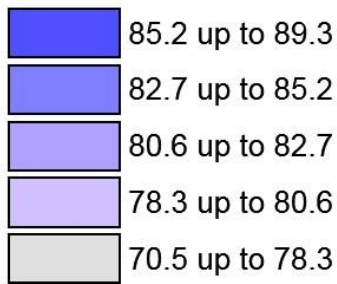
The survey asked patients about their local GP services, making an appointment, their last appointment, overall experience, their health and what they do when their GP practice is closed. Overall the satisfaction of experience of their local GP practice and decreased since 2018. There are some practices that had very positive results (98% satisfaction) and the lowest performing practice was at 50%. However, responses about quality of care – feeling listened to, involved in decision and being treated with care and concern still remained high.

When asked about how they would describe the experience of their GP practice, 38% said very good, 41% fairly good, 12% neither good nor poor, 5% poor, 4% very poor. General satisfaction was 79%, down from 87% in 2018.

The full survey can be found here: <https://www.valeofyorkccg.nhs.uk/get-involved/engagement-surveys-and-consultations/previous-surveys-and-consultations/>

Overall Experience of GP Practice

% Good



- When asked how easy is it to get through on the phone only 60% of respondents said easy, and 40% said not easy. This year's results were lower than previous years, suggesting that more people are finding it difficult to contact their GP practice. There were also lower satisfaction levels in the city centre larger practices and the GP practice associated with York University. However, once they got through 89% of respondents found the receptionists helpful.
- Only 54% of respondents were aware that they could book appointments online, 49% aware about ordering prescriptions online and just 26% were aware they could access their records online.
- 75% of respondents found their GP's website easy to find information and access services.
- When asked about whether they were offered choice of appointment, 50% were offered choice of time or date, 19% were offered choice of place and 9% were offered choice of health professional. 41% were not offered a choice of appointment. Overall satisfaction with choice of appointment has decreased from 66% in 2018 to 59% in 2020.
- Only 55% of respondents were satisfied with the GP practice appointments available to them, and in the lowest performing practice this was just 23%.

- When they had an appointment, the quality of care was positive. 87% of people felt they were given enough time, 89% felt they had been listened to and 88% felt they had been treated with care and concern, 92% felt involved in decisions about their treatment and 95% had trust in the healthcare professionals and 93% felt their needs were met.
- Regarding appointments, 59% of patients were offered a choice and 41% said they were not. For those patients who were not satisfied with the appointment and did not take it, 32% didn't see or speak to anyone, 22% decided to contact the practice another time, 12% spoke to a pharmacist, 12% got an appointment on a different day, 8% called 111 and only 8% went to A&E (much lower than the national average of 13%).
- 68% were satisfied with the choice of appointment, 24% were not happy but still took the appointment and 8% didn't take the appointment.
- If their GP practice is closed 65% contacted the NHS by phone, 38% went to A&E, 14% went to the pharmacist and 12% used another NHS service.

The survey outcomes are being shared with the CCG Primary Care Team to determine next steps for action and any areas which require further enquiry and assurance.

Urgent care engagement review 2020

Nationally, there is a focus on getting patients get the right care, in the right place and at the right time, and importantly as convenient for them as the seriousness of their condition allows. Within the Vale of York context, an opportunity has arisen to review the way that we provide urgent care in the area. As a result, we have taken the opportunity to carry out an initial scoping exercise to understand the needs of our population and how they access urgent and same day care.

As part of this report we have referenced a number of surveys and engagement activities which have taken place over the last two years with a focus on accessing GP services, out-of-hours and urgent care.

More information is on our webpage: <https://www.valeofyorkccg.nhs.uk/get-involved/engagement-surveys-and-consultations/current-surveys-and-consultations/>

The following documents and engagement activities were consulted as part of this report:

- **April 2018:** Improving access to GP practices survey for evening and weekend appointments: <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=126>
- **June 2019:** Humber, Coast and Vale engagement about the long term plan, which included engagement around urgent care priorities across the patch https://humbercoastandvale.org.uk/wp-content/uploads/2019/07/HCV-Engagement-Mapping-Report_final.pdf

- **August 2019:** Healthwatch York report on key messages from the NHS Long Term Plan Engagement Project in York
<https://www.healthwatchyork.co.uk/wp-content/uploads/2019/08/Final-Key-messages-from-York-Long-Term-Plan-engagement.pdf>
- **August 2019:** Survey of patients attending A&E where we spoke to 103 patients over a 12 hour period:
<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=123>
- **March 2020:** Healthwatch Children and Young People's report:
<https://www.healthwatchyork.co.uk/wp-content/uploads/2020/03/Healthwatch-York-CAYP-report-A4-Final-Version33101.pdf>
- **May 2020:** Impact of covid-19 on health and wellbeing survey:
<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=4154>
- **June 2020:** Urgent Care Survey. In June 2020 the CCG conducted a survey to find out what people do and where they go if they have an urgent health condition (that is not life threatening) and needs treating on the same day. We received 545 responses. It was shared with our stakeholder database and through our networks such as the maternity voices partnership, the carers centre, local businesses, patient participation groups, VCSE organisations, Healthwatch, the local authority and parish councils.
<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=4224>
- **June 2020 Urgent Care interviews:** We commissioned Healthwatch to carry out an independent urgent care rapid assessment report, working with seldom heard and vulnerable groups to find out their experience of seeking medical help if they had an urgent health condition.
<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=4223>
- **July 2020:** GP patient survey <https://gp-patient.co.uk/downloads/slides/packs/2020/03Q%20-%20NHS%20VALE%20OF%20YORK%20CCG.pptx>

As part of the engagement work, we are committed to ensuring that we represent the views of our diverse population. During the covid-19 pandemic, although we were unable to host face-to-face engagement sessions, we worked with Healthwatch and the voluntary sector to access seldom heard communities, including some of the most vulnerable people in our population with multiple and complex needs. Healthwatch conducted a number of interviews and worked with Door 84 (youth centre), the Good Organisation (supporting people affected by homelessness), Lifting Voices up York, York CVS and the Complex Needs Network. It also used its links with young people groups and spoke to those who were receiving welfare checks. As part of the covid-19 impact survey, we held telephone interviews with the Carers Centre, Dementia Forward, advocacy services for deaf people, York Mind and carers and people with disabilities and mental health conditions.

Reviewing the thousands of conversations and feedback submissions from the Vale of York population, there are a number of key themes that emerge around the understanding of urgent care, when to access it and people's experience

- **The system is too confusing:** People are unsure about when to use NHS 111 service, when to call a GP or when to go to A&E. Difficulties 'navigating the system' and 'knowing where to go' were raised multiple respondents.
- **GP is the first choice for an urgent care need.**
- **There is lack of knowledge about Urgent Treatments Centres (UTC)**
- **People are unsure of where to go/how to access out-of-hours care.**
- **Travel and transport** was important to people.
- **Improved access:** People commented that they would welcome better access to GP services, via the telephone and outside of working hours.
- **Type of appointment:** People still prefer face-to-face as a means of having an appointment. However, since March 2020 and the covid-19 pandemic there has been more of an uptake and satisfaction in telephone and digital consultations.
- **Range of professionals:** Respondents were happy to see a range of healthcare professionals for their urgent health need.
- **Using the telephone to get advice:** Generally people were used to accessing services via telephone. However, experience was much more positive if this was with a health care professional rather than a call taker.
- **Continuity of care and joined up care:** People commented that there needs to be more joined up sharing of records, otherwise and then you have to explain to every clinician about your conditions.
- **Better use of technology:** For some people access to the internet and technology was not difficult and in some circumstances, especially during the Covid-19 pandemic, it was preferred. However, It is important to be mindful to not digitally exclude patients. For those who had difficulties – cost, ease of use and access to good quality broadband were some of the main concerns.
- **Low awareness of online service, and appointments at the weekend and evenings through the GP surgery.**
- If people had a **child who was unwell**, they more likely to go to A&E.
- If people had a **mental health condition**, they would prefer to see someone they trust.
- **Better communication** was a key theme. People mentioned how communication could have been better, and finding out about where to go could be confusing. Young people also told us that information about their own care was not always provided in an easy to understand or accessible way.
- **Recognition of pharmacies** was high, and according to the 2020 urgent care survey 42% of people would chose to go to a pharmacy to try and treat and urgent medical condition.
- **People who access A&E are likely to have tried another healthcare option first**
- **Out of area patients**, such as tourists or business people told us that they had to go to A&E because they couldn't get appointments with local GPs, or get a prescription for medication.

- **Increase awareness of carers and vulnerable patients:** Awareness of their needs and providing clear information would improve the experiences when accessing health and care services.

Special Educational Needs and Disabilities (SEND)

As part of the improvement work around SEND the CCG has been working in partnership with the City of York Council, health and care colleagues and families to build a coproduction model for the city, and a communications and engagement strategy to help support this.

During July the CCG and CYC held four coproduction workshops to find out what people understood about the term co-production, the barriers and difficulties and how to successfully involve parents and families. The workshops were rich in feedback and are being used to help build a new coproduction model for York.

The SEND communications and engagement strategy was approved by the SEND Improvement Board in August and is based on a vision to create an open, honest and well – communicated city. This will be submitted to QPEC in September.

6. CARE QUALITY COMMISSION UPDATE

The CQC are now re-starting their programme of inspections. The priority will be guided by the Emergency Support Framework in place since the inspections ceased due to Covid-restrictions; and also care homes which are overdue their re-inspection following inadequate ratings.

7. RISKS TO QUALITY AND SAFETY

The following section provides an update to the identified risks to quality and safety for the CCG commissioned services.

Two new risks have been added to the Quality and Nursing Risk Register following discussion at QPEC in August. Recommendation by QPEC is that these risks should be considered for aligning to Governing Body.

- QN 17 - Significant quality and safety concerns at a care home in Vale of York Boundary
- QN 18 - Potential changes to NYCC commissioned Healthy Child Program

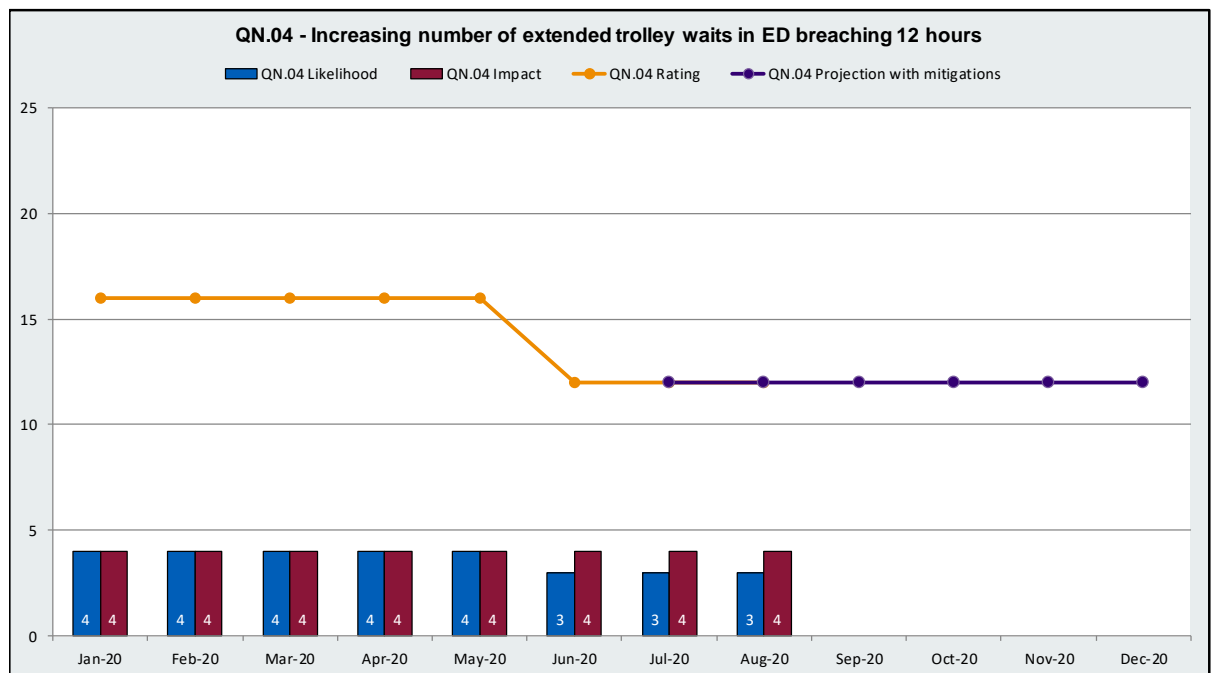
Governing Body is requested to be cited upon these new risks and

- determine whether members are assured of the mitigating actions
- determine whether these risks are to be aligned to Governing Body or QPEC

QN 04 – Increasing number of extended trolley waits in ED breaching 12 hours

GOVERNING BODY RISK

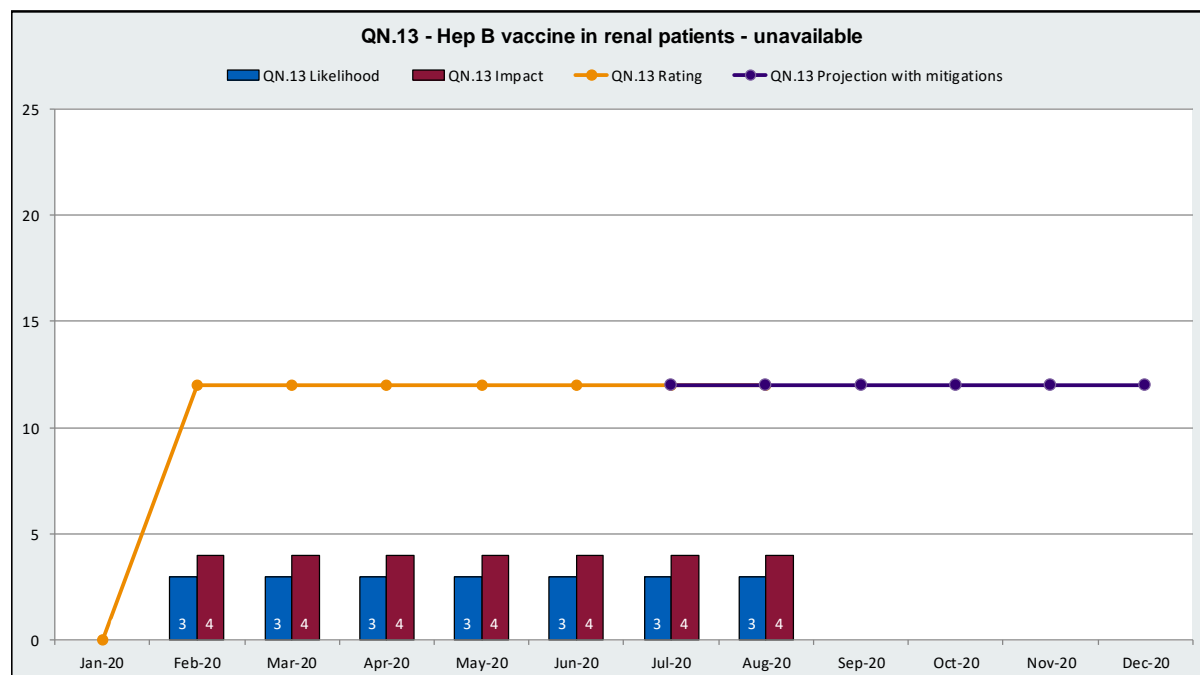
Risk Ref	QN.04
Title	Increasing number of extended trolley waits in ED breaching 12 hours
Operational Lead	Sarah Fiori
Lead Director	Executive Director for Nursing and Quality
Description and Impact on Care	Deterioration in achieving the 4hr ECS has resulted in extended trolley waits on both York and Scarborough sites posing potential risk to patient safety and quality of care both to those patients and those waiting in ED yet to be assessed or treated.



Mitigating Actions and Comments
<p>Date: 3 Aug 2020</p> <p>ED waiting standards continue to be achieved, believed to be at least in part due to reduced attendance during the pandemic. The risk needs to be closely monitored as the pandemic subsides and patients start to access emergency treatment as before; patients attend with worsening conditions due to a delay in seeking help and admission flow is impaired due to a reduction in bed capacity to meet covid segregation requirements.</p>

QN13 – Hep vaccines in renal patients - not available GOVERNING BODY RISK

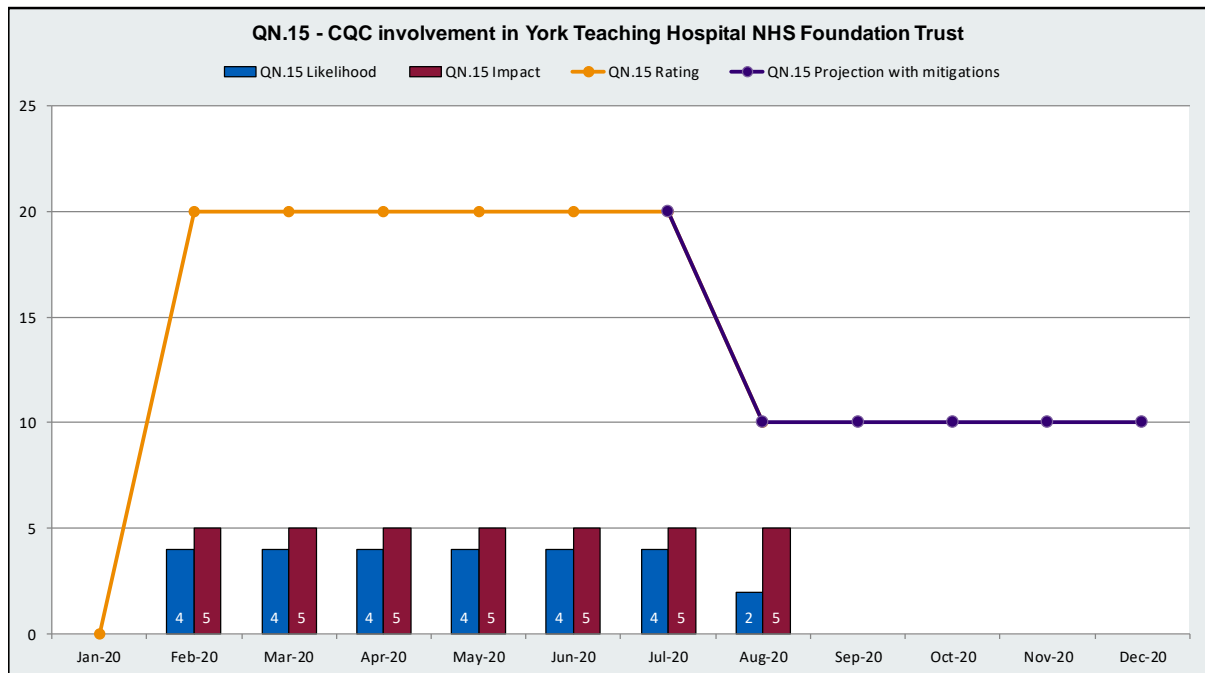
Risk Ref	QN.13
Title	Hep B vaccine in renal patients - unavailable
Operational Lead	Paula Middlebrook
Lead Director	Michelle Carrington
Description and Impact on Care	<p>Patients with chronic renal failure potentially remain at increased risk of hepatitis B virus (HBV) infection because of their need for long term haemodialysis. Due to impaired immune responses, HBV infection in haemodialysis patients may be subclinical, and such patients may become carriers of the virus.</p> <p>NHSE wrote to both Primary Care and Secondary Care Trusts informing them that the responsibility for provision of Hepatitis B vaccinations was transferring from Primary care to Secondary care renal services from July 2019. Prior to this there was an effective process in place for Primary care to deliver the vaccinations.</p> <p>Due to lack of advance notice, YTHFT have informed the CCG that they are unable to meet this need due to the additional resource that is required in clinic capacity and personnel to deliver the service.</p> <p>Local GPs have stopped providing the vaccinations due to the NHSE notification that they are no longer commissioned to provide it.</p> <p>There is a risk that patients requiring the vaccine are currently not receiving it.</p>



Mitigating Actions and Comments
Date: 3 August 2020
Costing model for primary care delivery has been requested in order to compare with the potential costs of YTHFT delivering the vaccination.
CCG preference remains one of having a shared model between the specialist renal services and primary care

QN 15 – CQC Involvement in York Teaching Hospital NHS Foundation Trust GOVERNING BODY RISK

Risk Ref	QN.15
Title	CQC involvement in York Teaching Hospital NHS Foundation Trust
Operational Lead	Michelle Carrington
Lead Director	Michelle Carrington
Description and Impact on Care	There is a risk that the current CQC involvement in services in the Acute Provider, on both sites, may result in CQC taking further regulatory action resulting in the potential closure of services significantly adversely affecting quality and safety of services across the system.



Mitigating Actions and Comments

Date: 3 August 2020

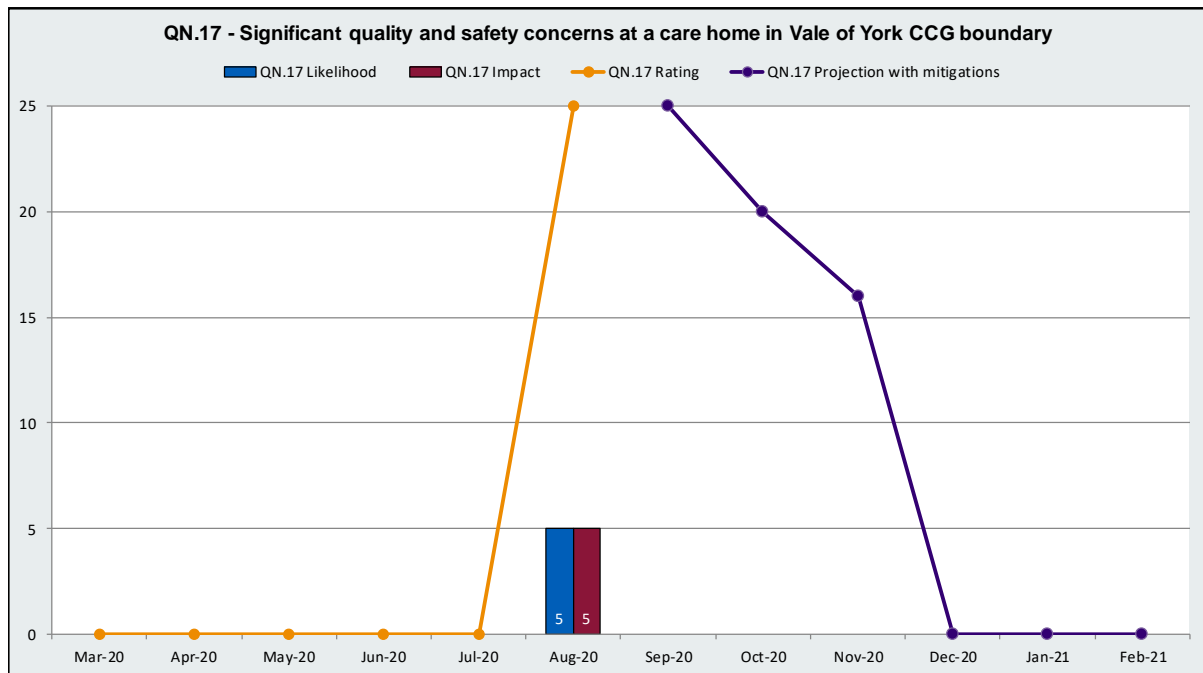
Interim governance arrangements are in place during Covid-19 with NHSE chairing the monthly meeting. Significant progress has been made against the actions resulting in the CQC advising the trust to apply for removal of the regulation notices placed on them. The interim governance arrangements are being stood down and replaced with the re-established NHSE/ I Patient Safety Board. Quality and safety issues which fall out of that remit will be picked up by a smaller group of commissioning and provider nurses. This group is being established and agreement between the respective Chief Nurses has agreed will agenda in the first instance:

- Safe discharges
- IPC
- Serious incidents
- Maternity survey actions
- Care homes
- Fragility of Scarborough hospital services and
- Sharing best practice.

QN 17 – Significant quality and safety concerns at a care home in Vale of York Boundary

NEW RISK

Risk Ref	QN.17
Title	Significant quality and safety concerns at a care home in Vale of York CCG bounda
Operational Lead	Sarah Fiori
Lead Director	Michelle Carrington
Description and Impact on Care	Concerns regarding quality of care and safeguarding at the home have been identified placing residents at risk.



Mitigating Actions and Comments

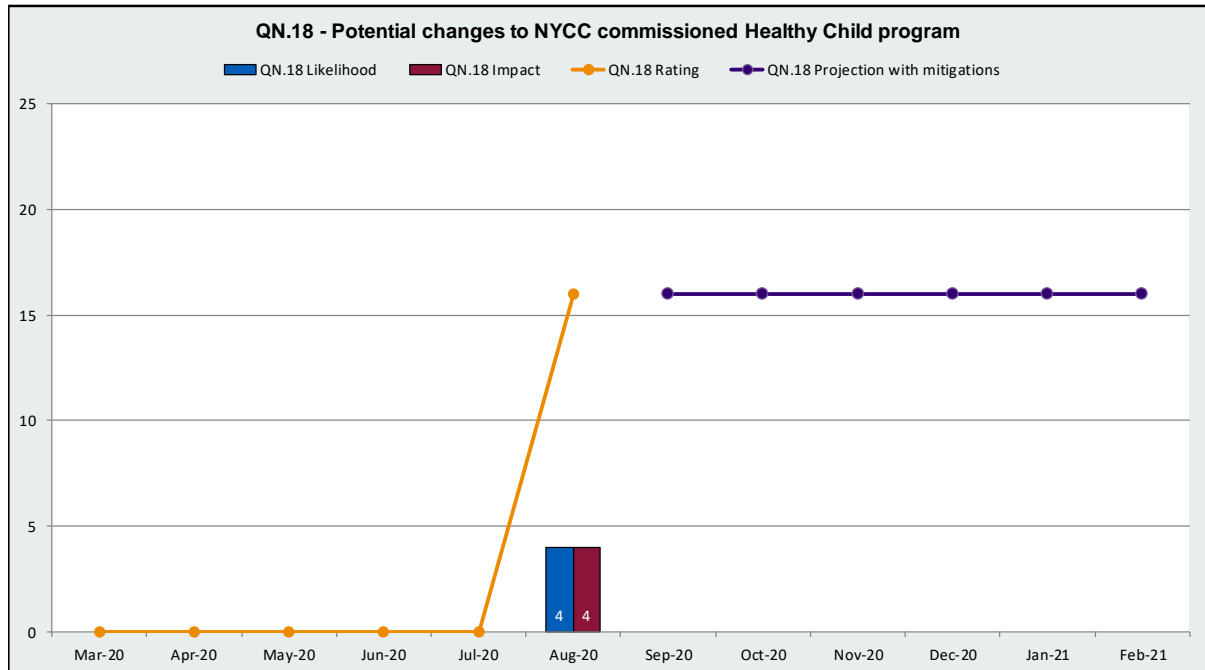
Date: 21 August 2020

The CCG and Local Authority Quality teams have visited the home on a daily basis to provide support and staff training and reassess all residents. Daily Keep in touch meetings with Local Authority, CQC, Safeguarding, clinical leads in primary care (GPs) are in place. Responsible organisations are assessing individual residents to ensure their healthcare needs are being met and assessing needs for potential urgent transfer to alternative accommodation. The home has consistently rated as 'requires Improvement' with little confidence that improvements have been made as a result of subsequent CQC inspections. The CQC has written to the home with a proposal to alter the registration so care cannot be delivered in this location and has requested further information .

QN 18 – Potential changes to NYCC commissioned Healthy Child Program

NEW RISK

Risk Ref	QN.18
Title	Potential changes to NYCC commissioned Healthy Child program
Operational Lead	Karen McNicholas
Lead Director	Michelle Carrington
Description and Impact on Care	The Healthy Child Programme (HCP) is a national public health programme for delivering health visiting and school nursing public health services for children and young people aged 0-19 years old. Commissioning responsibility for the programme sits with the Local Authority. It aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.




Mitigating Actions and Comments
<p>20-Aug-20</p> <p>In North Yorkshire, the HCP delivery is currently managed through a contractual relationship between North Yorkshire County Council (NYCC) and Harrogate and District Foundation Trust (HDFT).</p> <p>In order to achieve the NYCC savings plan (necessary due to a reduction in Public Health Grant), changes and reduction in budget to the Health Child program are being proposed. These are currently being consulted with relevant stakeholders with changes expected to take place from April 2022.</p> <p>The new proposed HCP model will potentially create gaps in service delivery within the system, particularly for 5 – 19year olds, which will impact upon wider health services partner agencies and safeguarding arrangements .</p> <p>All impacted services are being consulted with to fully understand the resulting gaps in meeting children's needs and required mitigation. The CCG is awaiting the latest proposals to fully understand the proposed plans.</p>

8. 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
- to be cited on the new risks identified and determine whether they require alignment to Governing Body or QPEC :
 - QN 17 - Significant quality and safety concerns at a care home in Vale of York Boundary
 - QN 18 - Potential changes to NYCC commissioned Healthy Child Program

Item Number: 7	
Name of Presenter: Phil Goatley	
Meeting of the Governing Body Date of meeting: 3 September 2020	 Vale of York Clinical Commissioning Group
Report Title – Audit Committee Annual Report 2019/20	
Purpose of Report <i>(Select from list)</i> To Ratify	
Reason for Report <p>The purpose of the attached Annual Report is to report to the Governing Body on the work of the Audit Committee (the Committee) throughout the financial reporting period ending 31 March 2020 and to set out how the Committee has fulfilled its Terms of Reference.</p> <p>The report was reviewed and approved for presentation to the Governing Body by the Audit Committee at its meeting on 30 July 2020.</p>	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> 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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

That the Governing Body ratifies the Audit Committee Annual Report 2019/20.

Decision Requested (for Decision Log)

Audit Committee Annual Report 2019/20 ratified.

Responsible Executive Director and Title

Simon Bell
Chief Financial Officer

Report Author and Title

Simon Bell
Chief Financial Officer
Michael Ash-McMahon, Deputy Chief
Finance Officer
Caroline Goldsmith, Deputy Head of
Finance

Audit Committee Annual Report 2019/20

1. Purpose of the Report

To review how the Audit Committee (the Committee) has met its Terms of Reference and fulfilled the role set out in relation to the financial year ended 31st March 2020.

2. Background

2.1 The Committee is established in accordance with NHS Vale of York Clinical Commissioning Group's (the CCG) constitution.

2.2 The Audit Committee membership is made up of lay / independent members.

2.3 The Audit Committee has delegated responsibility from the Governing Body for the oversight of:

- Integrated Governance, Risk Management and Internal Control;
- Internal Audit;
- External Audit;
- Other Assurance Functions - Reviewing the findings of other significant assurance functions;
- Counter Fraud;
- Management - Reviewing reports and positive assurances from directors and managers on the overall arrangements for governance, risk management internal control and quality;
- Financial Reporting;
- Auditor Panel Provisions.

2.4 It is the responsibility of the CCG's Governing Body to establish and maintain proper processes for governance. The role of the Audit Committee is to provide the Governing Body with independent assurance on systems and processes through challenge and scrutiny of internal audit, external audit and other bodies.

3. Governance, Risk Management and Internal Control

Membership

3.1 Mr Phil Goatley, Lay Member and Chair of the Audit Committee, was in place throughout the financial year

3.2 Mr David Booker, Lay Member and Chair of the Finance and Performance Committee, was in place throughout the financial year.

Governance

- 3.3 As at 1 April 2019, the CCG continued to be subject to legal directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 with a number of provisions regarding the stabilisation of the financial position.
- 3.5 As at 31st March 2020 the CCG met its breakeven responsibility, albeit after receiving additional non-recurrent funding from NHSE/I, and as such received an unqualified regulatory opinion from its external auditors.
- 3.6 The CCG has a series of financial controls to ensure appropriate governance arrangements are in place and these were subject to review via Internal Audit with significant assurance opinions provided for QIPP, Risk Management and Governance, Running Costs, CAMHS and Autism waiting lists, Workforce and OD, Third Party arrangements, Conflicts of Interests, and Data Security & Protection Toolkit. Full assurance was received on delegated primary care commissioning. Budgetary Control and Forecasting was also reviewed by Internal Audit and received high assurance. No limited or low assurance opinions were given. Overall these are a very positive set of results covering systems and processes which are fundamental to the proper governance and running of the CCG.
- 3.7 The finalised reports and agreed action plans from the internal audits are submitted to the Audit Committee. All audit reports contain action plans of work required as a result of the review findings. Agreed actions are assigned to a senior manager with responsibility to ensure completion within the designated timescales.
- 3.8 The CCG had policies in place regarding conflicts of interest and business conduct, and published the declarations of interest for Governing Body members.
- 3.9 The Audit Committee reviewed its performance, terms of reference, and work plan taking account of the Healthcare Financial Management Association NHS Audit Committee Handbook.

Risk Management

- 3.10 A robust Risk Management Framework was in place throughout the year. Risks are aligned to the CCG's strategic objectives and actively managed and updated throughout the year. These risks are owned by Executive Directors and reported to specified Committees and through the Assurance Framework the most significant risks are reported to the Governing Body in public.
- 3.11 The reporting lines and accountabilities are clearly set out in both the Risk Management Strategy and the Terms of Reference for each of the Committees.

4. Internal Audit

- 4.1 During the year the internal audit service was provided by Audit Yorkshire who are hosted by York Teaching Hospital NHS Foundation Trust.
- 4.2 The work of Internal Audit has continued to focus on the progress being made in designing, implementing and embedding core processes to underpin the delivery of the CCG's strategic objectives. The Audit plan was structured accordingly:
- Governance and Risk Management
 - Quality and Safety
 - Commissioning
 - Stakeholders and Partnerships
 - Financial Governance
 - Information Governance
- 4.3 A total of 120 days were allocated for this work, and a further 33 were carried forward from 2018/19. A total of 129 days in relation to completion of the 2019/20 Internal Audit plan have been carried out, with the remaining 24 days being carried forward to 2020/21. The cost of the Internal Audit service for 2019/20 was £39,040.
- 4.4 In June 2020 the Committee received the Head of Internal Audit opinion relating to the financial year 2019/20. This opinion confirmed that significant assurance could be given that there is a '...generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and / or inconsistent application of controls put the achievement of particular objectives 'at risk'. Where weaknesses have been identified, an action plan is in place to address the issue.
- 4.5 The outcome of the audit reports presented to the CCG from the 2019/20 Internal Audit plan are summarised below.

Audit Area	Assurance Level
QIPP	Significant
Risk Management & Governance Arrangements	Significant
Coding of Programmes – cost Classification for Administration and Programme Costs	Significant
CAMHS Autism Waiting Lists	Significant
Primary Care Commissioning	Full
Continuing Healthcare	Deferred into 2020/21 – Covid 19
Workforce & Organisational Development	Significant
Third Party Arrangements	Significant
Personal Healthcare Budgets	Deferred into 2020/21 – Covid 19
Business Continuity and Emergency Planning	Postpone to 2020/21
Children's Continuing Care	Deferred into 2020/21 – Covid 19
Budgetary Control and Forecasting	High
QIPP Follow up	Significant
Conflicts of Interest	Significant
Data Security & Protection Toolkit	Significant

5. External Audit

- 5.1 Mazars LLP is the External Auditor for the CCG and attend each Audit Committee meeting. They also hold regular liaison meetings with the Accountable Officer and Chief Finance Officer.
- 5.2 External Audit provides independent review and statutory audit opinions on the CCG's Annual Accounts, which incorporates a review of the Annual Governance Statement, Annual Report and auditing certain sections of the Remuneration Report.
- 5.3 The audit fee was £51,540 for 2019/20. In addition, the CCG's compliance with the mental health investment standard (MHIS) set by NHS England in 2018/19 was also audited at a cost of £11,400. There were no other pieces of work commissioned from the External Auditors during 2019/20. However, although it was not advised in-year the CCG was notified in 2020/21 that the 2019/20 MHIS would also be subject to external audit.
- 5.4 The external audit opinions on the CCG's annual accounts were as follows:
- The financial statements give a true and fair view of the CCG's financial position as at 31 March 2020 and of its financial performance for the year then ended; and income and expenditure has, in all material respects, been applied for the purposes intended by Parliament.
 - A qualified conclusion on value for money as, despite having a five year financial plan which aligns with NHSE/I's published financial recovery trajectory, those plans do not return the CCG to financial balance in that timescale.
 - The CCG's consolidation schedules were consistent with the audited financial Statements.
 - There was no use of external audit powers under s24 of the 2014 Act to issue a report in the public interest or to make written recommendations to the CCG. There was a referral to the Secretary of State under s30 of the 2014 Act, in relation to an expected breach of financial duties which subsequently did not occur.

6. Local Counter Fraud Service (LCFS)

- 6.1 Over the past twenty years the Government has been operating a strategy to counter fraud in the NHS. Central to this strategy has been the establishment of the NHS Counter Fraud Service (superseded in November 2017 by the NHS Counter Fraud Authority) and the appointment of Local Counter Fraud Specialists (LCFS) for all NHS organisations. Audit Yorkshire are contracted to provide the CCG's LCFS function.
- 6.2 In order to ensure that counter fraud resources are effectively allocated to maximise coverage for each health body, the strategy requires that each organisation produce a Counter Fraud Plan and Annual Report.

- 6.3 In January 2020 NHS Counter Fraud Authority (NHSCFA) issued the updated Standards for commissioners – fraud, bribery and corruption to LCFSs and Chief Finance Officers. The standards are intended to outline an organisation’s corporate responsibilities regarding counter fraud and the key principles for action. These are:
- Strategic Governance sets out the requirements in relation to the strategic governance arrangements of the organisation to ensure that anti-crime measures are embedded at all levels across the organisation.
 - Inform and Involve sets out the requirements in relation to raising awareness of crime risks against the NHS, and working with NHS staff and the public to publicise the risks and effects of crime against the NHS.
 - Prevent and Deter sets out the requirements in relation to discouraging individuals who may be tempted to commit crime against the NHS and ensuring that opportunities for crime to occur are minimised.
 - Hold to Account sets out the requirements in relation to detecting and investigating crime, prosecuting those who have committed crimes, and seeking redress.
- 6.4 For the CCG the LCFS has reviewed the suggested standards and adapted them to suit the requirements of the organisation. The plan also satisfies the principles of the NHS’s counter fraud strategy and complements the work of Internal Audit, without duplication of any work they may carry out.
- 6.5 Eight days were agreed for the 2019/20 financial year, in line with previous years. The LCFS has planned to allocate eight days for the different areas of proactive and strategic counter fraud work.
- 6.6 The Chief Finance Officer is the member of the Governing Body and executive lead responsible for tackling fraud, bribery and corruption. The CCG’s counter fraud arrangements are in compliance with NHS Counter Fraud Authority’s Standards for commissioners, including the appointment of the Chief Finance Officer as the lead for the organisation.
- 6.7 The CCG’s Audit Committee reviews and approves the annual counter fraud plan and monitors progress against that plan throughout the year and reports on this to the public meetings of the CCG’s Governing Body.
- 6.8 The LCFS completes an annual self-assessment of compliance against the NHS Counter Fraud Authority Standards for commissioners, which is reviewed and approved by the Chief Finance Officer and presented to the Audit Committee prior to submission to NHS Counter Fraud Authority. The 2019/20 assessment was completed and submitted with an overall assessment of compliance (green) in year.
- 6.9 The National Fraud Initiative is a data matching exercise which matches electronic data within and between participating bodies to prevent and detect fraudulent and erroneous payments from the public purse. This includes NHS bodies, local

authorities, government departments and other agencies and a number of private sector bodies.

6.10 Under the provisions of the above Act, CCGs are mandatory participants in NFI 2018/19. Work was undertaken in September 2019 to review the data matches for the CCG and no issues were identified.

6.11 The NHSCFA are currently developing a project aimed at ensuring every health body has a nominated counter fraud champion. The project is currently being developed with a view to introducing the role by April 2020.

6.12 The counter fraud champion will:

- Promote awareness of fraud, bribery and corruption
- Understand the threat posed from fraud, bribery and corruption
- Understand best practice on countering fraud
- Understand cross-government fraud initiatives and engages their organisation and any associated organisation in those initiatives.

6.13 The fraud champion is not qualified to investigate fraud, like an LCFS, and does not have managerial responsibility for counter fraud work like the Chief Finance Officer. The CCG has a nominated counter fraud champion in place before April 2020.

7. Meetings and areas of note considered by the Audit Committee in 2019/20

7.1 The following table details each meeting of the Audit Committee for 2019/20 and areas of note from the Committee discussion. Standing items on each agenda, with the exception of the meeting specifically to consider the draft annual accounts and annual report, include: Internal Audit Progress Report and Internal Audit Reports, Audit Recommendations Status Report, Review of Losses and Special Payments and External Audit Progress Report.

Meeting Dates	Areas of Note from the Committee Discussion
23 April 2019	<ul style="list-style-type: none"> • Received the draft Annual Report and Accounts 2018/19 (including the Remuneration Report, Annual Governance Statement and Head of Internal Audit Opinion).
21 May 2019	<ul style="list-style-type: none"> • Received the results of the annual review of the Committee's effectiveness. • Received the Annual Counter Fraud Report 2018/19 (including the CCG's Self Review Tool for 2018/19) • Received the 2018/19 Internal Audit Annual Report and Head of Audit Opinion. • Welcomed progress towards development of the Board Assurance Framework.

	<ul style="list-style-type: none"> • Approved the content of the Annual Report and Accounts 2018/19.
11 July 2019	<ul style="list-style-type: none"> • Accepted the Committee work plan for 2019/20 subject to the annual review of internal audit, counter fraud and security being moved from the November to the September meeting. • Agreed that the latest iteration of the Financial Performance Report, as presented at the most recent Finance and Performance Committee, be provided for the standing item Review Progress Against Financial Recovery Plan at future Audit Committee meetings. • Received a verbal update on the CCG's procurement programme. • Approved the Audit Committee Annual Report 2018/19 for ratification at the September Governing Body meeting. • Noted the progress with the Information Governance Work Plan. • Received the Annual Audit Letter for the year ending 31 March 2019.
26 September 2019	<ul style="list-style-type: none"> • Approved the Internal Audit Charter and Working Together Protocol. • Received <i>Harnessing the power of internal audit</i> • Approved the Policy on Primary Care Rebate Schemes, subject to minor amendments. • Approved the External Auditors' Audit Strategy Memorandum.
28 November 2019	<ul style="list-style-type: none"> • Pre-meet of Committee members with External Audit. • Reviewed the Committee's Terms of Reference. • Approved the Government Procurement Card Policy in light of two Government Purchase Cards having been obtained.
27 February 2020	<ul style="list-style-type: none"> • Pre-meet of Committee members with Internal and External Audit. • Agreed the annual review of effectiveness of Internal Audit, Counter Fraud and Security undertaken via Survey Monkey to all CCG staff with a series of questions about the Audit Committee and associated arrangements. • Approved the Internal Audit Plan 2020/21. • Approved the Counter Fraud Plan 2020/21. • Noted improvements in the risk management system and approved the updated Risk Management Policy and Strategy referring it to the Governing Body for ratification • Received an update on cyber assurance security. • Received the Section 30 Referral to the Secretary of State, subsequently withdrawn due to national financial "break even" arrangements due to the Coronavirus COVID-19 pandemic.

27 April 2020	<ul style="list-style-type: none"> • Approved the Annual Report and Accounts for 2019/20 and associated documents for submission to NHS England and NHS Improvement and subsequently to External Audit. • Received the draft Head of Internal Audit Opinion for 2019/20. • Received the response to the External Audit Request for Information (ISA260). • Received a Coronavirus COVID-19 fraud update. • Received a risk update.
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8. Audit Committee Members Attendance April 2019 – May 2020


Name	Committee Membership	Attendance
Phil Goatley – Chair	From April 2019	8/8
David Booker	From April 2019	8/8

9. Future Plans

- 9.1 In 2020/21 the Committee will continue its work in reviewing the CCG's internal control processes and reporting. During the Covid-19 outbreak the Audit Committee has continued to meet and will continue to do so for the duration of the current predominantly home working arrangements.
- 9.2 The Committee will continue to review its effectiveness and operation along with its Terms of Reference.
- 9.3 The Committee Chair will report to the Governing Body on a regular basis.

10. Recommendations

- 10.1 The Governing Body is asked to receive and note the Audit Committee Annual Report.

Item Number: 8	
Name of Presenter: Simon Bell	
Meeting of the Governing Body Date of meeting: 3 September 2020	 Vale of York Clinical Commissioning Group
Report Title – Annual Audit Letter	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report The Annual Audit Letter for the year ended 31 March 2020, received at the July Audit Committee, is presented as it was not this year available for inclusion with the Annual Accounts.	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

N/A

Recommendations

Governing Body received the Annual Audit Letter 2018/19

Decision Requested (for Decision Log)

Annual Audit Letter received

Responsible Executive Director and Title

Simon Bell
Chief Financial Officer

Report Author and Title

Cath Andrew
Senior Manager
Mazars



Annual Audit Letter

NHS Vale of York Clinical Commissioning Group

Year ending 31 March 2020





- 1. Executive summary**
- 2. Audit of the financial statements**
- 3. Value for money conclusion**
- 4. Other reporting responsibilities**
- 5. Our fees**
- 6. Forward look**

Reports and letters prepared by the auditor and addressed to the CCG are prepared for the sole use of the CCG and we take no responsibility to any member or officer in their individual capacity or to any third party.

1. EXECUTIVE SUMMARY

Purpose of the Annual Audit Letter

Our Annual Audit Letter summarises the work we have undertaken as the auditor for NHS Vale of York Clinical Commissioning Group (the CCG) for the year ended 31 March 2020. Although this letter is addressed to the CCG, it is designed to be read by a wider audience including members of the public and other external stakeholders.

It is important to note the context of an unprecedented period during which the NHS has experienced the impact of the COVID-19 pandemic. We recognise the significant efforts that CCG officers have made in working together with our audit team to deliver against revised NHS deadlines despite the challenges posed by the national emergency. Throughout this period, we have used available technology, including the use of video conferencing, to communicate effectively and allow the CCG to focus on its essential roles.

Throughout this period our responsibilities, as defined by the Local Audit and Accountability Act 2014 (the 2014 Act) and the Code of Audit Practice issued by the National Audit Office (the NAO), did not change. The detailed sections of this letter provide details on those responsibilities, the work we have done to discharge them, and the key findings arising from our work. These are summarised below.

Area of responsibility	Summary
Audit of the financial statements	<p>Our auditor's report issued on 24 June 2020 included our opinion that:</p> <ul style="list-style-type: none">the financial statements give a true and fair view of the CCG's financial position as at 31 March 2020 and of its financial performance for the year then ended; andIncome and expenditure has, in all material respects, been applied for the purposes intended by Parliament.
Value for money conclusion	<p>In our qualified conclusion we reported exceptions in respect of planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.</p>
Reporting to the group auditor	<p>In line with group audit instructions issued by the NAO, on 25 June 2020 we reported that the CCG's consolidation schedules were consistent with the audited financial statements.</p>
Statutory reporting	<p>Our auditor's report confirmed that we did not use our powers under s24 of the 2014 Act to issue a report in the public interest or to make written recommendations to the CCG.</p> <p>The report also outlined that we made a referral to the Secretary of State under s30 of the 2014 Act, in relation to an expected breach of financial duties which subsequently did not occur.</p>

2. AUDIT OF THE FINANCIAL STATEMENTS

Opinion on the financial statements	Unqualified
Opinion on regularity	Unqualified

The scope of our audit and the results of our work

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the CCG and whether they give a true and fair view of the CCG's financial position as at 31 March 2020 and of its financial performance for the year then ended.

Our audit was conducted in accordance with the requirements of the Code of Audit Practice issued by the NAO, and International Standards on Auditing (ISAs). These require us to consider whether:

- the accounting policies are appropriate to the CCG's circumstances and have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management in the preparation of the financial statements are reasonable; and
- the overall presentation of the financial statements provides a true and fair view.

Our auditor's report, issued to the CCG on 24 June 2020, stated that, in our view, the financial statements give a true and fair view of the CCG's financial position as at 31 March 2020 and of its financial performance for the year then ended.

The Code of Audit Practice also requires us to form and express an opinion on whether the CCG's expenditure has been, in all material respects, applied for the purposes intended by Parliament (our regularity opinion). Our auditor's report also confirmed that, in our view, income and expenditure has, in all material respects, been applied for the purposes intended by Parliament.



2. AUDIT OF THE FINANCIAL STATEMENTS

Our approach to materiality

We apply the concept of materiality when planning and performing our audit, and when evaluating the effect of misstatements identified as part of our work. We consider the concept of materiality at numerous stages throughout the audit process, in particular when determining the nature, timing and extent of our audit procedures, and when evaluating the effect of uncorrected misstatements. An item is considered material if its misstatement or omission could reasonably be expected to influence the economic decisions of users of the financial statements.

Judgements about materiality are made in the light of surrounding circumstances and are affected by both qualitative and quantitative factors. As a result we have set materiality for the financial statements as a whole (financial statement materiality) and a lower level of materiality for specific items of account (specific materiality) due to the nature of these items or because they attract public interest. We also set a threshold for reporting identified misstatements to the Audit Committee. We call this our trivial threshold.

The table below provides details of the overall materiality levels applied in the audit of the financial statements for the year ended 31 March 2020:

Financial statement materiality	Our financial statement materiality is based on 2% of gross operating expenditure.	£10.3m
Trivial threshold	Our trivial threshold is based on 3% of financial statement materiality.	£0.309m

2. AUDIT OF THE FINANCIAL STATEMENTS

Our response to significant audit risks

As part of our continuous planning procedures we considered whether there were risks of material misstatement in the CCG's financial statements that required special audit consideration. We reported significant risks identified at the planning stage to the Audit Committee within our Audit Strategy Memorandum and provided details of how we responded to those risks in our Audit Completion Report. The table below outlines the identified significant risks, the work we carried out on those risks and our conclusions.

Identified significant risk	Our response	Our findings and conclusions
<p>Management override of controls In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Because of the unpredictable way in which such override could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits</p>	<p>We addressed this risk through performing audit work in the following areas:</p> <ul style="list-style-type: none"> • accounting estimates impacting on amounts included in the financial statements; • consideration of identified significant transactions outside the normal course of business; and • journals recorded in the general ledger and other adjustments made in preparation of the financial statements. 	<p>Our work provided us with the assurance we sought and has not highlighted any material issues to bring to your attention.</p>
<p>Related Parties GPs are members of the Governing Body and also potential service providers.</p>	<p>We addressed this area by:</p> <ul style="list-style-type: none"> • reviewing the CCG's arrangements for identifying and recording potential related party transactions; • reviewing a range of documents including minutes of meetings and declarations of interest for evidence of potential related party transactions; and • testing disclosures in the financial statements 	<p>The CCG added disclosure of payments to GP practices and prior year comparators.</p>

3. VALUE FOR MONEY CONCLUSION

Value for money conclusion

Qualified - Except For

Our audit approach

We are required to consider whether the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out in order to form our conclusion, and sets out the criterion and sub-criteria that we are required to consider. We are only required to report if we conclude that the CCG has not made proper arrangements..

The overall criterion is that, 'in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.' To assist auditors in reaching a conclusion on this overall criterion, the following sub-criteria are set out by the NAO:

- informed decision making;
- sustainable resource deployment; and
- working with partners and other third parties.

Our auditor's report, issued to the CCG on 24 June 2020 outlined our qualified conclusion on the CCG's arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31st March 2020.

Sub-criteria	Commentary	Matters to report
Informed decision making	<p>Our audit work has confirmed the CCG continues to act in the public interest, demonstrating and applying the principles and values of sound governance.</p> <p>The CCG has in place an Audit Committee and the Constitution sets out delegation of responsibilities to the formal Committees and Officers. We have seen evidence that the CCG understands and uses appropriate and reliable financial and performance information to support informed decision making and performance management, for example, regular finance and performance reports are taken to the Governing Body.</p> <p>Based on our review of minutes and attendance at Audit Committee, we are aware that the impact and purpose of proposals are scrutinised and that there is consideration of strategic objectives and their delivery.</p> <p>The CCG reports key risks to the Governing Body and the Audit Committee through the board assurance framework. No significant internal control issues have been identified as part of our work or have been reported to the Audit Committee through internal audit work or as part of the Annual Governance Statement.</p>	None



3. VALUE FOR MONEY CONCLUSION

Sub-criteria	Commentary	Matters to report
Sustainable resource deployment	<p>There is evidence that the CCG has planned finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions. For 2019/20, the CCG achieved a break-even position after the receipt of Commissioner Support Funding and other regional funding of £18.8 million at the year-end and all financial targets have been met. The financial position is reported to the Governing Body during the year, these reports accurately predicted the closing financial position before additional funding.</p> <p>Analysis of the finance reports show that there have been no significant fluctuations in reported financial performance, and the CCG achieved around 75% of the planned Quality, Innovation, Productivity and Prevention (QIPP) savings programme in 2019/20.</p> <p>The CCG has a large cumulative deficit and the five year financial plan does not show the cumulative deficit being eliminated within the life of the plan, this is in line with the NHSE/ published financial recovery trajectories. The draft 2020/21 financial plan included unidentified savings of £7.5 million.</p> <p>As for other CCGs, planning assumptions were withdrawn as the NHS responded to the Covid-19 emergency. CCGs were directed to make payments to healthcare providers on an emergency basis. For the April-July 2021 period, CCGs are required to keep a clear record of Covid-19 related costs to allow for these costs to be reimbursed and Vale of York is maintaining separate ledger codes for costs directly associated with Covid-19. The CCG will need to continue to respond to future guidance as the NHS moves into the second phase of the response to the pandemic.</p> <p>The CCG has a good grasp of the issues facing it and the financial pressures. Senior management take the lead locally to drive improvements and promote joined up working so that patient care is improved while continuing to meet financial responsibilities.</p>	Yes
Working with partners and other third parties	<p>Our audit work has confirmed there is evidence the CCG works with third parties to deliver strategic priorities. A number of policies and frameworks for partnership working are on the publications section of the external website.</p> <p>The CCG has involvement in pooled budget arrangements for the Better Care Fund with: City of York Council; East Riding of Yorkshire Council; and North Yorkshire County Council. These plans are monitored and managed throughout the year. The CCG combines some contracting arrangements with City of York Council.</p> <p>Improvement have been noted in the arrangements for working with York Teaching Hospital NHS Foundation Trust with a new focus on jointly understanding and addressing the most significant pressures in the local system.</p> <p>There is evidence that the CCG commissions and procures services to support the delivery of strategic priorities. The CCG's commissioning intentions for 2019-20, agreed at the Governing Body in April 2019 laid out a clear ambition to jointly transform health care, focused on addressing some of the key drivers underpinning performance improvement.</p> <p>The CCG has an operational and a financial plan that is approved by the Governing Body, which outlines the commissioning intentions and deliverables. This plan is monitored and managed throughout the year. Any necessary corrective actions are documented through minutes and action trackers to committee meetings.</p>	None



5. VALUE FOR MONEY CONCLUSION

Significant audit risk

The NAO's guidance requires us to carry out work to identify whether or not a risk to our value for money conclusion exists. Risk, in the context of our work, is the risk that we come to an incorrect conclusion rather than the risk of the arrangements in place at the CCG being inadequate. In our Audit Strategy Memorandum, we reported that we had identified one significant audit risk and The work we carried out in relation to that risks is outlined below.

Risk	Work undertaken	Conclusion
Clinical commissioning groups have a number of financial duties under the NHS Act 2006 (as amended). In particular, section 223H (1) states that CCGs have a statutory duty to ensure expenditure in a financial year does not exceed income. In 2018/19 the CCG failed to meet its financial duties and has another planned deficit of £18.8 million in 2019/20 which exceeds it's £14 million control total. The financial plan for 2019/20 includes QIPP savings of £14.6 million including the CCG's share of the £11.2 million system cost reduction requirement.	We addressed this risk by monitoring the progress the CCG made in delivering its financial plan through the year.	The CCG met its statutory duty to break even after Commissioner Support Funding of £14 million and other additional regional funding of £4.8 million.

4. OTHER REPORTING RESPONSIBILITIES

Exercise of statutory reporting powers	Matters to report
Governance Statement	No matters to report
Consistency of consolidation data with the audited financial statements	Consistent
Other information published alongside the audited financial statements	Consistent

The NAO's Code of Audit Practice and the 2014 Act place wider reporting responsibilities on us, as the CCG's external auditor. We set out below, the context of these reporting responsibilities and our findings for each.

Matters which we report by exception

The 2014 Act provides us with specific powers where matters come to our attention that, in our judgement, require reporting action to be taken. We have the power to:

- issue a report in the public interest;
- make a referral to the Secretary of State where we believe that a decision has led to, or would lead to, unlawful expenditure, or an action has been, or would be unlawful and likely to cause a loss or deficiency; and
- make written recommendations to the CCG which must be responded to publicly.

On 2 February 2020 we made a referral to the Secretary of State under s30 of the 2014 Act because at that time the CCG expected to breach its statutory financial duty to spend within available resource limits.

We are also required to report if, in our opinion, the governance statement does not comply with the guidance issued by NHS England or is inconsistent with our knowledge and understanding of the CCG. We did not identify any matters to report in this regard.

Reporting to the NAO in respect of consolidation data

The NAO, as group auditor, requires us to report to them whether consolidation data that the CCG has submitted is consistent with the audited financial statements. We have concluded and reported that the consolidation data is consistent with the audited financial statements.

Other information published alongside the financial statements

The Code of Audit Practice requires us to consider whether information published alongside the financial statements is consistent with those statements and our knowledge and understanding of the CCG. In our opinion, the information in the Annual Report is consistent with the audited financial statements.



5. OUR FEES

Fees for work as the CCG's auditor

We reported our proposed fees for the delivery of our work in the Audit Strategy Memorandum, presented to the Integrated audit and Governance Committee in November 2019.

Area of work	2019/20 proposed fee	2019/20 final fee
Delivery of audit work under the NAO Code of Audit Practice	£42,950 + VAT	£42,950 + VAT

Fees for other work

We also expect to carry out work on the Mental Health Investment Standard spending by the CCG although the fee has yet to be agreed. In 2018/19 the fee for this work was £9,500.



6. FORWARD LOOK

Financial outlook

The CCG's carried forward deficit to 2019/20 is £62.4million. As a result of the pandemic, planning assumptions were withdrawn as the NHS responded to the Covid-19 emergency and CCGs were directed to make payments to main provides on an emergency basis for the April-July 2021 period. All CCGs are required to keep a clear record of Covid-19 related costs to allow for reimbursement. The CCG is now starting the next stage of the process by determining commissioning priorities within available allocations and what extra resource would be needed to go further in improving health outcomes.

The CCG is expecting to receive clarification of the financial resources available for the rest of the financial year from August 2020 to March 2021 for the local system. It is anticipated that system efficiencies will be required and the CCG is to use its existing QIPP (Quality Innovation Productivity and Prevention) arrangements to monitor progress in delivering the necessary savings.

Operational challenges

In addition to financial challenges and the need to maintain resilience through each stage of the pandemic, the CCG and its partners face a number of ongoing operational challenges, compounded by Covid19-related demand for the remainder of 20/21, that include:

- the impact of productivity reductions estimated at 10% due to social distancing measures and infection protection interventions;
- the supply of medicines and Personal Protective Equipment (PPE) in the necessary quantities; and
- the availability of independent sector bed and diagnostic capacity, and nightingale hospitals until 31 March 2021.

Despite the withdrawal of the planning guidance, the CCG is continuing to monitor progress on the indicators in the NHS Oversight Framework. Local waiting times for Accident and Emergency and Referral to Treatment for Cancer continue to be monitored and scrutinised by the Finance and Performance Committee.

The CCG is confident that the updated CCG strategy 2019/24 and the related priorities remain relevant but will need to be delivered in a considerably different way. It seeks to reduce the need for face-to-face appointments through digital solutions and to work with partners to provide support locally and in appropriate care settings to reduce unnecessary A&E visits.


The CCG recognises the need to work collaboratively with its partners to deliver plans that have been developed to address local priorities and the response to Covid-19. The CCG is part of the Humber, Coast and Vale Integrated Health and Care Partnership which is now recognised as an Integrated Care System (ICS). The aim is to bring together local organisations to redesign care and improve population health, creating shared leadership and action, integrating primary and specialist care, physical and mental health services, and health with social care. The risks associated with delivering the shared goals mean robust governance arrangements at each level of partnership working are needed so that collective effort is aimed at agreed priorities and accountabilities are clear.

Vale of York's GP practices are now working together in collaborative arrangements with community, pharmacy, hospital and voluntary services in Primary care Networks (PCNs). Vale of York has 6 PCNs that each share a vision on local health improvement needs and which aim to provide more personal, proactive and coordinated care. Strong partnership governance arrangements will also be needed at this local level if the joint working arrangements are to be successful.

How we will work with the CCG

CCG officers provided excellent support to the 2019/20 audit process during lock-down which enabled us to complete our work before the revised deadline of 25th June 2020. We look forward to working closely with the CCG in delivering our Code of Audit Practice responsibilities on 20/21.



Item Number: 9	
Name of Presenter: Christine Pearson	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 3 September 2020	
Report Title – Learning Disability Mortality Review Programme Annual Report 2019/20	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report	
<p>The 2019/20 CCG Learning Disability Mortality Review Programme (LeDeR) annual report, which was approved at the July Quality and Patient Experience Committee, provides an overview of the achievements and challenges of delivering the programme in North Yorkshire and York.</p> <p>Publishing the report is one of the Key Performance Indicators for programme delivery in the NHS Operational Planning and Contracting Guidance 2019/20</p>	
Strategic Priority Links	
<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> East Riding of Yorkshire Council <input checked="" type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Risk Rating
<input type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	
Emerging Risks	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

N/A

Recommendations

Governing Body is asked to receive the report.

Decision Requested (for Decision Log)

As above

Responsible Executive Director and Title

Michelle Carrington
Executive Director of Quality and Nursing / Chief
Nurse

Report Author and Title

Christine Pearson
Designated Nurse Safeguarding Adults

Learning Disability Mortality Review

Annual Report

2019 - 2020

 <p>NHS Scarborough and Ryedale Clinical Commissioning Group</p>	 <p>NHS Harrogate and Rural District Clinical Commissioning Group</p>
 <p>NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group</p>	 <p>NHS Vale of York Clinical Commissioning Group</p>

Authors and contributors:

Allison Brown Specialist Practitioner for LeDeR and Local Area Contact for Harrogate and Rural District CCG and Hambleton; Richmondshire and Whitby CCG.

Olwen Fisher Designated Professional for Safeguarding Adults; LeDeR Project Lead; and Secondary Contact for North Yorkshire and York CCGs

Christine Pearson Designated Professional for Safeguarding Adults and Local Area Contact for Scarborough and Ryedale CCG and Vale of York CCG

Heather Wilson Project Administrator; and Secondary Contact for North Yorkshire and York CCGs

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1.0 Introduction

1.1 The Learning Disability Mortality Review (LeDeR) programme was established in 2015 to drive improvements in the quality of health and social care for people with a learning disability and to help reduce premature mortality and health inequalities. Now, in 2020, the programme nationally provides the largest body of evidence on deaths of people with a learning disability at an individual level anywhere in the world.

1.2 This is the second Annual Report for the Learning Disability Mortality Review (LeDeR) programme compiled on behalf of North Yorkshire and York CCGs.

1.3 The report describes the national update from NHS England / NHS Improvement (NHSE/I) and the local delivery of the programme across the North Yorkshire and York area.

1.4 Notably the report includes the findings and learning from completed reviews; the key achievements; and the challenges and opportunities for the programme in 2020/21.

1.5 The report will reference the challenge of Covid-19 for people with a learning disability and the increased pressure on our health and social care services to manage the pandemic; whilst also acknowledging that the majority of the work described in the report took place before lockdown restrictions were applied in the UK.

2.0 LeDeR Programme National Update

2.1 The NHS Operational Planning and Contracting Guidance 2019/20 now includes four deliverables (key performance indicators) in relation to the LeDeR programme:

- CCGs are a member of a Learning from Deaths report (LeDeR) steering group and have a named person with lead responsibility.
- There is a robust CCG plan in place to ensure that LeDeR reviews are undertaken within 6 months of the notification of death to the local area.
- CCGs have systems in place to analyse and address the themes and recommendations from completed LeDeR reviews.
- An annual report is submitted to the appropriate board/committee for all statutory partners, demonstrating action taken and outcomes from LeDeR reviews.

2.2 The Department of Health and Social Care completed its consultation on the proposal to introduce mandatory learning disability and autism training for health and care staff. The recommendation to make this training compulsory was originally recommended in the 2017 LeDeR Annual Report, which was published in May 2018. A final decision about the training has not yet been communicated.

2.3 In May 2019, NHSE/I announced an additional £5 million investment nationally for programme delivery. CCGs were invited to bid for money to address the number of cases that had fallen outside of the 6 month review time frame and money to support the action from learning programme

2.4 NHSE/I commissioned NECS (North East Commissioning Support Unit) to manage the national backlog of reviews that had fallen out of the expected

timeframe for completion. The backlog of reviews for each CCG was identified and any CCG wishing to opt-out of NECS commissioned reviews had to satisfy a framework of quality and performance measures.

2.5 The contract for Bristol University managing the database for the LeDeR programme is in place until May 2020 – discussions commenced as to a likely replacement.

2.6 The Learning Disability Mortality Review (LeDeR) Programme: Action from Learning Report was published in May 2019 <https://www.england.nhs.uk/publication/leder-action-from-learning/>. This was the first report translating learning into action with a focus on national projects to improve practice including: sepsis and the deteriorating patient; constipation; dysphagia; cancer; and the Mental Capacity Act.

3.0 Local Area Opt-Out and Funding Bids

3.1 North Yorkshire and York CCGs were successful in satisfying the required standard of quality and performance to enable an agreed preferred opt-out of the NECS commissioned completion of reviews.

3.2 North Yorkshire and York CCGs were successful in achieving funding awarded by NHSE/I for:

- Continuation of the two day per week post of a LeDeR Specialist Practitioner for Harrogate and Rural District CCG and Hambleton Richmondshire and Whitby CCG until September 2020: with the specific remit to ensure that the backlog of LeDeR reviews was completed by March 2020; to act as Local Area Contact; and to manage the day to day LeDeR Review process for those areas. This post has proven to be successful in meeting the objectives set
- Performance improvement to recruit two LeDeR reviewers on fixed term contract / secondment of 1 year, working 1 day per week with each Local Area Contact.
- Action from Learning initiatives identified by Harrogate and Rural District CCG and Hambleton Richmondshire and Whitby CCG for two specific projects: (1) Prevention, early identification and management of constipation for clients with a Learning Disability; and (2) Early identification and management of sepsis for clients with a Learning Disability. These projects have been managed successfully by the Specialist Practitioner.
- Action from Learning initiative for recruitment to a 12-month service improvement post to work with care providers and families across the Vale of York CCG to provide training and support to improve the health and well-being of people with a learning disability. This post has now been made into a permanent role by the CCG.

4.0 Key Achievements in the programme 2019/20

- ✓ The system of quality assurance for completed reviews by the monthly CCG Serious Incident Panel has proven to be successful. The process ensures appropriate scrutiny of reviews by senior quality leads from each CCG and enables learning and actions to be agreed and formally recorded.
- ✓ Improved programme performance against agreed KPIs i.e. completed reviews within agreed timescales (6 months from referral); increased numbers allocated within agreed timescale (3 months from referral).
- ✓ Increased evidence of highlighted learning from completed reviews beginning to be embedded into practice.
- ✓ Valued contribution of the GP Learning Disabilities Lead as a key member of the steering group and a knowledgeable resource to support training and share learning with Primary Care.
- ✓ Learning from the programme has been included in the Protected Learning workshops for primary care in addition to inclusion in the annual programme of Safeguarding 'Hot Topic' events attended by primary care staff.
- ✓ Additional opportunities taken to strengthen links with local Advocacy and Self-Advocacy Groups.
- ✓ Established links with care providers and partnership forums utilised to share programme learning and training opportunities e.g. React to Red training; End of Life Care-planning.

5.0 NHSE/I Regional Steering Group

The Regional Steering Group meeting is held on a quarterly basis. Chairing arrangements have transferred from NHS England's Director of Nursing (Yorkshire & the Humber) to the Transforming Care Strategic Resettlement Lead – establishing the programme firmly in the Transforming Care Programme pathway.

The group is attended by the Regional Coordinator and the Local Area Contacts from each CCG. Speakup Self-Advocacy and Inclusion North provide the voice for people with a learning disability at the meeting. The meeting offers the opportunity to hear updates from the regional and national team; share information, best practice and challenges from across the region.

Resources shared have included:

- Ask, Listen, Do <https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/>
- Diabetes Research and improved accessible information for diabetes care www.diabetes.org.uk/learning-disability
- Cancer Screening information http://www.northerncanceralliance.nhs.uk/wp-content/uploads/2019/08/LDN_cancer_pack_2.pdf

6.0 CCG Local Steering Group

6.1 The North Yorkshire and York LeDeR Steering Group has continued to strengthen its membership from across the North Yorkshire Transforming Care Partnership (TCP) footprint. The group provides oversight, support and governance for the local delivery of the programme, operating within the CCG Constitution and aligning with relevant CCG policies and procedures.

6.2 Meetings have moved from bi-monthly to quarterly with membership made up from the partners and relevant stakeholders from across the health and social care economy.

6.3 The Group is an established pathway for exchange of information with the Transforming Care Partnership Board and the Mental Health Partnership Board.

6.4 In 2019/20 the Group has achieved: robust Terms of Reference detailing a strong core membership; systems in place to analyse and address the themes and recommendations from completed reviews; and a communication strategy to disseminate learning.

7.0 LeDeR Methodology

7.1 LeDeR reviews continue to be conducted either by individual reviewers or utilising a panel approach. We listened to feedback from colleagues in Primary Care and have now streamlined the process for obtaining information from GP records.

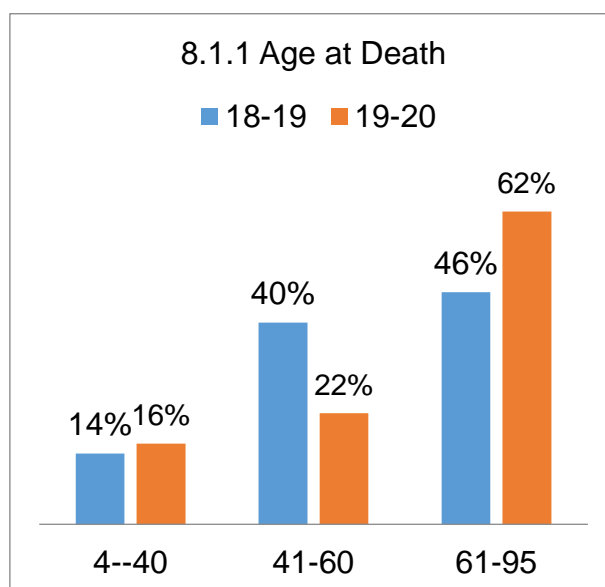
7.2 The LeDeR panel approach utilised as a methodology for oversight of reviews for Vale of York CCG and Scarborough and Ryedale CCG continues to meet on a monthly basis and has been enhanced in 2019/20 by membership from Tees, Esk, and Wear Valleys Mental Health NHS Trust.

7.3 The statutory Child Death Review process continues as the primary review method for children with a learning disability. Closer working relationships between local LeDeR processes and the Child Death Overview Panel (CDOP) have been established. Any learning is shared through the LeDeR programme network in the usual way. To date, the CDOP Reviews have not identified any additional learning.

8.0 Programme Statistics

8.1 The figures in tables 8.1.1 to 8.1.3 are reported from the total number of deaths (age 4 years and over) reported to the programme between April 1st 2019 and 31st March 2020 (n = 45). Where possible we have compared local data to the national statistics reported in the national LeDeR Annual Report 2018-19 published May 2019

8.1.1 Age at death



The age range with the highest reported deaths in York and North Yorkshire was 61-95, with 28 of the 45 reported deaths in 2019-2020 within this cohort. There has been an 18% decrease of reported deaths in the mid age bracket, 41-60 from the previous year; with a 16% increase of people dying in the highest age bracket of 61-95 years old. The youngest age bracket remains comparable with the previous year's data.

Locally the average age at death for people with a learning disability is 60 years: for males 60 years; for females 61 years. This average figure has risen from the reported 54 years in North Yorkshire and York in 2018-2019 and now exceeds the national average of 59, reported in 2018-2019.

The Specialist Practitioner is now a member and contributes to the North Yorkshire Live Well Live Longer Group.

8.1.2 Place of Death

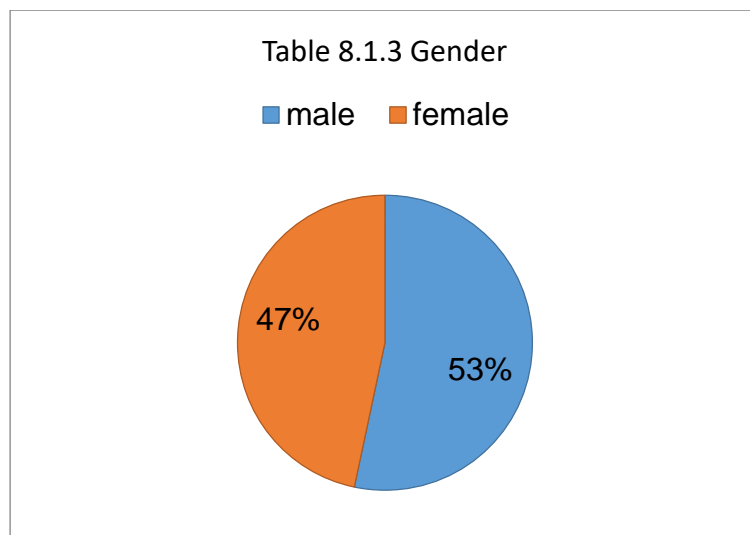
Place of death	Hospital	Usual place of residence	Residential or Nursing Home/Hospice/ Not usual place of residence/Community/Other
Local nos. (19-20)	21	17	7
Local % (19-20)	46%	38%	16%
National % (18-19)	62%	n/a	n/a

The percentage of people with learning disabilities dying in hospital nationally in 2018-2019 was 62%; in the general population it was 48%; locally hospital deaths in 2019-2020 represented 46% of those reported, this is a decrease from 2018-2019 when locally hospital deaths were 62%.

In accordance with NHS England's End of Life Programme (<https://www.england.nhs.uk/eolc>) persons receiving end of life care are afforded the opportunity of having choice, with more supported planning around the place where they are looked after at the end of their life.

Whilst the decrease of 16% of people with a learning disability dying in hospital will not all relate to expected deaths we have seen an increase over the last 12 months in numbers of people being supported to make their own choices of where they want to be cared for. This reflects the work being done by providers of health and social care regarding end of life care planning. Our local NHS mental health and learning disability service provider has developed an accessible 'Supporting Choices' document which has been shared through our communications network.

8.1.3 Gender of Deaths Notified to LeDeR in NY &Y Between April 2019- April 2020



The national information reported the gender split as 58% male, 41% female and less than 1% as other (National LeDeR Annual Report 2018). Locally gender was recorded in all cases and reports as 53% male and 47% female this is the opposite to local figures in last year's report which showed 47% male and 53% female. We do not have the statistics to know whether the figures are reflective of the gender split in people with a learning disability in our local populations.

8.2 Reported deaths per CCG area and progress of reviews.

The table and narrative below illustrates the number of reported deaths per CCG area and the progress of those reviews for the financial year 1st April 2019 – 31st March 2020.

Table 8.2.1 Deaths notified per CCG	
HaRD	15
HRW	13
VOY	10
SCR	7
Total reviews notified 2019-2020	45
Total reviews notified 2018-2019	45

Table 8.2.2 Review progress per quarter 2019/2020				
	Notified	Awaiting Allocation	In Progress	Completed
Q1	5	45	20	6
Q2	18	25	39	2
Q3	11	27	32	11
Q4	11	16	27	29
Cumulative	45	n/a	n/a	48

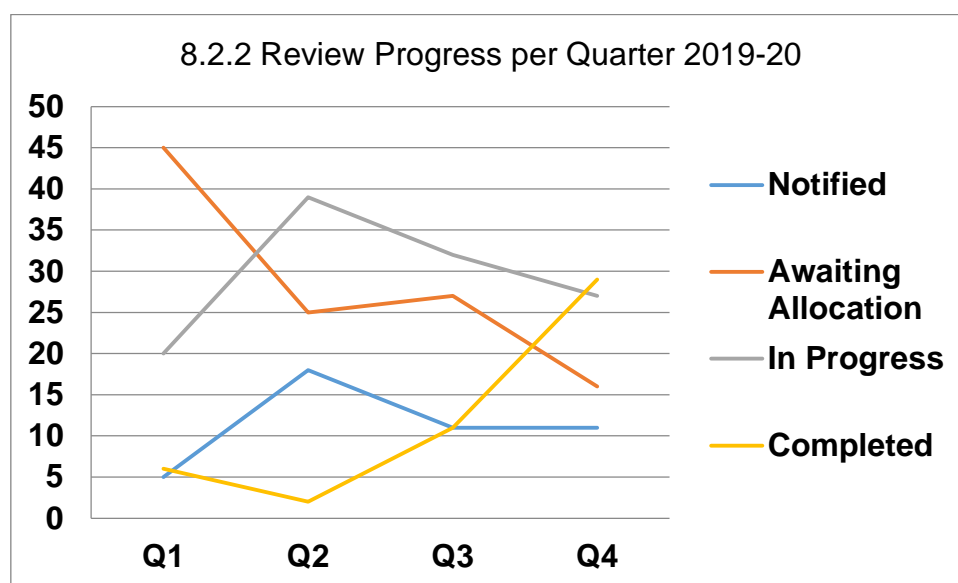


Table 8.2.2 demonstrates the upward trend in completion of reviews, with a considerable increase in Q4 following the local increase in resource. This directly correlates with the reduction in reviews awaiting allocation and an increase in the number of reviews in progress. Reviews awaiting allocation reduced from 45 in Q1 to only 16 by the end of Q4 2020. The number of reviews notified to LeDeR remains relatively stable throughout 2019-20; and there was only one more review notified in 2019-20 than the previous year.

It is anticipated that with continued investment in the programme in 2020/21 the percentage of reviews completed within the target timeframe of six months will be achieved.

8.3 Data reported below is taken from reviews that were completed and approved (n = 48) in York and North Yorkshire between April 1st 2019 – 31st March 2020. Where available, local data is compared with data from the 2018-2019 National LeDeR Annual Report. This data does not include child deaths, which are undertaken through CDOP. Any learning from CDOP would be shared in the local LeDeR Steering Group.

8.3.1 Causes of death

Nationally Pneumonia and Aspiration Pneumonia were the most common causes of death in a person with a learning disability, reported as Pneumonia (25%) and Aspiration Pneumonia (16%). Locally Aspiration Pneumonia (28%) is reported as our highest cause of death with Pneumonia as a close second (24%). Aspiration Pneumonia has increased slightly from last year's report (25%) and Pneumonia has shown a decrease when compared with the same period (34%).

Other reported causes of death in the LeDeR reviews completed in 2019-2020 (fewer than five cases each) were: Cancers; Dementia; Frailty; Sepsis and Epilepsy.

With chest conditions reported as accounting for over half of local deaths and the current situation of Coronavirus it is increasingly important that annual health checks are completed in primary care to pick any early indicators of health concerns. NHS England have updated supporting information available for practices including an easy read adaptable letter template which explains the importance of attending and what to expect.

<https://www.england.nhs.uk/learning-disabilities/improving-health/annual-health-checks/>

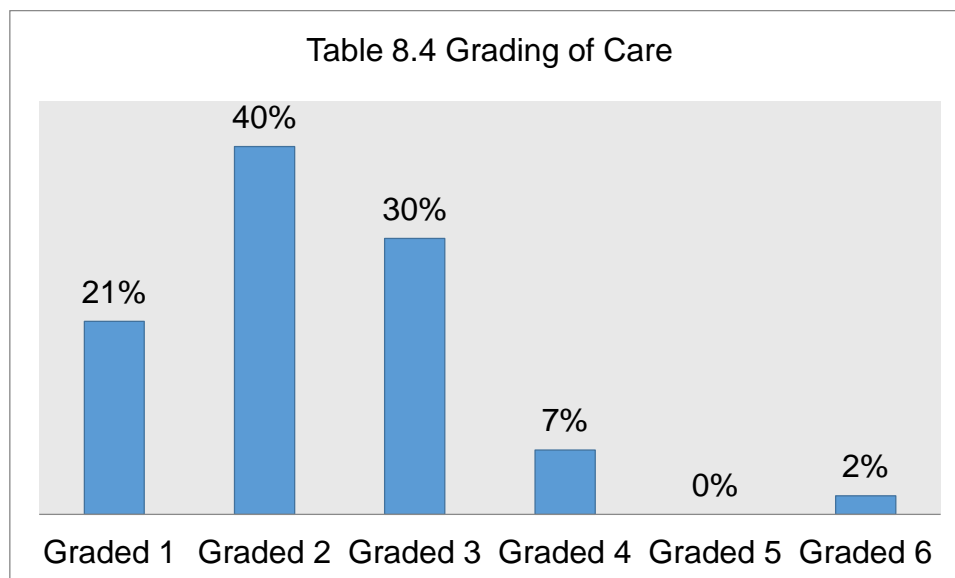
<https://www.england.nhs.uk/wp-content/uploads/2020/06/Letter-what-to-expect-from-your-doctor.pdf>

8.3.2 Indicators of the quality of care provided

At the end of the review, having considered all of the evidence available to them, reviewers are requested to provide an overall assessment of the quality of care provided to the person. The following are the possible gradings:

- 1) This was excellent care (it exceeded expected good practice).
- 2) This was good care (it met expected good practice).
- 3) This was satisfactory care (it fell short of expected good practice in some areas but this did not significantly impact on the person's wellbeing).
- 4) Care fell short of expected good practice and this did impact on the person's wellbeing but did not contribute to the cause of death.

- 5) Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.
- 6) Care fell far short of expected good practice and this contributed to the cause of death.



Locally 91% of the reviews completed were graded as satisfactory and above (1-3).

9% of care was graded in categories 4-6 – falling short of an acceptable standard. In 2% of reviews a contributory factor from care was found to have impacted on the person's death.

No local reviews in 2019/20 identified care which had a direct contribution to the cause of death.

The local figures have not been compared to the national data as the categories have changed since last year's report and are therefore not directly comparable.

9.0 Local Performance against National Key Performance Indicators (KPIs)

1. *CCGs are a member of a Learning from Deaths report (LeDeR) Steering Group and have a named person with lead responsibility.*
 - ✓ The CCG chairs the North Yorkshire and York LeDeR Steering Group. The named person with responsibility for LeDeR is the CCGs Chief Nurse

2. *There is a robust CCG plan in place to ensure that LeDeR reviews are undertaken within 6 months of the notification of death to the local area.*
 - ✓ A robust plan is in place to achieve this target with additional monies from NHSE.

3. *CCGs have systems in place to analyse and address the themes and recommendations from completed LeDeR reviews.*
 - ✓ The CCGs analyse and address the themes of recommendations from completed reviews through the LeDeR Steering Group. Learning is shared through the communications network.

4. *An Annual Report is submitted to the appropriate Board/Committee for all statutory partners, demonstrating action taken and outcomes from LeDeR reviews.*
 - ✓ The 2018-2019 North Yorkshire and York Annual Report was submitted to the CCG Governing Bodies and Local Safeguarding Adult Boards

	Reviews notified and completed 2018-2019	Reviews notified and completed 2019-2020
Assigned within 3 months	53%	56%
Completed within 6 months	7%	89%

There has been a significant improvement in achieving the second NHSE KPI due to the additional resource; at the end 2019 - 2020 financial year the CCGs were on target to complete all reviews within 6 months. Rates of completion then slowed due to the lockdown restrictions imposed by the global pandemic.

10 Themes from reviews completed in 2019/20

10.1 The following are examples of identified best practice reported in one or more reviews:

- ✓ Compassionate, person centred care which provided a good quality of life.

- ✓ Care Providers acting as effective advocates and involving families in care.
- ✓ Excellent care packages provided and training undertaken to further support people.
- ✓ Good collaborative multi agency work and communication; regular contact between health care professionals to provide a wrap around service.
- ✓ Support, coordination and regular reviews by the Community Learning Disability Team (CLDT) and effective multi agency working between CLDT and Acute Trusts.
- ✓ Regular and flexible GP consultations.
- ✓ Effective advocacy by acute hospital Learning Disability Nurses and effective admission alerts.
- ✓ Supportive end of life planning to allow people to be cared for in their home environment and take into account their wishes.
- ✓ Recording of the involvement of the person, the care staff and the family in best interests decisions.
- ✓ Good record keeping and comprehensive hospital passports.
- ✓ Care Provider support with appointments and hospital admissions.
- ✓ Prompt diagnosis and relevant care pathways followed.

10.2 The following are examples of reasonable adjustments identified in reviews:

- ✓ Easy read appointment letters and information
- ✓ Reserved parking, longer consultation appointments and appointments in side rooms.
- ✓ Support to attend all health appointments and hospital appointments by residential care staff.
- ✓ Involvement of the Learning Disability Liaison Nurses to ensure that reasonable adjustments were made when secondary services were required and support provided to the ward staff in caring for the person.
- ✓ GPs making home visits to reduce a person's anxiety of attending the surgery
- ✓ Clustering of appointments/investigations to minimise anxiety.
- ✓ Learning Disability Passports in place.
- ✓ Staff support to access activities and ensure person centred care.
- ✓ Ensuring the person could see a named GP who could make adjustments and see the person promptly.
- ✓ End of life care managed by the care provider to keep the person at home.

- ✓ Adaptations such as automated and widened doors and adapted bathrooms; allowing the person to stay at home.
- ✓ Personalising of the persons environment when their conditions changed.
- ✓ Specialist seating and beds sourced.
- ✓ Care provider arranging for additional training for staff e.g. dementia training and end of life care training.
- ✓ Arrangement with the acute provider to ensure regular hospital attendances, rather than going through the Emergency Department.
- ✓ Offer of sedatives prior to treatments and tests to reduce anxiety.
- ✓ Reminders, alerts and evidence of the person's learning disability in their records to ensure reasonable adjustments are offered.

10.3 Where families are involved there is a more rounded review about the person and their life; feedback is provided to families in addition to care providers once each review is completed.

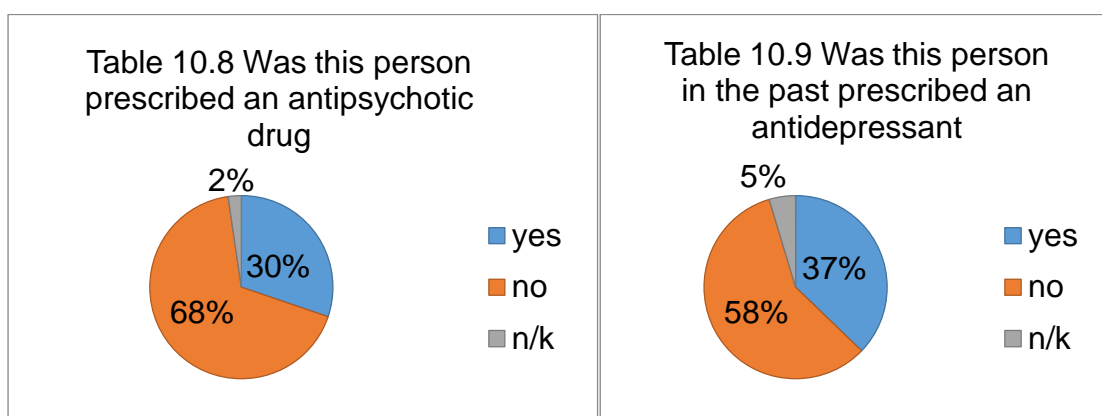
10.4 A small number of families have raised concerns, where this has been the case the reviewer has taken the time to go through the review and they have been helped to understand what other processes are open to them.

10.5 Care Providers were represented in 67% of completed reviews. They have provided positive feedback of involvement.

10.6 42 of the 43 people reviewed had contact with specialist services within the last six months of their life.

10.7 In 30 of the 43 completed reviews the person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place at the time of their death. Of those 30: 24 were completed correctly; and 6 were either not completed correctly or it was not clear whether they were or not.

10.8 & 10.9



Tables 10.8 & 10.9 shows the number of people prescribed antipsychotic medication or anti-depressant medication at the time of their death.

People with a learning disability, autism or both are more likely to be given these medicines than other people. These medicines are right for some people. They can help people stay safe and well. Sometimes there are other ways of helping people so they need less medicine or none at all.

STOMP is a project to stop over medication of people with a learning disability, autism or both

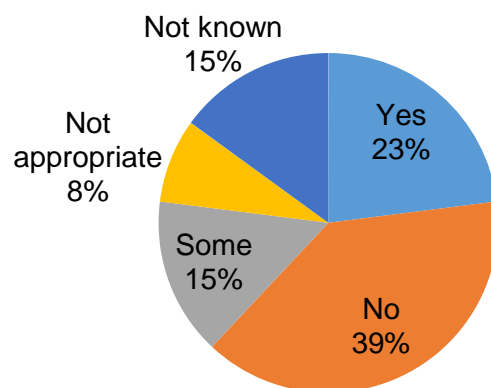
<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

10.10 There were no reported gaps in service in any of the 43 completed reviews.

10.11 Problems with organisational systems and processes were reported in 9% of reviews.

10.12 From the 37 reviews in which the question was asked '*Had the person received age and gender appropriate health screening? (e.g. breast cancer screening, bowel cancer screening)*' the data below was gathered

Table 10.12 Did the person receive age and gender appropriate health screening



Less than a quarter of reviews found evidence that appropriate screening had been completed.

Screening can detect a problem early, before there are any symptoms.

A guidance and resource pack has been developed by partners for care providers to support people to access health screening

http://www.northerncanceralliance.nhs.uk/wp-content/uploads/2019/08/LDN_cancer_pack_2.pdf

11.0 Recommendations made by reviewers

The following are highlighted as recommendations from the completed reviews. All recommendations are agreed and recorded and their progress into action is monitored by the local CCG LeDeR Steering Group.

- The importance of using appropriate advocates. The Mental Capacity Act 2005 introduced Independent Mental Capacity Advocates (IMCA). It is important to use these services appropriately rather than presume family or friends can adequately fulfil the role.
- The consistent use of hospital passports in order to ensure that patients have their passport when they are admitted to hospital from their care facility.
- The importance of following correct DNA/CPR (do not attempt cardio-pulmonary resuscitation) processes. Forms should be completed clearly and should include discussion with person if they have capacity; and family member or an advocate if they lack capacity.
- End of Life Plans; people with a learning disability are not consistently offered the opportunity to develop an end of life plan.
- Identification of a Learning Disability on all medical records. For good communication and information, it would be beneficial if all medical records indicate that the patient was on the Learning Disability register including the GP summary.
- The importance of the availability and use of easy read health resources which can aide informed choices, for example healthy lifestyle choices, treatments including cancer care, investigations and end of life care.
- The need to increase the uptake of routine cancer screening in people with a learning disability or clear recorded decision making using the best interests principles when not deemed appropriate.
- The need to raise awareness of the importance of recognition of sepsis and its possible consequences at the earliest opportunity with advocates, self advocates and care providers.
- The need to raise awareness of the importance of recognition of constipation and its possible consequences with appropriate actions and treatments available with advocates, self advocates and care providers.

12.0 Summary

In 2019/2020 the North Yorkshire and York CCGs have achieved significant progress in the development and awareness of the LeDeR programme. The information detailed in this report shows the combined commitment from health and social care partners to making a difference to people with learning disabilities, their families and carers. Learning points at individual level have been shared widely across the health and social care economy and taken forward into relevant service improvements by care providers. Continued investment in the programme has enabled a dedicated focus on learning into action to be established.


The local team maintain strong links with both the regional and national team in order to ensure that the progress made with the national action from learning projects is translated across local services.

13.0 Challenges and Priorities for 2020/21

- The programme relies heavily on a small resource of people completing reviews and the goodwill and dedication of many others in supporting the programme to make improvements in the lives of people with a learning disability. Maintaining investment is essential to continuing this.
- Covid-19 has presented a new set of challenges that are expected to emerge over a period of time. Rapid learning from Covid-related deaths is a national priority which will also be supported in the local region.
- The strengthening of existing service user engagement is a priority for the NorthYorkshire and York LeDeR Steering Group in the forthcoming year.
- The need for continued attendance and engagement with the LeDeR Steering Group is vital to translate learning into action and share the learning across the system.

14.0 Acknowledgements

The data presented in this report represents individuals who were loved and supported by their families, friends and carers. On behalf of the CCGs the local LeDeR team would like to pass on sincere condolences to those who are bereaved and also express grateful thanks for the contributions they have made to helping us make improvements in our services to support the lives of others.

Item Number: 10	
Name of Presenter: Andrew Lee	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 3 September 2020	
Report Title – Proposal for a North Yorkshire and York Medicines Commissioning and Formulary Committee	
Purpose of Report <i>(Select from list)</i> To Ratify	
Reason for Report	
<p>The proposal has been approved by CCG Executive on 8 July 2020, this decision requires ratifying by Governing Body.</p> <p>The CCG has a statutory responsibility to ensure that care (including medicine) is commissioned within available resources (Department of Health, 2010). In order to secure the best value healthcare and the greatest health benefit for their populations, commissioners need to prioritise the allocation of limited resources and balance demands for medicines and treatments against a number of considerations.</p> <p>Following the establishment of the North Yorkshire CCG and closer working with Vale of York CCG, there is a need to review the present decision-making processes relating to medicines commissioning. It is important that moving forward we can align our processes so that our patients have equity of access to the same medicines and medicine-related policies across the whole of North Yorkshire.</p> <p>This will allow the sharing of best practice and collaborative working across North Yorkshire and York to ensure safe, cost-effective prescribing which will support the achievement of better health outcomes for the CCG population.</p> <p>At present there are 3 area prescribing committees (APCs) that make recommendations/decisions relating to medicines across North Yorkshire; County Durham and Tees Valley Area Prescribing Committee, York and Scarborough Medicines Commissioning Committee and Harrogate Area Prescribing Committee.</p> <p>This interim proposal is to maintain the present APCs but to introduce an NY&Y Medicines Commissioning and Formulary Committee (MCFC), as a joint sub-committee of North Yorkshire and Vale of York CCGs.</p> <ul style="list-style-type: none"> • It would follow the timing of each of the 3 APC meetings and consider recommendations made by those committees relating to medicines. Its purpose would be to ratify the decisions, making sure that appropriate consultation has happened 	

across all key stakeholders to allow approval and consistency across North Yorkshire and York.

- It would have a delegated authority for decisions on medicines that do not exceed £10,000 per decision per year per 100,000 populations.
- Any decisions that exceed this value would require referral to North Yorkshire CCG's Business Executive Committee and Vale of York CCG's Executive Committee for a final decision.

Strategic Priority Links

- | | |
|--|--|
| <input type="checkbox"/> Strengthening Primary Care | <input type="checkbox"/> Transformed MH/LD/ Complex Care |
| <input type="checkbox"/> Reducing Demand on System | <input type="checkbox"/> System transformations |
| <input type="checkbox"/> Fully Integrated OOH Care | <input type="checkbox"/> Financial Sustainability |
| <input type="checkbox"/> Sustainable acute hospital/ single acute contract | |

Local Authority Area

- | | |
|---|---|
| <input checked="" type="checkbox"/> CCG Footprint | <input type="checkbox"/> East Riding of Yorkshire Council |
| <input type="checkbox"/> City of York Council | <input type="checkbox"/> 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.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

Executive Committees at the CCGs in North Yorkshire and York to approve the introduction of NY&Y MCFC with the delegated authority set out in the draft Terms of Reference (Appendix A). NHS Vale of York CCG Governing Body to ratify the decision approved by NHS Vale of York CCG Executive Committee.

Decision Requested (for Decision Log)

Executive Committees at the CCGs in North Yorkshire and York to approve the introduction of NY&Y MCFC with the delegated authority set out in the draft Terms of Reference (Appendix A). NHS Vale of York CCG Governing Body to ratify the decision approved by NHS Vale of York CCG Executive Committee.

Responsible Executive Director and Title

Dr Andrew Lee
Executive Director of Primary Care and
Population Health

Report Author and Title

Laura Angus
Head of Prescribing/Strategic Lead
Pharmacist

Proposal for a North Yorkshire and York Medicines Commissioning and Formulary Committee

Introduction and Background

Health economies across North Yorkshire and York have operated committees in various footprints over the years to consider, recommend and decide on prescribing issues that impact in primary care, secondary care or both. Their overall aim is to provide strategic leadership and advice, and to monitor resulting outcomes, on the safe, effective and efficient management of medicines across organisational interfaces, taking into account the impact on the entire health community of North Yorkshire and York and its stakeholders.

Interface and joint decision making remain critical to ensuring consistency and minimising unwarranted variation, but since 2013 the county has been divided across three main decision-making footprints; HRW with partners in Teesside, HaRD with its local trust, and ScR and VoY in partnership with York Trust.

With the establishment of North Yorkshire CCG on the 1st April 2020, there is a clearer requirement to align decision-making processes to allow for equity of access of medicines for patients across North Yorkshire. Moving towards a unified decision-making process, including Vale of York also offers an opportunity to streamline and harmonise processes. This will have the impact of making better use of time and resources to achieve these goals.

Functions

Local committees making prescribing recommendations or decisions, particularly drug choices, have latterly aimed to operate on behalf of both primary and secondary care, considering evidence and opinion from various sources on matters such as:

- Drug formulary applications for additions, changes or deletions, and specific place in therapy
- Agreeing on the Red-Amber-Green classification of drugs on formulary, especially additions, determining where prescribing should be initiated and then maintained, be it from a hospital or primary care. This includes shared care prescribing status (amber-SC)
- Agreement on shared care guidelines for monitoring requirements and responsibilities to enable safer transfer out from secondary care and continuity of prescribing in primary care
- Development of prescribing guidance, including preferred drugs from a treatment group
- Adoption of national prescribing policy, to support local implementation.

It will include consideration of clinical outcomes; cost-effectiveness, safety, prioritisation, and affordability.

More recently, this has extended to proposing and agreeing local commissioning positions to define who can or cannot routinely receive a specified drug. Unification of such decisions across a broader footprint is increasingly important, but a significant challenge for CCGs with populations that choose or need to attend hospital trusts in various other health economies, in particular Leeds and Teesside.

Existing Committees

The main committees covering both primary and secondary care in North Yorkshire and York are:

- County Durham and Tees Valley APC: includes mental health for TEWV
- Harrogate APC
- York and Scarborough Medicines Commissioning Committee (MCC).

It should be noted that the drive to have consistent commissioning positions within respective ICSs has led to differences, often subtle, between CCGs in North Yorkshire and York. All effort should be made to minimise variance towards zero. At present both County Durham and Tees Valley APC and Harrogate APC have delegated authority to make decisions with a financial threshold of £15,000 per year per decision and anything above this requires approval by the NY CCG BEC. York and Scarborough Medicines Commissioning Committee do not have any delegated authority so can only make recommendations, which require ratification by the NY CCG BEC and the VoY Executive Committee.

New Model

This interim proposal is to maintain the present APCs but to introduce a NY&Y Medicines Commissioning and Formulary Committee, as a joint sub-committee of North Yorkshire and Vale of York CCGs. It should have delegated decision-making authority to a limited organisational risk and financial threshold, with defined terms of reference including reporting, escalation procedures and membership. The MCFC would ensure unified commissioning positions are finalised for new considerations as well as be responsible for coordinating the resolution of historical variances and formulary alignment in priority topics. Terms of Reference have been drafted (Appendix A) and a final version would require approval by both CCGs and by the MCFC membership. These propose that this committee would have a delegated authority for decisions on medicines that do not exceed £10,000 per decision per year per 100,000 populations. Any decisions that exceed this value require referral to the following committees:

- North Yorkshire CCG's Business Executive Committee
- Vale of York CCG's Executive Committee.

The MCFC would be held after the APCs and MCC and consider recommendations made by those committees relating to medicines. Its purpose would be to ratify the

decisions, making sure that appropriate consultation has happened across all key stakeholders to allow approval and consistency across North Yorkshire and York.

A timeline for the committees is set out below:

APCs and MCC meetings (third Wednesday/third Friday of the month) ↓
Medicines Commissioning and Formulary Sub-Committee (first Wednesday of the next month) ↓
Vale of York and North Yorkshire CCG Executive Committees (week 2 of the next month)

The ambition is that after a period of proven successful partnership working between the CCGs and other local providers, a permanent North Yorkshire and York Area Prescribing Committee will be established, with delegated authorisation. This will replace the MCC and Harrogate APC as well as the MCFC, with an anticipated timeframe of 1st April 2021.

Recommendation

Executive Committees at the CCGs in North Yorkshire and York to approve the introduction of NY&Y MCFC with the delegated authority set out in the draft Terms of Reference (Appendix A). NHS Vale of York CCG Governing Body to ratify the decision approved by NHS Vale of York CCG Executive Committee.

Appendix A

Proposed North Yorkshire and York Medicines Commissioning and Formulary sub-Committee

DRAFT Terms of Reference

1. Aim

The committee (MCFC) aims to align decisions made by area prescribing committees about medicines across North Yorkshire and York. This will include the following:

- Medicine formulary
- Shared care guidance
- Commissioning positions
- Treatment pathways/ guidelines.

2. Functions of the Committee

To co-ordinate prescribing and medicines optimisation at the interface between primary, community and secondary care across the following organisations:

- NHS North Yorkshire CCG
- NHS Vale of York CCG
- Harrogate District Hospital NHS Foundation Trust
- South Tees Foundation hospital trust
- Tees, Esk and Wear Foundation Mental Health trust
- York Teaching hospital
- City of York Council
- North Yorkshire County Council.

The committee will:

- Consider recommendations made by the following committees relating to medicines and to ratify the decision, making sure that appropriate consultation has happened across all key stakeholders to allow approval across North Yorkshire and York.
 - Harrogate Area Prescribing Committee
 - York and Scarborough Medicines Commissioning CommitteeIn circumstances where county-wide consultation has not happened, the item will be referred back to the individual APC.
- Be granted delegated authority to make final approval on behalf of North Yorkshire and Vale of York CCGs on those decision defined in section 1, within a considered level of organisational risk with stated escalation thresholds and procedures, such as where there is variation in

commissioning positions when compared to other key local providers from surrounding localities

- Where recommendations require commissioning of a new service this will be flagged to the necessary commissioning manager for consideration.
- Co-ordination of the development of a single formulary across North Yorkshire and York CCGs, HDFT and YTH which will include traffic light classification of medicines.
- Influence into and from North Yorkshire and VoY groups or committees including medicines safety and quality.
- Influence into and from TEWV formulary development.
- Influence into and from the West Yorkshire and the County Durham and Teesside APCs and Hull and East Riding Prescribing Committee, seeking to minimise variation.
- Coordinate a joint work programme across North Yorkshire and York relating to medicines to improve consistency and avoid duplication of effort e.g. shared care guidelines.

3. **Authority**

The MCFC is a subcommittee that reports to the respective parent committees of:

- North Yorkshire CCG: Business Executive Committee
- Vale of York CCG: Executive Committee.

The committee has delegated authority for decisions on medicines that do not incur an additional cost predicted to exceed £10,000 per decision per year per 100,000 populations. Any decisions that exceed this value require referral to the respective senior committees stated above.

4. **Membership**

North Yorkshire CCG: GP Prescribing Lead
Lead Medicines Management Pharmacist
Director or Senior Finance Manager

Vale of York CCG: Lead Medicines Management Pharmacist
Another Clinical Lead
Director or Senior Finance Manager

Other specialist input can be invited to support the committee as and when required.

Quoracy


A quorum of 2 members from each CCG is required to ratify decisions.

5. Frequency

The meetings will be held monthly on a date most suited to shortly follow the timing of the Harrogate APC and York-Scarborough MCC and to allow timely reporting to the CCG Executive committees.

These meetings will utilise video and/or teleconference facilities as face to face meeting may not be required or necessary.

Ends

Item Number: 11	
Name of Presenter: Dr Andrew Lee	
Meeting of the Governing Body Date of meeting: 3 September 2020	 Vale of York Clinical Commissioning Group
Report Title – Medicines Commissioning Committee Recommendations March and May 2020	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report These are the latest recommendations from the Medicines Commissioning Committee – March and May 2020.	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> 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)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

Responsible Executive Director and Title

Dr Andrew Lee
Director of Primary Care and Population Health

Report Author and Title

Faisal Majothi – Senior Pharmacist
Callie Turner – Pharmacy Technician

Recommendations from York and Scarborough Medicines Commissioning Committee March 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA622: Sotagliflozin with insulin for treating type 1 diabetes		<p>Sotagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m², when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if:</p> <ul style="list-style-type: none"> • sotagliflozin is given as one 200 mg tablet daily • they are on insulin doses of 0.5 units/kg of body weight/day or more and • they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis, such as: <ul style="list-style-type: none"> ○ how to recognise its risk factors, signs and symptoms ○ how and when to monitor blood ketone levels ○ what actions to take for elevated blood ketones and • treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes treatment, and haemoglobin A1c (HbA1c) levels are assessed after 6 months and regularly after this. <p>Stop sotagliflozin if there has not been a sustained improvement in glycaemic control (that is, a fall in HbA1c level of about 0.3% or 3 mmol/mol).</p>	None currently	<p>Sotagliflozin has been licensed since the spring of 2019 but is not yet launched in the UK. Launch planned for 2020.</p> <p>The period during which the NHS in England has to comply with the recommendations has been extended to within 3 months of the commercial launch of sotagliflozin in England.</p> <p>Launch will be highlighted in future recommendations</p>
2.	TA623: Patiromer for treating hyperkalaemia		<p>Patiromer is recommended as an option for treating hyperkalaemia in adults only if used:</p> <ul style="list-style-type: none"> • in emergency care for acute life-threatening hyperkalaemia alongside standard care or • for people with persistent hyperkalaemia and stages 3b to 5 chronic kidney disease or heart failure, if they: <ul style="list-style-type: none"> ○ have a confirmed serum potassium level of at least 6.0 mmol/litre and ○ are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia 	None currently	Deferred until next meeting.


		<ul style="list-style-type: none"> ○ are not on dialysis. <p>Stop patiromer if RAAS inhibitors are no longer suitable. This recommendation is not intended to affect treatment with patiromer that was started in the NHS before this guidance was published</p>		
NHSE commissioned Technology Appraisals – for noting				
3.	TA624: Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis	Peginterferon beta-1a is recommended, within its marketing authorisation, as an option for treating relapsing–remitting multiple sclerosis in adults.	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
4.	Methotrexate 10mg tablets	<p>Agreed to remove 10mg tablets from shared care guideline AND that ONLY 2.5mg tablets should be prescribe in primary care.</p> <p>If 10mg tablets are required in exceptional circumstances then these should ONLY be prescribed and supplied in secondary care.</p>	RED	<p>No significant cost to CCGs expected</p> <p>Decision made on basis of patient safety and not cost.</p>
5.	DOAC Choice	<p>Reviewed the current formulary position for edoxaban as a first-line DOAC choice, and agreed to change to ‘no preferred’ DOAC using the clinical decision tool available from Harrogate.</p> <p>All options are available and given equal formulary status, to include warfarin. If a DOAC is required it is selected based on individual patient circumstances.</p>	GREEN	No significant cost to CCGs expected as reflects current prescribing practice.
6.	Telotristat for treating carcinoid syndrome diarrhoea in adults	Agreed to list on formulary as BLACK as per NHSE Not for Routine Commissioning Policy for Telotristat for treating carcinoid syndrome diarrhoea in adults	BLACK	No cost impact to CCGs as NHS England commissioned.
7.	North Yorkshire Horizons Medicines Formulary	Approved – only change is removal of Vitamin B Co Strong for alcohol dependence		No cost impact to CCGs as Local Authority commissioned.
8.	NY&Y Guidance on Self-Monitoring of Blood Glucose	Approved		

9.	Glibenclamide oral solution for neonatal diabetes mellitus	<p>To mirror Leeds APC formulary decision from Feb 2020.</p> <p>For the treatment of neonatal diabetes mellitus, for use in newborns, infants and children. (The licensed product was considered by LTHT Drug and Therapeutics Group (Nov 2019). It will not be used due to significant patient safety concerns. Neonatal diabetes mellitus: LTHT will continue to use glibenclamide oral suspension 2.5mg/5mL (Specials Laboratory); this is an unlicensed medicine.)</p>	<p>0.6mg/ml & 6mg/ml = BLACK</p> <p>2.5mg/5ml = AMBER SI</p>	<p>No significant cost to CCGs expected as reflects current prescribing practice.</p>
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Recommendations from York and Scarborough Medicines Commissioning Committee May 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA623: Patiomer for treating hyperkalaemia		<p>Patiomer is recommended as an option for treating hyperkalaemia in adults only if used:</p> <ul style="list-style-type: none"> • in emergency care for acute life-threatening hyperkalaemia alongside standard care or • for people with persistent hyperkalaemia and stages 3b to 5 chronic kidney disease or heart failure, if they: <ul style="list-style-type: none"> ○ have a confirmed serum potassium level of at least 6.0 mmol/litre and ○ are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and ○ are not on dialysis. <p>Stop patiomer if RAAS inhibitors are no longer suitable. This recommendation is not intended to affect treatment with patiomer that was started in the NHS before this guidance was published</p>	AMBER Shared Care (RED until shared care in place)	<p>Deferred from Mar 2020 meeting</p> <p>Patiomer slightly cheaper than alternative Sodium zirconium cyclosilicate for same NICE TA approved indications.</p> <p>Agreed patiomer 1st line and sodium zirconium 2nd line when patiomer is ineffective or when dosing restrictions are not possible.</p>
NHSE commissioned Technology Appraisals – for noting					
2.	TA625: Recombinant human parathyroid hormone for treating hypoparathyroidism (terminated appraisal)		NICE is unable to make a recommendation about the use in the NHS of recombinant human parathyroid hormone for treating hypoparathyroidism because Shire Pharmaceuticals (now part of Takeda) did not provide an evidence submission. The company has advised NICE that there is a clinical study being done in the UK, so there is insufficient evidence to provide a submission for this appraisal at this stage.	n/a	No cost impact to CCGs as NHS England commissioned.
3.	TA627: Lenalidomide with rituximab for previously treated follicular lymphoma		Lenalidomide with rituximab is recommended, within its marketing authorisation, as an option for previously treated follicular lymphoma (grade 1 to 3A) in adults. It is only recommended if the company provides lenalidomide according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.

Formulary applications or amendments/pathways/guidelines				
4.	Guideline on Using Ferric Maltol instead of intravenous iron treatments in Iron Deficiency	Approved and agreed use not just for use during Covid-19 pandemic (Note: has already been approved by Vale of York CCG Exec)	n/a	
5.	Apomorphine Shared Care Guideline	Approved updated version to include Dacepton® brand	n/a	No cost to CCGs expected as reflects current prescribing practice.
6.	PCSK pathway version 2	Approved with minor updates to existing guideline.	n/a	No cost to CCGs expected as reflects current prescribing practice.
7.	Length of Review Date for Shared Care Guidelines	Approved that going forward new shared care guidelines and existing shared care guidelines that come up for review should have a new review date of 3 years instead of 2 years unless important new information (e.g. safety information, change in national guidelines) becomes available.	n/a	

Item Number: 12	
Name of Presenter: Simon Bell	
Meeting of the Governing Body Date of meeting: 3 September 2020	 Vale of York Clinical Commissioning Group
Report Title – Financial Performance Report Month 4	
Purpose of Report For Information	
Reason for Report <p>To brief members on the interim financial management arrangements for the April to July period, and the arrangements now outlined by NHS England for August to March.</p> <p>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 July 2020.</p> <p>To provide details and assurance around the actions being taken.</p>	
Strategic Priority Links	
<input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Risk Rating
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

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

Decision Requested (for Decision Log)

Governing Body notes the report.

Responsible Executive Director and Title

Simon Bell, Chief Finance Officer

Report Author and Title

Natalie Fletcher, Head of Finance

Finance and Contracting Performance Report – Executive Summary



April 2020 to July 2020
Month 4 2020/21

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. Allocation adjustments – The CCG incurred £734k of COVID-19 related expenditure in June, and a backdated allocation adjustment has been received in July for this, bringing the total COVID-19 related allocation to £2.44m. The CCG has also now received a ‘true-up’ allocation of £739k for April to June, bringing the overall April to June financial position to break-even.

2. Financial Management for August onwards – NHS England released initial guidance outlining the Phase 3 response to COVID-19 on 31 July. This confirmed that the current interim financial arrangements will continue for August and September, although detail of the CCG’s allocation for this period has not yet been confirmed.

The guidance also outlined a move to a financial envelope for the October to March period, which will be managed across the Integrated Care System. Detailed guidance on how this will operate is to be issued once finalised with government.

Local systems are asked to submit a draft revised financial plan on 1 September, with a final version due on 24 September. However, no further detail has been provided on what the expectations are in terms of level of detail or how the proposed financial envelope approach should be reflected.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	Year to Date				Outturn Apr-Jul			
	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	(0.0)	G
In-year total expenditure does not exceed total allocation (Programme and Running costs - see note)					176.2	177.3	(1.1)	R
Better Payment Practice Code (Value)	95.00%	99.72%	4.72%	G	95.00%	>95%		G
Better Payment Practice Code (Number)	95.00%	96.85%	1.85%	G	95.00%	>95%		G
CCG cash draw down does not exceed maximum cash draw down					513.5	513.5	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 total expenditure is 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	2.2	2.1	0.2	G	6.7	6.5	0.2	G
Programme spend within plan	173.9	175.2	(1.3)	R	518.8	525.4	(6.5)	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	475	271	204	G				

Note – for Year to Date the plan figure is as per the ledger and 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: August 2020

Financial Period: April 2020 to July 2020 (Month 4)

1. Update to financial planning and reporting arrangements

CCGs continue to operate under interim financial arrangements for April – July period, whereby;

- Revised allocations have been issued for April – July, based on a centralised NHS England expenditure model
- Retrospective allocation adjustments will be made as follows –
 - To fund all COVID-19 related expenditure
 - Further ‘true-up’ allocations will be made where expenditure variances are deemed to be reasonable – this will return CCGs to a break even position for the period.

The CCG incurred £734k of COVID-19 related expenditure in June, and a backdated allocation adjustment has been received in July for this, bringing the total COVID-19 related allocation to £2.44m. The CCG has also now received a ‘true-up’ allocation of £739k for April to June, bringing the overall April to June financial position to break-even.

At the end of July, the CCG is reporting a £1.09m overspend which is made up as follows -

- £932k COVID-19 related spend in July. Total COVID-19 related spend for April to July is £3.37m, of which £2.44m is offset by the allocation adjustment already received to cover April to June.
- £153k other variances expected to be offset by a ‘true-up’ allocation adjustment for July.

NHS England released initial guidance outlining the Phase 3 response to COVID-19 on 31 July. This confirmed that the current interim financial arrangements will continue for August and September, although detail of the CCG’s allocation for this period has not yet been confirmed.

The guidance also outlined a move to a financial envelope for the October to March period, which will be managed across the Integrated Care System. Detailed guidance on how this will operate is to be issued once finalised with government.

Local systems are asked to submit a draft revised financial plan on 1 September, with a final version due on 24 September. However, no further detail has been provided on what the expectations are in terms of level of detail or how the proposed financial envelope approach should be reflected.

2. Year to Date position

The year to date position in the table below covers April to July. The budget for these months is based on the CCG's draft financial plan, with a £1.01m adjustment to reduce the overall plan to meet the current allocation as advised by NHSE.

The year to date position includes £3.37m of COVID-19 related spend, against which a £2.44mm allocation adjustment had been received. The COVID-19 related variance is therefore £932k, relating to July expenditure. 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 £153k in addition to the COVID-19 related funding.

	YTD Position (£000)					Comments
	Budget	Actual	Variance	COVID related variance	Variance excl COVID spend	
Acute Services	88,980	88,855	125	(11)	136	
Mental Health Services	19,684	19,462	222	(35)	257	£180k underspend on MHS investments in plan over and above TEVV block payment, £187k reduced activity MH Out of Contract & SRBI, -£107k estimated YTD impact of TCP risk share
Community Services	10,740	10,712	27	(4)	32	
Continuing Healthcare	11,829	11,772	57	(722)	779	£547k year to date underspend on CHC on non COVID costs. £336k of FNC prior year payments, offset by £465k YTD underspend. £103k YTD underspend on CHC clinical team
Other Services	5,984	5,970	14	1	13	
Prescribing	17,890	18,530	(640)	0	(640)	£566k prior year pressure due to March prescribing figures
Primary Care	3,345	4,210	(866)	(115)	(751)	£667k Improving Access - not in financial plan as usually funded through non-recurrent allocation, this will be dealt with through the 'true-up' for Apr to Jul, £104k YTD PMS premium (funding on delegated line)
Primary Care Delegated Commissioning	16,127	15,691	435	0	435	£241k slippage on investment reserve provided in plan (difference between Primary Care allocation and detailed expenditure plan), £104k PMS premium (spend is shown under Primary Care line above), £53k underspend on Dispensing Doctors
Running Costs	2,241	2,057	184	(45)	229	Various underspends across pay (vacancies) and non pay
Reserves	370	0	370	(0)	370	Funding provided in reserves for potential YAS contract adjustment and VoY share of system recovery project costs
Position against CCG financial plan	177,188	177,259	(71)	(932)	861	
NHSE Allocation adjustment	(1,014)	0	(1,014)	0	(1,014)	Adjustment in reserves - difference between CCG financial plan and base allocation for Apr to Jul - £1.75m. M1-3 'true up' allocation now received to partly offset this £739k
Reported YTD position	176,174	177,259	(1,085)	(932)	(153)	

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 £1.75m adjustment to reduce the overall plan to meet the current allocation as advised by NHSE. Expenditure shown is the year to date actual position. April to July expenditure includes £3.37m of COVID spend. £2.44m of this relates to April and June, and has been offset by allocation. This results in a reported variance of £932k for July COVID-19 spend, which will be offset by a further allocation adjustment. In addition, the CCG is reporting a non COVID-19 related overspend of £153k, for which the CCG expects to receive additional allocation through the 'true-up' process. The table below therefore shows a break even position for this period.
- For August to March, further guidance has not yet been received in sufficient detail to refresh the CCG's financial plan, so the plan figures remain based on the CCG's original 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 outturn 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.

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Forecast Outturn 2020-21

	Forecast Position (£000)									Comments Apr-Jul	Comments Aug-Mar
	April to July			August to March			Financial Year				
	Plan	Outturn	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance		
Acute Services	88,980	88,855	125	181,217	181,997	(780)	270,197	270,852	(655)		£667k contract alignment issue with YTHFT due to CQC requirements, £113k slippage on ISTC element of prime provider QIPP
Mental Health Services	19,684	19,462	222	37,433	37,433	0	57,117	56,896	222	£180k underspend on MHIS investments in plan over and above TEWV block payment	
Community Services	10,740	10,712	27	21,248	21,148	100	31,988	31,861	127		Slippage on Health Navigator patient
Continuing Healthcare	11,829	11,772	57	22,162	22,162	0	33,991	33,934	57	£722k COVID spend in Jul, £330k FNC prior year pressure due to backdated rates uplift. £1.15m CHC & FNC non-COVID forecast underspend	Slippage on QIPP for remainder of financial year, fully offset by risk reserve
Other Services	5,984	5,970	14	11,389	11,389	0	17,373	17,359	14		
Prescribing	17,890	18,530	(640)	35,036	35,779	(743)	52,925	54,309	(1,383)	£566k prior year impact of March prescribing figures	Slippage on QIPP for remainder of financial year, partly offset by risk reserve
Primary Care	3,345	4,210	(866)	5,293	5,293	0	8,638	9,503	(866)	£115k COVID spend in Jul, £667k Improving Access (not in plan, usually funded through NR allocation, expected to be funded through 'true-up' exercise for Apr-Jul), £104k PMS premium (budget on delegated line below)	
Primary Care Delegated Commissioning	16,127	15,691	435	32,457	32,107	350	48,584	47,798	785	£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	2,241	2,057	184	4,437	4,437	0	6,678	6,494	184	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	370	0	370	3,382	2,911	471	3,751	2,911	841	Slippage on investments and cost pressures provided for in plan	Release of YAS contract risk reserve
Position against CCG financial plan	177,188	177,259	(71)	348,311	354,657	(6,346)	525,499	531,916	(6,417)	Net position against CCG plan is £1.8m forecast overspend for Apr-Jul, including £2.2m of COVID spend	
COVID-19 Allocation adjustment	(1,014)	0	(1,014)	0	0	0	(1,014)	0	(1,014)	Shortfall in notified Apr-Jul allocation compared to CCG financial plan, partly offset by M1-3 'true-up' allocation	
Expected impact of 'true-up' exercise	0	(1,085)	1,085	0	0	0	0	(1,085)	1,085	Anticipated increase to allocation for Jul COVID spend (£932k) and Jul 'true-up' (£153k)	
Reported forecast position	176,174	176,174	0	348,311	354,657	(6,346)	524,485	530,831	(6,346)		
Notified Allocation	176,174			338,363			514,537				
Surplus / (Deficit)	0	0		(9,948)	(16,294)	(6,346)	(9,948)	(16,294)	(6,346)		

4. Allocation

The allocation as at Month 4 is as follows:

Description	Value
Allocation at Month 2	£173.00m
COVID-19 costs April and May	£1.70m
COVID-19 costs June	£0.73m
True-up allocation April to June	£0.74m
Total allocation at Month 4	£176.17m

5. Underlying position

There has been no change to the assessment of the CCG's underlying position of a £26.7m deficit since the previous Financial Performance report.

6. Balance sheet / other financial considerations

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