

GOVERNING BODY MEETING

7 January 2021 9.30am to 11.00am

‘Virtual’ Meeting

The agenda and associated papers will be available at:

www.valeofyorkccg.nhs.uk

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 4-17	Minutes of the meeting held on 5 November 2020	To Approve	All
4.	Pages 18-19	Matters arising from the minutes		All
5.	Pages 20-27	Accountable Officer Update	To Approve	Phil Mettam Accountable Officer
6.	Pages 28-44	Quality and Patient Experience Report	For Decision	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
7.	Pages			
7.1	45-51	Risk Report	To Receive and Agree	Abigail Combes Head of Legal and Governance
7.2	52-61	Board Assurance Framework	To Receive	

ASSURANCE – 10.10am				
8.	Verbal	Risk Management Policy and Strategy	To Note	Abigail Combes Head of Legal and Governance
9.	Pages 62-82	North Yorkshire and York Safeguarding Adults Board Annual Report 2019-20	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
10.	Pages 83-104	North Yorkshire and York Safeguarding Children and Looked After Children Annual Report 2019-20	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
FINANCE – 10.30am				
11.	Pages 105-114	Financial Performance Report 2020/21 Month 8	To Receive	Simon Bell Chief Finance Officer
CORONAVIRUS COVID-19 UPDATE – 10.40am				
12.	Verbal	Update	To Note	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse Stephanie Porter Interim Executive Director of Primary Care and Population Health
RECEIVED ITEMS – 10.55am				
Committee minutes are published as separate documents				
13.	Pages 115-116	Chair's Report Audit Committee: 19 November 2020		
14.	Page 117	Chair's Report Executive Committee: 21 October, 4, 11, 18 and 25 November and 9 December 2020		
15.	Page 118-119	Chair's Report Finance and Performance Committee: 22 October and 26 November 2020		
16.	Page 120	Chair's Report Primary Care Commissioning Committee: 26 November 2020		

17.	Page 121	Chair's Report Quality and Patient Experience Committee: 12 November 2020		
18.	Pages 122-129	Medicines Commissioning Committee: 14 October and 11 November 2020		
NEXT MEETING				
19.	Verbal	9.30am on 4 March 2021	To Note	All
CLOSE – 11.00am				
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 'Virtual' Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 5 November 2020

Present

Dr Nigel Wells (NW)(Chair)	Clinical Chair
Simon Bell (SB)	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
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Stephanie Porter (SP)	Interim Executive Director of Primary Care and Population Health
Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Dr Andrew Moriarty (AM)	YOR Local Medical Committee Representative
Helena Nowell (HN) – items 7 and 9	Planning and Assurance Manager
Steve Moss (SM) – item 8	Head of Anti-Crime Services, Audit Yorkshire
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Caroline Alexander (CA)	Assistant Director of Performance and Delivery
Phil Goatley (PG)	Lay Member, Chair of Audit Committee and Remuneration Committee

Seven members of the public watched the “live stream”.

The following matter had been raised on behalf of the local Royal Osteoporosis Society Committee:

We would appreciate any information on the trialling of an IV for osteoporosis patients in Easingwold and an update on DEXA scans availability in York.

Response by Steph Porter

IV pilot

In 2018, Pickering Medical Practice were approved to pilot a community IV Zoledronic Acid clinic covering the three North Ryedale Practices (Pickering, Kirkbymoorside and Helmsley) for post-menopausal women who have been previously treated for breast cancer, and are non-compliant with, or intolerant of, oral bisphosphonates.

However, subsequent scoping identified that there were insufficient numbers to run a clinic solely for this group of patients. In January 2019, the CCG Executive agreed to expand the scope of the pilot to include osteoporosis patients who are non-compliant with, or intolerant of, oral bisphosphonates. Including this group of patients has enabled Pickering Medical Practice to undertake 'proof of concept' IV Zoledronic Acid clinics and this pilot continues to ensure that the level of evidence is created to undertake a full evaluation. The CCG is discussing with South Hambleton and Ryedale Primary Care Network (PCN) the opportunity to expand the pilot to more practices in the PCN to support this; work is ongoing.

DEXA scans

As at 4 November the DEXA situation is that the backlog is being worked through at York Nuffield Health but this is a slow process due to the infection prevention and control requirements. The CCG will be sending a communication to GPs on behalf of the Nuffield DEXA Service to explain the proposal to manage the backlog according to new guidance from Royal Osteoporosis Society (ROS) using the ROS restoration of service toolkit, published in response to COVID-19. The following statement from Nuffield explains how they plan to do this:

'The York Nuffield DEXA service has re-opened at York Nuffield Health from August 2020.

At present we have around 900 DEXA patients on the waiting list since March 2020.

Working under COVID-19 conditions allows us to perform only a limited number of scans per day with NHS using 75 % of DEXA scanning capacity. Currently we perform DEXA scans for 10 patients per day in chronological order to reduce the back log.

A new approach to use ROS guidelines to prioritise patients when referring for a DEXA scan will help us to deal with the DEXA back log and provide a DEXA scan according to the clinical urgency.

If there is a clinical urgency for a new DEXA scan it should be clearly specified on the referral. This scan will then be performed in front of a chronological queue.

If there is an outstanding referral for a DEXA scan (from March to November 2020) which now is being considered as urgent, please re-refer as an urgent DEXA scan or notify this change to the radiology booking team in York Nuffield hospital.

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 3 September 2020

The minutes of the 3 September meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 3 September 2020.

4. Matters Arising from the Minutes

Matters arising were as per items 9 and 10 on the agenda and ongoing.

5. Accountable Officer Update

PM referred to the report which provided updates on the local and system financial position; system restoration and recovery in the era of COVID; primary care protected learning time; emergency preparedness, resilience and response; and strategic and national issues.

PM noted the context of the current and ongoing changes to arrangements across the health system emphasising that the CCG's commitment to robust financial governance was being maintained. He highlighted assurance provided via the monthly meetings of the Finance and Performance Committee.

In respect of system restoration and recovery in the era of COVID-19, for which plans had been submitted as required, PM explained that the focus continued to be on supporting primary care and working with care homes across the CCG. He advised that working arrangements had been established across North Yorkshire and York during the first wave noting that the Silver and Gold Command structures met regularly. These collaborative arrangements provided a good foundation for the winter pressures and second wave of COVID-19. Additionally, a weekly COVID-19 Co-ordinating Group, comprising representation from primary and secondary care, the Local Authority and the third sector, had been established in York.

PM noted the second wave of COVID-19 required consideration of hospital discharge, step-up arrangements to support hospital demand and testing capacity for residents and staff, also including the University population. In terms of the latter, mitigation was being sought regarding students moving around the country.

Unconfirmed Minutes

HE reported that the recent primary care protected learning time, attended by c300 colleagues, had been well received. This had been a single item event on dementia focusing on the importance of diagnosis, reasons for gaps in diagnosis and ways of addressing these concerns. She emphasised the need for the event to be followed up through measurable action including direct feedback to Practices on their performance. AM and JH commended the event and NW noted that the next protected learning time was being considered in the context of a potential place-based approach.

The Governing Body:

Received the Accountable Officer report.

ASSURANCE

6. Quality and Patient Experience Report

MC presented the report which provided an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across the CCG's commissioned services. It summarised by exception, progress and updates on quality, safety and patient experience not related to existing risks and provided an update on actions to mitigate the risks aligned to Governing Body.

MC highlighted the principles, developed by the Humber, Coast and Vale Partnership Clinical and Professional Group, with aligned actions to support prioritisation and validation across programmes of work and the message 'we're in it together, so let's do the right thing at the right time'. NW explained that the intention was for these to be utilised at both system and local level.

MC referred to the extensive support being provided to care homes. She noted that cases of COVID-19 were increasing more across North Yorkshire than City of York and the CCG was supporting both North Yorkshire County Council and NHS North Yorkshire CCG as detailed. MC explained that work was taking place to facilitate visits to care homes noting a number of innovative approaches in this regard. She advised that the recently issued national guidance for visiting care homes during the current 'lockdown' restrictions was being considered to inform further local guidance which would be circulated in due course.

MC recognised capacity concerns but commended care homes in respect of embedding of the new discharge guidance including accepting admissions at weekends and in the context of being within the 14 days positive testing for COVID-19. She noted that domiciliary care capacity was a particular challenge.

MC highlighted the update on 'flu planning and the significant increase in uptake of vaccination.

MC referred to the increasing challenges across mental health services described in the report. She noted that, although there were some positive elements, such as in Improving Access to Psychological Therapies and Early Intervention

Psychosis, there was concern about potential inequality. DN explained that the growth in need for mental health services at the present time was nationally recognised. Locally, Tees, Esk and Wear Valleys NHS Foundation Trust was developing a flexible working model and had a 24 hour crisis service in place for adults and children. They were also undertaking a lessons learnt exercise in terms of non face to face access to care which it was recognised did not suit everyone. DN emphasised the perspective of 'wrap around' services and the need for improved communication across primary, secondary and community care.

In response to NW seeking further clarification about Eating Disorders, DN explained that a provider collaborative was being established across Humber, Coast and Vale Integrated Care System for a service for adults. Its interface with local community services still needed to be defined. The service for children was being discussed separately with Tees, Esk and Wear Valleys NHS Foundation Trust.

RW described aspects of Tees, Esk and Wear Valleys NHS Foundation Trust's engagement at a local level that needed to be improved, also noting the context of the Primary Care Network Designated Enhanced Service from April 2021. DN confirmed that Tees, Esk and Wear Valleys NHS Trust's approach was in line with the CCG's in terms of ensuring the right time and right place for care and invited RW to join her on a call with their Executive Team, including the local operational lead, to seek assurance. SB reiterated that Tees Esk and Wear Valleys NHS Foundation Trust were committed to the Vale of York and did recognise the need for further progress.

HE enquired about the CCG's level of assurance in respect of both mental health and learning disability services in view of the fact that data provided was retrospective and therefore hindered Practices from establishing improvement trajectories which required the "live" data owned by the CCG. She also noted the perspective of the Primary Care Networks not being provided with adequately granular data. SB responded that the CCG had issued data sharing agreements to Practices but to date not all had been signed and returned.

HE commended the mass vaccination 'flu initiative in the Central Locality but enquired whether funding to the Vale Practices for their 'flu campaigns had been adequately offset to avoid inequality in view of the differing approaches needed in rural and isolated communities. She noted impact on regular services as a result of 'flu vaccination being administered in Practices and also the context of the additional requirements due to COVID-19. SP advised that the 'flu campaign allocation had come from NHS England and NHS Improvement with specific criteria about its use. She emphasised that the CCG was working to ensure support for all Practices both within and outside of this allocation. RW concurred with HE and additionally sought assurance in respect of the digital access to the mass vaccination programme therefore potentially disadvantaging anyone who was not IT literate. MC advised that she would look into data for access to booking.

PM referred to the current and forthcoming pressures on the system and the

need for the Governing Body to have a holistic assessment. He highlighted the importance of the GP representatives raising any concerns about potential inequity to enable full consideration to take place.

MC highlighted the information in the report on the Continuing Healthcare Team especially commending their work on the discharge hub.

MC referred to the concerns previously reported to the Governing Body about proposed changes to the North Yorkshire County Council Healthy Child Service advising that the formal consultation had now been launched. She confirmed that these changes were in the context of the national reduction in funding. MC reported that the CCG would be submitting a formal response to the consultation and agreed to arrange for the CCG's Communication and Engagement Team to widely circulate the documentation to primary care to raise awareness.

In response to previous discussion about services to support adults and children bereaved by suicide, MC explained that national services appeared to be the only option. She advised that consideration was being given to a potential local offer.

MC sought and received agreement that the new risk relating to quality and safety in care homes be added to the Quality and Patient Experience Committee Risk Register.

The Governing Body:

1. 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;
 - provided assurance of the actions to manage the risks aligned to Governing Body;
 - cited members on the new risk identified which it was agreed should be aligned to the Quality and Patient Experience Committee Risk Register, namely:
 - Following the significant concerns at the care home closed (previous risk QN17) and entering into a second wave of COVID-19 and winter, there is a risk to quality and safety in other homes where usual oversight and assurance frameworks cannot be enacted.
2. Noted that DN would arrange a call with Tees, Esk and Wear Valleys NHS Foundation Trust regarding local concerns raised by RW.
3. Noted that MC would report on access to booking for the mass 'flu vaccination initiative in York.
4. Noted that MC would arrange for the North Yorkshire County Council Health Child Service consultation documentation to be widely circulated to primary care.

7. Risk Report and Board Assurance Framework

HN presented the report which, in accordance with the Risk Policy and Strategy, described four risks that required review by and escalation to the Governing Body from the Quality and Patient Experience Committee. The Governing Body was also asked to receive and review the refreshed strategic objectives and associated Board Assurance Framework to comment upon for finalising at the next Governing Body meeting acknowledging that these were likely to be interim in the context of reflecting the changing position of the NHS following the first wave of the COVID-19 pandemic.

MC provided clarification on the risks and mitigations: QN04 *Increased number of extended trolley waits in the Emergency Department breaching 12 hrs*; QN13 *Hepatitis B vaccinations for renal patients*; QN15 *Care Quality Commission Involvement in York Teaching Hospitals NHS Foundation Trust*; and QN18 *Potential changes to NYCC commissioned Healthy Child programme*. SB additionally noted that the risk report was still being developed in terms of its presentation.

It was agreed that MC and JH would further review the four risks outside the meeting and that the Quality and Patient Experience Committee would maintain oversight with updates provided to the Governing Body.

HN referred to the draft Board Assurance Framework, circulated late to provide the most up to date position and currently being developed through the Deputies Group. SB highlighted that the risks should emanate from the strategic objectives. Following discussion it was agreed that health inequalities should be incorporated in the context of assurance about equity and improving outcomes but with acknowledgement that this may not always be within the CCG's control. PM additionally noted the context of the Governing Body in the future local structure of the NHS.

In response to MC noting the request for consideration of whether members wished the Board Assurance Framework to be included with the main body of the meeting papers or circulated late to present the most up to date position, it was agreed that the former approach be adopted.

The Governing Body:

1. Approved the mitigations for risks QN04 *Increased number of extended trolley waits in the Emergency Department breaching 12 hrs*, subject to inclusion of the urgent care managed change as a mitigation; QN13 *Hepatitis B vaccinations for renal patients*; QN15 *Care Quality Commission Involvement in York Teaching Hospitals NHS Foundation Trust*; and QN18 *Potential changes to NYCC commissioned Healthy Child programme*.

2. Approved the direction of travel of risk and assurance process that the risk register would endeavour to only contain risks within the CCG's controls and ability to mitigate; the Board Assurance Framework would reflect system wide risks where the CCG was a party to the risk but could do little to mitigate it.
3. Requested the addition of a strategic objective to the Board Assurance Framework relating to health inequalities, equity and improving outcomes.
4. Requested that the Board Assurance Framework be circulated with the main body of the meeting papers.

SM joined the meeting

8. Counter Fraud Guidance for Primary Care

SB introduced this item presented in response to the Governing Body's request to support Practices more widely than that covered by NHS England and NHS Improvement in respect of counter fraud.

SM explained that the draft guidance, produced following a request from the CCG's Audit Committee, was intended to assist GP practices in the prevention and detection of fraud by providing information on:

- The definition of fraud and how it occurs
- The types of fraud that are found in GP practices
- How fraud can be prevented
- How and where to report suspicions of fraud

SM noted that, in the absence of national guidance, the local document had been developed and also noted the Local Counter Fraud Service as a conduit to support Practices. He sought feedback from members prior to the guidance being widely circulated.

Members welcomed and commended the guidance. SM advised that it had been the subject of a protected learning time session in October noting that advice on further opportunities to promulgate and promote the guidance would be welcomed. He also noted that it would be implemented across the areas supported by Audit Yorkshire.

The Governing Body:

Received and commended the Counter Fraud Guidance for Primary Care.

SM left the meeting

9. COVID-19 and Staff Risk Assessment

HN presented the report which described the CCG's response to the first wave of COVID-19 and risk assessment of all staff in addition to coordinating a response to NHS England and NHS Improvement for GP Practice staff assessments.

Three appendices related respectively to: the letter from NHS England and NHS Improvement requiring risk assessments for at risk staff; the COVID-19 Personal Circumstances Form (including BAME (Black and Minority Ethnic) risk assessment specifics); and Safety Assessment and Decision Score (2).

HN explained that there would be a reassessment in the event of changes to levels of risk and, in the context of the current 'lockdown', potential return to office based working would be informed by this information. HN also noted that the CCG had been asked to confirm to NHS England and NHS Improvement that Practices had carried out the risk assessment on their staff.

HE highlighted the fact that the model of GP Partners, i.e. self employed and employers also with responsibility for managing services, posed additional pressure and conflict of interest in terms of the risk assessment and the business continuity perspective. She also noted a number of Practices with partners of a BAME background.

Discussion ensued in the context of the CCG's assurance that Practices had undertaken the risk assessment but also recognition of the need for appropriate action and support to reduce risk to vulnerable individuals. The commitment to service continuity, recognition of the associated risk and the need for support amid the current challenges in primary care were emphasised.

The Governing Body:

Received the COVID-19 and Staff Risk Assessment.

10. Update on Work Relating to Physical Health Checks for People with Severe Mental Illness and with Learning Disabilities

DN referred to the updates on work relating to physical health checks for people with severe mental illness and with learning disabilities. She noted in respect of the former that the Practice which, at the time of writing the report, had been undecided had now signed up to participate in the 2020/21 Local Enhanced Service. In noting that all but two of the CCG's Practices had signed up to the Local Enhanced Service for Physical Health Checks for People with Severe Mental Illness, DN expressed appreciation for support from the Local Medical Committee and concern about inequality for patients at the two Practices.

Physical Health Checks for People with Severe Mental Illness

DN noted the context of COVID-19 in relation to performance in the first quarter of the current year of 24.7%, a reduction from the 30% in the previous quarter, and 22.6% for the second quarter of 2020/21. DN highlighted the importance of maximising opportunities to make every contact count for these patients.

In response to DN seeking members' views on how to ensure equity for patients at the two Practices not participating in the Local Enhanced Service and for the CCG's associated data requirements, detailed discussion included the potential

role of the relevant Primary Care Network(s) and the Governing Body GP representatives. HE additionally explained that Practices did not have timely performance data as in other areas of target related work therefore the full detail of reviews may not be visible. Practices were reliant on external data which was currently not being appropriately shared and which they required as part of the improvement process. HE detailed a potential solution as a search being created by NECS (North of England Commissioning Support) and imported to Practice systems. She also requested that consideration be given to Practices owning the data and passing it on to the CCG, not the other way round as at present. DN and SB agreed to discuss facilitation and support from the CCG's Business Intelligence Team for this.

AM added that the Local Medical Committee had endorsed the Local Enhanced Service as a pragmatic decision noting that, as previously discussed, they had felt the funding to be comparatively inadequate which may have contributed to a business decision being taken on the part of the two Practices not participating.

Further discussion included the many and varied pressures on Practices at the present time and the context of focus on need.

Physical Health Checks for People with Learning Disabilities

DN reported that quarter two data, available since the report had been written, was that 162 more health checks had taken place against the target of 181. She noted that this had resulted in c£22.5k income across the Practices who had submitted data and highlighted that further income was available, noting that these checks were therefore beneficial to both patients and Practices.

DN explained that of the seven Practices who had not submitted data, two had not signed up to the national Directed Enhanced Service and work was taking place with them to highlight the missed opportunity. The other five Practices had signed up but had not met the requirement to submit their Learning Disabilities List Size; this was being addressed.

DN additionally reported that work was taking place with Priory Medical Group and Dalton Terrace on their improvement plans and that the current video training for Practices would continue if it evaluated well. She also noted that any opportunity for submitting a bid to support Practices was being taken.

The Governing Body:

1. Received the update on work relating to physical health checks for people with severe mental illness and with learning disabilities.
2. Noted that DN and SB would look into addressing the data concerns detailed.

11. Winter Resilience Planning 2020/21 and 12. Surge Escalation Planning

NW reported that CA was no longer able to attend the meeting to present these items which would therefore be noted as received.

PM advised that long waits for elective treatment were a concern across the Humber, Coast and Vale Integrated Care Partnership, notably at Humber Teaching Hospital NHS Foundation Trust but also at York Teaching Hospital NHS Foundation Trust. He noted there would be a focus on providing all possible support in this regard and that the Governing Body would be kept informed.

PM also noted the potential for the York Hospital site to be impacted as a result of demand on beds at Scarborough Hospital.

The Governing Body

Noted as received the reports on Winter Resilience Planning 2020/21 and Surge Escalation Planning.

FINANCE

13. Financial Performance Report 2020/21 Month 6

SB presented the report which described the 'true-up' to a break-even position for August and the expectation that the same would apply for the £3.58m September overspend, noting this as the last month of the national interim financial arrangements. He also highlighted the level of this non recurrent funding in the context of the CCG's underlying £26.7m deficit and the 2020/21 break-even forecast, noting that confirmation of the month 6 'true-up' to break-even was not expected until early December due to the national scrutiny of submissions.

SB reported the return to a fixed resource financial regime for the second half of the year which took into account supplementary costs relating to COVID-19. He noted three areas of risk: continued pressure on prescribing budgets, Independent Sector activity as part of the Waiting List Recovery Programme and Phase Two of the Hospital Discharge Programme. The latter two areas being subject to additional national resource which was in the process of being clarified.

SB explained in respect of the waiting list recovery programme that additional capacity offered by Independent Sector providers for elective activity would be centrally funded where it was part of a national contract, or national framework contract agreed locally.. However, clarification was awaited as to whether funding would be available for capacity at providers who were not registered, including local organisations of surgeons recognised as being able to offer weekend and evening work. He added that this did not apply to ophthalmology or endoscopy as these specialties were outsourced at recognised providers. In all cases SB advised that outsourcing in all three areas was happening in the absence of absolute clarity around funding, but that this would be reviewed and potentially revised on a monthly basis as reimbursement either did or did not happen.

SB advised that Phase Two of the Hospital Discharge Programme was expected to be cash limited, unlike the first phase. He noted that the CCG was working closely with City of York Council on predicted costs for the remainder of the year but that additional staffing arrangements were being put in place to aid discharge using the available funding.

SB explained that most specific COVID-19 support had ceased but that providers continued to have access to a central PPE resource. He added that the impacts on the current finance arrangements of the move to national stage 4 arrangements, the current 'lockdown' and the COVID-19 trajectory were currently unknown.

SB additionally referred to the achievements of the CCG in terms of system and culture change, highlighting the break-even position in 2019/20 for the first time since 2014/15 and the need for awareness that the response to the pandemic, while understandable, may have an impact on aspects of these improvements. He also emphasised the need for the progress with transformation programmes prior to the pandemic to be maintained whilst recognising the challenges on the system.

DB assured members that the Finance and Performance Committee would continue its role in maintaining the CCG's integrity and system stance but with protection of health care for the Vale of York population. He also noted the CCG's net contribution to the system to ensure each organisation could plan to deliver break-even in 2020/21.

In response to CS seeking clarification about the continuing deficit in the prescribing budget in view of the recognised good practice in Vale of York in this regard, SB explained that the CCG under the pre-COVID finance arrangements was one of the lowest funded per capita in the North East and Yorkshire and the challenge was to continue to improve further. He also explained the prescribing growth assumptions were advised nationally but with local application and savings ambition. CS offered clinical input to support this work.

The Governing Body:

Received the 2020/21 month 6 Financial Performance Report.

COVID-19 UPDATE

14. Update

MC referred to the return to national 'lockdown', pressures on acute trusts and the local increase in demand relating to COVID-19 symptomatic patients.

MC referred to the national COVID-19 discharge guidance and explained that work was taking place across North Yorkshire and York to expedite safe discharge of patients who were still within the 14 day infectious period; designated beds were required to be notified to the Care Quality Commission. Peppercourt, York, had been identified for patients with residential care needs but a site, potentially in Scarborough, for patients needing nursing care was still under consideration. MC noted that clarification was being sought from the Care Quality Commission regarding the potential for patients to be discharged to their regular care home where isolation facilities were available and also about end of life care. Additionally, a system response was required for discharge of patients who had tested negative for COVID-19 but were being treated as positive.

MC noted that the CCG was supporting primary care to implement lessons learnt from the first wave of COVID-19 and referred to recent guidance increasing extended use of face masks based on risk assessment. She also emphasised the need for strict social distancing.

With regard to testing MC highlighted the move to regular testing of all primary care staff whether or not they were symptomatic which placed additional pressure on Pillar 1 testing capacity. She noted that Pillar 2 testing had improved following national issues and advised that testing capacity in York had been increased, notably at the University.

MC reported discussions were ongoing to meet the requirement for mass vaccination plans by 1 December and noted that SS was the Senior Responsible Officer for York. The first priority groups for vaccination would be the over 80s and frontline staff NHS and care staff.

SS referred to the fact that York had been placed in Level 2 restrictions due to an increase in cases of COVID-19 but noted that rates had now fallen significantly in response to the work undertaken. This downward trend was being sustained and York was now lower than the regional and national levels in terms of numbers of cases per 100,000. Rates of positivity were lower than the regional level and similar to the national level with decreases across all age groups but notably 18 to 30.

In respect of outbreaks, SS noted confirmed cases in three care homes and five schools in York and further outbreaks in North Yorkshire.

SS reported that the local contact tracing service in York, which was reaching 80% of contacts, was operating in support of the national service. She noted that North Yorkshire's contact tracing service was "going live" the following week.

SS explained that a number of test options were being explored in addition to the current capacity at Askham Bar and the University, including the new rapid LAMP test. She also noted potential additional capacity for both York and North Yorkshire as a result of work with Deloitte and the Department of Health and Social Care emphasising the context of ensuring access to testing for both staff and residents.

SS reported that Pillar 1 and Pillar 2 testing was now being merged nationally. This would provide greater flexibility to access local testing.

SS noted that it was too soon to assess impact of prevalence on hospital activity and advised that there had recently been three COVID-19 deaths among York residents.

The Governing Body:

Noted the update.

RECEIVED ITEMS

The Governing Body noted the following items as received:

15. Executive Committee chair's report and minutes of 7 and 14 October 2020.
16. Quality and Patient Experience Committee chair's report and minutes of 8 October 2020.
17. Medicines Commissioning Committee Recommendations of 10 June, 8 July and 9 September 2020.
18. **Next Meeting**

The Governing Body:

Noted that the next meeting would take place at 9.30am on 7 January 2021.

EXCLUSION OF PRESS AND PUBLIC


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.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 5 NOVEMBER 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	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
2 April 2020	COVID-19 update	<ul style="list-style-type: none"> Review learning on the part of both teams and organisations 	All	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
5 November 2020	Quality and Patient Experience Report	<ul style="list-style-type: none"> • Call to be arranged with Tees, Esk and Wear Valleys NHS Foundation Trust regarding local concerns • Report on access to booking for the mass 'flu vaccination initiative in York. • North Yorkshire County Council Health Child Service consultation documentation to be widely circulated to primary care 	DN MC MC	
5 November 2020	Risk Report and Board Assurance Framework	<ul style="list-style-type: none"> • Strategic objective to be added to the Board Assurance Framework relating to health inequalities, equity and improving outcomes. 	MC/HN	7 January 2021
5 November 2020	Update on Work Relating to Physical Health Checks for People with Severe Mental Illness and with Learning Disabilities	<ul style="list-style-type: none"> • Data concerns to be looked into with Business Intelligence Team 	SB/DN	

Item Number: 5	
Name of Presenter: Phil Mettam	
Meeting of the Governing Body Date of meeting: 7 January 2021	 Vale of York Clinical Commissioning Group
Report Title – Accountable Officer’s Report	
Purpose of Report <i>(Select from list)</i> For Approval	
Reason for Report To provide an update on a number of projects, initiatives and meetings that have taken place since the last Governing Body meeting along with an overview of relevant national issues.	
Strategic Priority Links <input checked="" 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 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 <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"/> Data Protection Impact Assessment <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Sustainability Impact Assessment	

Risks/Issues identified from impact assessments: N/A

Recommendations

The Governing Body is asked to note the report and to approve recommendations related to governance and assurance issues (5.2 and 5.3)

Decision Requested (for Decision Log)

Responsible Executive Director and Title	Report Author and Title
Phil Mettam Accountable Officer	Sharron Hegarty Head of Communications and Media Relations

GOVERNING BODY MEETING: 7 JANUARY 2021

Accountable Officer's Report

1. Local and system financial position

- 1.1 The CCG received the final retrospective allocation relating to the first half of the year (£3.6m) in November. This means that, as anticipated, the CCG has been retrospectively topped back up to a break-even position for April to September 2020 and all variances at that point have now been offset in full by this.
- 1.2 The CCG's financial plan for the remainder of the year is for this break-even position to continue, subject to two specific funding streams in primary care, one of which has now been received as planned for £318k. This means that we are only expecting variances in relation to the central funding for Additional Roles for which funding is to be reclaimed retrospectively when actual spend incurred is higher than the CCG baseline.
- 1.3 Overall, the North Yorkshire and York sub-system plan is for a breakeven position and although there are some risks within this, our partner organisations are currently anticipating absorbing these based on what we currently know.
- 1.4 There are also some incredibly positive developments in terms of our continued work with system partners that we hope will make a real difference to how we go about our work and improving the experience for our population:
- i) We have worked with North Yorkshire CCG and North East Commissioning Support, who have been able to make available an investment fund to enhance the Primary Care Data Quality contract for both Learning Disability / SMI Health Check and SEND Regular Reporting.
 - ii) Tees, Esk and Wear Valleys NHS Foundation Trust has identified to us and made available additional non-recurrent resource to target significant improvements in tackling the CCG's Adult Autism and ADHD waiting list and we are working up plans again with North Yorkshire CCG as another example of partnership working.

2. System restoration and recovery in the era of COVID

- 2.1 The CCG and all of its partners continue to respond to the COVID-19 pandemic, supporting the delivery of services and care to local people. The past month has been particularly challenging for all local staff and

organisations as they worked together to plan and escalate for a second surge of COVID-19 and provide mutual aid to each other where they can.

- 2.2 The resilience of the whole local workforce is critical in the continued delivery of care to the populations across the Vale of York and the Humber, Coast and Vale Integrated Care System (ICS), and the ICS has now established a Resilience Hub to provide support to all staff.
- 2.3 Similarly, the CCG is considering how to provide support for our patients who are waiting on long waiting lists for elective care. Cancer care and urgent and cancer surgery continue to be prioritised during COVID-19 surges and the CCG is working with the ICS to optimise all local diagnostic and elective care capacity available, supporting patients to take up their scheduled surgery.
- 2.4 The local health and care system is now planning for a third wave of COVID-19 in the new year and reflecting on its escalation and management of the second wave in order to continue to protect precious restored elective capacity and support the management of patients out of hospital. All of this progress, alongside the mobilisation of the largest vaccination programme ever undertaken in the UK, alongside the pressures on primary and urgent care continues to be significant in order to manage patients at home and in the community when discharged.
- 2.5 All partners are also beginning to refresh their priorities and plan for 2021-22. This work, known as Phase 4, will support improving outcomes for local people and assess on how recovery to date has restored access to services and impacted on health inequalities in the local population.

3. Primary Care Protected Learning Time

- 3.1 The next in our series of protected learning time sessions for primary care takes place as a virtual event on the 27 January 2021. We are looking forward to another informative and positive event.

4. Better Care Fund (York area)

- 4.1 The government published a short statement on 3 December 2020, confirming that the Better Care Fund (BCF) will continue for a further year. It also stated that the Policy Framework and Planning Requirements for this will be published early in 2021.
- 4.2 In anticipation of the national timeline, York Health and Wellbeing Board has received a very brief report on next steps in time for a discussion at its next meeting on the 6 January 2021. The agenda and reports for the meeting are available at <https://democracy.york.gov.uk/documents/g12570/Public%20reports%20pack>

- 4.3 As this will be the third, successive, single year plan, the council and CCG intend to review the York BCF to ensure we are achieving the right outcomes and the best value from the pooled investment. This review will be initiated early in the new calendar year, ideally once government direction has been set, but not waiting if that is delayed. The timeline for the review and the timeline for further confirmation of financial commitments to schemes will be set out in early January, with the aim of the final plan being agreed well ahead of the start of the new financial year in April 2021.
- 4.4 As a result, the current ongoing commitments are assured to continue for Q1 of the new financial year, extending contracts until 30 June 2020 as a minimum period. This temporary extension is to allow for the review to be carried out as a matter of urgency early in 2021, coinciding with government publications.
- 4.5 The discussion at the meeting on 6 January 2020 offers an opportunity for the health and wellbeing board members to consider the review and set future direction of integrated health and care in York, and will take place in the context of a wider meeting agenda for example on mental health and wellbeing and population health management. This approach also allows us to take account of the impact of COVID-19 and system-wide financial pressures when planning ahead.

5. Governance and assurance

- 5.1 The CCG remains a statutory organisation with statutory requirements until at least April 2022. The organisational change consultation process has not commenced yet and as such the Governing Body remains responsible for the good governance of the organisation. Until there is legislative change the Governing Body remains responsible and requires assurance that the CCG continues to perform its statutory functions including where these are shared with another body.
- 5.2 The CCG is starting to work to align policies, for example HR policies wherever possible on a larger footprint and, where suitable, to share functions such as Freedom of Information and Information Governance. It is recommended that the Governing Body considers seeking of assurance from the Executive Team that these matters continue to be managed appropriately in April 2021 and defer reviews of matters such as the Risk and Assurance Strategy and Policy and Committee Terms of Reference until that time.

- 5.3 The CCG's is required to review its committee's Terms of Reference on an annual basis and this has now been completed. To ensure committee meetings can remain quorate when a clinician is unable to attend, the Governing Body is asked to approve that a nominated Deputy is an accepted replacement for clinical members.
- 5.4 From the 23 December 2020 the CCG is required to complete a daily EU Exit return. The ongoing exit strategy developments and agreements are expected to focus and facilitate a verbal discussion with Governing Body members at the meeting.

6. Recommendation

- 6.1 The Governing Body is asked to note the report.

Warren Brown
warren.brown1@nhs.net

Mr Phil Mettam
Accountable Officer
NHS Vale of York Clinical Commissioning Group
West offices
Station Rise
York
Y01 6GA

21 December 2020

Dear Phil,

NHS Vale of York Clinical Commissioning Group – Removal of Directions

I am writing further to the Directions applied to NHS Vale of York Clinical Commissioning Group (“the CCG”) using NHS England’s powers conferred by section 14Z21 of the NHS Act 2006 (as amended), on 5 November 2019. At that time the North East and Yorkshire (NEY) Regional Support Group (RSG) judged it appropriate that it should use its statutory powers of intervention to ensure that the CCG addressed a number of specific issues.

The CCG was placed under legal directions on 5 November 2019 primarily as a result of issues with financial planning and delivery. The Directions succeeded those in place since 2016/17 when these financial issues initially began to play out.

The financial issues driving the need for the Directions agreed on 5 November 2019 sit alongside challenges with effective working within the local system to support effective system planning and delivery and some more internal leadership/governance issues.

In line with the ‘sunset’ clause that forms the statutory basis for all CCG Directions, these apply for 12 months from the date of commencement (5 November 2019) until they are varied or revoked by NHS England and NHS Improvement. In line with this requirement the December 2020 NEY RSG considered evidence in relation to whether the requirements of the Directions had been met or not and determine whether these should be varied or revoked.

The decision taken was that the Directions would be revoked which this letter formally confirms.

The key evidence informing this decision was:

- Improved financial delivery including delivery of 2019/20 financial plan;
- Submission of Long Term Plan and 2020/21 operational plan which was compliant with planning business rules over the period. This Long Term Plan delivered a surplus over Yrs 2-4 repaying a level of the cumulative debt;



- Improved financial planning and delivery during 2020/21 and compliance with the North Yorkshire system envelope;
- Compliance with the requirements of the directions the prompt provision of information requested by the Board and making senior officers available to meet with the Board;
- Leadership and governance developments taken by the CCG;
- Progressing the development strategic system plans to address Scarborough locality service and financial challenges.

It is recognised that there remains a sustainability challenge for the York and Scarborough health and care system which the delivery and governance improvements made so far should support further progress being made.

We are aware the removal of Directions will be an important update for the CCG and the actions taken by the leadership to effect these improvements is appreciated by the NHS England and NHS Improvement leadership team who I represent in providing this update.

Please can I pass on our thanks to you, your colleagues at the CCG and wider system for all your efforts over the past year to secure a much more resilient position.


Yours sincerely,



Warren Brown
Director of Performance and Improvement
North East & Yorkshire

cc Richard Barker, Regional Director NHSEI
Tim Savage, Regional Director of Finance, NHSEI
Foluke Ajayi, Locality Director, Humber Coast and Vale ICS



Item Number: 6	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body Date of meeting: 7 January 2021	 Vale of York Clinical Commissioning Group
Report Title – Quality and Patient Experience Report	
Purpose of Report <i>(Select from list)</i> For Decision	
<p>Reason for Report – The purpose of this report is to provide the Governing Body with an exception report on the quality and safety of NHS Vale of York CCG commissioned services and a full update regarding risks aligned to the committee.</p> <p>The exception report will focus upon:</p> <ul style="list-style-type: none"> • Support to Independent Care Providers • Vaccination progress for both Covid 19 and Seasonal Flu • Mental Health: with focus upon progressing actions relating to Dementia and proposals under development for combining Quality and Assurance approaches across NHS North Yorkshire (NY) and NHS VoY CCGs • Health Care Acquired Infection (HCAI) – providing an update upon the covid-19 outbreak at Scarborough and York hospital • Serious Incidents – providing a progress update relating to the Serious Incident Quality Improvement Programme in York Teaching Hospital Foundation Trust (YTHFT) • Patient Experience • Communications and Engagement – providing an overall update and news of NHSE awarding the NHS VOY CCG a ‘Green Star’ rating for public engagement • Research • Care Homes and Adult Safeguarding • Care Quality Commission Update (CQC) 	
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"/> 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 type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	
Emerging Risks	
<p>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. Risks to quality and safety related to consultation on changes to the NYCC Healthy Child Programme. Risks to the Independent Care Sector with increased demand on resource and capacity relating to testing and delivery of Covid 19 vaccinations by Primary Care.</p>	
Impact Assessments	
<p>Please confirm below that the impact assessments have been approved and outline any risks/issues identified.</p>	
<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	
<p>For Governing Body to accept this report for assurance and mitigation of key quality, safety and patient experience issues.</p>	
Decision Requested (for Decision Log)	
<ul style="list-style-type: none"> Governing Body is requested to determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services. 	

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 Sarah Fiori, Head of Quality Improvement and Research.
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1. PURPOSE OF THE REPORT

The purpose of this report is to provide the VoY Governing Body with an exception report on the quality and safety of our commissioned services.

The exception report will focus upon:

- Support to Independent Care Providers
- Vaccination progress for both Covid 19 and Seasonal Flu
- Mental Health: with a focus upon progressing actions relating to Dementia and proposals under development for combining Quality and Assurance approaches across NHS N Y and NHS VoY CCGs
- HCAI – providing an update upon the covid-19 outbreak at Scarborough Hospital
- Serious Incidents – providing a progress update relating to the Serious Incident Quality Improvement Programme in YTHFT
- Patient Experience
- Communications and Engagement – providing an overall update and news of NHSE awarding the NHS VOY CCG a ‘Green Star’ rating for public engagement
- Research
- Care Homes and Adult Safeguarding
- Care Quality Commission Update (CQC)

2. SUPPORT TO CARE HOMES

Significant focus during November has been the continued support to Independent Care Providers both proactively and also in quick response to those reporting Covid 19 outbreaks in particular. This includes the Hospice and Domiciliary Care agencies.

As incidence has risen within the geography the Nursing & Quality Team have supported more care settings such as domiciliary care and supported/ independent living.

In collaboration with North Yorkshire County Council (NYCC) and the Community Infection Prevention & Control Team (IPC), the Nursing and Quality Team have conducted assurance visits both virtually and face to face to ensure Care Homes have all the support they require to prevent and minimise potential outbreaks. It is aimed that by the beginning of December all of the NYCC homes will have received a visit.

The Quality & Nursing Team are also making use of the assurance tool when visiting care settings within the City of York and sharing findings with Local Authority colleagues.

Daily calls continue with Local Authority colleagues and Public health at the Care Home Resilience Gold Call each morning for strategic overview and decision making and at lunchtime with CYC and Public Health on the Testing Priorities meeting. This enables the Quality & Nursing Team to have engagement and provide contribution/ support where required across the patch. In care settings where outbreaks have been identified the Contributory Factors Framework is used to identify areas for learning but also to facilitate sharing of good practice. The tool is also useful as an aid for identifying opportunities to support settings even if an outbreak has not occurred and can be a conversation opener to tailoring a relevant support package. The tool has been adopted by CCGs in both Bradford and Sheffield and shared at the Patient safety Collaborative regionally. The Quality & Nursing Team have extended the offer of support to Personal Assistants and a leaflet inviting staff to join the 'Partners in Care' or access the team has been shared.

The work undertaken by the team regarding the use of softer signs tool ('Stop and Watch') in care homes and domiciliary providers – 'Reducing avoidable harm, enhancing clinical outcomes and improving the experience of deteriorating residents in the community' was shortlisted for the Nursing Times (NT) Awards in the Care of the Older Person category and the team celebrated being finalists at the Virtual, 30 year NT anniversary ceremony.

As new priorities emerge the team are working hard to support implementation such as the requirement for lateral flow device testing (LFD Test), planning for the Covid 19 vaccine and covid oximetry@home programme. These are all significant programmes of work which the NHS VOY CCG is working closely with colleagues across the system to ensure successful delivery is achieved.

Work across the system continues to support flow and the Capacity Tracker now includes partners from Domiciliary Care and Independent/ Supported Living. This will increase oversight of the system and provides vital information relating not only to capacity but business continuity of organisations. The YTHFT Discharge Command Centre continues to work closely with Independent Care Providers to ensure safe discharge.

The Quality & Nursing Team have worked on increasing awareness of the need for 'every contact counts' by Health and Care professionals when visiting residents in a care setting. To prompt colleagues a 'aide memoir' to prompt individuals to report any issues has been formulated. Trialled by the Nursing staff it aims to help staff articulate issues with the setting that they may want to report/ escalate to line managers or indeed safeguarding. This approach is recommended to be rolled out. NYCC, Bradford CCG and Sheffield CCG have all expressed an interest in adopting this approach which is encouraging. QPEC has endorsed the document (**appendix 1**)

3. VACCINATION

COVID-19 Vaccination Covid Vaccines have now started to be delivered following procurement by NHSE. The first sites in the UK will begin to receive over the following weeks. This is a fluid situation and is an evolving picture daily.

NHS VOY CCG are working closely with NHSE/I to identify designated sites and once approved by NHSE will be given 10 days' notice to stand up. Hospital Hubs have also been set up across the country to support the effort. All plans are reliant on availability of vaccine and which vaccine is received. The priority groups can be found here:

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020>

The risks currently being considered are the impact on primary care capacity, consent issues particularly relating to those who do not have the capacity to consent, safeguarding issues, training requirements, communications, workforce, logistics of delivery and administration. In addition there may be impact on other services as general practice may not be able to continue routine services at the same time.

Is it imperative that people take up the offer of the flu vaccine as this cannot be given within 7 days of the Covid-19 vaccine.

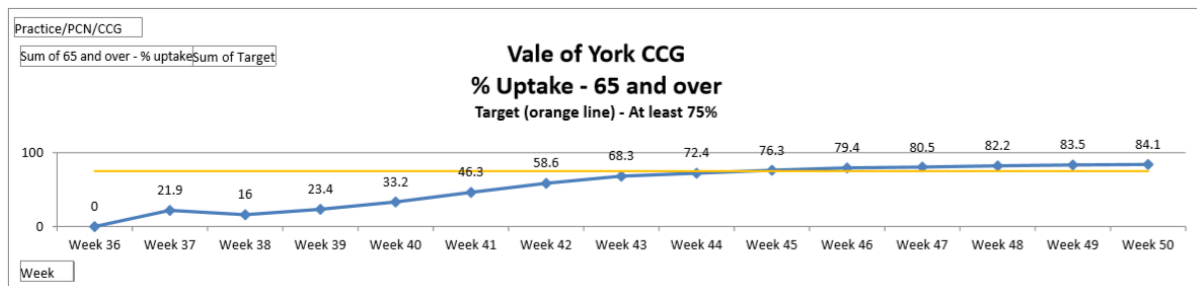
Flu Vaccination Program Progress

Flu vaccination program normally starts in September and aims to vaccinate as many patients by the commencement of the main flu season and continues through until March.

The aim this year has been to vaccinate as many eligible patients by the end of November to protect as many prior to the 'Flu season' and also to ensure vaccination prior to the possibility of covid vaccinations being available.

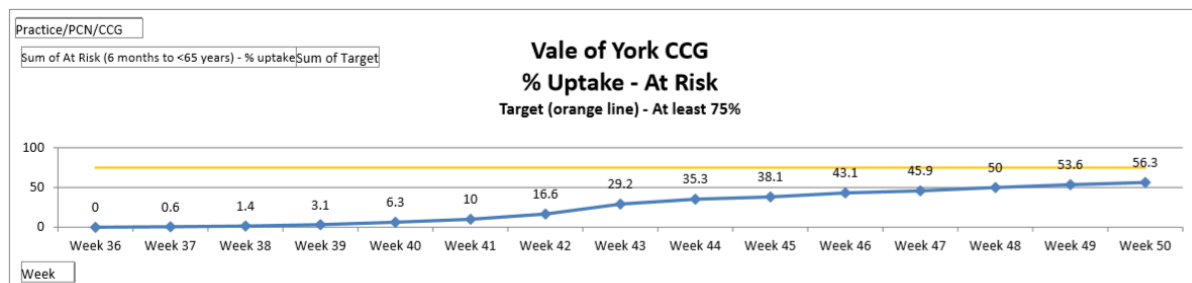
The following tables are extracted by eligible cohorts from Immform, which may create a lag in data. Therefore delivery is likely to be higher than the following tables report.

Over 65 Years



All practices have achieved or exceeded the target of 75% for vaccine delivery. This is a significant attainment at this stage in the Flu program.

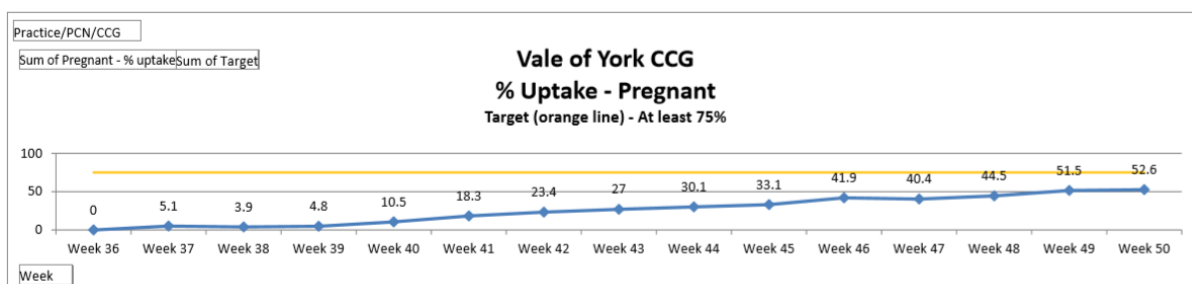
At risk – All



At risk groups are those with a health condition such as Diabetes, Respiratory and Cardiac conditions, immunocompromised etc

Immform has been scrutinised further and identified a higher rate of 'vaccine declined' in this group as it covers all age ranges. This accounts for the lower attainment rate.

Pregnant Women

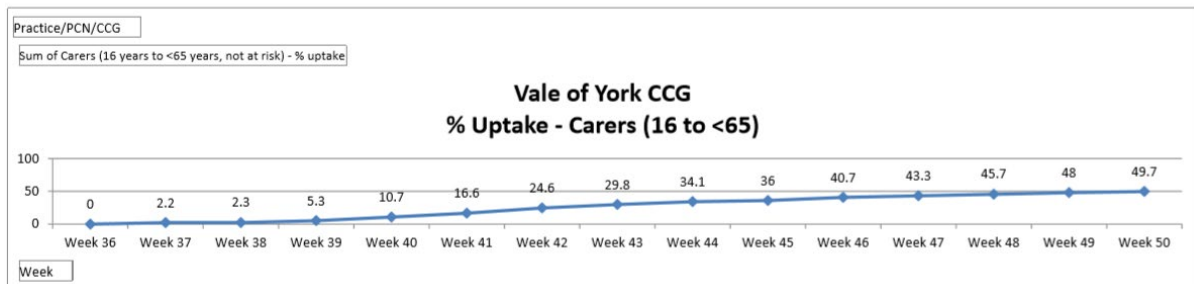
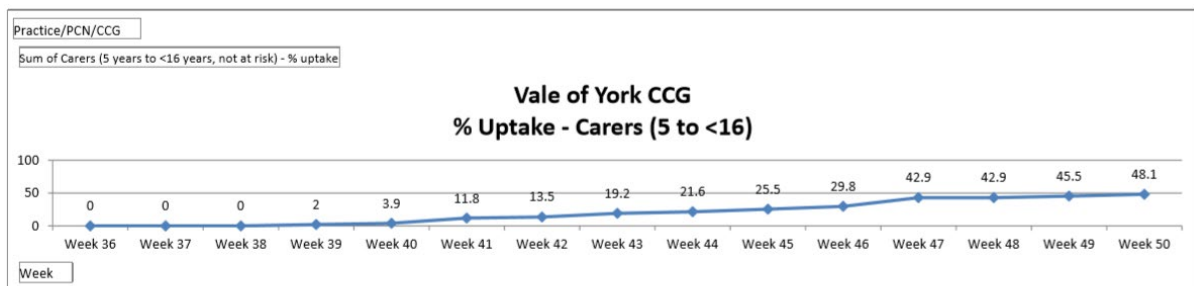


There are consistent challenges in ensuring the accurate denominator for pregnant women which results in the % vaccinated reported as low. The denominator is impacted by how quickly practices are notified that a woman is pregnant (and subsequent point at which the woman gets vaccinated) and how quickly a practice is notified that a woman is no longer pregnant.

The VOY CCG has worked with York Maternity Services and Practices to increase general communications for all pregnant women to take up vaccination. This has included a video by York Hospital Head of Midwifery which has been promoted through mutual social media. York Maternity Services have text all pregnant women advising of the need/ benefit and methods for vaccination.

There is significant variability amongst practices and therefore the need to understand this variability further.

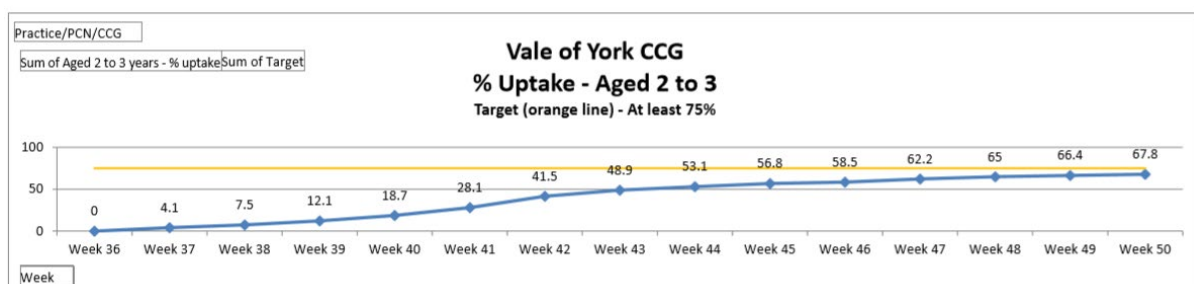
Carers



This is a new eligible cohort. There is a range of vaccination by Practice from 0% to 100%. This is dependant upon carers being 'registered' as a carer and whether they may also be classed within another category i.e. may also be recorded in over 65yrs or at risk themselves.

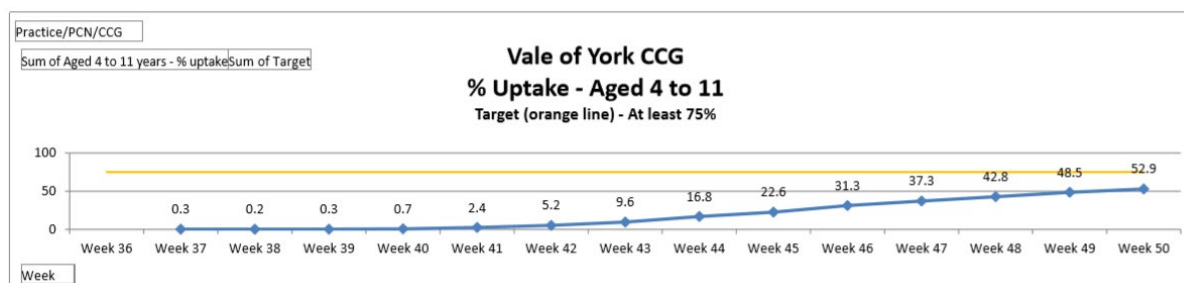
The NHS VOYCCG has worked with York Carers to promote the vaccine through a range of charities and carers organisations / networks

Children - ages 2-3yrs.



This cohort of children are vaccinated at GP Practice (Cannot be undertaken via community pharmacy) via nasal spray.

School age children



An additional year (Year 7) is now included in the vaccination program.

These vaccinations are undertaken via the school visiting service and administered via nasal spray. Teams are on track to have visited all schools by the end of this school term. Additional visits have been undertaken as needed due to classes or school years needing to isolate. Mop up visits will take place as needed in January.

'Housebound' patients

A request has been made to Practices to contact remaining 'housebound' patients to determine whether they fulfil criteria for a visit or if they are indeed able to attend a Practice or Community Pharmacy. Ensuring validity of housebound lists will also be crucial in the logistical approach to covid 19 vaccinations.

Drug and Alcohol services

Spectrum are undertaking vaccinations for people with drug and alcohol addiction. Visits are scheduled to hostels and Navigator patients in the coming weeks.

50-64Years

Practices are now invited patients 50-64 years for their vaccination. There is not a target factor aligned to this age group and determination as to when the program could commence has been determine by vaccine availability.

Health and Social Care Staff

Protecting staff against flu is not only essential to staff wellbeing and business continuity through avoidance of staff sickness, it is also essential for avoidance of transmission to vulnerable patient groups.

Vaccination remains personal choice and is not mandated.

Providers have been requested to achieve 80% of staff vaccinated by the end of November. Across our main providers (Primary care, YTHFT, TEWV) the range for vaccination is between 60-80%.

CCG Staff have been offered vaccination through either the mass drive through at Askham Bar or via a community pharmacy.

There has been greater challenge in staff vaccination for care homes with on average only 50% of staff vaccinated. This has been impacted due to the main source of vaccination being through community pharmacy which ran out of supplies mid October. Although staff have been advised they can attend their own practice for vaccination, this remains a challenge and does not appear to have increased rates.

The Care Home Capacity Tracker is able to provide updates on current vaccination numbers which the Quality & Nursing Team are actively monitoring and offering targeted support where required.

Community pharmacy is now receiving stocks.

Actions moving forward

- The NY Screening and Immunisation Coordinator plans to contact practices where they appear to be an outlier to further understand any challenges or actions required to improve rates – particularly for 2-3 years and pregnant women.

Summary

The data available demonstrates the significant effort made for vaccination. The levels of vaccination already achieved are higher than is normally achieved at normal flu vaccination years.

There is increased focus to understand and support vaccination for areas with lower rates.

4. MENTAL HEALTH

Dementia

The CCG has been successful in securing winter pressures funding to commission a Dementia Care Coordinator for the City of York. This is a new post which will start in December for the next 12 months.

Pivotal to this role is ensuring patients are identified, discussed and treated to evidence based standards in accordance with agreed Care Plans. In particular the

role will raise the proactive input from Primary Care at all stages and provide a clear and accessible point of contact for guidance, support and navigation. This project will be fully integrated into local service delivery, encompassing the contributions from health, social care and the voluntary agencies. This post will learn from, and build on the work undertaken by Dementia Care Coordinators in Selby Town and South Hambleton & Ryedale Primary Care Networks.

CQC

Remote Mental Health monitoring visits have been taking place across various wards within Foss Park Hospital, York.

These have involved virtual calls with staff, patients and families (where appropriate).

These have been reported through Contract Monitoring Board with no immediate areas of concern identified.

Quality and Performance Assurance and Delivery

A revised approach to Quality and Performance Assurance is being considered across NHS NYY CCG and NHS VOY CCG footprint. The aim is to have one meeting across the footprint to avoid duplication and enable 'one conversation' regarding services. Out-with this mechanisms to retain 'local' conversations regarding services, issues and developments would be retained.

5. HEALTHCARE ACQUIRED INFECTIONS - Covid 19 outbreak at Scarborough and York Hospital

An outbreak of Covid19 has been ongoing since 26th October 2020 at Scarborough Hospital. A significant patient and staff testing programme has been undertaken which is monitored by the Daily Outbreak Control Meetings which have been held and attended by a NHS VOY CCG representative. Duty of Candour Letters have been sent by the Trust to affected patients and GP's have been notified.

Public Health England are working with the Trust to understand the outbreak chronology and advise when the outbreak can be declared closed.

6. SERIOUS INCIDENTS (SIs)

The Serious Incident Team is working closely with the acute trust in a large quality improvement programme to redesign the way in which incidents are reported, processed and ultimately learning shared and practice improved. This is a

welcomed piece of work and demonstrates a positive example of engagement and collaboration with Trust colleagues.

7. PATIENT EXPERIENCE UPDATE

Vale of York CCG Complaints

7 complaints were registered in the CCG between April and September 2020, compared to 26 in the same period last year. However, this is not unexpected due to the Covid-19 pandemic this year, when usual activity, including Continuing Healthcare (CHC) assessments/reviews, was suspended or reduced.

100% of the complaints were acknowledged within 3 days (in accordance with the NHS complaint procedure). 100% of the closed complaints were responded to within the allocated timescale of 30 working days.

1 CHC complainant came back dissatisfied with the CCGs initial response as they did not agree with the regulation regarding PHB funding; however, this did not change the outcome.

Specialty/Area	No. of complaints	Outcome after investigation
Continuing Healthcare	2	1 upheld 1 not upheld
Patient Transport Service	2	2 upheld
Patient Choice/Referral	1	Not upheld
Meds Management (repeat prescribing)	1	Partially upheld
IVF commissioning policy	1	Not upheld

Learning from feedback

The CCG values all types of feedback about its business and where possible will use it to good effect; examples of actions for improvement are reported here.

The regular CHC and Patient Relations review meeting has been reinstated from November 2020 (postponed during the pandemic). The Patient Experience Lead and CHC Clinical and Administration Team Leaders review current cases, identify where learning is required and that actions have been implemented and evidence sought where possible. They also review any cases with the potential to escalate to complaints and consider whether steps can be taken to try and resolve any issues early.

Recent actions for improvement include:

- a holding letter to be sent to families whose CHC appeal meetings have been delayed due to the pandemic apologising, thanking them for their continued patience and advising of expected timescales
- amendment to the template letter for joint funding to include reference to the appeal process

- alerts added to two patient records to try and ensure that their communication needs are met consistently by all members of the team

Parliamentary & Health Service Ombudsman (PHSO)

The PHSO is the second and final stage of the NHS complaints procedure for complainants who remain unhappy with the NHS organisation's attempts to resolve their complaint.

The PHSO paused their work on NHS complaints from 26 March to 1 July 2020 to help the NHS focus on tackling the coronavirus pandemic. They are now accepting new NHS complaints and progressing existing ones. We have not been notified of any CCG cases referred there.

Vale of York CCG Concerns

356 concerns/enquiries were managed by the Patient Experience Lead during the 6 month period. These cover a wide ranging variety of topics, some of which are complex cases requiring investigation. This figure does not include the daily contacts where straightforward information and advice was given, as these are not recorded.

8. COMMUNICATIONS AND ENGAGEMENT

NHSE awards CCG 'Green Star' rating for Public Engagement

We are pleased to announce that NHS Vale of York CCG has been nationally recognised as involving patients and the public in their work with an awarded the highest accolade of 'Green Star' rating from NHS England.

The rating is prepared for annually as part of the national CCG Improvement and Assessment Framework (IAF), using the Patient and Community Engagement Indicator to assess how well a CCG has involved the public and demonstrated a commitment to supporting continuous improvement in public participation. A robust, and improvement focused, process of national assessment was carried out for 2019/20 to reach final RAGG* rating scores for individual CCGs.

The 2019-20 rating has been awarded after scores were collated from five assessment criteria including equalities and health inequalities, feedback and evaluation, day-to-day practice, annual reporting and governance.

Listening to our community – Healthwatch North Yorkshire's Covid-19 briefing

The latest Healthwatch North Yorkshire report captures the experiences and stories of people from across the county from July- November 2020. The report from the new CEO, Ashley Green, reflects the ever changing circumstances and services of

our health and social care system, its response to the pandemic and the impact upon our population. The key findings are as follows:

- Positive stories of how people, for example, have become more familiar and confident with online health consultations as a means of communicating with their GP or nurse, as well as healthcare professionals themselves becoming better at delivering and providing these services.
- Local community support organisations across the county have adapted their services to meet the changing needs of the public whether that is around transport, digital support, or community engagement. The work of volunteers from a variety of organisations has made an incredible impact during the pandemic.
- People were reassured by those responsible for commissioning health services that they would be able to continue getting the help they need as the winter season approaches.
- Still much more to be done to ensure that all people have the right means of access to health care support and information tailored to their needs, whether that is digital or face-to-face.
- With face-to-face contact being reduced, many appointments were cancelled or rescheduled at the start of the pandemic. Delays continue and some people still have to wait for a significant period of time before getting an appointment.
- Care has been disrupted, resulting in patients not receiving their treatment. This has obviously impacted on people's health and wellbeing.

Urgent care transformation: Overview and scrutiny committees

As part of the formal engagement for the Urgent Care Transformation Project the CCG had meetings with the Health Scrutiny Committees on 2 October (City of York Council), 6 October (East Riding Council) and 21 October (North Yorkshire County Council). All committees were supportive of the diversity of engagement work carried out as part of the project and the efforts to seek views of a cross section of the population. They all requested to be kept informed of developments and attend future sessions.

Communications media coverage:

- **Help us to help you:** Call to our population to not to put off accessing health services – despite a recent surge in COVID-19 (coronavirus) hospital admissions in parts of the region.
 - **Think pharmacy:** Encouraging residents to prepare now for common ailments this winter
 - **Flu vaccinations** in North Yorkshire and York to be available to 50 – 64 year olds from December
- Dementia** leads the learning in 'Protected Learning Time' event for Primary Care

9. RESEARCH

The Research team received good news this month as an application to establish an Adult Social Care Research Partnership Network has been provisionally approved and awarded £1M of funding by the NIHR. This has been a joint piece of work led by the University of York and the Research partnership hosted by the NHS VOY CCG.

10. CARE QUALITY COMMISSION UPDATE (CQC)

Transitional Monitoring

Due to the pandemic, CQC are evolving their approach to regulation.

A transitional approach to monitoring services focussing upon safety, how effectively a service is led and how easily people can access the service is now in place.

It includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), to continually monitor risk in a service
- using technology and local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where there are concerns

After reviewing information about a service, CQC Inspectors will have a conversation with organisation leads either online or by telephone This is not an inspection and services are not 'rated' as a result.

This will inform CQC decision as to whether any regulatory action, for example an inspection is required.

GP Practices have been notified of this process. Our local inspectors are contacting practices in the coming weeks to commence booking of calls.

11. RECOMMENDATIONS

Governing Body is requested to determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services.

In relation to the risk register QPEC is requested to be assured that risks to quality and safety for the CCG are identified with appropriate mitigations in place

Visiting professionals to care homes aide memoire

This aide memoire aims to assist visiting professionals to care homes, to support them to identify what is and is not working in the care home sector. The intelligence gained whether positive or negative needs to be shared with colleagues, incident reporting mechanism or safeguarding team as appropriate. Please note: This is intended as an 'aide memoire' when visiting care homes rather than a document to be filled in.

Appearance of an individual / an individual's care

- Are the resident/s clean, tidy and dressed appropriately for the time of day?
- Are the resident/s needs being met in a respectful and dignified way (i.e. are lower tones used for private conversations)?
- Are the resident/s care/ support plans and other relevant documentation accessible and up to date to reflect current needs?
- Are the resident/s receiving personalised care?
- Are residents accessing appropriate equipment to meet their needs (i.e. their own prescribed equipment/ equipment that is in good working order/ is equipment testing up to date (PAT))?
- Are appropriate moving and handling techniques being used (not drag lifting)?
- Are there any indicators that residents and carers are involved in their own care?
- Are there signs that equality and diversity needs are being met?
- Do staff have easy access to resident information that is clear and organised (i.e. pen pictures detailing the resident's preferences/ needs/ wishes)?
- Are any residents displaying COVID-19 symptoms? If so, are they appropriately isolating? Has the resident been tested? Has the appropriate recording/ alerting occurred?
- Are individuals being supported to social distance wherever possible?

Care home environment

- Does the home feel homely and calm (as opposed to institutional/ clinical and chaotic, i.e. welcoming reception area, acknowledgement on arrival)?
- Is the home generally clean (carpets/ skirting boards/ window ledges/ bathrooms), uncluttered (staff stations, hallways and visitor areas) and odour free?
- What are the sound levels and noise types like?
- Are the home furnishings in a good state of repair?
- Does the temperature in the home feel about right? Good ventilation?
- Are call bells answered in a timely manner?
- Is equipment stored appropriately (i.e. away from fire doors/ in storerooms rather than corridors/ are store rooms tidy and free from inappropriate items/ is the outside free from debris and rubbish)?
- Even if limited due to COVID-19, is there still a suitably adapted programme of activities/ social stimulation within the home? Are residents being supported to undertake video calls with family members?
- Is there visible/ available/ accessible information that is clear, useful and re-assuring? What is it (i.e. staff team and care home manager details, what uniforms mean, infection control information, how to compliment/ complain)?
- Is there evidence that the care home is accessible to those with disabilities?
- Is rubbish/ dirty items and linen not visible and disposed of appropriately?

- Is the routine of the care home evident to residents?
- Is there clear and inclusive signage (i.e. clear signage to rooms/ toilets, welcome signage (including other languages as appropriate)
- Are there doors open to other rooms (e.g. stock/ linen cupboard, staff room or kitchen)? Do they look well organised, clean and uncluttered?

Safety

- Are there any noticeable safety issues?
- Does this care home appear to think safety is important?
- Is information available about the quality of care delivered and the improvements being made?
- Is there evidence that staff are concerned about safety and preventing harm (i.e. infections, falls)?
- Are there appropriate Infection Prevention and Control practices in place?
- Are staff aware of how to support residents who have COVID-19 symptoms?
- Are there protected times/ areas for staff to manage drugs and essential equipment?
- Are security and fire procedures evident?

Staffing

- Are the staff members on duty welcoming, professional and friendly?
- What good team work is taking place?
- Does there appear to be sufficient members of staff on duty?
- Does there seem to be an appropriate mix of staff skills on duty (i.e. manger, seniors, care assistants, domestics and cook)?
- Are the staff practising good hand hygiene techniques, use of PPE, (Aseptic non-touch technique [Nursing homes]) in line with the Essential Steps Programme?
- Are staff aware of and practising the new guidance for use of PPE in care homes?
- Is there plenty of resident and staff interaction?

Hydration/ Nutrition

- Are drinks readily available and are they appropriate to the weather conditions (i.e. cold drinks to support hydration when it is warm)?
- Can residents reach/ have their drinks?
- Are residents being supported to have drinks?
- Are residents being supported to have snacks/ meals?
- Do the meals look appetising?
- Is the menu varied and does it offer genuine choice?

Medication

Non-clinical and clinical staff

- Is medication being stored appropriately (i.e. in locked cabinets/ fridge and in date)?
- Is medication being used for the appropriate resident/s (i.e. are creams/ wound dressings/ nutritional drinks only being used for the resident for whom it was prescribed)?
- Is the appropriate medication available to those who need it (i.e. ordered on time/ stocks replenished)?
- Is there any evidence of medication errors?

Clinical staff only


- Is medication stored appropriately (i.e. medication fridge without food/ not over filled)?
- Is the medication stored at the correct temperature (between 2-8 degrees)?
- Is there a date on the medication of when it was first opened and is medication still in-date?

General

- Is there anything else that has been noted that builds your confidence and trust, or makes you less confident about the delivery of care?

Having thought about these questions when visiting a care home, it is important in the first instance that you feed back to the care home manager/ senior on duty.

In addition, please submit your findings (good or bad) to sarah.fiori@nhs.net, report as an incident if necessary or refer to the safeguarding team (as appropriate).

Item Number: 7.1	
Name of Presenter: Abigail Combes	
Meeting of the Governing Body Date of meeting: 7 January 2021	 Vale of York Clinical Commissioning Group
Risk Register	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report The Governing Body are responsible for oversight of the attached risks. The requests for how the risks should be monitored and managed is contained within the individual risk reports.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input 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 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 <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" 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

To receive the risk report and agree the individual recommendations.

Decision Requested (for Decision Log)

- Archive QN.15
- Tolerate and accept QN.08 with a review in 6 months and oversight delegated to Quality and Patient Experience Committee
- QN.04 should be delegated to Quality and Patient Experience Committee for monitoring
- The remaining risks are reviewed and mitigation approved by the Governing Body

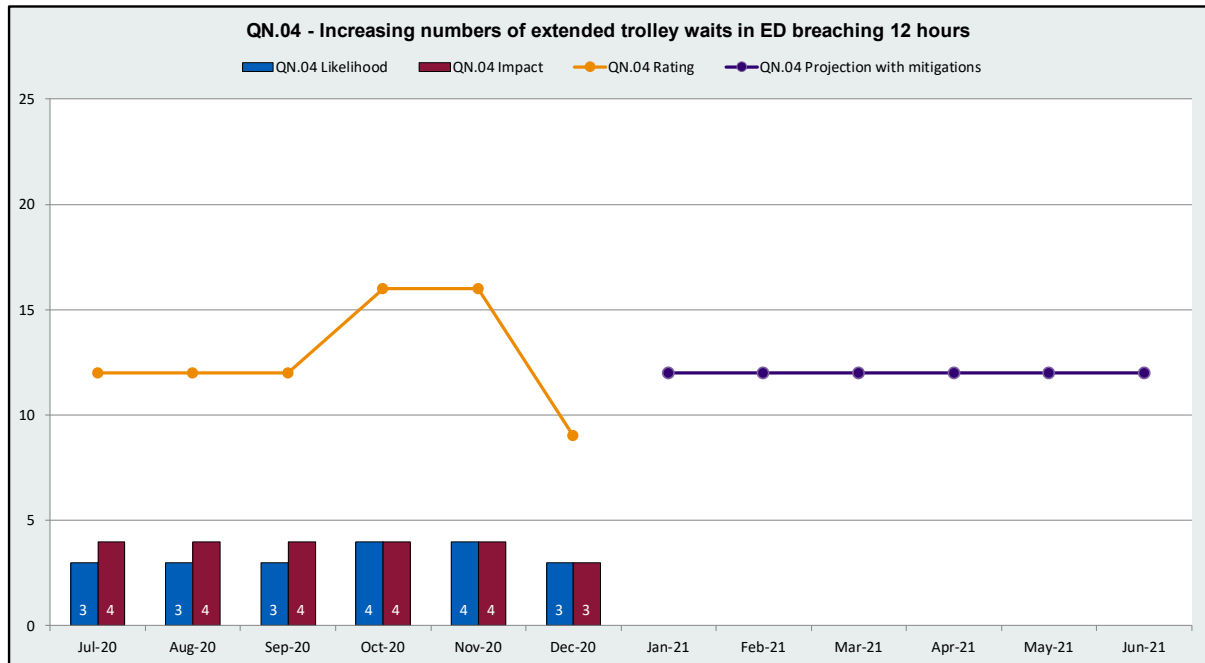
Responsible Executive Director and Title

Phil Mettam
Accountable Officer

Report Author and Title

Abigail Combes
Head of Legal and Governance

Risk Ref	QN.04
Title	Increasing numbers 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

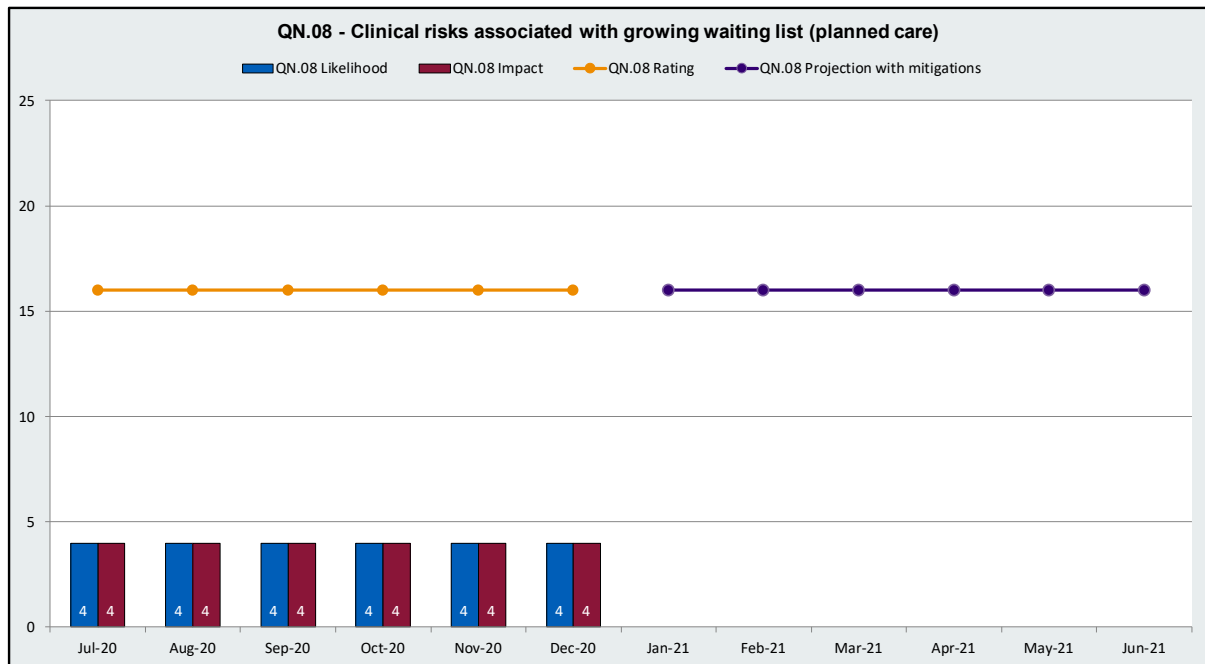
Date: 23 December 2020

This risk has also been reported to FPC with the following update provided to November committee : - There are a significant number of mitigations being delivered to support improving the TWL locally and across all acute providers in the HCVICS. All available independent sector capacity has been incorporated into local recovery plans and all elective capacity has been optimised in line with infection control guidelines and across hot and cold sites. All patients waiting have been clinically reviewed, validated and prioritised in line with Royal College of Surgeons surgical prioritisation guidelines and scheduling of elective care is then offered to patients who must then agree to and meet the infection control guidelines to undertake the surgery. Further work to scope the feasibility of sharing elective capacity across acute providers (hubs) continues. Additional areas of work are focusing on the alternative offer of care and support for patients who may be waiting for a long period on waiting lists but do not meet the clinical prioritisation threshold for progressing surgery at this point. Lastly system leaders are considering the cost of outsourcing additional activity to independent sector providers to support reducing backlogs and address patients who have waited for long periods. The new framework to support local commissioning of ISPs from the 20th December 2020 should support clarifying the local available IS capacity to support delivery of recovery plans in Phase 3. Progress is being made regarding the transformation of Urgent care which involves the varying routes and services that patients can access same day care. A change in flow within the Emergency department is in place due to traiging against covid risk, which also impacts upon a reduced the time within the department.

Serious Incidents are declared whenever a patient has breached 12 hrs within the department from decision to admit to admission. A clinical harm review is undertaken to determine any harm and subsequently delogged if no harm has occurred.

Governing Body is requested that QPEC continue to manage this risk.

Risk Ref	QN.08
Title	Clinical risks associated with growing waiting list (planned care)
Operational Lead	Caroline Alexander
Lead Director	Executive Director for Nursing and Quality
Description and Impact on Care	Risk that the CCG cannot meet its statutory requirement currently to commission services which adequately address deteriorating health and worsening health outcomes i.e. cancer, due to growing waiting list for planned care at YTHFT increasing the clinical risk to patients while waiting for diagnostics or treatments. This risk was evident prior to covid however there are increased numbers and waits due to the pandemic.



Mitigating Actions and Comments

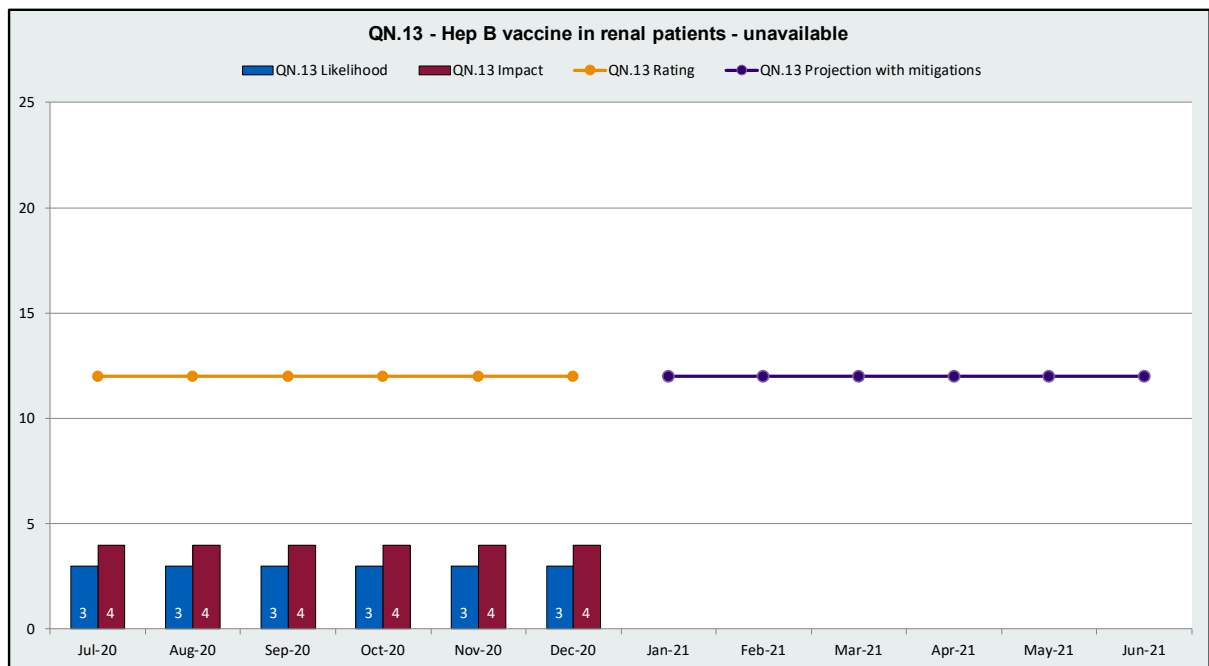
Date: 23rd December 2020

This risk has also been reported to FPC. The CCG is statutorily required to work within its financial allocation and budget. There are a significant number of mitigations being delivered to support improving the TWL locally and across all acute providers in the HCVICS. All available independent sector capacity has been incorporated into local recovery plans and all elective capacity has been optimised in line with infection control guidelines and across hot and cold sites. All patients waiting have been clinically reviewed, validated and prioritised in line with Royal College of Surgeons surgical prioritisation guidelines and scheduling of elective care is then offered to patients who must then agree to and meet the infection control guidelines to undertake the surgery. Further work to scope the feasibility of sharing elective capacity across acute providers (hubs) continues. Additional areas of work are focusing on the alternative offer of care and support for patients who may be waiting for a long period on waiting lists but do not meet the clinical prioritisation threshold for progressing surgery at this point. Lastly system leaders are considering the cost of outsourcing additional activity to independent sector providers to support reducing backlogs and address patients who have waited for long periods. The new framework to support local commissioning of ISPs from the 20th December 2020 should support clarifying the local available IS capacity to support delivery of recovery plans in Phase 3. Governance arrangements are in place to ensure lines of responsibility for individual patients when they are referred to the Trust, and not yet accepted onto a waiting list. This requires additional monitoring and safety netting by primary care. A key national priority is ensuring focus upon cancer recovery across all aspects - screening through to treatment with safety netting in place at all stages. A surgical prioritisation plan is being established to ensure patients are prioritised and that this is reviewed according to any change in patient condition. A process for clinical harm reviews is in place jointly between the CCG, Clinical Network and Trust.

The above mitigations are commensurate with the available financial and workforce resource available.

Due to the ongoing pandemic and likelihood that this risk will not be reduced until post pandemic recovery, Governing Body is to tolerate the risk and support continued oversight by QPEC with 6 monthly up-date provided to Governing Body.

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	There is not an adequately commissioned Hepatitis B vaccination service for renal patients leading to a risk that patients may not receive it.



Mitigating Actions and Comments

Date: 23rd December 2020

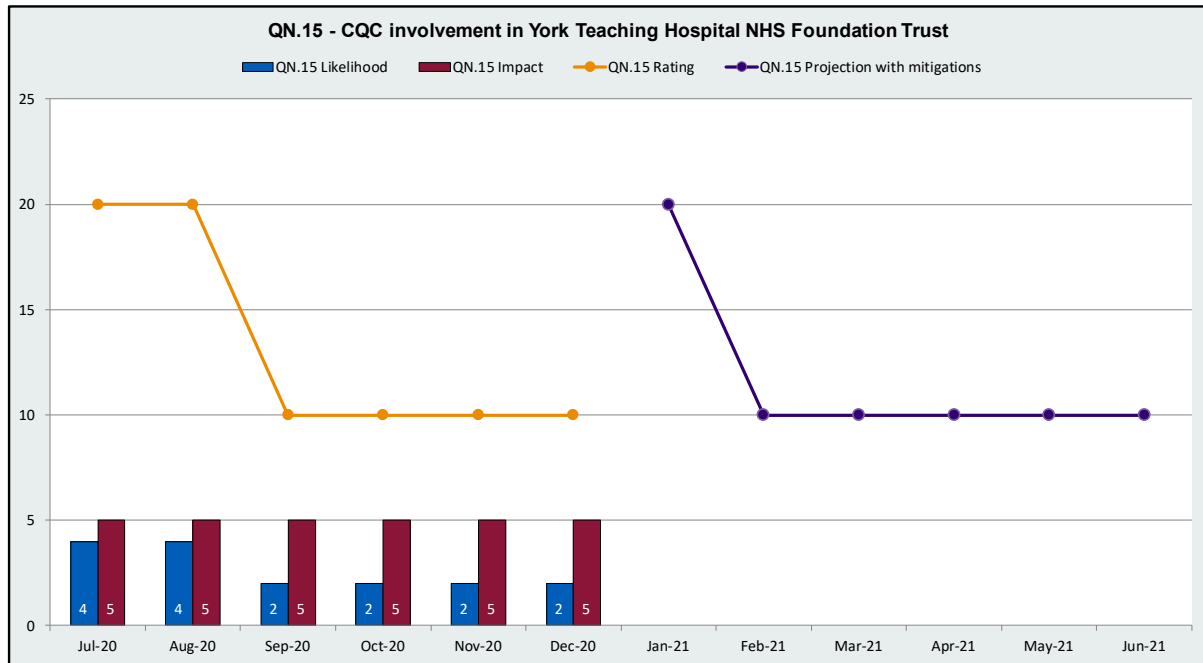
Patients with chronic renal failure potentially remain at increased risk of hepatitis B virus (- HBV) infection because of their need for long term haemodialysis. Due to impaired immune responses, HBV infection in haemodialysis patients may be subclinical, and such patients may become carriers of the virus.

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.

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.

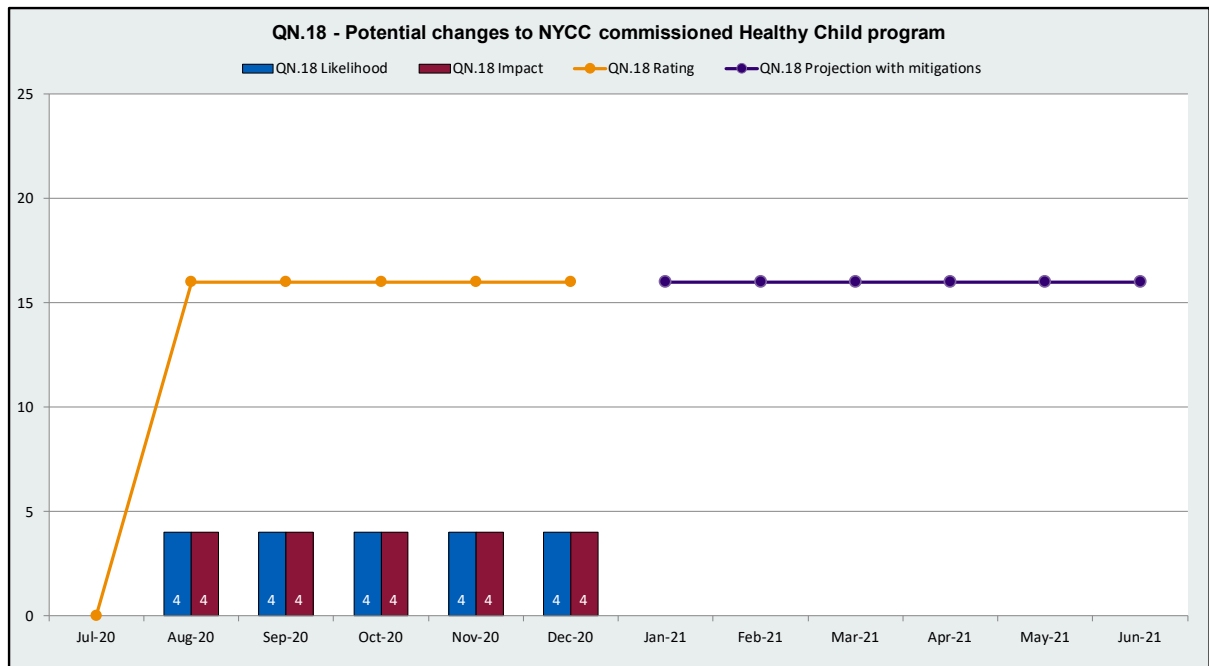
Local GPs have stopped providing the vaccinations due to the NHSE notification that they are no longer commissioned to provide it. A costing model for Primary care to deliver throughout phase 3 recovery has been approved and shared with Practices requesting them to continue to undertake as a shared care model until the end of Phase 3 recovery (March 2021). Practices were requested to respond to the CCG by the end of November if they were declining the proposal. No practices have declined to date, therefore renal services will resume the shared care approach via the coordination of all patients, undertaking titres and notifying practices when another dose or course is due with the required dosage. Renal services at YTHFT have been requested to work with local GP representatives and LMC to develop a long term model. NHSE is also undertaking a national review of the impact of changes - with the outturn report awaited imminently.

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: 23rd December 2020	
The CQC have invited YHFT to request removal of the notices placed upon them as they are assured that adequate progress has been made against the CQC Action Plan. Governing Body is requested to archive this 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 new HCP model will create gaps in service delivery within the system, particularly for 5 – 19year olds which will impact upon health services.




Mitigating Actions and Comments
Date: 23rd December 2020

The Healthy Child Programme (HCP) is a national public health programme. 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. 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).

In order to achieve the NYCCC 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. All impacted services are being consulted with to fully understand the resulting gaps in meeting children's needs and required mitigation. VOY and NYCCGs have completed their joint response to NYCC to express concerns about the impact on children and young people but also the impact on other health services in primary and secondary care.

The link to the consultation has been sent to Primary care so that they are able to submit individual responses. The CCG is attending a stakeholder session on 07/01/21

Item Number: 7.2	
Name of Presenter: Abigail Combes	
Meeting of the Governing Body	 Vale of York Clinical Commissioning Group
Date of meeting: 7 January 2021	
Board Assurance Framework	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report	
<p>The Board Assurance Framework should provide assurance on performance against the CCGs current priorities. These were reset in November 2020 following the first wave of the pandemic and interim priorities were established.</p> <p>The Board Assurance Framework highlights the current matters which are of most concern to the Executive Director with responsibility for each area or which are consuming the majority of officer time. The risks associated with these areas are then provided to support the Framework.</p> <p>The risks are going through a refresh at present including determining which committee they are to be reported at to avoid duplication and the possibility that risks will slip between committees and therefore it is anticipated that whilst the list of risks is current at the time of writing these may change between the date of the report (23 December 2020) and the middle of January 2021 (albeit after the meeting on 7 January 2021).</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 checked="" type="checkbox"/> Financial Sustainability <input checked="" 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 <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" 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 To receive the Board Assurance Framework and to be verbally updated on any developments between 23 December 2020 and 7 January 2021	
Decision Requested (for Decision Log) Received the Board Assurance Framework	
Responsible Executive Director and Title Phil Mettam Accountable Officer	Report Author and Title Abigail Combes Head of Legal and Governance

NHS Vale of York CCG

Strategic Objectives

Support General Practice and wider primary care system to maintain a level of resilience to deliver safe and sustainable services.

Support innovation and transformation in the development of sustainable mental health and complex care services

Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care

Achieving and supporting system financial sustainability

Work with system partners to ensure provision of high quality, safe services.
Work as partners to safeguard the vulnerable in our communities to prevent harm

Support the wellbeing of our staff and manage and develop the talent of those staff

Support primary care to deliver services in a sustainable way whilst developing strong system partnership

Impact

5				
4				
3				
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Maintain strong and proactive track and trace support to practices, supplemented with responsive contingency plans to support practices to work in a Covid Safe way.	Steph Porter	<ul style="list-style-type: none"> - Engage in testing practice business continuity planning - Review and support remote working - Ensure best practice with Infection Control and Prevention - Work to make clear trigger points to stand up Hot sites beyond practice level plans 	Stable but risk remains. Current incident levels reducing
Continue to develop and enhance the OPEL escalation reporting framework and to ensure consistency of application and support to practices and PCN at appropriate OPEL levels.	Steph Porter	<ul style="list-style-type: none"> - good sign up of VoY practices, working with partners on the NY introduction - Reviewing consistency of understanding of mutual aid at different levels of OPEL practice and PCN level - Looking at where additional capacity can be introduced into the system across the winter months to offer practice and quick responses to support primary care - Develop heat map and OPEL reporting to ensure that system partners sighted on pressure in primary care including community pharmacy 	Stable and agreement reached for escalation response
PCN surge planning to link to OPEL to confirm winter support and wider system interaction and understanding of pressures in primary care.	Steph Porter	<ul style="list-style-type: none"> - Practical support to a single IT system to support surge capacity - CD engagement in proposals and local variation to support different responses for Vale/Central - Linking in wider release of funds to PCN for OD/GPFV monies to support risk assessed prioritisation 	Stable Plans in place linked to OPEL response

Support innovation and transformation in the development of sustainable mental health and complex care services

Impact

5		MH.07		
4			MH.04; MH.05; MH.06; MH.09	
3		JC.30; MH.08	JC.26b; JC.26c; MH.01	
2		JC.26a		
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Mental Health Recovery	Denise Nightingale	<ul style="list-style-type: none"> Accelerating preventative programmes to address inequalities such as health checks for people with Learning Disabilities (LD) or Serious Mental Illness (SMI) Focus on recovery due to the potential surge in demand in mental health and crisis services which includes continuation of the all age crisis line, acute liaison and the resilience hubs. Continue to support integration between community and primary care under the 'Right Care Right Place' programme and key link workers reaching into primary care. 	Increasing due to potential surge in demand
Hospital discharge requirements	Denise Nightingale	<ul style="list-style-type: none"> Continue to facilitate hospital discharge policies through extended discharge to assess models in collaboration with system partners and care providers. Continue to provide CHC support to multidisciplinary discharge hub teams. Re-imaging the use of CCG CHC fast track funding using a phased approach to provide improved end of life care services. In the first phase up to the end of 2020/21 the CCG will work with partners at the hospice to extend end of life care at home and commission additional domiciliary night care to support system resilience. 	Increasing due to second wave of C-19
Keeping people safe with complex care needs	Denise Nightingale	<ul style="list-style-type: none"> Continue to provide proportionate virtual reviews of people with fully funded CHC packages of care which require case management and support to providers of care with clients that have new or existing equipment needs. 	Stable though risk of Wave 2 C-19 on workforce capacity remains a significant risk

Working with partners to ensure availability of diagnostic services including but not limited to cancer services

Impact

5				
4			PLC.05	
3		UPC.10		
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
<ul style="list-style-type: none"> To optimise all elective capacity available to reduce long waits and minimise risk to patients 	Phil Mettam	<ul style="list-style-type: none"> Continued single oversight of local and HCV waiting lists across NHS and IS providers and mutual aid to target highest risk/ longest waits where possible Continued clinical validation and prioritisation of admitted waiting lists in line with RCOS guidelines Optimising all capacity across NHS and IS providers through: <ul style="list-style-type: none"> - the national and local IS contractual arrangements, and - adoption of best practice nationally for surgery and theatre productivity from Adopt & Adapt blueprint are embedded across providers - continued support locally for the principles embodied by 'prime provider models' Further scoping of a Surgical & Urgent Elective Care hub for the HCV to ensure opportunities to deliver urgent cancer surgery are understood Further scoping of an Elective Care hub to target the longest waits are explored (ophthalmology & ortho) Scoping of 'alternative offers of support and care' for patients who may wait for long periods on waiting lists Drive outpatient care transformation adopting best practice nationally from Adopt & Adapt blueprint 	Downward as impact of Wave 2 C-19 now realised
<ul style="list-style-type: none"> To optimise all diagnostic capacity available to reduce long waits, address backlogs and support clinicians in remote monitoring of patients and cancer diagnosis 	Phil Mettam	<ul style="list-style-type: none"> Continued development of all priority improvement work around endoscopy, CT, MRI and imaging which supports optimising referrals to diagnostics, developing a resilient workforce and targets investment in mobile capacity to support shared access across HCV (all in line with national best practice captured in the Adopt & Adapt Diagnostics blueprints) Further scoping of the Community Diagnostics Hubs across the HCV to provide augmented capacity in shared hubs in line with the recommendations of the Richards Review Further scoping of Local Diagnostics Hubs to support local clinicians in accessing more capacity and help remote monitoring of patients (includes ECG, BP monitoring, Echo, Doppler, FeNO and spirometry) 	Stable though some impact from Wave 2 C-19 on workforce capacity remains a significant risk – endoscopy lists impact
<ul style="list-style-type: none"> To support partners in achieving the shift in urgent care capacity to reduce pressure on ED and help system flow 	Phil Mettam	<ul style="list-style-type: none"> Continued work to transform urgent care delivery by out of hospital providers through more integrated models of delivery co-designed to optimise capacity and resilience Continued support and leadership to partners to drive the priorities for 'pre-hospital' urgent care delivery and resilience which ensure all first contact services and additional clinical assessment capacity (NHS 111 First) are in place to allow diversion away from ED and getting patients safely to the right place at the right time for their care Continued focus on mutual support across partners to help support winter and surge escalations, incorporating primary care opel reporting and escalation, which is working well to date 	Stable though operational pressures across a wide range of partners in Wave 2 C-19 could reduce pace of transformation. National delays on launch of go live for NHS 111 First

Achieving and supporting system financial sustainability

Impact

5				
4	IG.01			
3				
2				
1	2 ES.38; ES.15; ES.22	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Maintaining financial planning, management and reporting approach	Simon Bell	<ul style="list-style-type: none"> - Completion and submission of organisational and system financial planning returns in line with ICS and national guidance and timetable. - Triangulate planning requirements across the ICS, North Yorkshire and York sub-system and with the relevant provider - Ensure appropriate financial governance arrangements are in place and complied with. 	Stable
Optimising financial flows and access to funds across the sub-system and ICS	Simon Bell	<ul style="list-style-type: none"> - Establish and manage funding tracker to ensure there is a clear understanding of funding streams and ownership of them across the CCG - Triangulate funding requirements and transactions across the ICS, particularly host commissioning organisations, North Yorkshire and York sub-system and onto the relevant provider. - Establish and maintain clear processes around Hospital Discharge Programme costs with City of York Council - Build funding details into financial plans and monthly reporting and monitoring processes. - Ensure IS national funding is maximised in support of managing elective waiting list reduction while mitigating any risk of local arrangements being non-compliant with emergent guidance on reimbursement by collective, regular review and risk sharing arrangements. 	Stable
Contribute effective support to place, integration, and public health management development programme	Simon Bell	<ul style="list-style-type: none"> - Contribute to the development financial framework for place, CYC integration, and PHM programme of work - Ensure the balancing of risk and progressive development of place. 	Stable

Work with system partners to ensure provision of high quality, safe services.
 Work as partners to safeguard the vulnerable in our communities to prevent harm

Impact

5		QN.07		
4	QN.06; QN.12	QN.04; QN.13; QN.14	QN.03; QN.05; QN.08; QN.16; QN.18	QN.09; QN.15
3				
2				
1	2	3	4	5

Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Supporting providers to ensure provision of high quality, safe services	Michelle Carrington	<ul style="list-style-type: none"> To establish proportionate approaches to seeking assurance regarding quality and safety, and supporting providers in quality improvement. Work with YHFT and new established Patient Safety Board to build upon progress made. Transition to new NHSE/I governance arrangements and review of QSGs Work with YHFT to improve patient safety systems and processes, building upon collaborative approach established between CCG and Trust Patient safety / Governance Team. Build connections with CCG Primary Care Team to strengthen approaches to quality & safety particularly around Enhanced offer to Care Homes and review of Local Enhanced Services Working collaboratively with LA and health partners to improve services for children and young people with Specials Educational Needs / Disabilities. (SEND) and ensure we meet our statutory responsibilities. 	Stable
Supporting Independent providers /Care Homes through covid to prevent suffering and deaths	Michelle Carrington	<ul style="list-style-type: none"> Working alongside Local Authorities provide direct support to care homes, independent providers and supported living to ensure homes are up to date with current IPC / covid procedures to maintain safety of residents and staff. Daily meetings with LA to ascertain any care homes requiring testing and any priority areas for delivery of training, support and assurance visits. Facilitate root cause analysis of any Covid outbreaks/ cases to understand weak areas or lessons learned to inform changes to practice and future prevention. Work with system partners to effectively implement an enhanced offer to care homes including from primary care and community services Support primary care to deliver covid vaccination to care home residents and social care staff. 	Stable
To protect vulnerable people and health and care services from the impacts of flu and covid.	Michelle Carrington	<ul style="list-style-type: none"> Continue to support partners in the delivery of the Flu vaccination program. Delivery within the CCG is currently higher than in previous years for key at risk groups. Key risk to delivery is delayed release of additional vaccine supplies ahead of further workforce impact of covid/test and trace. Work with Public Health and local system partners to establish plans for the delivery of covid vaccination programme. Submission of designated sites await NHSE/I confirmation. Place based plans due in by 1st December, working with PCN leads, limiting factors are workforce and uncertainty which vaccine will be available. Risks being collated and will form part of place based plan submission. 	Stable


Support the wellbeing of our staff and manage and develop the talent of those staff

Current Priority	Exec Lead	Actions	Direction of risk travel
NHS People Plan actions	Michelle Carrington	NHS People Plan has been released and the CCG has identified actions that it needs to take which have been approved by the Remuneration Committee and the Governing Body.	Stable
Staff welfare conversations and new approach to talent management appraisals	Michelle Carrington	Well-being conversations have commenced and training started for line managers to enable them to conduct a Talent Management Appraisal.	Stable

5				
4				
3				
2				
1	2	3	4	5

Risks referred to in BAF

Red risks (score of 25 – 20)	Improving or worsening	Amber risks (score of 20-10)	Improving or worsening	Green risks (Score 10 and below)	Improving or worsening
QN.07 Health Assessments for children	↓	PLC.05 Total waiting list to January 2019 level	▬	QN.13 Dispute over delivery of Hep C vaccine	▬
QN.09 SEND Inspection significant improvements needed	▬	UPC.10 4 hour A&E target	▬	QN.14 Concern over primary care practice	▬
QN.15 CQC inspection results on YTHFT services	↓	JC.26b Children's autism assessments	▬	QN.16 Initial health checks LAC	▬
MH.07 Physical health checks in LD patients not being done	↓	JC.26c Children's eating disorder provision	▬	QN.18 Impact of changes to NYCC healthy child programme	▬
MH.01 Health checks in mental health patients not being done	▬	JC.30 Dementia diagnosis rates	▬	JC.26a non compliance with CYP eating disorder wait requirements	▬
MH.04 Excess waiting times for autism and ADHD diagnosis	▬	QN.03 Specialist nursing service quality	↓	ES.15 Create sustainable financial plans	▬
MH.05 Contract expiry with MH provider	▬	QN.04 12 hour ED breaches	▬	ES.22 Cash Balance availability	▬
MH.06 ADHD service CQC breach notice; contracting issue	▬	QN.05 Poor discharge standards	▬	ES.38 Failure to deliver a sustainable financial plan	▬
MH.08 Adults eating disorder health checks not done	▬	QN.06 IPC standards at YTHFT	▬		
MH.09 CYP ED increase in referrals	▬	QN.08 Planned care waiting list quality assessment	▬		
IG.01 data may be compromised in the NECS transition	▬	QN.12 Missed prenatal pertussis vaccine	▬		

Item Number: 9	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body Date of meeting: 7 January 2021	 Vale of York Clinical Commissioning Group
Report Title – Safeguarding Adults Annual Report 2019/20	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report The Safeguarding Adults Annual Report provides an overview of the work of the Safeguarding Adults team in 2019/20. The report was also received at the Quality and Patient Experience Committee on 10 December.	
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 type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" 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 is recommended to receive the report as assurance.

Decision Requested (for Decision Log)

Governing Body received the report.

Responsible Executive Director and Title

Michelle Carrington
Chief Nurse

Report Author and Title

Christine Pearson
Designated Nurse Safeguarding Adults



North Yorkshire Safeguarding Adults Board

North Yorkshire Safeguarding Adults Board

Annual Report
2019/2020



Making safeguarding everybody's business in North Yorkshire





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Message from the Chair

I am very pleased to welcome you to the Annual Report for the North Yorkshire Safeguarding Adults Board (NYSAB) for 2019/20.

As ever, I want to take the opportunity afforded by the annual report to extend my personal thanks to all our partners who have supported the work of the Board throughout this year.

Thanks are also due to those colleagues who attend and support the work of the Local Safeguarding Partnerships (LSPs) and the subgroups. Without their commitment there would be little chance of addressing the wide ranging and complex safeguarding issues that involve adults at risk.

There is more information on their work in the body of the report.

We publish this report during the COVID 19 pandemic; an extraordinary time for the country, and one that is leaving many people feeling more vulnerable and isolated than ever. As a safeguarding adults board it is our responsibility to ensure that those who are most at risk across North Yorkshire are protected from harm, abuse and neglect and that they are supported through these trying times.

It is inevitable that individuals, communities, organisations and services will continue to be impacted by COVID-19 for some time.

I want to give assurance that the SAB, both as a whole, and, through individual agencies, is continuing to work hard to keep people safe whether this be in health services, social care, emergency services, care settings, local communities or within peoples' own homes. We're also working together to minimise service disruption where we can.

The way we respond to and recover from coronavirus will inform a great deal of our work both as a Board and as individual agencies moving forward into the new normal.

Although the pandemic is a current focus for the Board, we have carried out and achieved a great deal in the last 12 months. This report covers the time period April 2019-March 2020 only.

October 2019, saw the introduction of the new multi-agency safeguarding procedures for safeguarding adults. The new procedures moved from a seven to four stage model which helps put the wishes of people at risk at the very centre of safeguarding enquiries, simplifying the process and making safeguarding personal.

In June 2019, we launched our new website <http://www.safeguardingadults.co.uk> which is full of useful information, videos and animations. This is another way we will be communicating with the public and professionals to support safeguarding work across North Yorkshire.

We have co-produced safeguarding materials throughout the year not least the easy read Keeping Safe Guides which were developed and created with the North Yorkshire Learning Disability Partnership Board (NYLDPB) Self-Advocates, Inclusion North and Key Ring. The guides have been a great success and a huge thank-you is given to all those involved.

Also, in June 2019, we marked Safeguarding Awareness Week by holding lots of local events across the county and a large conference in Harrogate for over 300 frontline safeguarding professionals. Health, social care, police, third sector and a range of other agencies who work in North Yorkshire and York took part in a day that was exciting, informative, inspiring, moving and challenging.

Events such as these serve as a reminder of how important it is to engage with the public and communities throughout North Yorkshire. We have continued to build on the connections we have with the North Yorkshire Safeguarding Children's Partnership and Community Safety Partnership.

One change in our governance committee structure has been the dis-establishment of our Communications and Engagement sub-group and in its place a joint strategy and 12-month Calendar of Activity are being developed across the three Partnerships to strengthen our communication and engagement in both our overarching priorities and the work of each Partnership.

We have undertaken a Safeguarding Adults Review (SAR) in the 2019/20 period and a non-statutory SAR (formerly Lessons Learned Review). We have also commissioned a SAR that will be completed within the coming months and the findings of this will be published in our 2020/21 Annual Report.

In ending, I would like to give thanks to those who continue to work tirelessly to keep individuals and our communities safe. Each one of you is making a massive difference.

Thank you.



Dr Sue Proctor
Independent Chair
NYSAB



Introduction to the Annual Report

Welcome to the Annual Report for the North Yorkshire Safeguarding Adults Board.

This report sets out the strategic vision, outcomes and a summary of our priorities.

It gives information on internal governance structures and committees as well as holding partners to account.

Updates are provided on the work of the Board and what it has achieved, including the introduction of the New Adult Safeguarding Procedures, our work around joint communications and engagement as well as the work of our sub-groups and Local Safeguarding Partnerships (LSPs).

Statements from our statutory partners outline what has been achieved and, in some cases, where there needs to be further work.

Also included is our work on learning and reviewing safeguarding practice and standards including information on Safeguarding Adults Reviews (SARs) and the data we have collected throughout 2019/20.

Our 2020/21 strategic priorities are listed to set out what we aim to achieve in the coming year.

Our Strategic Vision

“We will provide leadership, challenge and direction to ensure that the partner agencies improve outcomes for adults at risk of harm or abuse. We will promote values of openness, trust, respect and learning.”



Our Strategic Outcomes

Awareness and Empowerment

People feel safe and in control. They are more able to share concerns and manage risk of harm either to themselves or others.



Prevention

We work on the basis that it is better to take action before harm happens.



Protection and Proportionality

We provide support and help for those adults who are vulnerable and most at risk of harm. We respond to identified risks and intervene as necessary to protect from harm or manage risks.

Partnership and Accountability

We work for local solutions in response to local needs and expectations. We focus on improving outcomes for people and communities. We hold each other to account for delivery.



Our Strategic Priorities

2019/20

Work more closely with communities in North Yorkshire to develop strategies that reduce the risk of abuse, and help improve services:

- Use public campaigns to improve local communities' understanding of adult abuse and how to get help
- Encourage local communities to be the "eyes and ears" of safeguarding – "Safeguarding is Everybody's Business"
- Alert people to scams, fraud and other forms of financial abuse
- Explore new ways the SAB can find out the views of adults about their experience and awareness of safeguarding
- Support Healthwatch to seek the public's views of Health and Social Care Services

Implement and embed the new Multi-Agency Safeguarding Policies and Procedures, in line with national guidance and best practice around Making Safeguarding Personal:

- Deliver confident and competent practice that is responsive, and in which the principles of 'Making Safeguarding Personal' are embedded
- Ensure the adult, their families and carers work together with agencies to find the right solutions to keep people safe, and support them in making informed choices.

Develop a whole community approach to the prevention of abuse:

- Ensure statutory agencies work together in an effective manner, including initial response to safeguarding concerns
- Work more closely with partners in children's and community safety services at a strategic and local level
- Develop relevant partnerships around issues in other areas which impact on Adult Safeguarding including, but not restricted to, modern slavery, domestic abuse and sexual exploitation

Ensure the accountability of all partners working with adults at risk of abuse:

- Seek better evidence that the SAB's activity and plans are making a positive difference for people – do they feel safer?
- Develop multi-agency performance data and Key Performance Indicators, and benchmark ourselves against others
- Ensure the voice of people who use services and their representatives help to shape professional practice
- Ensure that immediate and longer-term learning from SARs, serious incidents and from good practice identified within North Yorkshire regionally and nationally, is understood and implemented across all agencies

Develop North Yorkshire's response to National Priorities:

- Prepare for the implementation of the Liberty Protection Safeguards and the outcome of the Mental Health Act Review (now deferred by national government to 2021/22)
- Review and monitor any action and improvement plans that result from any identified safeguarding issues from Learning Disability Mortality Reviews.

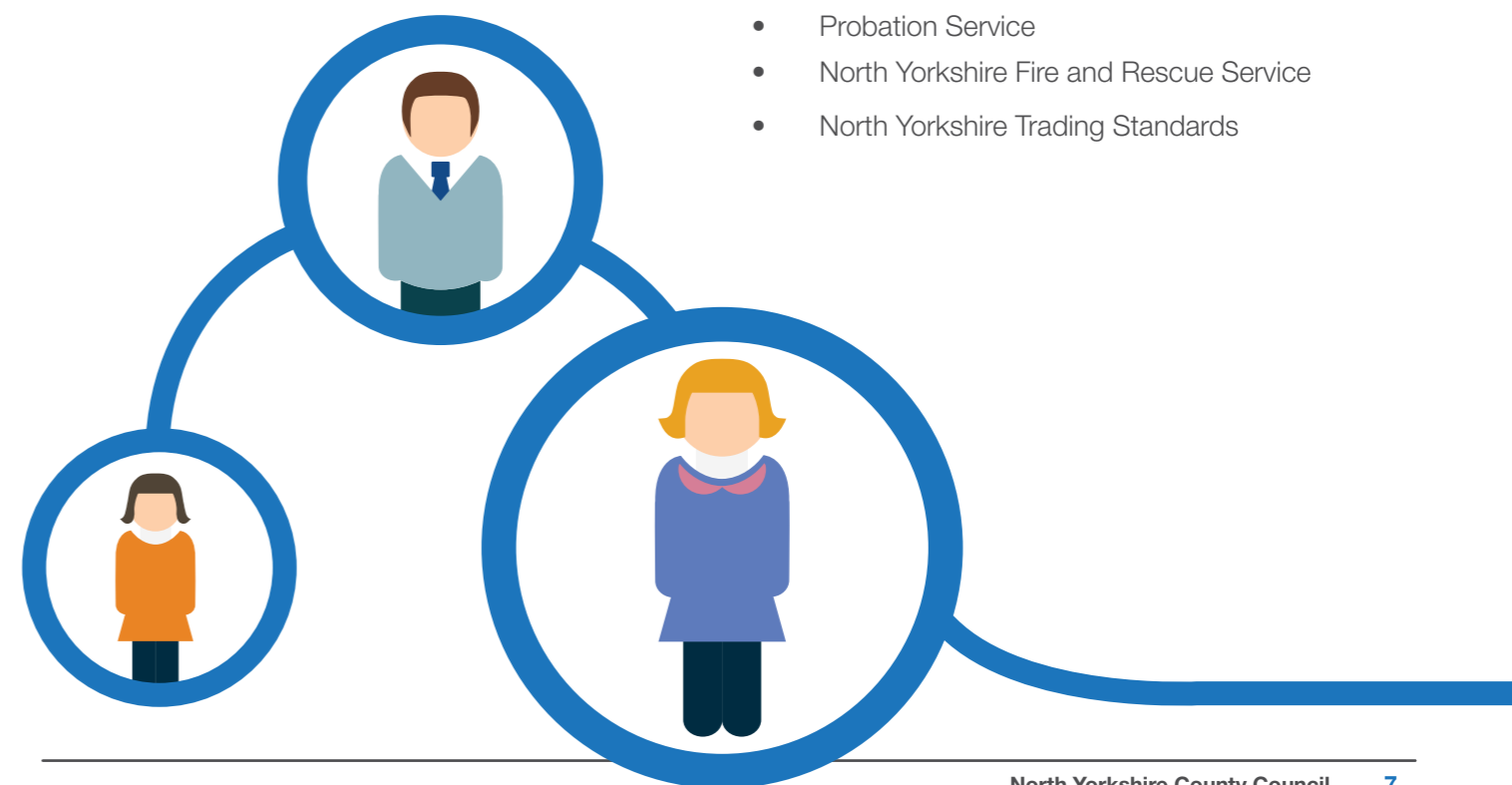
Understand and assess the impact of changes in the strategic context within which the Board operates:

Anticipate and respond to any changes that could impact (positively or negatively) on Safeguarding in North Yorkshire, for example:

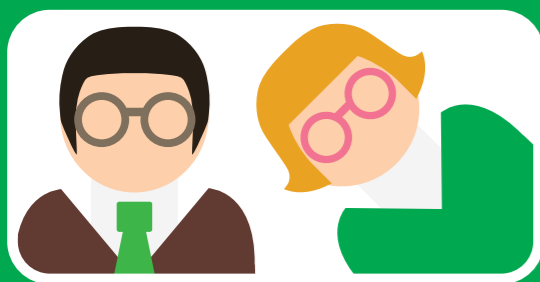
- Exiting the EU
- NHS 10-year plan
- Budgetary Pressures
- Changes to the Safeguarding Childrens' Partnership working arrangements
- The impact of Covid 19 and progress towards recovery

Our partners:

- North Yorkshire County Council
- North Yorkshire Police
- North Yorkshire NHS Clinical Commissioning Group
- Airedale, Wharfedale and Craven NHS Clinical Commissioning Group
- Harrogate and District NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Airedale NHS Foundation Trust
- Humber NHS Foundation Trust
- York Teaching Hospitals NHS Foundation Trust
- Richmondshire District Council
- Hambleton District Council
- Selby District Council
- Ryedale District Council
- Craven District Council
- Scarborough Borough Council
- Harrogate Borough Council
- Independent Care Group
- Healthwatch North Yorkshire
- Community First Yorkshire
- Probation Service
- North Yorkshire Fire and Rescue Service
- North Yorkshire Trading Standards



The work of the North Yorkshire Safeguarding Adults Board and its Sub Groups 2019/20



'think family' approach for the North Yorkshire community and we were also joined by the Community Safety Partnership (CSP).

The day involved a number of round table discussions between partners on how we can work better together and support individuals and families across all age groups. It was agreed that the following areas should be developed between the two partnerships:

- A joint communication and engagement strategy
- Joint awareness raising and training on modern slavery
- Joint delivery of Safeguarding Week
- Continue to strengthen work between all three partnerships around domestic abuse
- Develop shared narrative and language around exploitation
- Further consideration of how we can work better in a digital age
- All partnerships would like to work more closely with City of York

We will work together to develop a joint values statement on what is important to us as partnerships and how we will work together to keep people safe across North Yorkshire.

North Yorkshire Safeguarding Adults Board (NYSAB) works to protect adults who may be at risk from abuse by promoting co-operation and effective working practices between different agencies. NYSAB brings together a combination of NHS, police, local government, independent and voluntary sector and community partners seeking to ensure that adults who may be at risk of abuse are safe and well.

The Board has a number of sub groups to assist in its role, each with their own responsibility. This is a summary of the work the Board and subgroups have carried out and are looking to carry out in the future.

Safeguarding Adults Board and Safeguarding Children's Partnership Joint Development Day June 2019

On the 12th June 2019, the North Yorkshire Safeguarding Adult Board (NYSAB) and North Yorkshire Safeguarding Children Partnership (NYSAB) met jointly for the first time as two strategic partnerships. This gave both partnerships the opportunity to come together to look at where we can work together to encourage a

Development Day 2019

In November 2019, the Board held its annual development day. It was agreed that this year the Board would focus on support for people with learning disabilities that would help to identify priorities for the Board to consider as part of its setting of priorities for 2020/21.

The Board were joined by Sam Suttar and Christopher Porter from the Learning Disability Partnership Board who supported partners in their discussions. Sam and Christopher noted that the LDPB have requested that the two most important areas for NYSAB to focus on are the sharing of the new easy read guides to keeping safe and to work with the LDPB to develop alternative information formats, such as videos. Secondly, to develop training, both for professionals and the public which is co-delivered by people with learning disabilities and autism.

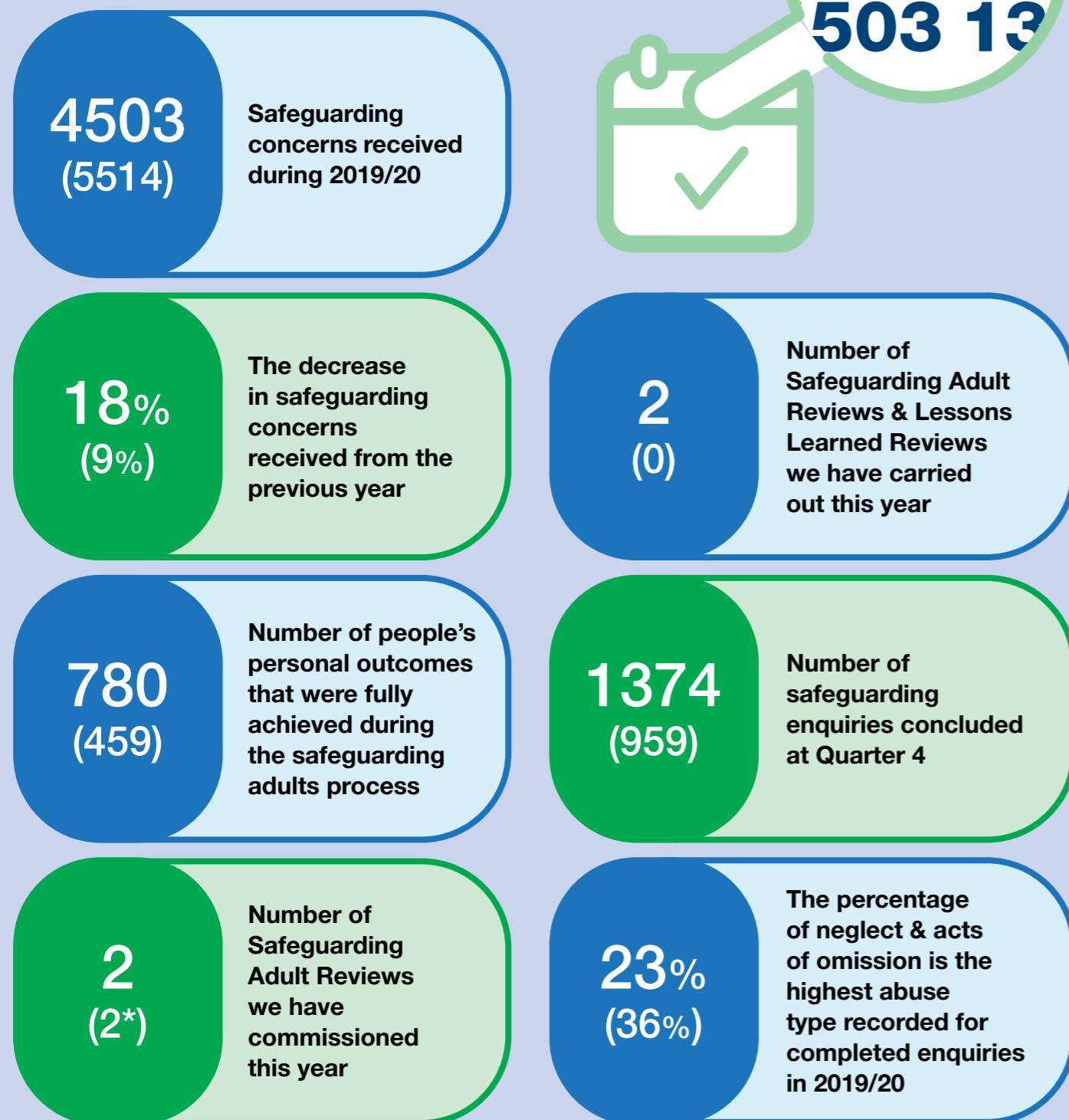
Across all of the conversations during the development day, the reoccurring themes were the sharing of information; availability of training which is inclusive and accessible both for professionals and individuals with a learning disability and/or autism and their families and carers; better engagement and communication; accessible information and communication methods as standard; identifying local trends and developing targeted work plans around this.

The Board is already starting to work on some of these themes, including the development of a joint partnership communication and engagement strategy which will include a 12-month calendar of activity both with adults and children across the County, including those with a learning disability and/or autism. The easy read guides to keeping safe have now been published and received a positive response. They are currently being developed into an audio version, and other formats are being considered.

The SAB website will have a full review over the next six months and partners will be invited to contribute to the development of materials in different formats, including easy read, video, BSL, audio and podcasts, working towards a fully accessible website with information for all. Going forward this will include Easy Read SAB minutes and an Easy Read Annual Report, together with a video introduction to the report.

Year in Numbers

The year at a glance 2019-20



(#) 2018/2019 figures

Policies, Practice, Development and Legislation Subgroup (PPDL)

The group has supported the following:

Implementation of New Joint Multi-Agency Safeguarding Adults Policy and Procedures,

across the county on 1st October 2019. For Health and Adult Services this meant a review and update of our electronic recording system. Health and Adult services has Operational Guidance for HAS staff to follow. There are 2299 members of staff in Health and Adult Services who will follow this Operational Guidance.

Masterclasses were delivered across the county to 187 delegates which included partners and organisations prior to launch. Feedback demonstrated that there is a desire for additional training to be provided by the Board and that this type of delivery will work successfully.

Review of training was undertaken: Training for levels 3 and 4 safeguarding, were reviewed to reflect the new policy and procedures, and was delivered to all local authority staff, in preparation for the launch of the new procedures. Briefing notes were produced for other organisations about how to report a concern and the new role of the Safeguarding Concerns Manager.

Guidance on the development of safeguarding adults policies and procedures has been produced for smaller organisations to use. The guidance is for organisations which come into contact with adults at risk through the course of their work (including those which provide health and social care and support) It provides recommended content and a suggested structure for a safeguarding policy and procedure.

Available here: <https://safeguardingadults.co.uk/wp-content/uploads/2019/08/North-Yorks-Guidance-on-developing-safeguarding-policies.pdf>

Safeguarding Adults Decision Support Guidance has been approved for use across the independent care providers following a pilot. The Safeguarding Decision Support Guidance will assist providers in identifying situations that may occur whilst carrying out a regulated service/activity which relates to a quality assurance issue, that requires notification to the Quality and Market Improvement Team via completion of the Risk Notification Return; or this may be within an unregulated activity such as day support service. Health partners are involved in a review of this document.

Risk Notification Return form is available here: <https://www.northyorks.gov.uk/safeguarding-vulnerable-adults>

A Safeguarding Review has been undertaken and staff report that they feel that the procedures are more person centred and proportionate for the person by ensuring that the person is supported with decision making and supported to achieve their outcomes, in keeping with Making Safeguarding Personal (MSP).

Persons in a Position of Trust (PiPot): New guidance has been written for responding to concerns about Persons in a Position of Trust (PiPot), where a concern relates to someone's personal life, but may impact upon their job role, if they work with adults with care and support needs. A task and finish group included work with multi-agency partners including, health and police working with the local authority.

City of York & North Yorkshire Self Neglect Practice Guidance

The City of York and North Yorkshire Self Neglect document outlines Practice Guidance for dealing with issues and concerns and of self-neglect in relation to adults with care and support needs. It is designed for professionals and the North Yorkshire community who may be worried about an adult who may be self-neglecting. It includes lots of useful information on understanding self-neglect, how to support and communicate with someone who might be self-neglecting and what to do if you think someone's life may be at risk.

The guidance can be downloaded here and includes a presentation that professionals can use with their teams: <https://safeguardingadults.co.uk/working-with-adults/nysab-procedures/>

A Training Needs Analysis was undertaken with partner organisations who work with people with care and support needs. Thirteen organisations took part in this by completing a survey which included questions to help identify how many staff are in certain roles within organisations, what subjects people like to see covered on a

training programme and whether organisations would be prepared to open up any of their internal courses to other organisations.

This also helped to identify what barriers were in place to stop people accessing NYSAB training courses and how these issues may be overcome. The Training Needs Analysis identified a number of findings including that consistent practice is needed as a number of larger partner organisations were delivering their own courses, the desire for more e-learning courses and how training and awareness could be delivered in different forms. It was agreed that the Training Needs Analysis should be carried out annually to identify multi-agency training requirements.

An audit process has been developed to formalise the way in which the NYSAB subgroups consider issues for audits and was presented to the subgroups. The process identifies different routes where audits may be identified and the channels through which they will be approved and completed.

Terms of reference have been reviewed and updated by the group.

Learning and Review Subgroup

The main areas of focus for the learning and review group this year has been to update the Safeguarding Adults Review (SAR) Policy and processes to make sure that we undertake our legal duties and also have a way of monitoring any of the recommendations made and hold our partners to account to make changes as recommended.

The Learning and Review Group develop and monitor the action plans for all statutory and non-statutory SAR's.

The group also looks at other processes that sit alongside SARs such as drug and alcohol related deaths, safeguarding investigations and serious untoward incidents and how these processes can be shared, understood and implemented to keep adults safe and learn to make improvements to services involved.

Performance and Quality Improvement Subgroup (PQI)

Multi-agency partners report successful implementation of new Multi-Agency Safeguarding Adults Policy and Procedures. Feedback from partners highlights that safeguarding is more person centred and they feel that this supports the person, by asking the person how they would like the safeguarding concern to be responded to and to support the person to identify and achieve their outcomes. For example, to help the person "feel safer." This is in line with Making Safeguarding Personal (MSP). The PQI groups monitors and reviews the data by undertaking audits, which identify whether the safeguarding procedures are being followed correctly and identify areas for learning, which will improve practice.

The Quality and Market Improvement Team are responsible for all aspects of adult social care contracting on behalf of Health and Adult Services. When a concern is received about a care provider they will form a decision whether contract compliance action is required to ensure a safe and appropriate quality of service is

maintained, this may include the decision to suspend further placements made by HAS.

The Quality and Market Improvement Team attend the sub group meetings and provide information regarding the new Risk Notification Return process which was introduced for providers to use to report a notification to the team. The Risk Notification Returns are about issues which are quality assurance.

All partner organisations including the Police and Health are also members of the PQI subgroup and provide information and data which relates to safeguarding, which is monitored by the North Yorkshire Safeguarding Adults Board.

The NYSAB produces a report which contains data about safeguarding adults. This report has been highlighted as example of good practice by the Yorkshire and Humber Association of Directors of Adult Social Services following their review. The group has updated its Terms of Reference and the new reporting template is working well for all partners.

Communications & Engagement

Over the last 12 months we have taken steps to strengthen the way we communicate and engage not only with partners and professional but the people who use our services as well as the general public.

The communications and engagement sub-group was dis-established in March 2020 and in its place, representatives from the NYSAB, Safeguarding Children's Partnership (NYSCP) and Community

Safety Partnership (NYCSP) will develop a Joint Communications and Engagement Strategy and a 12-month Calendar of Activity, taking into account the priorities of the partnerships.

Website

We launched our website in June 2019

(www.safeguardingadults.co.uk) The website provides information for partners and professionals as well as adults with care and support needs

Twitter

At time of publication our Twitter account has almost 800 followers.

Twitter has become a great platform for sharing key messages and information with both the public and professionals.

We monitor our account on a daily basis and interact with our followers to ensure we can link people to the information and guidance they need, make people aware of the disruption to services or just share good news stories. It is also a great way to promote our website and direct people to all of the guidance and information they need to keep themselves and others safe.

Since the COVID pandemic began and people have relied on social media to stay connected, we have realised just how important using our social media is. Just as important is our commitment to share information in an accessible way. We try to use a visual representation in our posts as well as sharing messages in a plain English format.

Social media will continue to be a big part of our communication and engagement work and we will always look at ways we

can use it to it is most effective in safeguarding adults.

Easy Read Board minutes

In March 2020, we produced our first set of easy read NYSAB minutes. They have received excellent feedback from partners, professionals and in particular from the North Yorkshire Learning Disability Partnership Board (NYLDPB) Self-Advocates. We plan to make the quarterly NYSAB minutes available in an easy read format as part of our commitment to produce accessible information.

Keeping Safe Guides

It is important that everyone has the information they need to be safe and feel safe. It is also a legal requirement under the Accessible Information Standard that people with a disability have information they can understand.

That is why the NYSAB the Safeguarding Adults Board worked with the North Yorkshire Learning Disability Partnership Board and Inclusion North to write some easy read books about 'Keeping Safe'.

Self-advocates with a learning disability helped us think about the important issues people need to know how to stay safe. Working with Inclusion North and KeyRing, self-advocates decided on the best words and images to help people understand what to do.

Together we have made three Keeping Safe books which you can download from our website

<https://safeguardingadults.co.uk/keeping-safe/easy-read-guides/>

Future work

In our commitment to create a community approach to safeguarding and following feedback from the NYSAB development day, we will undertake an engagement project to ask the people of North Yorkshire what they want to hear from us, how they want to hear from us and what they want us to hear from them.

We want to ensure that we are not only sharing information with people that they want but also in a way that they want. The engagement work will also look at discussing the setting up of Peer Review groups as well as developing more qualitative ways of gauging feedback from those who have been through the safeguarding process.

We will also be listening to people as to how they want us to feedback to them to ensure we as a Board and individual partners are accountable for our actions to create a culture of openness and transparency.

With this feedback we will review our existing suite of communication tools and also look at how we further strengthen our engagement with the people of North Yorkshire. We want to ensure that how we communicate and engage is effective in safeguarding adults.

Partnerships and Networks

NYSAB works with a number of local Strategic Boards and Partnerships:

- North Yorkshire Safeguarding Children's Partnership
- North Yorkshire Community Safety Partnership
- North Yorkshire Health and Wellbeing Board
- North Yorkshire and York Police and Crime Commissioner
- North Yorkshire and York Systems Leadership Group
- North Yorkshire Inter-Board Network
- North Yorkshire County Council

These Boards and Partnerships all have a role in leading and managing safeguarding across North Yorkshire. NYSAB works in partnership with them to identify and implement agreed collaborative initiatives.



Strategic Partners

This year we welcomed North Yorkshire Fire and Rescue Service as a strategic partner of the NYSAB

In December 2019, Dave Winspear, Group Manager, Head of Prevention and Protection, gave a presentation to the Board on how the service and the board partners can work more closely together

The NYFRS undertook a fundamental review and the main areas of focus were:

- Prevention – this work looked at mitigating and reducing risks. How to improve staff training and how to educate staff to recognise abuse and neglect and understand safeguarding and vulnerability. The review should be completed by April 2020. There are plans to talk to managers to embed the learning with fire crews.

- Protection – this work looked at buildings, including non-domestic premises and focused on social housing, particularly communal areas which are covered by different legislation. Hoarding is also an issue which can disguise other health and social care issues, and presents a risk which would involve partner agencies.

NYFRS expressed that they would like to work more closely with other agencies particularly around process and referrals. Hannah Oakley, Safeguarding Officer for the NYFRS explained the current referral system and the training available for NYFRS staff. It is difficult for fire crews to detect safeguarding issues, abuse or neglect and where there are concerns a referral is put through to the Safeguarding Officer.

Local Safeguarding Partnerships (LSPs)

Local Safeguarding Partnerships are local safeguarding meetings where partners come together across Children, Adult and Community Safety services to raise awareness of safeguarding in the local area and respond to local need. The groups identify learning needs, share good practice and deliver the local priorities within the Board and Partnership's business plans.

The groups have launched and now run on a quarterly basis, in the following areas noted below:

- **Harrogate & Craven** - The police delivered a presentation to the group about County Lines and Cuckooing.
- **County Lines** is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend.
- **Cuckooing** is a form of crime, termed by the police, in which drug dealers take over the home of a vulnerable person in order to use it as a base for county lines drug trafficking.
- **The Harrogate and Craven Partnership** have improved information sharing between partner organisations. This has been incorporated in to the local action plan. Accessing safeguarding training for frontline staff in organisations was also identified as an issue and is now being addressed.

- **Scarborough, Whitby & Ryedale** - The group has looked at what is working well and not working well and their findings were included in an action plan. The group also identified they needed to raise awareness about County Lines and Cuckooing and the police delivered a presentation; highlighting vulnerabilities for children, young people and adults by Organised Crime Groups across this rural county area.
- **Hambleton & Richmondshire** - The group focused on a different case study to be shared at each LSP meeting to identify best practice and/or any lessons learned; to help strengthen partnership working and areas of good practice for learning. Their local plan includes raising awareness about mental health issues for children, young people and adults.
- **Selby** - The changes introduced to the LSP in this area has widened the attendance at the group but also enhanced information sharing across all agencies. For example, the issues being raised in schools may not only affect children but also impact upon the wider community. The issue that was raised before lockdown was around the geographical basis of where people lived and the services they were entitled to. This can be difficult for practitioners to navigate their way round as they may live in a different local authority area yet use services within their local area.

All local areas have received the new Joint Multi-Agency Safeguarding Adults Policy and Procedures and have implemented these locally and are following these within their partnerships

Safeguarding Week 2019

North Yorkshire and City of York Adults and Children Safeguarding Boards, together with the Community Safety Partnerships, held a series of events across North Yorkshire and the City of York between 24th-28th June 2019 on the theme of "Safeguarding is Everybody's Business".

The week consisted of a range of locally organised public-facing events and a major Conference for health and social care professionals from across the County, held in Harrogate on 25th June. The conference brought together 350 professionals to take part in a number of workshops covering the following areas:

- Child Criminal Exploitation and County Lines
- Domestic Homicide Reviews
- Modern Slavery
- Suicide Prevention
- Harmful Sexual Behaviour
- Self-Neglect

There were also two keynote speakers:

Clive Ruggles - Clive Ruggles is an academic, an Emeritus Professor at the University of Leicester. Clive's life was transformed in 2016 when his younger daughter Alice was killed by an obsessive ex-boyfriend following an intensive campaign of stalking. Together with his wife Sue, the rest of his family and some of Alice's closest friends, Clive has set up the Alice Ruggles Trust (<https://www.alicerugglestrust.org>) to try to help prevent what happened to Alice happening to others. The Trust aims to raise awareness of coercive control and stalking and their dangers, to ensure that relevant legislation is effective and adhered to, and to bring about lasting change in order to protect victims.

ECPAT UK - ECPAT UK (<https://www.ecpat.org>) is the UK national representative of ECPAT International, a global network of 80 children's rights organisations in 74 countries. Since 1994, ECPAT UK's targeted and focused campaigns and activities have been successful in improving child protection, including the introduction of new UK legislation and the ratification of relevant international conventions, and in raising awareness about child trafficking, exploitation and the abuse of children by British sex offenders at home and abroad.

Locality Updates

In addition, during the week a number of local events for the public took place, including:

- Members of the Hambleton & Richmondshire local safeguarding adults group held a roadshow on Thursday 27th June 2019 to raise awareness of safeguarding and in particular modern slavery and exploitation.
- Representatives from both Adult and Children's services and as well as colleagues from Trading Standards, Citizens Advice Bureau, North Yorkshire Police and North Yorkshire Fire and Rescue, Foundation UK, who work in partnership to deliver a broad range of innovative and professional services for those who are homeless or at risk of homelessness
- District Councils and NHS services took part in raising awareness throughout the week
- Safeguarding information was shared with the public and communities of North Yorkshire promoting the message 'Safeguarding is everybody's business'
- The Cheshire Anti-Stalking and Harassment Team gave a presentation and discussion in Scarborough Council Chambers
- Hope for Justice, Modern Slavery Training also took place in Scarborough for professionals
- Local 'Loan Shark Teams' were on hand to offer advice to people around financial scams and fraud in Scarborough
- The Community Impact Team who work with local communities to provide multi-agency resources and expertise to resolve cross cutting issues from Scarborough, Whitby and Ryedale also hosted engagement events at local supermarkets throughout the locality to raise awareness

All events were well attended and received with some really positive feedback.

Across the county it is estimated that the events reached well over 1000 members of the public reaching people of all ages.

Partner Statements

North Yorkshire County Council – Health and Adult Services

Awareness and Empowerment

Key Achievements

- Completion and successful launch of new Joint Multi-Agency Safeguarding Adults Policy and Procedures across Health and Adult Services for 1st October 2019, to support Making Safeguarding Personal (MSP)
- Working in partnership to plan and deliver local events during Safeguarding Week to raise awareness within local communities.
- A Mental Capacity Act audit was undertaken to identify actions so support implementation of Liberty Protection Safeguards.
- Delivered workshops to HAS Enquiry Officers and Safeguarding Coordinators on a range of topics to support the implementation of the new Operational Guidance, including domestic abuse and DASH risk assessment, MSP, Mental Capacity Act and safeguarding 'other' enquiries.
- Attendance at User Forums and Partnership Boards.

Prevention

- Working in partnership with City of York Council to develop and complete guidance and procedures to manage the risk of Self-Neglect. Planning for implementation in North Yorkshire has commenced.
- Planning for the Post Implementation Review (PIR), has taken place to ensure that the Safeguarding Policy and Procedures have been implemented successfully within Health and Adult Services.
- Review of training was undertaken: Training for levels 3 and 4, were reviewed to reflect the new policy and procedures, and was delivered to all local authority staff, in preparation for the launch of the new procedures. Briefing notes were produced for other organisations about how to report a concern and the new role of the Safeguarding Concerns Manager. Safeguarding competencies for training are also being reviewed.

Protection and Proportionality

- Safeguarding Adults Decision Support Guidance has been approved and implemented for use across the independent care provides following a successful pilot. Health partners raised some issues with this and are now involved in a review of this document.
- This ensures that service quality and safeguarding issues are raised through the appropriate route.
- A Safeguarding Review has been undertaken and staff report that they feel that the procedures are more person centred and proportionate for the person by ensuring that the person is supported with decision making and supported to achieve their outcomes, in keeping with Making Safeguarding Personal.

Partnership Effectiveness and Accountability

- Launch of new Joint Multi-Agency Safeguarding Adults Policy and Procedures across Health and Adult Services for 1st October 2019.
- Working in partnership to plan and deliver local events during Safeguarding Week.
- Joint working with safeguarding and Community Safety Partnership staff within North Yorkshire County Council, City of York and the Yorkshire and Humber Region, to share and implement good practice.
- Persons in a Position of Trust (PiPot): New guidance has been written for responding to concerns about Persons in a Position of Trust (PiPot) A task and finish group included work with multi-agency partners including, health and police working with the local authority.
- Providing feedback regarding the Regional ADASS MSP Audit tool, which is being developed for use across the region.



North Yorkshire & York NHS Clinical Commissioning Groups (CCGs)

Awareness and Empowerment

- GP Safeguarding leads network meetings are well attended and offer additional safeguarding training and support for the dedicated safeguarding practice leads in each GP surgery.
- The well-established Health Partnership Group operates as valued peer support and an effective mechanism for disseminating and discussing local and national safeguarding issues and sharing best practice. A forum for adult supervision has now been added.
- The CCG were key partners in the development and roll out of the Health and Adult Services Operational Guidance and participated in the NYSAB Development Day.
- The CCG safeguarding team have delivered training to 631 Primary Care staff on Modern Slavery, County Lines and Criminal Exploitation, learning from statutory reviews, Domestic Abuse and Multi-Agency Risk Assessment Conference (MARAC), learning from LeDeR, Prevent and the Mental Capacity (amendment) Act.
- Level 3 safeguarding adults initial training has been delivered to Practice Nurses for the first time. Additional training has been delivered to administrative staff on safeguarding awareness and management of safeguarding information in GP practice.
- The safeguarding team contributed to arrangements for Safeguarding week in June and Modern Slavery week in October. GP practices participated in raising awareness of financial abuse.

Prevention

Alongside multi-agency partners the CCG safeguarding team has continued to further develop and embed into GP practice and provider organisations information sharing processes aimed at raising awareness and preventing future harm. These include:

- Audits of both the Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conference (MARAC) processes have been completed highlighting that both processes are well embedded within Primary Care. Primary care guidance for the management of information sharing requests for MARAC has also been developed and disseminated.
- Full engagement in the Prevent agenda
- Assessing vulnerability for adults at risk who 'Did Not Attend' health appointments
- Raising awareness of Modern Slavery & Human Trafficking, and County Lines
- Engagement with and dissemination of the Self Neglect Practice Guidance.
- Completion and dissemination of the Pressure Ulcer Guidance
- Engagement with and dissemination of the Managing Concerns around People in Positions of Trust Policy.
- Learning into action from LeDeR reviews.

Protection and Proportionality

- The CCG and Primary Care safeguarding team have supported enquiry work where complex health issues are a predominant factor and where a multi-agency response to high-risk cases is required.
- There has continued to be a significant contribution from our safeguarding officers who have been involved in 110 cases in 2019-2020, with the locality teams across the North Yorkshire region. There has been a decrease of 20 cases on the numbers from 2018-2019. The reduction is considered to be as a result of the implementation of the revised NY SAB policy and procedures in October 2019.
- The main categories of abuse in cases with CCG involvement have been neglect or self-neglect (51 cases) and physical abuse (33 cases). The safeguarding team continue to offer support and advice to practitioners in respect of actions required for potential safeguarding concerns. The number of calls for advice and support has continued to increase as awareness of adult safeguarding has developed. The safeguarding team work closely with health colleagues providing safeguarding advice and risk-management support where required for patients in receipt of Continuing Healthcare Funding.
- The number of quality assurance visits completed with partners in NYCC to independent care providers has seen an increase from 27 to 31. These visits enable early identification of safeguarding, quality and safety issues in order that interventions can be offered to support providers to deliver safe care and protection.
- The CCG quality and safeguarding teams have delivered support and training to care organisations as part of improvement programmes alongside colleagues from the Care Quality Commission and Local Authorities as a proportionate response to ensure the safety of residents.



Partnership Effectiveness and Accountability

- Scarborough & Ryedale CCG has been the host for the safeguarding team on behalf of the four North Yorkshire and York CCGs. The consultation process has been completed merging three of the CCGs into one new North Yorkshire CCG from April 2020 and will continue to host the safeguarding team for North Yorkshire CCG and Vale of York CCG.
- The new Named Nurse for Primary Care commenced in post June 2019 strengthening existing safeguarding arrangements and more recently a new Specialist Nurse for Primary Care has also been recruited.
- A joint Safeguarding Accountability & Assurance Framework was published in August 2019 by NHS England and NHS Improvement providing a strengthened commitment by the NHS to promoting the safety, protection and welfare of children, young people and adults at risk.
- All GP practices have had the opportunity to register for and complete the electronic NHS E Safeguarding self-assessment tool providing assurance of compliance with safeguarding arrangements. In 2020/21 the team will offer support to individual practices that have not yet commenced the self-assessment tool.
- Local delivery of the Learning Disability Mortality Review Programme (LeDeR) has been maintained following successful bids for funding to continue the role of the Specialist Nurse, to recruit two reviewers and to progress Learning into Action from completed reviews.
- The NY CCG Chief Nurse is the executive member of the NY SAB and the CCG Designated Professionals and Nurse Consultant and Named Nurse for Primary Care have played active roles in NY SAB and all its subgroups.
- Progress (year 2 of 3) has been made against all areas of the CCG Safeguarding Adults Strategy with most domains achieving completion.
- The team has now joined with children's colleagues to strengthen a regional approach to safeguarding with designated professionals across the Humber, Coast and Vale Health and Care Partnership. The newly formed group has been successful in gaining funding to host a safeguarding conference across the network in 2020/21.



Airedale, Wharfedale and Craven NHS Clinical Commissioning Group (CCG)

Awareness and Empowerment

Key Achievements

- We have delivered our revised face-to-face safeguarding training, tailored to the needs of CCG staff roles.
- Our Named Doctors have delivered face to face training to GPs and Practice Safeguarding leads.
- We have supported an increased number of people with complex health needs to use Personal Health Budget (PHB) and take charge of arranging their own healthcare, around their individual circumstances.

Areas for development

- We will need to adapt our approaches to staff training and patient / public engagement in light of the COVID 19 pandemic.

Prevention

Key Achievements

- The CCG has adopted a revised tool to assess the impact of service changes in relation to safeguarding adults.
- We have delivered level 3 PREVENT training about exploitation and violent extremism to our staff and GPs.
- Our managers have supported staff through proactive enquiry about domestic abuse as part of routine return to work interviews following staff sickness.
- We have continued to work with partners to develop our 'Happy, Healthy at Home' plan for the future of health and care in Bradford District and Craven.

Areas for development

- We will need to assess the safeguarding impact of the health system COVID 19 response and review how we can contribute to the prevention of abuse and neglect within our different ways of working.



Protection and Proportionality

Key Achievements

- We have run a series of ‘MCA and consent Masterclass’ sessions for staff across the health system in support of the Making Safeguarding Personal agenda.
- Our safeguarding team have provided domestic abuse information and support to testing centres as part of our COVID19 response.

Areas for development

- Planning for the implementation of the new ‘Liberty Protection Safeguards’ which will help make sure we balance protecting peoples’ rights with need for care and support.

Partnership Effectiveness and Accountability

Key Achievements

- We have used our safeguarding and quality systems to monitor how well our providers are doing in protecting people from abuse and neglect and provided regular written assurance reports to our Governing Bodies.
- Working with our Named Safeguarding GPs, we have developed a safeguarding assurance tool for primary care.
- The CCG agreed an increase in resource to the safeguarding team, including a Specialist Practitioner to support primary care and a new dedicated MCA lead post.
- Our Health Safeguarding Adults group has provided leadership and mutual support to safeguarding adults leads across the health system.

Areas for development

- Implementing and evaluating the safeguarding assurance tool for primary care and recruiting to the Specialist Practitioner and MCA lead post.



North Yorkshire Police

Awareness and Empowerment

Key Achievements

- All new officers received a week Safeguarding training delivered by Safeguarding experts and operational leads.
- Making Safeguarding personal is promoted and explained in training and procedures.
- 1022 officers have been trained in our current Mental Health training package.
- Promotion of Multi-Agency Tasking and Coordination (MATAC), making victims aware of services available to manage perpetrators
- The Missing from Home team have worked with adult care homes and families to develop knowledge of the Herbert Protocol.

Areas for development

- NYP Safeguarding Champions program – frontline police supervisors’ attachments to Safeguarding teams to develop understanding and experience.
- Future development involving direct training input to non-frontline NYP staff regarding the early identification of vulnerability and adult safeguarding concerns.

Prevention

Key Achievements

- 320 Domestic Violence Disclosures, help to empower and prevent future victims of domestic abuse.
- Over 290 Domestic Violence Prevention Orders applied for at court, protecting victims who have experienced violence
- 71% of domestic abuse perpetrators adopted by MATAC have reduced their offending
- Proactive Polygraph, although voluntary will assist in the early identification of risk which supports safeguarding of adults and children

Areas for development

- Analyse and research of Domestic Abuse prevention and early interventions to assess learning and success.



Protection and Proportionality

Key Achievements

- Development of the Banking Protocol supports older people who are at risk of fraud and is a scheme in which high street banks contact police if fraud is suspected.
- The adoption of crimes against Sex Workers as a hate crime.
- Proactive visits to sex workers who are identified as being vulnerable resulting in positive outcomes and national recognition for the media campaign.
- Polygraph Implementation

Areas for development

- Promotion of the NYP Adult at Risk Action Plan with internal colleagues and our partners.

Partnership Effectiveness and Accountability

Key Achievements

- Actively involved in the development of the Multi Agency Sexual Violence Strategic group.
- Chair the Multi Agency Sex Worker Professional group promoting rights and ensuring timely access to the right services
- Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Tasking and Coordination (MATAC) engagement continue allowing victims to be heard, agencies to share information and challenge offender behaviour

MARAC is a multi-agency risk assessment conference, which are held locally with the intention of helping high risk victims of domestic abuse. These confidential meetings are attended by domestic abuse specialists, police, children's social services, health and other relevant agencies all sit around the same table. They talk about the victim, the family and perpetrator, and share information with a view to formulate written plans to reduce the risk of harm and provide support for the victim.

MATAC is a multi-agency tasking and coordination pathway that focuses on changing the behaviour in serial perpetrators of domestic abuse, who cause the most harm.

Areas for development

- Preferred future development of an adult safeguarding Multi-Agency Safeguarding Hub (MASH).
- The development of multi-agency safeguarding Hubs co-located with partners.
- The identification of prevention and early intervention opportunities at a single multi-agency level.

You can find all non-statutory partner statements on our website <https://safeguardingadults.co.uk/partner-statements/>



Safeguarding Adults Reviews and Lessons Learned Review

Section 44 of the Care Act states that we must carry out a Safeguarding Adults Review (SAR) if certain criteria are met. These are undertaken by an external independent individual with relevant expertise.

This is so that we can identify cases where an adult, with care and support needs, had died or been seriously harmed, and abuse or neglect is suspected. The aim is not to apportion blame to any individual or organisation. It is to seek to identify learning and make improvements. We then hold agencies to account to deliver on these actions. In the past 12 months, the NYSAB have carried out one SAR. We worked in partnership with two other SAB's on a second SAR. We also completed a lessons learned review.

In addition, we have commissioned two further SARs. These will be completed within the coming months and the findings will be published in the NYSAB 2020/21 Annual Report.

SAR 'Ian'

This review looks at the actions of the agencies involved in supporting 'Ian' a gentleman who died in 2017 after taking his own life. The review looked specifically at the multi-agency response to Ian's needs in the period prior to his death. We thank Ian's family for their help with this review during this difficult time for them.

The report makes a number of recommendations to the individual agencies involved and the NYSAB as a whole, all of which are accepted by the NYSAB in full. As agreed with his family, the pseudonym of 'Ian' was used for this review.

Now that the SAR has been completed, the Learning and Review Group are monitoring the action plan which sets out 7 recommendations to be taken forward by the organisations involved in Ian's life as well as the NYSAB as a whole. One year after the report was published the NYSAB will publish an update which sets out what those organisations have done in response to the recommendations made.

SAR 'Mr K'

We supported Kirklees SAB with Leeds SAB to undertake a review concerning Mr K, a gentleman with a learning disability who sadly died. The review was carried out using methodology used for Learning Disability Mortality Reviews (LeDeR) which take place when a person with a learning disability dies.

The review found a number of areas of good practice of those who supported Mr K throughout his life. No abuse or neglect was identified. In contrast, the review identified positive partnership working in caring for Mr K and noted the dedication of those in North Yorkshire who worked with him.

Further information about the review and its findings can be found on the Kirklees Safeguarding Adults Board website at the following link: <https://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/learning-from-a-recent-review.pdf>

Lessons Learned Review Mrs S

When the criteria for a Safeguarding Adults Review is not met, the SAB can opt to conduct a different review, known as a 'lessons learned' review. This follows a rigorous process and is conducted by an independent individual with relevant expertise.

Two independent Reviews were commissioned by the NYSAB North Yorkshire Safeguarding Adults Board regarding the care experience of Mrs S, who sadly died in June 2018

The first of these, followed a number of safeguarding alerts and complaints raised by one of Mrs S' daughters between 2013-2017 regarding her mother's care in a nursing home.

To assure the Safeguarding Adults Board of the quality of care received by Mrs S and that any multi-agency lessons are identified and acted upon, a second independent case review which evaluated the care and treatment of Mrs S in the final weeks of her life was also conducted.

The Learning and Review Group are monitoring the action plan for these reviews which sets out the recommendations for the organisations involved in Mrs S' care and treatment. A report will be published later in 2020 which sets out what action has been taken by each of the organisations.

All of the completed reviews can be read in full on our website: <https://safeguardingadults.co.uk/learning-research/nysab-learning/>

Strategic Priorities 2020/21

At the NYSAB meeting in March 2020 it was agreed that due to the impact the coronavirus pandemic was having on the delivery of strategic work, that the NYSAB should reconsider what its priorities should be in the 2020/21

The pandemic impacted and delayed the work of the NYSAB, as evidenced in the Board Delivery Plan and although many of the actions relating to the priorities were carried out, these priorities will now take on a different relevance due to the work around Covid.

It was agreed that the Board would keep the same priorities as 2019/20, with the inclusion of how response & recovery from Covid will form part of the Board's work over the 2020/21 period.

Attendance Record

Organisation	Designation	June 2019	September 2019	December 2019	March 2020
North Yorkshire County Council	Independent Chair	Y	Y	Y	Y
	Corporate Director of Health and Adult Services	Y	Y	Y	N
	Assistant Director	Y	Y	Y	Y
	Director of Public Health	N	N	Y	N
	Public Health Consultant	Y	Y	-	Y
North Yorkshire Police	Deputy Chief Constable / Assistant Chief Constable	Y	Y	Y	Y
NHS Clinical Commissioning Groups (CCGs)	Designated Professional for	Y	Y	Y	Y
Airedale, Wharfedale, Craven CCG		N	Y	Y	Y
Harrogate District Foundation Trust (on behalf of Acute and Community Trusts)		N	N	Y	N
Tees, Esk and Wear Valley NHS FT		Y	Y	Y	Y
Richmondshire District Council (on behalf of Borough/District Councils)		Y	Y	Y	Y
Community First Yorkshire		Y	Y	Y	N
Healthwatch		Y	Y	N	Y
Independent Care Group		Y	N	N	N
Legal Advisor to the Board		N	Y	Y	N
Probation Service					Y
Trading Standards				Y	N
North Yorkshire Fire and Rescue Service				Y	Y

Financial Record

Funding

The NYSAB Budget is made up of contributions from the three statutory partners – the County Council, Police and NHS. As well as direct funding, the NYSAB is also provided with services ‘in kind’ by a number of agencies.

Income 2019/20	
North Yorkshire County Council	£147,574
North Yorkshire Police	£37,000
North Yorkshire CCGs	37,000
Total	£221,574

Expenditure 2019/20	
Independent Chair	£14,222.55
Staffing	£191,744
Supplies and Services	£4,548
Safeguarding Adults Review	£6,194.29
Total	£216,708.84

These figures include funding for the post of Policy Implementation Officer to prepare for implementation of the revised Multi-Agency Safeguarding Policies and Procedures.

Contact details:

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County Hall
Northallerton
DL7 8DD

Email: nysab@northyorks.gov.uk

Web: www.safeguardingadults.co.uk



Making safeguarding everybody's business in North Yorkshire

Contact us

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Item Number: 10	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body Date of meeting: 7 January 2021	 Vale of York Clinical Commissioning Group
Report Title – North Yorkshire and York CCGs Safeguarding Children and Looked After Children Annual Report 2019/20	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report This report provides assurance to the Governing Body that the CCG has fulfilled its statutory responsibilities to safeguard the welfare of children, including those that are Looked After. The report was also received at the Quality and Patient Experience Committee on 10 December.	
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

The Governing Body is asked to receive the report as assurance.

Decision Requested (for Decision Log)

The Governing Body received the report.

Responsible Executive Director and Title

Michelle Carrington
Executive Director of Quality and Nursing / Chief
Nurse

Report Author and Title

Designated Professionals



Safeguarding and Looked After Children

Annual Report 2019 - 20

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1. Introduction

1.1 Purpose of the Report

Welcome to the North Yorkshire and York CCGs Safeguarding and Looked After Children Annual Report for 2019 - 2020 – our eighth report to CCGs and partners.

The past year has seen some major changes and challenges across the single and multi-agency safeguarding children agendas:

The **Safeguarding Children Partnerships** for North Yorkshire and the City of York were formally established in 2019. The new overarching legislative framework places the responsibility for agreeing and monitoring multi-agency arrangements for the safety and welfare of children on the three 'statutory partners' – the local authorities, police and CCGs. Each Partnership, with the support of their Independent Scrutineers, has reviewed membership, sub-groups, ways of working and engagement with those agencies who fall outside of the statutory partners.

During this period, the **CCGs** were also moving toward new arrangements and new ways of working, which culminated in the creation of the North Yorkshire CCG in April 2020, with Vale of York CCG remaining a separate organisation.

It has also been a period of substantial change within the CCGs **Safeguarding Children Team**, with two of the Designated Nurses 'retiring and returning', the Nurse Consultant for Safeguarding in Primary Care moving to a Designated Nurse role, and the

appointment of a new Safeguarding Practitioner for Primary Care.

We continue to try and respond to challenges posed by '**contextual safeguarding**' – risks to children from outside family networks. This requires creative and joined-up thinking across agencies in order to effectively support and protect some of our most vulnerable children and young people.

Finally, the **Covid-19** pandemic has tested us as professionals, organisations and partnerships. There has been an urgent imperative to rethink and restructure our established Child Protection Systems to ensure they continue to operate robustly. At the same time, concerns have been escalating about those children who have been 'invisible'. The impact on children's safety and their physical and emotional health during lockdown in so-called 'pressure cooker' families is yet to be fully recognised and addressed. Supporting and protecting our children and young people has rarely been as important as at the present time.

The Designated Professionals Team

This report provides assurance to the CCGs, their governing bodies,

partner agencies and members of the public that the CCGs have fulfilled their new statutory responsibilities to safeguard the welfare of children, including those that are Looked After.

The report considers how the CCG's statutory functions are delivered, and how safeguarding children and Looked After Children practice is supported, monitored and developed across the health economy and in partnership with other agencies.

The report also reviews how that practice has been swiftly revised and adapted to meet the unprecedented demands of the Coronavirus pandemic, recognising that many children have been 'invisible' during lockdown in families with increased levels of stress, and that the true scale of the harm to children has yet to be realised and responded to.

This report concludes by setting out priorities for the year ahead – continuing to work with rapidly changing national guidance as the pandemic continues.

“The coronavirus (COVID-19) pandemic represents a time of severe pressure across society, which we know presents heightened levels of risk for some children.

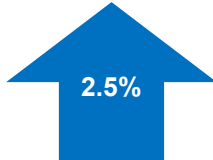
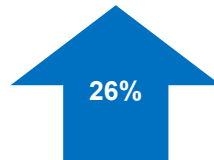
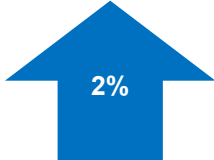
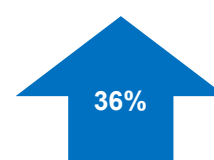
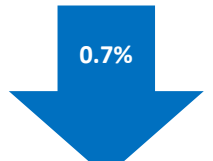
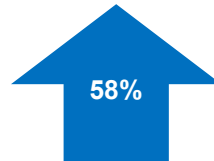
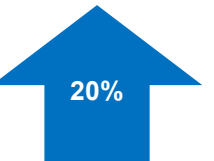
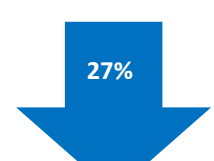
It is, therefore, especially important that these children continue to receive the services and support they need, although the way in which this is delivered will need to continue to change and adapt to reflect the current circumstances.”

(DfE, 2020¹)

2. Safeguarding and Looked After Children – the national and local landscape

The number of Looked After Children in England (LAC) has continued to increase steadily over the last 10 years with the rate of LAC of 65 per 10,000 children (up from 64 in 2018 and 60 in 2015). On 31st March 2019 there were 78,150 LAC, a 4% increase on

2018. On 31st March 2019, 72% (56,160) of children looked after were living with foster carers (13% in a foster placement with a relative or a friend, 58% with a foster carer who is not a relative or a friend). 10% (8,110) of the children had had 3 or more placements during the year and 22% (17,160) had two placements. (DfE, 2019²)

	Local authority LAC accommodated in area (as of 31.03.20)	Local authority LAC accommodated out of area (as of 31.03.20)	Total number of LAC by local authority (as of 31.03.20)	LAC from other local authorities accommodated in North Yorkshire and City of York (as of 31.03.20)	Total number of children in local authority (as of 31.03.20)
North Yorkshire	361  352 (31.03.19)	81  64 (31.03.19)	443  434 (31.03.19)	354  260 (31.03.19)	117, 428
City of York	140  141 (31.03.19)	122  77 (31.03.19)	262  218 (31.03.19)	21  29 (31.03.19)	36,625

Arrows show percentage change from 2019

City of York figures are provisional and have not yet been validated by DfE as part of the statutory returns

2.2 Meeting the health needs of Looked After Children

Statutory Guidance *Promoting the Health and Wellbeing of Looked After Children* (DfE and DoH, 2015³) describes how most children become Looked After as a result of abuse and neglect. Although they have many of the same health issues as

their peers, the extent of these is often greater because of their past experiences (p.8). CCGs have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services to Looked After children are provided without undue delay.

All Looked After Children should have an Initial Health Assessment (IHA) by a paediatrician within 20 working days of becoming looked after (Department of Health, 2015). Looked After Children up to 5 years of age have a Review Health Assessment (RHA) every 6 months and children aged 5 years and over have an annual Review Health Assessment. An ongoing challenge for City of York and North Yorkshire LAs, the CCGs and health providers is meeting these timeframes. During 2019-20 the Designated Professionals have worked extensively with their colleagues in partner agencies to address the complex system issues which impact on timeliness and will continue to closely monitor performance data.

The quality of health assessments remains a key priority for the team. We remain committed to ensuring the outcomes from quality audits focus on improving health outcomes for all children who are Looked After. Following the Quality Review of IHAs in August 2018, feedback was given by the Designated Doctors to the paediatricians who carry out the IHAs in North Yorkshire and York. Areas of good practice and the areas for improvement identified in the audit were highlighted. Individual training to paediatricians who are new to carrying out IHAs was offered by the Designated Doctors. A further Quality Review will be carried out in 2020 to evaluate if this approach has been successful.

During the Covid-19 pandemic, all health assessments have had to be delivered in a different format. However, the commitment to quality has still been paramount, and quality assurance processes have provided assurance that children and young people have not been adversely affected in terms of their health needs assessments because of the imperative to adopt different ways of working.

CCGs have a duty to cooperate with requests from other local authorities who place children in North Yorkshire and York to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay (DfE & DoH, 2015). The number of out of area children accommodated in North Yorkshire and York as of 31.03.20 was **375** in total. This represents an increase of **65** since 31.08.18.

The local health systems capacity to respond to the health needs of children placed in our locality is the subject of frequent review by the team.

2.3 Unaccompanied asylum seeking children and young people

North Yorkshire (as of 31.03.20)	City of York (as of 31.03.20)
16	<5 Figure is suppressed due to small numbers

North Yorkshire and York continue to receive a number of Unaccompanied Asylum Seeking Children (UASC). These children receive enhanced IHAs focusing on their additional physical and emotional health needs. It is anticipated that during 2020-21 there will be a surge in UASC placed in North Yorkshire and York – this is as a consequence of the increased numbers of asylum seekers entering the country during the early months of 2020, who were not able to be moved to final destinations due to Covid restrictions. The Designated Professionals team are working with partner agencies in order to respond effectively to the needs of this particularly vulnerable group of children.

2.4 Children in receipt of Safeguarding and Child in Need services

North Yorkshire

City of York

Number of Initial Child Protection Conferences	545 (April 18-March 19: 563)	3.2%
Number of Child Protection Plans	327 (April 18-March 19: 367)	11%
Children in receipt of Child in Need support	2605 (figures not available for previous year)	

Number of Initial Child Protection Conferences	371 (April 18-March 19: 228)	63%
Number of Child Protection Plans	239 (April 18-March 19: 159)	50%
Children in receipt of Child in Need support	1225 (figures not available for previous year)	

It is of note that the numbers of children subject to Child Protection Plans and Looked After in the City of York have increased significantly from the previous year. Following the appointment of a new Director and Assistant Director of Children’s Services in the City, and a subsequent Ofsted Single Agency Inspection in 2019, an Improvement Board was established. Children’s Social Care undertook a systemic review of the service, including a review of all open cases. This resulted in a rise in numbers of children subject to Child Protection Plans and children being admitted to care. The Designated Nurses are substantive members of the Improvement Board and provide external scrutiny, support and appropriate challenge. They have also provided detailed reports to the Board with regard to the health provision for children in care.

“Currently, CCGs are responsible in law for the safeguarding element of services they commission.

As commissioners of local health services, CCGs need to assure themselves that organisations from which they commission



3. How the team supports the delivery of CCG statutory safeguarding functions

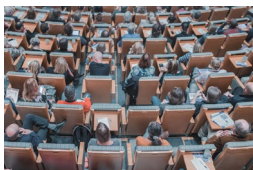
What we need

What we have

<p>Employing or securing the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children, and a Designated Paediatrician for Unexpected Deaths in Childhood.</p>	<p>The four North Yorkshire and York CCGs have a collaborative arrangement in place to secure the expertise of Designated Professionals. In preparation for the merger of the 3 North Yorkshire CCGs the Memorandum of Understanding that underpins these arrangements was refreshed to reflect the new commissioning landscape from April 2020.</p> <p>A further restructure of the team has been completed in order to support succession planning whilst continuing to secure the highly regarded safeguarding resource for primary care.</p>
<p>CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.</p>	<p>Section 32 of the NHS Standard Contract 2019-20 provides direction regarding the arrangements that must be in place in provider organisations specific to safeguarding children. This is the first time that such a direction has been included in the Standard Contract.</p> <p>Health provider organisations across NY and York also have safeguarding children local quality requirements (LQRs) in their contracts with the CCGs. The Designated Nurses have previously provided scrutiny of provider safeguarding children performance against these LQRs and, where necessary, offer professional challenge and support. Further work is required during 2020-21 to strengthen these processes and enhance scrutiny of compliance against the NHS contract.</p> <p>Designated Nurses continue to sit on the majority of NHS provider governance committees to offer external expert scrutiny, advice and challenge.</p>
<p>Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Local Safeguarding Children Partnerships.</p>	<p>CCGs are represented at the Safeguarding Children Partnerships by the Executive Director for Quality and Nursing (NHS Vale of York CCG)/Chief Nurse (NHS North Yorkshire – previously NHS Scarborough and Ryedale CCG) and by the Designated Professionals.</p> <p>Designated Professionals continue to chair various Partnership sub-groups.</p> <p>Members of the Designated Professionals team are active members of all Partnership sub-groups.</p> <p>The Designated Nurse for Vale of York CCG provides external scrutiny and challenge as a substantive member City of York Children’s Services Improvement Board.</p>

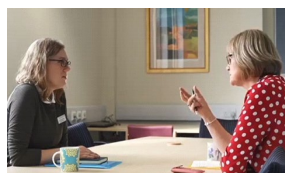
Ensuring effective arrangements for information sharing.	All four CCGs have signed up to the North Yorkshire and City of York Multi-agency Partnership Information Sharing Protocol.
Clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements.	The North Yorkshire and York CCGs have clear safeguarding children governance structures.

4. How the team supports safeguarding and children in care across the health economy



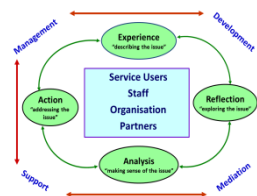
Safeguarding Training

722 Primary Care



Primary care

Increased demand of



Supervision



SCHPN

Bi-monthly






Development and mentorship

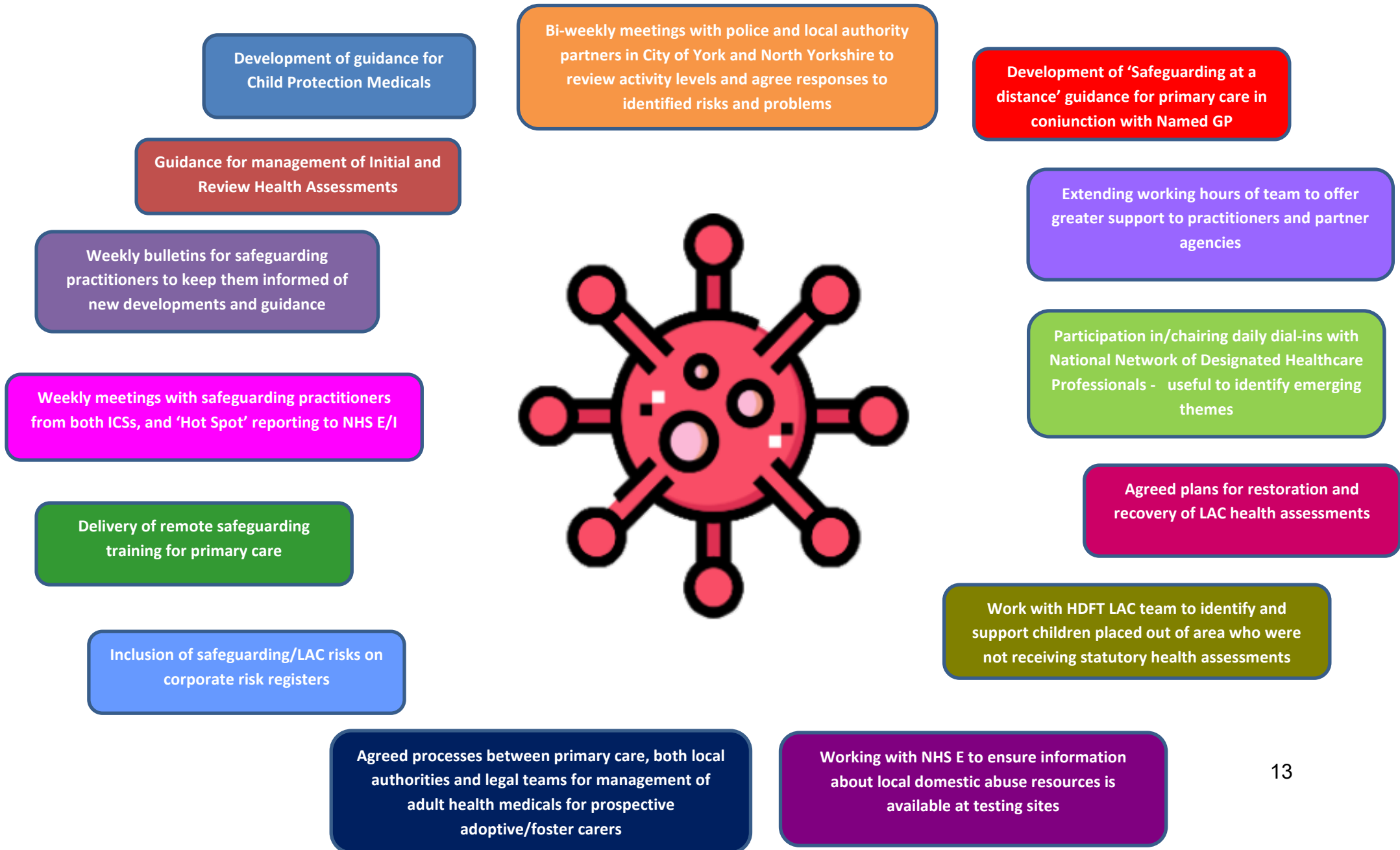


LAC HPN Network





5. How the team developed and embedded safeguarding children pathways and systems

Development of multi-agency guidance	ICON	City of York MASH	Working across the ICS footprints	Primary Care Developments
		 <p>Multi-Agency Safeguarding Hub</p>		
<p>Led on development of multi-agency practice guidance:</p> <ul style="list-style-type: none"> Managing Injuries to Non-Independently Mobile Children Safeguarding Unborn Babies Fabrication and Induction of Illness Assessing and Responding to the Impact of Parental Mental Ill Health on Children 	<p>Implementation of ICON programme across North Yorkshire and York – programme launched November 2019.</p> <p>Evidence-based programme designed to support parents with normal infant crying and reduce incidence of abusive head trauma.</p> <p>All providers of maternity and Healthy Child Services supported implementation.</p> <p>Leading on development of ICON for premature infants.</p>	<p>Led on work to secure a health resource in CoY MASH.</p> <p>Post jointly funded VoY CCG and Public Health.</p> <p>MASH health workers will ensure relevant and proportionate information, from across the health economy is available to inform robust decision making.</p> <p>Standard Operating Manual developed to support this work.</p>	<p>Meetings of Safeguarding Leads established across Humber, Coast and Vale, and West Yorkshire and Harrogate ICSs.</p> <p>Agreement of key principles underpinning safeguarding work across systems.</p> <p>Sharing of locally developed resources.</p> <p>Progress reporting to NHS E/I.</p>	<p>Primary Care policies updated in line with revised national guidance and local multi-agency arrangements.</p> <p>Audit of Safeguarding process assurance that systems introduced are embedded into practice.</p> <p>NHSE Safeguarding Self-Assessment tool introduced to practices to further enhance assurance processes.</p> <p>Safeguarding links commenced with the newly established Primary Care Networks across North Yorkshire and York.</p>

6. Supporting safeguarding children practice during Covid-19



7. Establishing new partnership arrangements

 <p>North Yorkshire Safeguarding Children Partnership</p>	<p>Proposals for the establishment of North Yorkshire Safeguarding Children Partnership were agreed by the Secretary of State in July 2019 and the new Partnership held its first meeting the same month. The first annual report produced by the Independent Scrutineer (March 2020) concludes that the Partnership has made a positive start: ‘...<i>this new way of working enables leaders at service delivery and quality assurance levels to maintain ownership of the safeguarding agenda</i>’. (Full report available at: https://www.safeguardingchildren.co.uk/wp-content/uploads/2020/07/81873-Scrutineer-first-Annual-Report-for-NYSCP-31-March-2020_interactive.pdf)</p>
 <p>City of York Safeguarding Children Partnership</p>	<p>In February 2020 CYSCP invited an external review of the partnership arrangements. The Designated Professionals supported this review by participating in group and one to one discussions with the Reviewer. The subsequent report provided clear direction on how the arrangements could be strengthened, with particular focus on streamlining governance and improving the independent scrutiny arrangements. A new Independent Scrutineer will be appointed by the Autumn of 2020</p>
	<p>The Children and Social Work Act (2017)⁵ transferred the responsibility for the Child Death Overview process to CCGs and local authorities. Child Death arrangements across North Yorkshire and York continue to be managed jointly across the two areas and link into a wider geographical footprint in order to identify themes, trends and associated learning arising from child deaths. During the year 2019-20, CDOP conducted and signed off 39 reviews into child deaths.</p>
	<p>The Designated Professionals provide expert advice and support to the CCG Chief Nurses and Governing Bodies, health providers and the wider multi-agency partnerships. This ensures that ‘health’ fulfils its legal duties and plays a critical role in ensuring that children in North Yorkshire and York are appropriately safeguarded. The CCGs were represented at 100% of Partnership meetings during 2019-20.</p>

8. Inspections, reviews and significant incident processes

<p>'Jane' Significant Incident Investigation (CYSCP)</p>	<p>This investigation into events surrounding the death of a young child from York in January 2017 was led by NHSE and has now concluded. The recommendations for Vale of York CCG and the CYSCP have been addressed.</p>
<p>Child P Learning Lessons Review (CYSCP)</p>	<p>This review was commissioned by CYSCB in July 2018. It involved a case of significant sexual assault by an older child on a much younger child. The final report and action plan were submitted to CYSCP in April 2019. The actions included the partnership commissioning the NSPCC to introduce the Harmful Sexual Behaviours Framework across the City, with the aim of supporting professionals to recognise and respond to HSB more effectively.</p>
<p>Baby Thomas Single Agency Review (CYSCP)</p>	<p>Following the death of a young baby towards the end of 2019, CYSCP agreed a health Single Agency Review (SAR) should be undertaken. The SAR will focus on how health organisations worked together, along with the family to identify and respond to factors known to increase the risk of Sudden Unexpected Death in Childhood. The final report is scheduled to be shared with CYSCP in October 2020.</p>
<p>'Claire' Serious Case Review (NYSCP)</p>	<p>This review considered circumstances around the death of a teenager in a mental health setting in March 2017. Publication of the final report was significantly delayed by the coroner's inquest which was not held until November 2019. All recommendations for health agencies have been completed.</p>
<p>Learning Lessons Review NY</p>	<p>This review was undertaken in conjunction with North Yorkshire Police and the North Yorkshire Safeguarding Children Partnership into the circumstances surrounding the arrest and conviction of two boys on charges of conspiracy to murder. The full review will not be fully published due to ease of</p>

	<p>identification of the young people concerned. However, learning from the case will be published on the Partnership website.</p>
<p>'Henry' Local Child Safeguarding Practice Review</p>	<p>This review was undertaken in June 2019 under the revised arrangements for conducting safeguarding children practice reviews. The case featured a young infant who sustained significant injuries including fractures. Learning was in relation to the assessment of perinatal ill health, multi-agency holistic assessment and information sharing.</p>
<p>Significant Incident (SI) Processes</p>	<p>The Designated Nurses continue to work with the CCG Significant Incident Teams and Quality Leads to strengthen and embed safeguarding children oversight of provider SI reports. This has enabled the Designated Nurses to offer expert scrutiny and challenge across SI processes. The aim is to ensure that any safeguarding children issues arising from SIs are accurately identified, themes recognised and appropriate actions implemented to strengthen practice.</p>
<p>Multiagency Complex Case (NYSCP)1</p>	<p>In December 2019 the Designated Nurses and Nurse Consultant for Primary Care began working with senior colleagues across partner agencies in response to a police investigation involving a convicted paedophile who was known to have worked in a position of trust. This highly sensitive case required a high level of co-ordination and co-operation with partner's organisations in order to identify and put in place services for any newly identified victims. The operation was successfully concluded early summer 2020.</p>

9. Summary and moving forward

This report demonstrates that there continues to be robust arrangements in place to support the CCGs to deliver on their responsibilities with regard to safeguarding children and Looked After Children, and that these arrangements are compliant with revised statutory guidance.

The Designated Professionals team continue to work across the health economy and in conjunction with partner agencies to review safeguarding and children in care practice, consider and implement improvements to strengthen practice, and to celebrate successes.

Key strategic priorities for the year ahead are summarised in the table opposite and these will be developed into an associated action plan by the Safeguarding Team.

Safeguarding during a pandemic	Revising single and multi-agency systems for safeguarding and Looked After Children in light of national guidance to ensure that all parts of the system provide continuity of care for vulnerable children and young people.
City of York safeguarding arrangements	Continuing to ensure effective contribution from across the health economy to the revised multi-agency safeguarding children arrangements in City of York, including the new MASH.
Audit programme	Structured audit programme to consider other impact of other practice innovations including Domestic Abuse Notifications, Midwifery Notifications and Quality of IHAs.
Working across the ICSs	Engaging at a strategic level with emerging commissioning and provider structures to ensure the safeguarding children elements of this agenda are reflected in new arrangements in line with agreed priorities.
Children in care	Strengthening current arrangements for Looked After Children across North Yorkshire and City of York to promote positive health outcomes, particularly in light of the anticipated increase in numbers of children coming into the care system.

10. References

- ¹ **Department for Education Coronavirus** (COVID-19): Guidance for children's social care services (2020) accessible at: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>
- ² **DfE**: Children Looked After In England (Including Adoption) Year Ending March 2019 (2019) accessible at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf
- ³ **Department for Health**: 'Promoting the health and wellbeing of Looked After Children – statutory guidance for local authorities, clinical commissioning groups and NHS England' (2015) accessible at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf
- ⁴ **NHS E/I**: 'Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework' (2019) accessible at: <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-children-young-people-adults-at-risk-saaf.pdf>
- ⁵ **HM Government**: 'Children and Social Work Act' (2017)

11. Abbreviations

CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CYSCP	City of York Safeguarding Children Partnership
IHA	Initial Health Assessment
LAC	Looked After Children
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NYCC	North Yorkshire County Council
NYY	North Yorkshire and York
NYSCP	North Yorkshire Safeguarding Children Partnership
RHA	Review Health Assessment
SCR	Serious Case Review

Report authors

Elaine Wyllie, Karen Hedgley and Jacqui Hourigan - Designated Nurses for Safeguarding Children and Children in Care

Dr Natalie Lyth and Dr Sarah Snowden - Designated Doctors for Safeguarding Children and Children in Care


Dr Sally Smith - Designated Doctor for Child Deaths

If you would like any additional information or detail in relation to this report email the team at scrccg.safeguarding-adminteam@nhs.net

Alternative formats of documents and information

Information contained in this report can also be requested in other languages. If you need this or if would like additional copies of this report email scrccg.safeguarding-adminteam@nhs.net

Image source courtesy of Unsplash images

Item Number: 11			
Name of Presenter: Simon Bell			
Meeting of the Governing Body Date of meeting: 7 January 2021	 Vale of York Clinical Commissioning Group		
Report Title – Financial Performance Report Month 8			
Purpose of Report For Information			
Reason for Report 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 November 2020. To provide details and assurance around the actions being taken.			
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability </td> </tr> </table>		<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 checked="" type="checkbox"/> Financial Sustainability
<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 checked="" type="checkbox"/> Financial Sustainability		
Local Authority Area <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council </td> </tr> </table>		<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
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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:

Recommendations

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

Decision Requested (for Decision Log)

The Governing Body noted 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 November 2020
Month 8 2020/21

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. Reported position against plan – The CCG's reported Year to Date and Forecast Outturn position at M8 are in line with financial plan. This is after adjustments for the final true-up allocation relating to M6 and excluding spend on areas considered outside of envelope. Spend on these outside of envelope areas will be reimbursed centrally, in a similar arrangement to that for COVID related spend in M1-6. The most significant area is the Hospital Discharge Programme, with smaller areas of spend relating to influenza vaccines, asylum seekers and GP returners. The CCG's YTD spend at M8 on these areas was £2.13m, with £2.04m of this relating to the Hospital Discharge Programme.

2. Allocation adjustments – The CCG has now received the £318k allocation uplift for Primary Care, which was included as a risk in the financial plan submission and formed part of the planned deficit. This adjustment nets off against the planned deficit, leaving a net deficit of £1.02m relating to Additional Roles reimbursement funding. Central funding for Additional Roles is to be reclaimed as and when actual spend incurred is higher than the funding in the CCG baseline. This means that funding for this element will not be accessed until later in the financial year. Importantly this funding is expected to match actual expenditure and therefore ensure the CCG achieves a break-even position.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	Year to Date				Forecast Outturn			
	Target £m	Actual £m	Variance £m	RAG rating	Target £m	Actual £m	Variance £m	RAG rating
In-year running costs expenditure does not exceed running costs allocation (see note)	4.2	3.9	0.2	G	6.4	6.0	0.4	G
In-year total expenditure does not exceed total allocation (Programme and Running costs - see note)	354.6	357.1	(2.5)	R	529.5	532.6	(3.1)	R
Better Payment Practice Code (Value)	95.00%	99.38%	4.38%	G	95.00%	>95%		G
Better Payment Practice Code (Number)	95.00%	97.54%	2.54%	G	95.00%	>95%		G
CCG cash drawdown does not exceed maximum cash drawdown					528.7	528.7	0.0	G

- In-year total expenditure is currently showing as exceeding allocation based on the following:
 - £2.13m for spend allowed outside of envelope in M7 & M8
 - £338k YTD planned deficit and £1.02m full year planned deficit, relating to Additional Roles reimbursement and for which additional funding is expected.

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	4.2	3.9	0.2	G	6.3	6.0	0.3	G
Programme spend within plan	350.9	353.1	(2.2)	R	524.5	526.6	(2.1)	R
Cash balance at month end is within 1.25% of drawdown	511	358	153	G				

- 'Programme spend within plan' – Actual expenditure is higher than plan within the Year to Date and forecast position, which will be amended through allocation adjustments to fund costs outside of envelope for M7-12. After allocation adjustments, there will be a small overspend on programme budgets which is offset by an equivalent underspend of £252k on running costs.

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: December 2020

Financial Period: April 2020 to November 2020 (Month 8)

1. Summary of reported financial position

At the end of November 2020 the CCG is reporting a financial position in line with plan, both for Year to Date (YTD) expenditure and year end forecast outturn (FOT).

The CCG's financial plan for M7-12 was a break even position against allocation, however at the time of submission there was uncertainty around two specific funding streams detailed below. The related spend was added into the financial plan submission to ensure that the risk associated with not receiving these allocations was recognised on a system, regional and national level. This means that the final financial plan submission showed a deficit of £1.33m for M7-12.

In November the Primary Care allocation adjustment of £318k was transacted, which nets off against the planned deficit.

Central funding for Additional Roles is to be reclaimed as and when actual spend incurred is higher than the funding in CCG baseline. This means that funding for this element will not be accessed until later in the financial year. 60% of Additional Roles funding is included within the CCG baseline, with the remaining 40% available to be claimed from national funding that is expected to return the CCG to an overall break-even position once received.

The CCG received the final retrospective allocation relating to M6 (£3.57m) in November. All variances for M1-6 in the financial reports have now been offset by this allocation, so variances in the YTD and FOT tables on the following pages relate to variances from M7 onwards.

Several categories of expenditure are classed as 'outside of envelope' for M7 to M12. Spend on these areas will be reimbursed centrally, in a similar arrangement to that for COVID related spend in M1-6. The most significant area is Hospital Discharge Programme, with smaller areas of spend relating to influenza vaccines, asylum seekers and GP returners. The YTD and Forecast Outturn tables in this report are adjusted to show the position excluding 'outside of envelope' spend. As per NHS England guidance for these areas, only YTD spend is included in the CCG's financial position, with no additional forecast spend for M9 to M12 included. The CCG's YTD spend at M8 on these areas was £2.13m, with £2.04m of this relating to Hospital Discharge Programme.

NHS Vale of York Clinical Commissioning Group Financial Performance Report

2. Year to Date position

The year to date position in the table below covers April to November. The first three columns show the position as per the CCG's financial ledger. As outlined above, this is adjusted for outside of envelope spend, to give a true comparison to financial plan in the final column.

	YTD Position (£000)					Comments
	Ledger Position			M7 & 8 'Outside envelope'	Adjusted variance	
	Budget	Actual	Variance			
Acute Services	177,767	177,830	(63)	28	(35)	
Mental Health Services	38,444	38,965	(521)	30	(491)	£1.00m non-recurrent payment to TEWV for M7-12 has been included in full in M7 position, but budget is split equally over M7-12
Community Services	21,385	21,634	(249)	251	2	
Continuing Healthcare	24,268	26,169	(1,901)	1,725	(176)	YTD overspend is due to release of risk reserve being forecast in full in March only, rather than being spread evenly throughout M7-12
Other Services	11,848	11,854	(6)	6	(0)	
Prescribing	37,109	37,118	(9)	0	(9)	
Primary Care	8,058	8,016	42	74	116	Update to LES position in M7 based on Q2 actuals (lower than Q1, as Q1 payments based on income protection levels)
Primary Care Delegated Commissioning	31,851	31,559	292	19	311	£338k budget in reserves for centrally funded element of Additional Roles scheme. Currently no YTD spend accrued until arrangements confirmed, but in forecast outturn position in full
Running Costs	4,150	3,939	212	0	212	Various underspends across pay (vacancies) and non pay
Reserves	70	0	70	0	70	
Position against financial plan	354,950	357,083	(2,133)	2,133	0	Overall position is in line with financial plan
Allocation reserve	106	0	106	0	106	Primary Care allocation now received to partly offset planned deficit
Planned Surplus / (Deficit)	(444)	0	(444)	0	(444)	Planned deficit made up of risks related to Primary Care allocation (£106k, now received) and £338k Additional Roles central reimbursement (to follow when retrospective claims made)
YTD Financial Position	354,612	357,083	(2,472)	2,133	(338)	

3. Forecast

The forecast outturn position in the table below covers the full financial year. The first three columns show the position as per the CCG's financial ledger. As with the YTD table, this is adjusted for outside of envelope spend, to give a true comparison to financial plan in the final column.

	Forecast Position (£000)					Comments
	Ledger Position			M7 & 8 'Outside envelope'	Adjusted variance	
	Plan	Forecast	Variance			
Acute Services	266,108	266,321	(213)	28	(185)	£241k forecast overspend on Ophthalmology IS provider, expect this overspend to be reimbursed but arrangements not yet confirmed
Mental Health Services	58,105	58,080	25	30	55	
Community Services	32,094	32,370	(276)	251	(25)	
Continuing Healthcare	34,257	35,542	(1,285)	1,725	440	Underspend on Funded Nursing Care
Other Services	17,653	17,796	(143)	6	(137)	Overspend against plan relates to CYC BCF pressure (£80k) and increased costs from Property Services (£93k)
Prescribing	55,210	55,539	(328)	0	(328)	Current forecast position is based on extrapolating M1-6 overspend against CCG plan. Aug & Sep figures have shown some improvement against this trajectory but spend has been highly variable between months
Primary Care	11,917	11,913	4	74	78	£156k overspend due to PMS premium (budget on delegated line) offset by £197k underspend on LES following update for Q2 actuals
Primary Care Delegated Commissioning	48,549	48,401	148	19	167	£156k underspend on PMS premium, included in above Primary Care line
Running Costs	6,296	6,045	252	0	252	Underspends across pay and non pay
Reserves & Contingency	291	606	(315)	0	(315)	£314k forecast in reserves as risk reserve for remainder of financial year
Position against financial plan	530,482	532,614	(2,132)	2,132	0	Overall forecast is in line with financial plan
Allocation reserve	318	0	318	0	318	Primary Care allocation now received to partly offset planned deficit
Planned in year surplus / (deficit)	(1,333)	0	(1,333)	0	(1,333)	Deficit as per financial plan - pressure relates to Additional Roles central funding (£1.02m) and Primary Care allocation uplift (£318k, now received)
Surplus / (Deficit)	529,467	532,614	(3,147)	2,132	(1,015)	

4. Allocation

The allocation as at Month 8 is as follows:

Description	Value
Allocation at Month 7	£524.92m
M6 retrospective true up allocation	£3.57m
Primary Care allocation adjustment	£0.32m
Mental Health Winter Funding	£0.10m
Primary Care SDF funding	£0.56m
Total allocation at Month 8	£529.47m

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 30th November 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.

Chair's Report: Audit Committee

Date of Meeting	19 November 2020
Chair	Phil Goatley

Areas of Note from the Committee Discussion

- Members reaffirmed the terms of reference for the next annual review of Audit Committee effectiveness which will now take place.
- Committee Members were pleased to see that our Internal Auditors had been able to maintain their activity to a reasonable level despite the challenges posed by the COVID pandemic. Whilst a small number of audits had been put back at managers' requests, the overall level of delivery of audit activity was not thought to significantly compromise the level of assurance that Governing Body members can get from Internal Audit work in the 2020/21 audit year.
- However it was plain that the pandemic has had an impact on CCG managers' ability to respond to audit recommendations. Whilst the implementation of some agreed recommendations depended in part on system partners, it was nevertheless disappointing to see that some delivery timescales had been put back repeatedly. For other agreed recommendations there was the re-emergence of non-committal actions to be delivered to indeterminate timescales. The CCG has stepped back from the significant progress made up to March 2020 following Audit Committee scrutiny and emphasis on the need to deliver important outcomes. This cannot play well in the event of external scrutiny.
- Committee Members overviewed key parts of the governance and assurance arrangements of the CCG, including the overall assurance framework and the current robustness and impacts of the systems for risk management, whistleblowing, cyber security, Freedom of Information Act compliance and information governance. In all areas results were positive with no incidents or findings that need to be drawn to the attention of the Governing Body.
- Audit Committee reviewed progress against the CCG's Financial Plan and wanted to celebrate the positive picture here which is a testament not least to the professionalism and integrity of the Finance Team. In addition Committee Members were very pleased to hear that preparations for production of the 2020/21 Accounts were well in hand.

Areas of Escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Executive Committee

Date of Meeting	21 October 2020 4, 11, 18 and 25 November 2020 9 December 2020
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Executive Committee continues to meet on a weekly basis with the Deputies group joining fortnightly.

The focus of discussion continues to be on the in-year financial position, on the development of 'testing' capability and on vaccine mobilisation.

When time allows joint conversations are being developed with Deputies regarding the transition of commissioning responsibilities to the new system architecture in 2021/22.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Finance and Performance Committee

Date of Meeting	22 October and 26 November 2020
Chair	David Booker (October meeting) Julie Hastings (November meeting)

Areas of note from the Committee Discussion

22 October

- The Annual Assessment rating by NHS England and NHS Improvement is viewed as disappointing and does not reflect the current position of the CCG and the critical contribution being made to system working.
- The Committee acknowledges its continuing role in maintaining financial understanding and control, in a period of great challenge for the entire NHS. The priority will remain to gain assurance regarding probity, value for money and, most importantly, the best quality of service possible for the population of the Vale of York, in partnership with system, voluntary sector and local authority partners.

26 November

- The Committee were pleased to hear that the financial picture for 2020/21 remains consistent. However Governing Body should be aware that the current guidance around COVID related short term funding was not yet clear. It was thought sensible to continue our focus on the medium-term financial position and the unchanged recurrent deficit of £26.7m. That said the Committee continue to be reassured of the robust and prudent management approach.
- Members approved the recommendation regarding the procurement options for the CCG's Adult Autism and ADHD services. However, the Committee discussed significant concerns around the apparent disconnect between the level of funding available, the increased demand and the service specification of these services. It was felt that the Committee had no option in the way forward in respect of this decision, but were strongly assured that this was the option which exposed the CCG to the lowest risk of challenge, also that going forward the learning from this experience would enable us to ensure a robust, meaningful procurement.
- The Committee expressed concerns around the growing pressures on urgent care, elective care and mental health services, also for staff health and their resilience. We are currently experiencing a high level of workforce absence, staff are

exhausted, which is adding to the reduction in the availability of services. For CCG staff we are ensuring they each have a well-being conversation in line with the NHS People Plan then providing training to line managers for the next step of appraisals using our Talent Management Plan.

- The Committee agreed a recommendation in respect of the place-based 'Managed Change (provider alliance) Model' for urgent care, following a comprehensive report and ensuing discussions regarding Urgent Treatment Centres.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Primary Care Commissioning Committee

Date of Meeting	26 November 2020
Chair	Julie Hastings

Areas of note from the Committee Discussion

- As part of their planning priorities the Primary Care Networks have undertaken to identify and record their development against the maturity matrixes. This enabled them to identify their local priorities as areas for organisational development and focus on the funding necessary, especially in respect of winter resilience. The Committee felt assured regarding the PCNs' budget and planning submissions and recommended release of allocations via the Humber Coast and Vale GP Forward View and Primary Care Network 2020/21 allocations.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Quality and Patient Experience Committee

Date of Meeting	12 November 2020 – Dementia Focused Meeting
Chair	Julie Hastings

Areas of note from the Committee Discussion


The Committee wished to highlight the valuable focused session on dementia and the ongoing work to improve diagnosis.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 18	
Name of Presenter: Stephanie Porter	
Meeting of the Governing Body Date of meeting: 7 January 2021	 Vale of York Clinical Commissioning Group
Report Title – Medicines Commissioning Committee Recommendations October and November 2020	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report These are the latest recommendations from the Medicines Commissioning Committee – October and November 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

Stephanie Porter
Interim Executive Director of Primary Care and
Population Health

Report Author and Title

Jamal Hussain – Senior Pharmacist
Callie Turner – Pharmacy Technician

Recommendations from York and Scarborough Medicines Commissioning Committee October 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA648: Dupilumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal)		NICE is unable to make a recommendation on dupilumab (Dupixent) for treating chronic rhinosinusitis with nasal polyps because Sanofi did not provide an evidence submission. We will review this decision if the company decides to make a submission. The company has confirmed that it does not intend to make a submission for the appraisal because there is unlikely to be sufficient evidence that the technology is a cost-effective use of NHS resources in this population.	Add as NOT APPROVED drug in chapter 3.4.	Commissioning: CCG, Tariff excluded. No cost impact to CCGs as NICE unable to make a recommendation.
2.	TA651: Naldemedine for treating opioid-induced constipation		Naldemedine is recommended, within its marketing authorisation, as an option for treating opioid-induced constipation in adults who have had laxative treatment.	GREEN	Commissioning: CCG, in tariff NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations will be less than £9,000 per 100,000 population. This is because naldemedine is a further treatment option and the overall cost of treatment will be similar to the current treatment options available.
NHSE commissioned Technology Appraisals – for noting					
3.	TA645: Avelumab with axitinib for untreated advanced renal cell carcinoma		Avelumab with axitinib is recommended for use within the Cancer Drugs Fund as an option for untreated advanced renal cell carcinoma in adults. It is recommended only if the conditions in the managed access agreement for avelumab with axitinib are followed.	RED	No cost impact to CCGs as NHS England commissioned.
4.	TA646: Glasdegib with chemotherapy for untreated acute myeloid leukaemia (terminated appraisal)		NICE is unable to make a recommendation on glasdegib with chemotherapy for untreated acute myeloid leukaemia because Pfizer did not provide an evidence submission. We will review this decision if the company decides to make a submission.	NOT APPROVED for this indication.	No cost impact to CCGs as NHS England commissioned.
5.	TA647: Eculizumab for treating relapsing neuromyelitis optica (terminated appraisal)		NICE is unable to make a recommendation on eculizumab (Soliris) for treating relapsing neuromyelitis optica because Alexion Pharma UK did not provide an evidence submission. We will review this decision if the company decides to make a submission.	NOT APPROVED for this indication.	No cost impact to CCGs as NHS England commissioned.

6.	TA649: Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma	Polatuzumab vedotin with rituximab and bendamustine is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults who cannot have a haematopoietic stem cell transplant. It is recommended only if the company provides polatuzumab vedotin according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
7.	TA650: Pembrolizumab with axitinib for untreated advanced renal cell carcinoma	Pembrolizumab with axitinib is not recommended, within its marketing authorisation, for untreated advanced renal cell carcinoma in adults.	NOT APPROVED for this indication.	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
8.	Sativex® Cannabis Spray	Approved for Moderate to severe spasticity in adults with multiple sclerosis, if other pharmacological treatments for spasticity are not effective or not tolerated in line with NICE NG144. Patients are reviewed in secondary care every 2 to 3 months.	RED	Assuming 10 new patients in year one of whom 7 continue beyond the 4 week trial period. Drug Cost recharged to CCG. Year 1 = £14,700 to £31,500 for 7 patients depending on dose. Year 2 = £31,500 to £65,100 for 14 patients depending on dose.
9.	Semaglutide oral tablets 3mg,7mg and 14mg	Approved as an option for adult patients with type 2 diabetes mellitus who require intensification of treatment, if use of a glucagon-like peptide 1 receptor agonist (GLP1RA) is clinically appropriate, in line with licensing and relevant guidance, and if an oral option is preferred. However, in patients with pre-existing cardiovascular disease or at high risk of cardiovascular (CV) events an agent with proven efficacy for CV risk reduction may be more suitable. Local team - wish to place at step 4 of local pathway – as alternative to injectable GLP1 – approved by MCC.	GREEN	No significant cost impact to CCGs expected as one of several similarly priced treatment options. Should be no/ minimal cost pressure if placed at step 4 - where injectable GLP-1 would have been used £78.48 for 30 days per patient

10.	Tafluprost 15 microgram/mL with timolol (as timolol maleate) 5 mg/mL eye drops (Taptiqom®)	Approved as an additional option for treatment of glaucoma. Taptiqom provides an alternative to Ganfort UD in patients unable to tolerate it. The pathway remains unchanged except for the addition of Taptiqom in patients as a treatment option in the same place in the pathway as Ganfort - this is because some patients experience intolerance to Ganfort, but the team still wish to have Ganfort available because of experience with use. Cheaper than Ganfort, but not as effective.	AMBER SR	<table border="1"> <tr> <td data-bbox="1512 170 1863 248">Tafluprost 15microgram/mL, 30 units doses = £12.20 + timolol 0.5% PF 5mL bottle</td> <td data-bbox="1863 170 2161 248">£21.85 per patient</td> </tr> <tr> <td data-bbox="1512 248 1863 368">Bimatoprost 300micrograms/mL with timolol 5mg/mL, 30 unit doses (Ganfort UD)</td> <td data-bbox="1863 248 2161 368">£17.50 per patient</td> </tr> <tr> <td data-bbox="1512 368 1863 488">Tafluprost 15 microgram/mL with timolol (as timolol maleate) 5 mg/mL, 30 unit doses (Taptiqom)</td> <td data-bbox="1863 368 2161 488">£14.50 per patient</td> </tr> </table>	Tafluprost 15microgram/mL, 30 units doses = £12.20 + timolol 0.5% PF 5mL bottle	£21.85 per patient	Bimatoprost 300micrograms/mL with timolol 5mg/mL, 30 unit doses (Ganfort UD)	£17.50 per patient	Tafluprost 15 microgram/mL with timolol (as timolol maleate) 5 mg/mL, 30 unit doses (Taptiqom)	£14.50 per patient
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Bimatoprost 300micrograms/mL with timolol 5mg/mL, 30 unit doses (Ganfort UD)	£17.50 per patient									
Tafluprost 15 microgram/mL with timolol (as timolol maleate) 5 mg/mL, 30 unit doses (Taptiqom)	£14.50 per patient									
11.	Brolucizumab 120mg/mL solution for injection in pre-filled syringe for Wet age-related macular degeneration	Requested for Wet age-related macular degeneration. It was proposed that the drug is used for poor responders to aflibercept (those on 4-6 weekly injections) and for new patients. Suggested advantaged is reduced injection frequency compared to aflibercept. MCC agreed not approved for addition to the formulary for use ahead of NICE TA. This recommendation was made because: <ul style="list-style-type: none"> • MCC felt brolucizumab offered no clinical or cost advantage over current treatment options for wAMD to use ahead of NICE technology appraisal being issued. • No published data on effectiveness in patients with prior inadequate response to other anti-VEGF treatments in wAMD. • Differences in injection frequency should be interpreted with caution, since treat and extend regimens are available and licensed for aflibercept but were not included in HAWK or HARRIER trials. The EMA noted that this does not allow strong conclusions on the reduction of treatment burden with brolucizumab. • Overall safety message: rates of retinal inflammation and occlusions are higher with brolucizumab and caution is needed. • Concerns over switching patients already stable on aflibercept. 	NOT APPROVED	No cost impact to CCGs as not approved and similar in price to Aflibercept.						
12.	Vitamin D Guideline and Medal Ranking	Approved	n/a	No cost impact to CCGs as guideline enforces message that patients should buy maintenance doses of Vitamin D over the counter.						

13.	Ciclosporin SCG (updated)	Updated shared care guideline approved to include ulcerative colitis as an indication which was approved previously by the Committee.	n/a	No significant cost impact to CCGs expected as reflects current prescribing practice.
14.	Rifampicin SCG	New shared care guideline approved. Approved as shared care some months ago for microbiology use including those on OPAT treatment. Also have added the palliative care indication for itch to shared care as the status of this had been previously been agreed as amber specialist recommendation, but this would not make sense.	n/a	No significant cost impact to CCGs expected.

Recommendations from York and Scarborough Medicines Commissioning Committee November 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	Nil				
NHSE commissioned Technology Appraisals – for noting					
2.	<u>HST13: Volanesorsen for treating familial chylomicronaemia syndrome</u> Commissioning: NHSE		Volanesorsen is recommended, within its marketing authorisation, as an option for treating familial chylomicronaemia syndrome in adults with genetically confirmed familial chylomicronaemia syndrome who are at high risk of pancreatitis, and when response to diet and triglyceride-lowering therapy has been inadequate. It is recommended only if the company provides volanesorsen according to the commercial arrangement.	RED	No cost impact to CCGs as NHS England commissioned.
3.	<u>TA652: Alpelisib with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer (terminated appraisal)</u> Commissioning: NHSE		NICE is unable to make a recommendation about the use in the NHS of alpelisib with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer because Novartis did not provide an evidence submission.	NOT APPROVED for this indication.	No cost impact to CCGs as NHS England commissioned.
4.	<u>TA653: Osimertinib for treating EGFR T790M mutation-positive advanced non-small-cell lung cancer</u> Commissioning: NHSE		Osimertinib is recommended as an option for treating epidermal growth factor receptor (EGFR) T790M mutation-positive locally advanced or metastatic non-small-cell lung cancer (NSCLC) in adults, only if: <ul style="list-style-type: none"> • their disease has progressed after first-line treatment with an EGFR tyrosine kinase inhibitor and • the company provides osimertinib according to the commercial arrangement. 	RED	No cost impact to CCGs as NHS England commissioned.
5.	<u>TA654: Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer</u> Commissioning: NHSE		Osimertinib is recommended, within its marketing authorisation, as an option for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides	RED	No cost impact to CCGs as NHS England commissioned.

		osimertinib according to the commercial arrangement.		
6.	TA655: Nivolumab for advanced squamous non-small-cell lung cancer after chemotherapy Commissioning: NHSE	<p>Nivolumab is recommended as an option for treating locally advanced or metastatic squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy, only if:</p> <ul style="list-style-type: none"> • it is stopped at 2 years of uninterrupted treatment, or earlier if their disease progresses and • they have not had a PD-1 or PD-L1 inhibitor before. <p>It is recommended only if the company provides nivolumab according to the commercial arrangement.</p>	RED	No cost impact to CCGs as NHS England commissioned.
Formulary applications or amendments/pathways/guidelines				
7.	Appeal – Fiasp insulin prefilled pens 5x3ml flextouch pen	Approved for addition to the formulary alongside 10ml vials and pen cartridges. This harmonises formulary with Harrogate.	AMBER Specialist Recommendation	No cost impact to CCGs as pre-filled pens already in use in primary care, and no significant change in prescribing expected.
8.	Traffic light review lacosamide, and perampanel	Agreed to change RAG status from AMBER SI to AMBER SR as per all other anti-epileptics. This harmonises formulary with Harrogate.	AMBER Specialist Recommendation	No cost impact to CCGs expected as no change in volume of prescribing expected.
10.	Amitriptyline, nortriptyline and duloxetine for Fibromyalgia	Approved adding to formulary as for unlicensed indication in Fibromyalgia as per new RSS document on Fibromyalgia.	GREEN	No cost impact to CCGs expected as reflects current prescribing practice.