Vale of York
Clinical Commissioning Group

**GOVERNING BODY MEETING**

**4 March 2021 9.15am to 11.30am**

**'Virtual' Meeting**

The agenda and associated papers will be available at:www.valeofyorkccg.nhs.uk

**AGENDA**

| | | | | |
|---|---|---|---|---|
| **STANDING ITEMS – 9.15am** | | | | |
| 1. | Verbal | Apologies for absence | To Note | All |
| 2. | Verbal | Declaration of Members' Interests in the Business of the Meeting | To Note | All |
| 3. | Pages 3-13 | Patient Story: Homeless Palliative Care Service | To Receive | Charlotte Hoban Complex Care Coordinator St Leonard's Hospice and Changing Lives, York |
| 4. | Pages 14-25 | Minutes of the meeting held on 7 January 2021 | To Approve | All |
| 5. | Pages 26-27 | Matters arising from the minutes | | All |
| 6. | Pages 28-34 | Accountable Officer Update | To Receive | Phil Mettam Accountable Officer |
| 7. | Pages 35-61 | Quality and Patient Experience Report (Two additional separate attachments) | For Decision | Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse |

| | | | | |
|---|---|---|---|---|
| 8. | Verbal | Coronavirus COVID-19 Update | To Note | Michelle Carrington<br>Executive Director of Quality and Nursing / Chief Nurse<br>Stephanie Porter<br>Interim Executive Director of Primary Care and Population Health |
| 9. | Pages 62-72 | Board Assurance Framework | To Receive | Abigail Combes<br>Head of Legal and Governance |
| **FINANCE – 10.45am** | | | | |
| 10. | Pages 73-82 | Financial Performance Report 2020/21 Month 10 | To Receive | Simon Bell<br>Chief Finance Officer |
| **ASSURANCE – 11.00am** | | | | |
| 11. | Pages 83-100 | Safeguarding Adults Annual Report 2019/20 | To Receive | Christine Pearson<br>Designated Nurse Safeguarding Adults |
| 12. | Pages 101-124 | MAPPA (Multi Agency Public Protection Arrangements) Annual Report 2019/20 | To Receive | Christine Pearson<br>Designated Nurse Safeguarding Adults |
| **RECEIVED ITEMS – 11.25am**<br>**Committee minutes are published as separate documents** | | | | |
| 13. | Pages 125-126 | Chair's Report Executive Committee: 16, 23 December 2020<br>6, 13, 20 January, 3 February | | |
| 14. | Pages 127-128 | Chair's Report Finance and Performance Committee: 17 December 2020<br>28 January 2021 | | |
| 15. | Page 129 | Chair's Report Primary Care Commissioning Committee: 28 January 2021 | | |
| 16. | Pages 130-131 | Chair's Report Quality and Patient Experience Committee: 10 December 2020 and 14 January 2021 | | |
| **NEXT MEETING** | | | | |
| 17. | Verbal | 9.30am on 1 April 2021 | To Note | All |
| **CLOSE – 11.30am** | | | | |

St Leonard's Hospice
Caring for Local People

CHANGING LIVES York

Item 3

# Homeless Palliative Care Service

## Complex Care Coordinator

**Charlotte Hoban**
*RNMH*



COMPLEX LIVES, COMPLEX CARE

# Homelessness
# Just Rough Sleeping?

**It also includes people:**

- Staying with friends or relatives on a temporary basis (sometimes called sofa surfing).
- Insecurely housed or in temporary accommodation, such as hostels, shelters, women's refuges, B&Bs or squatting.
- Refugees and asylum seekers are also at risk of homelessness.

# What Is Palliative Care?

" You matter because you are you, and you matter to the end of your life. We will do all you can not only to help you die peacefully, but also to live until you die."

*Dame Cicely Saunders*

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# The life expectancy of a person experiencing homelessness is

**44** for men and **42** for woman

Deaths are often sudden, lack dignity and with no access to palliative care.

*(Crisis Report 2012)*

# People Experiencing Homelessness

are at **higher risk** of many **health problems**, including: Mental health conditions, addiction, heart and lung disease, liver disease, renal disease, stroke, diabetes and cancer.

**"Higher rates of morbidity with significantly lower life expectancy."**

Homeless Link (2010).

# Inequalities In Accessing Palliative Care


Access to hospice and other forms of palliative care in currently inequitable.(CQC, 2016)

Caper (2017) stated that such exclusion may not be explicit but where a person does not feel their whole self when using services, referral was not taken up because it was not understood that palliative care could support their needs.

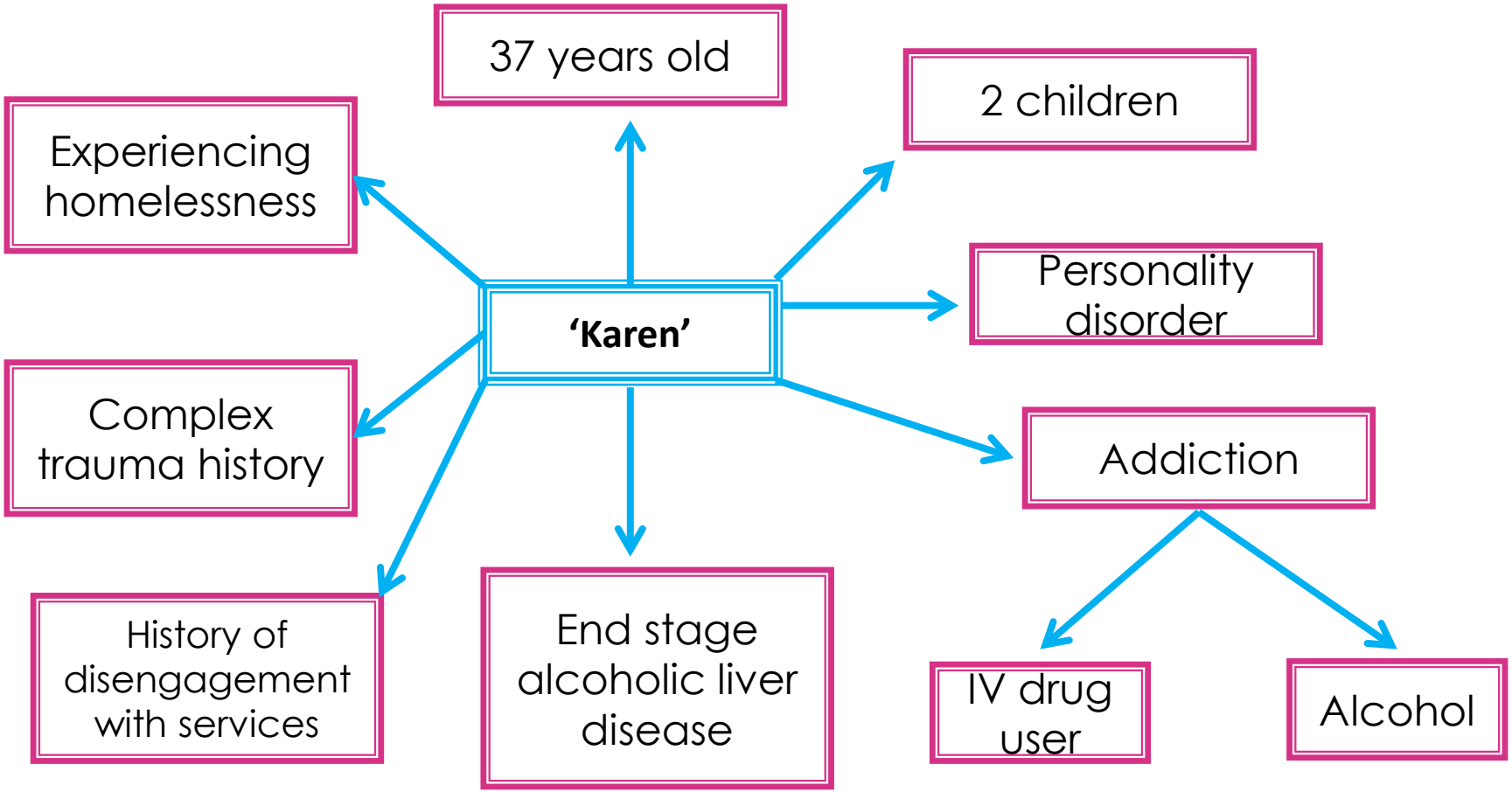
# A New Approach is Needed!

- Less risk averse.
- Allow people to make contributions.
- The right sort of help, in the right sort of place, in a timely manner.
- Working collaboratively with other agencies who support people experiencing homelessness.

**No one service can do it all!**

**Trauma focused care within a compassionate community.**

# Complex Care Case Study



*"I was really scared when they said they were referring me to a palliative care nurse because I thought that meant that I was going to die soon. After meeting Charlotte I feel a lot better and know that I have the support there makes it feel less scary. I haven't had a drink since November and I am seeing my children. I have issues from my liver disease, but I am able to understand why these happen and what can be done. I feel less afraid because of the way Charlotte has explained things to me."*

**'Karen'**

*"Hepatology patients can have complex care needs. As they deteriorate often they can disengage with clinics, and we observe emergency admissions as their need for support increases.*
*Having a complex care co-ordinator has centred this process, providing a link between community and secondary care, specifically for those who may not have had their needs met previously. With the addition of CCC to the MDT we have already observed a streamlining of the process, not only in the local community but farther afield – the CCC has delivered advice and guidance to ensure correct pathways followed for end of life care, and introduced teams who were not previously known.*
*Specifically I have observed the benefit to an at-risk patient, identifying risk early enabling correct pathways to be followed ensuring comfortable death and support for family.*
*The CCC is a vital part of the wider MDT, with significant benefits of reduced admissions and harms. On a personal level, it can be challenging to approach difficult end of life conversations with patients and their families, having the expertise to call on has been invaluable."*

**Hepatology specialist nurse**

*"Meeting Charlotte has been really good. We were worried before we met her because she is a palliative care nurse, but after having a chat with her we understand more about what she does and what she can do for Karen and for me."*

**'Karen's' mum**

**Everyone, no matter who they are, deserves the best quality care at end of life, and it is our shared responsibility to tackle inequalities.**

St Leonard's Hospice
Caring for Local People

CHANGING LIVES

# Homeless Palliative Care Service

## How the Complex Care Coordinator can support you

We support service users, key workers and health and social care staff when someone's health is deteriorating. This can be from liver disease, COPD, cancer or a combination of issues.

We want to reach people earlier in their illness and improve the quality of care for those with advanced ill health.

## How our service can help:

- Information giving to make informed choice
- Support with Advance Care Planning
- Advocacy
- Case management
- Specialist end of life care

## Support for staff and teams:

- Education and advice for key workers and health and social care staff
- How to identify clients of concern
- Palliative and end of life care and how it can help
- Advance Care Planning
- Bereavement support

Contact Charlotte - **charlotte.hoban@nhs.net** or **07776 988381**



# Further information:

Homeless Palliative Care Toolkit is a free online resource with tools and activity worksheets to help in planning and providing care for homeless people.

Care committed to me is a good practice guide for delivering high quality end of life care for Gypsies, Travellers, LGBT people and people experiencing homelessness.

Frontline Network provides support and resources for frontline staff supporting people affected by homelessness.

Housing Justice provides training for people working with homeless people about homelessness and advocacy for homeless people.

The Faculty for Homeless Health and Inclusion is an inclusive membership organisation for people involved in delivering healthcare for excluded groups, including homeless people.

The Queens Nursing Institute has a homelessness project which provides support for nurses working with people who are homeless.

Good practice guidance: supporting people with substance problems at end of life

Item 4

**Minutes of the 'Virtual' Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 7 January 2021**

**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 |
| Phil Goatley (PG) | Lay Member, Chair of Audit Committee and Remuneration Committee |
| Julie Hastings (JH) | Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee |
| Phil Mettam (PM) - part | 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)**

| | |
|---|---|
| Abigail Combes (AC) | Head of Legal and Governance |
| Jacqui Hourigan (JHo) – item 10 | Designated Nurse Safeguarding Children |
| Dr Andrew Moriarty (AM) | YOR Local Medical Committee Representative |
| Michèle Saidman (MS) | Executive Assistant |

**Apologies**

| | |
|---|---|
| Sharon Stoltz (SS) | Director of Public Health, City of York Council |

Twenty nine members of the public watched the "live stream".

**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 5 November 2020

The minutes of the 5 November meeting were agreed.

**The Governing Body:**

Approved the minutes of the meeting held on 5 November 2020.

## 4. Matters Arising from the Minutes

Follow-up from the previous meeting relating to the Quality and Patient Experience Report would be provided at item 6; an update on work relating to physical health checks for people with severe mental illness and with learning disabilities was included in item 5; other matters were either deferred or were within the process to review aspects of the COVID-19 pandemic.

## 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; Better Care Fund (York area); governance and assurance; and the letter from NHS England and NHS Improvement, attached as an appendix, advising that the CCG was no longer under legal Directions.

PM noted the broadly positive and relatively low risk local and system financial position. He highlighted the continuing work with system partners: North East Commissioning Support in respect of the Primary Care Data Quality Contract for both Learning Disability / Severe Mental Illness Health Check and SEND (Special Educational Needs and / Disabilities) regular reporting and the identification by Tees, Esk and Wear Valleys NHS Foundation Trust of non recurrent investment to address the CCG's Adult Autism and Attention Deficit Hyperactivity Disorder waiting list. NHS North Yorkshire CCG was also involved in these aspects of partnership working.

In respect of system restoration and recovery in the era of COVID PM emphasised the impact of wave 3 of the pandemic and the new variant noting that planning was being revised light of this. He detailed the mutual support across the Integrated Care System in response to pressures within the acute trusts noting that York currently had the highest rate of community transmission across Humber, Coast and Vale with the consequent expectation of impact on the acute trust within two to three weeks. PM also noted the continued pressure on primary care, including the vaccination programme, and advised that discussions were taking place, in which NW was involved, regarding prioritisation of work in General Practice.

PM noted the update on the Better Care Fund for the York area following confirmation of its continuation. In response to HE enquiring about North Yorkshire in this regard PM advised the Better Care Fund would also continue and would provide opportunities at a local level.

In addition to the proposed governance arrangements which were agreed, PM referred to the national consultation on Integrated Care Systems, for response by 8 January, noting the proposal for dis-establishment of CCGs from 1 April 2022 at the latest. He explained that work was taking place with NHS North Yorkshire CCG to manage the transition and consider opportunities, including in respect of NHS Vale of York CCG's three localities. Further information would be provided at the next Governing Body meeting.

With regard to the UK's exit from the European Union PM advised that any issues, particularly relating to supplies and workforce, would be escalated to the Governing Body.

PM highlighted the letter from NHS England and NHS Improvement, attached as an appendix, advising that the CCG was no longer under legal Directions. He expressed appreciation to Governing Body members and staff, current and previous, for their work in this achievement. NW added his appreciation.

**The Governing Body:**

1. Received the Accountable Officer report welcoming the removal of legal Directions.
2. Approved the recommendations related to governance and assurance issues.

## 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. MC would provide a verbal update on actions to mitigate the risks aligned to the Quality and Patient Experience Committee which had been omitted in error.

MC explained that outbreaks of COVID-19 in care homes were increasing mainly due to community transmission, and potential gaps in infection prevention and control practice. The Quality and Nursing Team was working closely with the Local Authority using the Contributory Factors Framework which provided information about the root cause of outbreaks. It appeared that currently outbreaks were in the main related to staff activity outside of work, such as car sharing, and some infection prevention and control practice although this was much improved. MC noted that the Contributory Factors Framework had been adopted by CCGs in both Bradford and Sheffield and shared regionally at the Patient Safety Collaborative.

With regard to vaccination MC explained that guidance for care homes had been published on 31 December which included detail in the event of COVID-19 cases and when to vaccinate residents based on a risk assessment. She also noted that uptake of 'flu vaccination at Askham Bar had not been as high as expected and numbers invited were being kept under review. Although uptake for two year olds had also not been as hoped this was now improving.

MC highlighted the winter pressures funding which had enabled commissioning of a Dementia Care Coordinator for the City of York from December 2020 for 12 months. This had achieved parity with the Vale.

*AC joined the meeting*

MC referred to the ongoing outbreak of COVID-19 at Scarborough Hospital and advised that since the report had been written there had been a significant outbreak, across five wards, at York Hospital. There had also been a number of deaths which would be reported as Significant Incidents. The CCG was working with York Teaching Hospital NHS Foundation Trust on this.

MC highlighted and commended the CCG's Communications and Engagement Team on their 'Green Star' rating from NHS England and NHS Improvement. This award of the highest accolade was national recognition of involving patients and the public in their work.

As referred to earlier, MC provided an update on risks relating to quality and patient experience:

- Children's Services Transformation: Significant progress had been made and a contract variation was now in place with York Teaching Hospital NHS Foundation Trust without additional resource from the CCG. The level of risk had not yet reduced as the contract had only recently been put in place.

- Discharge standards at York Teaching Hospital NHS Foundation Trust: Concern remained for the potential for sub-optimal discharges due to the speed required under the new national guidance. This was not necessarily being met due to the complexity of patient flow and other pressures. Although concern remained that some discharges may not be optimal, numbers of discharges were increasing but there was no associated increase in issues. This would be kept under review.

- Infection control practices at York Teaching Hospital NHS Foundation Trust: It had been agreed at the Quality and Patient Experience Committee that this risk be changed to in hospital transmission of infection. This would be reflected in the next report.

- Risk to quality and safety to residents in care homes due to normal oversight and assurance frameworks not in place: The review of closure of Lake and Orchard Residential and Nursing Home was currently taking place; learning would be shared in due course.

- Missed pertussis vaccination for expectant mothers posing a risk to unborn babies: The Humber, Coast and Vale Midwifery Group had raised this with the Clinical Leaders Group who had agreed to take forward at a national level work to change the guidance, notably to permit midwifery healthcare workers to give the vaccination, unlike currently.

- Proposed changes to the North Yorkshire County Council Healthy Child Service: A North Yorkshire and York had been sent to the consultation, which had been circulated to Practices as discussed at the previous meeting.

- SEND Inspection and failure to comply with National Regulations: Progress, recognised by Ofsted and the Department for Education, was being made against the Statement of Action. Additionally, the CCG had appointed an associated designated clinical officer and support for this work.

In response to HE enquiring about the 'Visiting professionals to care homes aide memoire' MC advised that this was a 'live' document that was being strengthened from a safeguarding perspective following discussion at the Quality and Patient Experience Committee. GPs would then be included in its circulation. HE additionally proposed a session for care home clinical leads to share feedback which MC agreed to arrange. MC also noted the need to standardise the quality perspective of the enhanced care home contract which would enable the CCG to monitor and provide support.

Members reiterated commendation of the Communication and Engagement Team's 'Green Star' accolade. JH additionally emphasised the team's valuable work advising that she would personally thank them in her role of Lay Member for Patient and Public Involvement.

**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 through the verbal update of the actions to manage the risks aligned to Governing Body.

2. Noted that a feedback session would be arranged for care home clinical leads.

**7. Risk Report and Board Assurance Framework**

*Risk Report*

AC explained that the risk descriptions had been updated in light of discussion at the previous meeting and review by MC, AC, JH and Paula Middlebrook, Deputy

Chief Nurse, of the risks held by the Governing Body. AC sought and received agreement for the recommendations detailed below.

In response to MC enquiring whether the revised articulation of risks provided GP members with more assurance, discussion ensued in the context of tensions between reporting of risk being managed and the extreme pressures in the system. Whilst recognising the work of colleagues HE and RW noted particular concerns regarding cancer patients attending appointments or remote consultations alone in the context of being able to absorb overwhelming information that some patients opted not to attend for treatment rather than go to York or Malton Hospitals for the required COVID-19 test. In respect of the latter MC noted the potential for the 40 weekly swabs allocated per Practice to fulfil this condition. CS emphasised that York Hospital was safe for patients to attend and suggested the need for enhanced communication to patients in this regard.

JH additionally welcomed the challenge from the GP members and commended the team working to enhance this report.

*Board Assurance Framework*

In referring to the Board Assurance Framework, included with the meeting papers as agreed at the previous meeting, AC advised that the additional strategic risk, omitted in error, would be added for the next iteration. She explained that the most significant additional verbal updates were expected to relate to pressures in primary care, in particular the vaccination programme and workforce, at the present time.

AC noted that the Board Assurance Framework provided assurance regarding the Executive Directors' focus on their respective strategic objectives.

PG commended the continuing progress in development of the Board Assurance Framework, particularly in the context of the current pressures faced by staff.

**The Governing Body:**

1. Agreed, in respect of the Risk Report, that:
   - QN.15 *Care Quality Commission involvement in York Teaching Hospital NHS Foundation Trust* be archived.
   - QN.08 *Clinical risks associated with growing waiting lists (planned care)* be tolerated and accepted with a review in six months and oversight delegated to Quality and Patient Experience Committee.
   - QN.04 *Increasing numbers of extended trolley waits in the Emergency Department breaching 12 hours* be delegated to Quality and Patient Experience Committee for monitoring.
   - The remaining risks had been reviewed and mitigation approved.

2. Received the Board Assurance Framework noting that a strategic objective relating to health inequalities, equity and improving outcomes would be included in the next iteration.

## ASSURANCE

### 8. Risk Management Policy and Strategy

This item was deferred in line with the governance arrangements agreed at item 5 above.

### 9. North Yorkshire Safeguarding Adults Board Annual Report 2019-20

In referring to the Safeguarding Adults Annual Report, which provided an overview of the work of the Safeguarding Adults team in 2019-20, MC noted the CCG's contribution as a partner. She advised that the City of York Safeguarding Adults Board Annual Report would be presented in due course.

**The Governing Body:**

Received the North Yorkshire and York Safeguarding Adults Board Annual Report 2019-20.

*JHo joined the meeting*

### 10. North Yorkshire and York Safeguarding Children and Looked After Children Annual Report 2019-20

JHo presented the report which provided 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. Areas highlighted by JHo included: the new legislative framework and development of the new City Of York Safeguarding Children Partnership; restructure of the CCG safeguarding children team which continued to work collaboratively; challenges in responding to the pandemic including non face to face assessments for Looked After Children; the increase, both nationally and locally, in Looked After Children and the expectation that safeguarding requirements would continue to increase; emphasis on partnership working to support vulnerable young people; establishment and continuing development of the MASH (Multi Agency Safeguarding Hub) in York emphasising inclusion of wider health and primary care representation; introduction of ICON (Infant crying is normal; Comforting methods can help; Its Ok to walk away; Never ever shake a baby) to support parents; and partnership working in respect of development of multi agency guidance's. JHo emphasised that multi agency partnership working had increased significantly as a result of COVID-19 with effective twice monthly senior partnership catch ups to ensure response to emerging risks are managed in a timely manner.

In terms of future plans JHo noted continuing support for safeguarding during lockdown, the safeguarding audit programme, work across the Humber, Coast and Vale Integrated Care System and strengthening children in care arrangements.

Discussion ensued in response to RW raising concerns about health visitors' capacity for safeguarding and other aspects of work with families in light of the

changes to the North Yorkshire County Council Healthy Child Service. MC and JHo reiterated these concerns despite the premise that safeguarding was of the highest priority in the new model. JHo noted similar concerns relating to school nurses in respect of the 5 to 19 model. She assured members that these concerns had been widely shared as part of the Harrogate District NHS Foundation Trust 0-19 consultation. NW additionally emphasised that North Yorkshire Practices should respond to North Yorkshire County Council with their concerns.

**The Governing Body:**

Received the North Yorkshire and York Safeguarding Children and Looked After Children Annual Report 2019-20.

*JHo left the meeting*

**FINANCE**

**11. Financial Performance Report 2020-21 Month 8**

*PM left the meeting during this item*

In reporting that the month 8 financial position was in line with the plan approved by the Governing Body, both for year-to-date expenditure and year-end forecast outturn, SB referred to the complex national arrangements implemented in response to COVID-19. The main approach was that all NHS organisations would be 'trued up' to break-even, however the associated requirements were multifaceted and frequently changing. SB emphasised that improvements over recent years in the CCG's processes and financial control had been beneficial in managing these complexities and advised that the CCG continued to work with the guidance.

In response to HE enquiring about any scope or flexibility to respond to priorities emerging as a result of the pandemic, SB explained that the CCG received an allocated budget which had a number of pre-commitments, including organisational and service costs, with annual growth also being subject to areas of national expectation, such as the Primary Care Additional Roles and the Mental Health Investment Standard. He highlighted the context of the health service being a national organisation but noted that the Governing Body's identified priorities were funded wherever possible, either recurrently or non-recurrently.

SB additionally explained the risk pertaining to the Hospital Discharge Programme in response to CS seeking clarification. This related to accelerated discharge from hospital in response to the pandemic through joint working with the Local Authority. Funding for this programme was cash limited and reimbursed retrospectively following scrutiny by NHS England and NHS Improvement. The CCG and Local Authority continued to meet weekly to support this work. Additionally, the routine continuing healthcare assessments, suspended during the first half of the year, were now required to take place within

a six week period from discharge when all placements were centrally funded. Following assessment there may be a requirement for personal contribution to care packages. For discharges during phase 1 of the programme, a trajectory had now been set to ensure all people were assessed by the end of March.

SB confirmed that the first six months of the Hospital Discharge Programme expenditure had been reimbursed and expected a similar arrangement for reimbursement for the £2.04m in the report for the second half of the year to date. He noted however that this was a fixed sum national fund which was being monitored nationally but emphasised that locally it would be used as flexibly as possible to support discharges with appropriate controls.

**The Governing Body:**

Received the 2020-21 month 8 Financial Performance Report.

**COVID-19 UPDATE**

*PM rejoined the meeting during this item*

**12. Update**

*Infection Rate*

MC reported that the infection rate in York had increased significantly and was the highest across Yorkshire and Humber at 529 per 100,000 due to the new variant and sustained community transmission. There was severe pressure across the system with workforce significantly affected through isolation or infection. The recent lockdown restrictions were therefore welcome in view of the seriousness of the situation.

MC noted that the Intensive Care Unit in York was not currently experiencing the same level of severe pressure as in Humber, particularly the Hull area, but at c150 the number of COVID-19 patients in York Hospital had surpassed the first wave.

*Vaccination*

MC referred to the roll out of the vaccination programme noting the complexity of the Pfizer/BioNTech vaccine. She explained that, unlike originally thought, this vaccine could be moved a maximum of twice and was now being used in care homes. Additionally, approval had been given for six doses, rather than the original five, per vial; the requirement for a 15 minute post vaccination observation remained.

MC highlighted the complexity for primary care to respond to the new national policy for the second vaccination dose to be delayed from 21 days to 12 weeks of the first dose to enhance the number of people with a level of immunity. She noted that some people would have already had their second dose and referred to aspects of relaxation as to eligibility to receive this vaccine, i.e. relating to food allergies and pregnant women.

MC advised that the Oxford-AstraZeneca vaccine had eight doses per vial and administration was required within a six hour timeframe of removal from the fridge. This vaccine could be given from any site, including such as a village hall, that had received pharmacy sign off as a clinically safe environment. It was therefore particularly beneficial in the rural areas although at the present time there was inequity in terms of availability. MC noted that Pickering Surgery was helping to address this across South Hambleton and Ryedale. She also noted that the Patient Group Direction had been published the previous day.

With regard to supply, MC explained that currently a "push" model, rather than ordering as required, was being deployed for the vaccine. It was hoped that this would change soon to enable primary care to be able to plan more effectively . Additionally, consumables, such as fridges and cool bags, required for delivering vaccine to the designated sites, were not always available but this was improving.

MC advised that currently workforce did not appear to be a major concern but reiterated the context of primary care being unable to plan. She also noted the context of prioritisation of services other than vaccination and referred to a detailed letter circulated by the Local Medical Committee. MC and SP were reviewing workforce offers and seeking clarification about the NHS *Bring Back Staff* campaign. MC would write out to Practices with current offers. She highlighted an offer from City of York Council Healthy Child programme for vaccinators on a rota basis advising that a bank arrangement would be deployed. Admin support was also being sought.

MC explained that the mass vaccination site at Askham Bar had two roles: the local City Primary Care Network enhanced service contract with primary care and mass vaccination contracted by NHS England and NHS Improvement. The latter, for which the detail was not yet known, had been signed off the previous day subject to Local Resilience Forum security and fire assurance.

MC referred to the vaccination priority groups and the timescale of mid-February for cohorts 1 to 4, noting that to date c30% of the over 80s and c13 of the care homes in the CCG area had been vaccinated. She also reported on discussion with York Teaching Hospital NHS Foundation Trust, in which NW and Dr Stuart Calder from an ethical perspective had been involved, and with the Primary Care Network Vaccination Leads regarding prioritisation of vulnerable individuals scheduled for major surgery but who may not be within the first cohort receiving vaccination. Although dependent on vaccine availability, a process was being established for Primary Care Networks to receive information about these patients with approximately a month's notice. In the event of this applying to anyone outside the priority groups there would be a local agreement.

*Testing*

MC noted the increase in the number of venues providing tests, the roll out of lateral flow tests including to primary care, and improvement in the rate of issue of test results. She also emphasised the importance of lateral flow tests in the context of requirement prior to anyone going in to a care home.

SP added that the number and pace of care home vaccinations would increase with availability of the Oxford-AstraZeneca vaccine. She also reported that a number of Pods were being delivered to the Askham Bar site to support mass vaccination and noted that the Ministry of Defence was providing support to prepare for volume testing.

In response to DB enquiring about antibody testing MC explained that this had been a time limited national strategy with no subsequent requirement for set up on an ongoing basis. HE added that it had proved of very limited value.

HE wished to publicly acknowledge the work of all involved in the response to the pandemic: teams within the CCG, York Teaching Hospital NHS Foundation Trust, primary care and in particular the nurses, and Laura Angus, CCG Head of Prescribing/Strategic Lead Pharmacist, and her team. Whilst there was still much to do, the commitment to date was to be commended.

RW highlighted the need to recognise the impact of the vaccination programme on primary care capacity to deliver other aspects of work. She suggested that the Communication and Engagement Team may be able to support this message. NW noted that he was in discussion with SP and the Primary Care Team regarding prioritisation.

MC emphasised the need to comply with social distancing even after vaccination and highlighted that it took two to three weeks for a high level of immunity after the first dose. She noted that all opportunities, such as during the 15 minute observation period, should be utilised to enforce this message and concluded by reiterating the importance of adhering to the current national restrictions and “stay at home” message.

**The Governing Body:**

Noted the update and continuing work.

**RECEIVED ITEMS**

The Governing Body noted the following items as received:

**13.** Audit Committeec chair’s report and minutes of 19 November 2020.

**14.** Executive Committee chair’s report and minutes of 21 October, 4, 11, 18 and 25 November and 9 December 2020

**15.** Finance and Performance Committee chair’s report and minutes of 22 October and 26 November 2020

**16.** Primary Care Commissioning Committee chair’s report and minutes of 26 November 2020.

**17.** Quality and Patient Experience Committee chair’s report and minutes of 12 November 2020.

**18.** Medicines Commissioning Committee Recommendations of 14 October and 11 November 2020.

**19. Next Meeting**

**The Governing Body:**

Noted that the next meeting would take place at 9.30am on 4 March 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 7 JANUARY 2021 AND CARRIED FORWARD FROM PREVIOUS MEETING**

| Meeting Date | Item | Description | Director/Person Responsible | Action completed due to be completed (as applicable) |
|---|---|---|---|---|
| 2 January 2020<br><br><br>2 April 2020 | Patient Story | • Update on establishing a local system approach for pertussis vaccination in pregnancy<br>• Ongoing in context of the Coronavirus COVID-19 pandemic | MC | 5 March 2020<br><br><br>Ongoing |
| 2 January 2020<br><br><br>2 April 2020<br><br>7 January 2021 | Board Assurance Framework and Risk Management Policy and Strategy | • Risk Management Policy and Strategy to be presented for ratification | AC | 2 April 2020<br><br>Deferred until "business as usual" resumed<br><br>Deferred to post April 2021 |
| 2 April 2020 | COVID-19 update | • 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<br><br>7 January 2021 | Risk Report and Board Assurance Framework | • Strategic objective to be added to the Board Assurance Framework relating to health inequalities, equity and improving outcomes. | MC/HN | 7 January 2021<br><br>4 March 2021 |
| 7 January 2021 | Quality and Patient Experience Report | • Feedback session to be arranged for clinical leads for care homes | MC | |

**Item Number: 6**

**Name of Presenter: Phil Mettam**

**Meeting of the Governing Body**

**Date of meeting: 4 March 2021**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Accountable Officer's Report**

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

**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**

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

**Local Authority Area**

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

**Impacts/ Key Risks**

☒Financial
☐Legal
☐Primary Care
☐Equalities

**Risk Rating**

**Emerging Risks**

**Impact Assessments**

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

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

| |
|---|
| **Risks/Issues identified from impact assessments:** N/A |
| **Recommendations**<br><br>To receive the report. |
| **Decision Requested (for Decision Log)**<br><br>Governing Body received the report. |

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Phil Mettam<br>Accountable Officer | Sharron Hegarty<br>Head of Communications and Media Relations |

## GOVERNING BODY MEETING: 4 MARCH 2021

## Accountable Officer's Report

### 1. Local and system financial position

1.1 The CCG's financial plan and forecast for the remainder of the year is for a break-even position and confidence in our ability to achieve this continues to increase each month as some of the previous risks either disappear or reduce. This was previously subject to two specific funding streams in primary care, one of which has been received as previously reported and the second in relation to the central funding for Additional Roles. Working with primary care colleagues the finance team now expects that this latter amount will require £238k not the £1m originally thought.

1.2 I am pleased to be able report that the overall North Yorkshire and York sub-system financial position is also positive and remains on track for a break-even. This has further improved by the recent confirmation to provider colleagues that they will receive additional funding to cover off non-clinical income shortfalls. However, we should be mindful of the challenges in tackling our underlying financial position that will remain and have likely increased.

1.3 There continues to be positive developments in terms of our 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. Most recently this month has seen us secure supplementary funding on top of the CCG's own commitment to replace all the dermatascopes currently in use in our practices. This will mean we can double the amount of devices and significantly improve this much needed capacity in this cancer pathway.

### 2. System restoration and recovery in the era of COVID

2.1 The CCG and all of its partners continue to respond daily to the COVID-19 pandemic, supporting the delivery of services and care to local people across all care pathways, both COVID and non-COVID, and physical and mental health.

2.2 The past two months have been particularly challenging for all local staff and organisations as they worked together to enact their surge and super surge plans across the local system and to support mutual aid across the HCV ICS, region and indeed nationally between regions, as the pressures on acute and critical care capacity from third wave of COVID was realised.

2.3 At the same time the same partners supported the mobilisation of the mass vaccination programme for local people and our health, care and key

workforce. The resilience and partnership working demonstrated during these unprecedented operational and escalation responses has been incredible.

2.4 The local system has managed to protect the delivery of a significant amount of the planned elective activity it planned as part of its recovery plans during the third wave. York FT has the strongest delivery of day case and outpatient activity across acute providers in the NEY region, which has been possible due to the close working with independent sector partners locally to continue delivery of key cancer and planned operations when capacity on the main hospital site was redeployed as surge plans escalated. Breast screening and cervical screening recovery plans have been exceeded, once again due to the drive and targeted work to enable these programmes, despite the ongoing operational pressures.

2.5 Inevitably as the peak of the third wave was reached the difficult decision to stand down some routine elective care operations had to be made. As the local acute system de-escalates from the wave three peak these patients will be rescheduled and the elective care recovery plans are being refreshed so all partners can see the volumes of patients and the waiting times on local waiting lists.

2.6 The work of the providers at place and working collaboratively across the HCV, provides new opportunities to optimise how we use our local capacity, share capacity across our populations and identify additional capacity to help with further recovery. The collective focus of providers and commissioners remains on treating the highest acuity patients first to reduce risk and to identify the capacity required to more effectively treat those patients who are lower acuity but have been waiting for long periods.

2.7 The CCG is already working to consider how we can support patients waiting for their operations building on local insight from our health navigators, health coaches, referral support team and social prescribers on their work with local patients. Personalised care and empowering local people to better engage in self care and care planning will be an important area of focus moving forward.

2.8 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.

2.9 The local system has been successful in accessing additional funding in February to support our services and clinicians in delivering care moving forward This has included funding for FIT testing to help risk stratify colorectal fast track referrals, additional dermatoscopes for supporting dermatology referrals with imaging (supporting the established teledermatology referral

pathway), an electronic eye care referral system connecting community optometry referrals direct to secondary care, two years of national funding for the Attend Anywhere video consultation platform, and finally funding to extend the local diabetes specialist teams from five day to seven day cover at York FT and to extend our health navigation service even further to more practices and patients.

2.10 As partners refresh priorities for 2021-22 for both immediate recovery and then longer-term integration and transformation, the intelligence we have from neighbourhood level population health, disease burden and the health inequalities pre-COVID and post-COVID will be key. There is growing insight into the further exacerbation of health inequalities from poor access and engagement with our services from specific population groups, and impact of cessation of some services on some disease pathways and population cohorts during COVID. How we target our efforts collectively to address these greatest areas of need and health inequality will be critical to our ambition at place to improve health outcomes. Already we have strong cases for recovery work which will target funding, including lung health checks and community diagnostic hubs.

## 3. Governance update

3.1 The CCG Council of Representatives have been asked to approve the continuation in post of the Governing Body Members until 30 April 2022 which will allow for a consistent transition to the new operating models in the NHS. This includes the Executive Members of the Governing Body, the Lay Members and the GP representatives including the Chair of the Governing Body. This was approved by the Council of Representatives. The approval is not strictly in accordance with the CCGs constitution as the rollover of Lay Member contracts is only allowed in limited circumstances however the Council of Representatives were asked to approve this in the best interests of the population of the Vale of York CCG area on the basis of the following principals:

a) This Governing Body membership has seen the CCG move from being in legal directions to moving out of those and achieving financial sustainability.

b) This Governing Body has a good understanding of the needs of its population and the services available.

c) The CCG is going through a period of significant change and this will require careful management and navigation to ensure that the needs of the population are adequately met in any new organisational structures.

d) The needs of the CCG population are well understood by these individuals and the relationships that these individuals have built are positive and

influential and will enable the CCG to continue working for the benefit of their population.

e) The current CCG Governing Body membership has a good understanding of health inequalities and how these impact their population. This will be vital in the protection and development of services in the CCG area throughout the consultation phase.

f) The CCG would need to expend a significant amount of resource in a recruitment exercise in the event that these posts were to be advertised and not simply continued.

g) Should these posts be advertised at this time with no more than a 12 month contract able to be offered it would be likely that the posts could not be filled leaving the population without adequate representation at a period of significant change. Evidence of difficulties with recruitment is the fact that the Secondary Care Doctor post remains vacant.

h) It is unlikely, given the current pressures on primary care, that alternative representation could make themselves available to attend the meetings scheduled and bring themselves up to speed with the current issues or induction process as required to safeguard the population we serve.

## 4. Primary Care Protected Learning Time

4.1 The next in our series of protected learning time sessions for primary care takes place as a virtual event on the 22 April 2021. This event will be managed directly by our local Primary Care Networks and will focus on local priorities, resilience and wellbeing. We are looking forward to another informative and positive event.

## 5. Local government reform

5.1 A consultation on proposals for unitary local government submitted by councils in North Yorkshire and York, as well as other areas in the country, was launched by the government on the 22 February 2021.The proposals outline how the councils who have responded to the invitation want to restructure local government in their area to establish unitary local government. This means moving from a two-tier system of county and district councils, to a system where there is a single tier for any given area. The consultation asks a number of questions about each proposal around value for money, proposed geography of the council and impact of the proposal on local services.

5.2 As a result of this work, the district and county council elections due to be held in May 2021 in the three areas will be rescheduled to May 2022.

5.3 Residents, businesses and service providers, including the health and care sector, will have the opportunity to have their say on what will work best for their area.

## 6. ‘Place’

6.1 The CCG continues to develop proposals for creating a focus on the different needs of our population. This involves working with colleagues from different sectors to create new impetus around the plan already developed for the Selby district. Additionally, it is proposed to establish a new cross-sector Board for the city of York to take forward a new integrated health and care offer for citizens, this will meet for the first time in April 2021. It is proposed to use a subsequent Governing Body meeting in public to receive presentations on these developments, and also to discuss options for a future focus on the population of Ryedale.

## 7. Recommendation

7.1 The Governing Body is asked to note the report.

**Item Number: 7**

**Name of Presenter: Michelle Carrington**

**Meeting of the Governing Body**

**Date of meeting: 4 March 2021**

NHS
Vale of York
Clinical Commissioning Group

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

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

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

Content of this report has been discussed in detail in the Quality and Patient Experience Committee in February 2021.

**Strategic Priority Links**

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

**Local Authority Area**

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

| **Impacts/ Key Risks** | **Risk Rating** |
|---|---|
| ☐Financial<br>☐Legal<br>☒Primary Care<br>☒Equalities | |

**Emerging Risks** Risks to quality and safety across all commissioned services due to the impact of Covid-19 and anticipated 'surges' or 'waves' of demand across services and potential harm to people being able to or not accessing access services.

**Impact Assessments**

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

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

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

N/A

**Recommendations**

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

**Decision Requested (for Decision Log)**

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** | **Report Author and Title** |
|---|---|
| Michelle Carrington, Executive Director of Quality & Nursing | Michelle Carrington, Executive Director of Quality & Nursing<br>Paula Middlebrook , Deputy Chief Nurse<br>Sarah Fiori, Head of Quality Improvement and Research. |

## 1. PURPOSE OF THE REPORT

The purpose of this report is to provide the Vale of York CCG Governing Body with an exception report on the quality and safety of our commissioned services and a full update regarding risks aligned to the Quality and Patient Experience Committee.

The exception report will focus upon:

- Support to Independent Care Providers
- Covid Vaccination progress
- Mental Health for adults and children / young people
- Unannounced CQC Inspection to TEWV In- patient areas
- Maternity – the role of the LMS in quality assurance in light of the Ockenden report and the development of Maternal Medicine Centres / Networks
- End of Life Care – Marie Curie night sitting service
- Serious Incidents
- Patient Experience
- Communications and Engagement
- Research
- Risks to Quality and Safety

## 2. SUPPORT TO INDEPENDENT CARE PROVIDERS

Significant focus continues to support Independent Care Providers both proactively and also in quick response to those reporting Covid 19 outbreaks. January has seen increased incidence of outbreaks and in some settings these have been significant requiring intense whole system support for care providers. Support is extended by the team to any care providers who request it such as Private Hospitals, Hospice, Domiciliary Care, Personal Assistants, Independent Living and Assisted Living settings. .

In collaboration with North Yorkshire County Council (NYCC) and the Community Infection Prevention & Control Team (IPC), the Nursing and Quality Team have now completed assurance visits in all care homes across the North Yorkshire patch to ensure Care Homes have the support required to prevent and minimise potential outbreaks.

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. It is aimed that by the end of January all these homes will have also had an assurance visit by the CCG.

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. Key Trends and themes collated are informing on how we offer appropriate and proportionate responses to care settings. As an outcome from this work the VOY CCG and NYCC have acquired funding to purchase IPC manuals and staff workbooks for each care homes. There are also plans for workbooks to be issued to Domiciliary Care Staff across the Vale of York. This has been well received by those already in receipt of the resources and it is aimed by the end of February all settings will have taken delivery.

As new priorities emerge the team continue to work hard supporting implementation such as the continuing need for support with testing, planning for the Covid 19 vaccinations 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.This tool is providing increased oversight of the system and provides vital information relating not only to capacity but business continuity of organisations. Different questionnaires are added which the team support with locally in order for relevant intelligence to be gathered which escalates to inform the national coordination of response to Covid in care settings. The YTHFT Discharge Command Centre continues to work closely with Independent Care Providers to ensure safe discharge and discharge improvement work continues.

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 an ’aide memoire’ to prompt individuals to report any issues has now been shared following approval in November. This prompt aims to help staff articulate issues within a setting that they may want to report/ escalate to line managers or indeed safeguarding.

## 3. VACCINATION - COVID-19 Vaccination

The national Covid-19 vaccination program continues at pace. A significant deadline of 24 January 2021 to vaccinate all older people’s care homes has been achieved with 98.7% compliance over North Yorkshire and York. A very small number of care homes were not vaccinated due to having Covid outbreaks in line with the national guidance.

The JCVI described cohorts 1-4 (see below) are the current staff and patients who needed to be vaccinated by 15 February and a huge collaborative effort undertaken to ensure this deadline was met. Progress is now underway for cohorts 5 and 6.

This priority list is as follows:

1. residents in a care home for older adults and their carers.
2. all those 80 years of age and over and frontline health and social care workers.
3. all those 75 years of age and over.
4. all those 70 years of age and over and clinically extremely vulnerable individuals.
5. all those 65 years of age and over.
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality.
7. all those 60 years of age and over.
8. all those 55 years of age and over

## 4. MENTAL HEALTH

The CCG is currently working with TEWV to reconsider investment priorities in line with the mental health investment standard, pre-existing priorities and the impact of the pandemic upon mental health.

### Adult Services

Demand has continued to grow during the pandemic for mental health Crisis services with an intensity in acuity.

A progress update regarding health checks for people with severe mental illness and work to reduce waits for autism and ADHD assessments will be provided to QPEC in April.

### Children and Young People's Mental Health

The following is a highlight summary associated with children and young people's services.

- CAMHS

The Q3 figures for CAMHS have shown a down turn in referrals into specialist CAMHS: the figure dropped from an average of round 180 referrals a month to just 45 in April 2020. They increased again to 189 in July 2020, but since then have been at below 100 a month, with the majority being referrals within the service, i.e one team referring to another rather than GP referrals. This is of some concern as we might have expected an increase during the autumn term once children were back at school, given national predictions and statements regarding need for mental health support and reports nationally of increased levels of self harm. We will

discuss with TEWV and local authority colleagues and look at how to encourage access to support.

- Children's Eating Disorders

QPEC discussed eating disorders at its meeting in January 2021. Since then we have arranged a meeting with the third sector organisation SEED, (Support and Empathy for people with Eating Disorders) and led a discussion at the Humber Coast and Vale Mental Health Partnership regarding early advice and intervention: there is interest across the Partnership for some joint working to develop an early intervention offer, in light of possible additional surge funding in response to Covid. Proposals for additional eating disorders support are being considered as part of the mental health investment standard investment programme for 2021 and beyond.

- Winter Funding schemes

Winter funding monies have been awarded for additional mentoring support through York Mind, and for the short breaks centre in York, the Beehive, to set up a toy and equipment library for vulnerable children.

**TEWV CQC Unannounced Visit**

In January 2021 CQC undertook an unannounced inspection across 6 adult acute wards on 3 sites. In North Yorkshire and York they visited Danby Ward and Cross Lane Hospital.

Concerns were identified regarding aspects of risk management. In line with QSG processes an NHSE led Quality Board has been established to oversee the actions.

Vale of York CCG is now working with North Yorkshire & York CCG to establish one Quality and Safety sub group of the CMB. Outcomes for the CQC visit and associated actions and any potential transferable risks across other services into NY and York will be the focus of the next meeting in March.

## 5. MATERNITY

**Development of Maternal Medicine Centres / Networks**

Following the overview provided at December QPEC and the YTHFT initial assurance return as a result of the Interim Ockendon findings, rapid progress is being made nationally to develop Maternal Medicine Centres (MMC) and associated networks (MMN). These are clearly identified as an urgent national priority within the report.

These have been tested in the South East with regional work led by NHSE/I now taking place to develop a model for Yorkshire and Humber.

These centres and networks aim to bring together services across CCG/ICS

footprints to:

• Ensure specialist advice and care for women with pre-existing medical conditions before, during and after pregnancy, and in the antenatal, intrapartum and postpartum period for women with medical conditions that arise during pregnancy

• provide local clinical leadership on the identification, referral and management of women with medical conditions, including reviewing internal training and referral pathways for all staff in contact with pregnant women across the network footprint.

A CCG cost share funding model has been developed with an estimate cost of £22k for VoY CCG. The case to support funding is been approved at Executive Committee.

**Role of the LMS in the overview of Quality and Safety**

The Humber, Coast and Vale Local Maternity System (LMS) works across our organisations to monitor, assure and coordinate responses to maternity safety issues.

As the Ockenden first stage report has been released (December 2020), the LMS has examined their procedures and processes and is currently working through the requirements with Trusts, CCG quality leads and other partners. The LMS is expected to take a much more proactive role in 21/22 in overseeing incident reporting, assuring regional teams of learning and actions, and working with the Integrated Care System to ensure issues in maternity services are known and resolved. As the new structures continue to progress, a ‘handover’ of tasks between CCGs and the LMS will be agreed to ensure no incidents are missed. The LMS is also supporting all Trusts in their local gap analyses; again to ensure they have appropriate oversight and assurance for the ICS, to work with CCGs and escalate regionally in the future.

- LMS Safety Working Group

The monthly Safety Working group, jointly chaired by the LMS Clinical Lead and Safety Midwife, reviews safety across the whole of the perinatal pathway, and includes professionals from midwifery services, health visiting, public health and related quality teams. This group reviews all SI’s and recent incidents in the LMS constituent Trusts and CCGs; identifying themes and trends to examine further, sharing learning, and escalating to the regional Clinical Network as appropriate.

Governance and safety midwives from each Trust share messages back to colleagues. Additionally, this group supports the facilitation of LMS wide guidance and processes to ensure consistency of approach, and has oversight of the screening, immunisations and vaccinations programmes. The group has also recently starting issuing a monthly learning points bulletin to highlight their work. The Safety Working group reports to both the LMS Delivery Board and Executive Oversight and Assurance Board at each of their meetings.

## 6. END OF LIFE CARE – MARIE CURIE

Funding to increase the contract for provision of night care from Marie Curie was agreed in October 2020. Marie Curie has not as yet been successful at recruiting staff to provide the additional nights despite active recruitment activity.

We are currently reviewing the pathway re how night sits are coordinated to ensure the pathways best meets patient need alongside the Single Point of Contact hosted by St Leonards Hospice and therefore how 'gaps' in Marie Curie capacity are managed and coordinated with other services / agencies.

## 7. SERIOUS INCIDENTS (SIs)

The reporting and investigation of SIs continue in line with the SI Framework. The reporting at York Hospital site is noted to have increased, currently equalling the total number of SIs reported in the previous year. Scarborough Hospital has reported one HCAI/infection control incident concerning COVID-19.

Providers attend the monthly Collaborative SI Panel meeting supporting positive engagement and open and honest discussion of the cases reviewed, and the challenges currently faced by organisations.

Emerging themes and challenges have been identified from incident investigation reports during the response to COVID-19 and include: Workforce with redeployment of staff, skill mix and training issues along with increased staff absence. Acuity of the patients, Safeguarding processes including Children's Safeguarding, Assessments of patients and difficulties obtaining corroborative information and Equipment and PPE causing communication difficulties. Opportunities for shared learning will be reviewed.

The CCG continues to work closely with YTHFT with clear progress being made in the following areas :

- Improving National Patient Safety Alerts process
- Improving functionality with Datix to make analysis/investigation easier
- Improved awareness/training around Duty of Candour
- Safety Spotlight newsletter sharing learning

The need to declare any 12 hour trolley waits as serious incidents has ceased and as such the CCG will ensure that we are sighted on any trolley waits and that assurance that harm did not occur and any lessons learned are still obtained. Any 12 hour trolley waits that meet the criteria for a serious incident will still be declared as such.

## 8. PATIENT EXPERIENCE UPDATE

Since the Covid-19 vaccination programmes started in December 2020 Contact Us and Patient Relations have had daily, often multiple contacts from patients and relatives, despite the publicity campaign asking people not to contact the NHS and to wait to be invited to make an appointment.

Some people were reassured with the message from us that they would be invited at the right time for them, but others weren't and wanted a better understanding of the roll out.

Where possible we directed people to public facing information on the government website but not all aspects were covered.

Examples of common themes were:

- not understanding why friends and neighbours had been invited before them despite being younger
- how are people in the cohorts prioritised if all equal, alphabetically for example?
- why did they have a letter from the NHS and local GP
- how can we reassure them they have not been missed, at what point would they raise this, and who with
- why some GP Practices had supplies and others didn't (some comments referring to "postcode lottery")
- who makes the decision about distribution of supplies
- concerns about a 12 week gap between doses (patient leaflet advises 21 days as per previous guidance)
- can they choose which type of vaccination to have
- carers not being vaccinated at the same time as the person they care for

Also contacts from health/social care professionals in the independent/private sector asking how they can access the vaccine in the NHS/LA cohort as per the guidance.

Other queries related to how to volunteer to be a vaccinator.

## 9. COMMUNICATIONS AND ENGAGEMENT

Despite the restrictions of the latest national lockdown, the CCG has been continuing its programme of public and patient engagement. It is more important than ever to work in partnership to develop a community response and support our most vulnerable. Over the last two months there has been a concerted effort on population health – working with frail and elderly population in the North of the patch, supporting the vulnerable to get their vaccinations across the Vale, focusing on a community response to mental health and wellbeing within some of the most deprived wards of York, working with carers and adults with ADHD and autism to ensure that services hear their voice. This is strengthened by our communications and engagement through networks. Please find the round up below:

### Parkinson's nurse engagement

The Parkinson Nurse Specialist (PNS) provides an essential care for people diagnosed with Parkinson's and their families and carers, covering South Hambleton and Ryedale (SHaR), Tadcaster and Rural Selby, and Selby Town areas. We have recently carried out an evaluation of Parkinson Nurse (PN) post between 12 December 2020 and 15 January 2021. This included:

- Survey to patients – 101 questionnaires distributed (including 37 online and the remaining hard copy)
- Survey to practices
- Telephone calls (18 patients successfully contacted)
- Feedback from consultations

A total of 47 responses were received representing a 46.5% response rate. Overall 82% of the responses have been completed by the person diagnosed with Parkinson's and 18% by a family member or a carer.

To supplement the survey, 21 patients have provided their telephone number and agreed to be contacted for further conversation to get a more meaningful understanding of their experience. 18 out of 21 patients have been successfully contacted.

### Initial key themes:

The survey feedback and interviews show that Parkinson's patients, their friends, families and supporters are a resilient and resourceful group. As Parkinson's itself is a complicated, multi-faceted disease, so are the treatment(s) and the integrated services that are required. Not all Parkinson's patients are the same. They vary greatly in their requirements according to the progression of their condition and their social situation, complicated further by the fact that they are older and as such are more likely to have issues, social and clinical, beyond Parkinson's.

Patients have provided feedback on the Parkinson's Nurse support, including the benefits of the role and suggestions for improvement. It highlights how in this context, patients hold specialists such as Parkinson's Nurses in high regard.

This requires care to be patient centred. All of this requires careful thought when commissioning services for Parkinson's patients.

**Northern Quarter Project (NQP) – Connecting our City**

Over 100 people (including clinicians, patients, community activists, voluntary sector and partner organisations) joined a Northern Quarter Project (NQP) online event on 9 December 2020 focusing on a community approach to mental health and wellbeing.

The vision of the NQP is that when it is needed, the support for people with mental ill health will be:

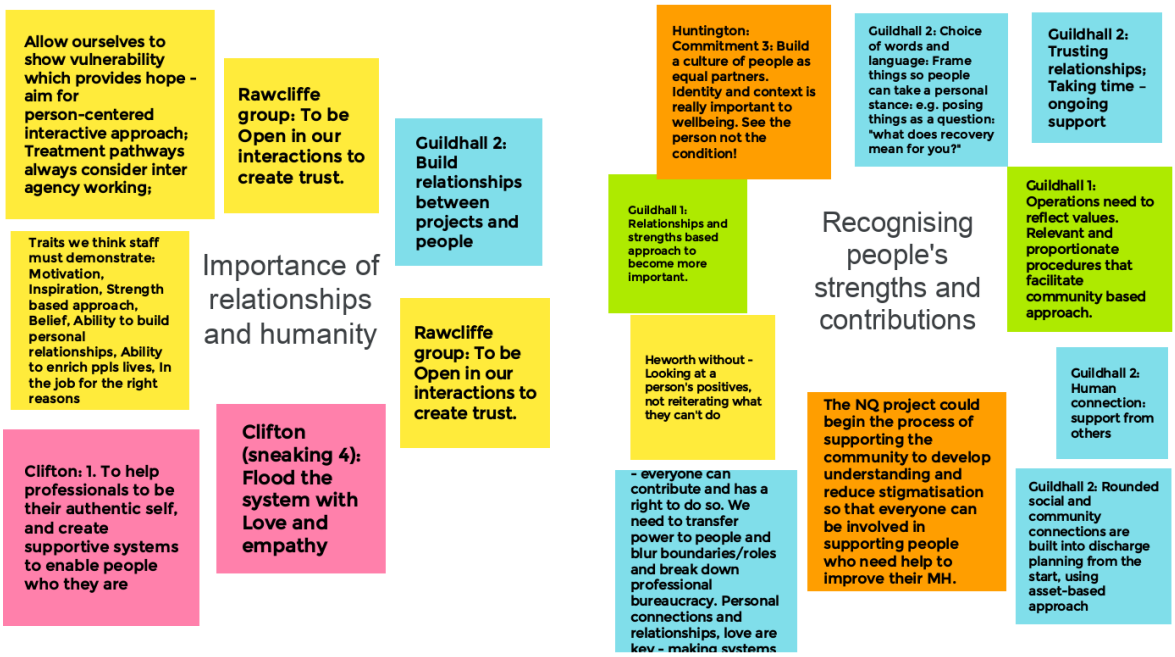
- Easy to access
- Warm and welcoming
- Built on freedom and trust
- Tailored to individual needs and wishes
- Flexible and responsive
- Consistent and well coordinated

Within the event we heard several patient stories, which were used as the context for breakout rooms and discussions focusing on:

1. **What makes a difference to people's lives:**

## 2. What would they like to see in 12 months:


## 3. What commitments they will make as a community:




This event was a whole system approach to mental health and wellbeing. It will feed in to the work streams including: Co-production, community conversations, data collection and analysis and developing a more integrated multi-disciplinary community MH service.

**Other engagement work:**

**Carers**

Regular meetings with carers groups (November 2020 and January 2021) – focus on impact of COVID-19, increasing the voice of carers, and the roll out of the vaccinations.

**Maternity Voices Partnership (MVP)**

We are pleased to announce the appointment of a new MVP Chair – Stacie Jackson-Ross. She started in December and has already begun to pick up the networks – attending focus groups and linking in with the Local maternity System (LMS) MVP group. She will be focusing on seldom heard communities.

**SEND:**

A survey has been sent out to families and young people and through York Inspirational Kids (YIC) to ask for their opinions on the quality and consistency of education, health and care plans EHCP and the 'ambition' statements. We want to make sure that they are easy to read, focused and are usable documents and have outcomes that are specific, measurable, achievable, relevant and time-bound for every child or young person. The piece of work will look to work with families and young people to improve the quality on plans, and to explore how they can be shorter but have greater impact and help to achieve the agreed outcomes.

**Wheelchair Service User Forum**

The next forum is scheduled for 23 February 2021. Following feedback from service users at the September 2020 forum that they were not receiving clinical reviews on a regular basis, there has been some significant improvement on the provision of reviews. This will be a feature of the next QPEC deep dive in March 2021.

**Autism and ADHD**

The latest engagement report based on feedback from adults with ADHD and Autism is available. This piece of work will feed into the procurement of the service. The document can be found here: https://www.valeofyorkccg.nhs.uk/get-involved1/engagement-reports/engagement-and-consultation-reports/

**Urgent care**

An urgent care briefing has been issued to the Overview and Scrutiny Committee, as a written update on the progress of the project. It can be found here: https://www.valeofyorkccg.nhs.uk/get-involved1/engagement-surveys-and-consultations/current-surveys-and-consultations/

**Communications and Engagement dashboard:**

The team now reports regularly on its communications and engagement activity. In January the team has been supporting PCNs with comms on key messages around vaccination roll out. There has been a variety of coverage online (York Press and York Mix), radio (BBC radio York) and in print.

The biggest swing we have seen is the increase across our social media – some of the stats are great, especially the video views with over 17,000 in a week.  – all of this is without any paid for social media. Dr Nigel Wells has been producing regular videos about the roll out of the vaccinations, staying safe and how to look after mental health. https://www.valeofyorkccg.nhs.uk/videos/

# Communications and Engagement Dashboard - vaccination response

15 January to 22 January 2021

**Press releases**

**4** VOY press releases issued

**Top stories:**
- Opening of the Vaccine Centre at Askham Bar
- Roll out is underway in the Selby District
- Thank you to staff and volunteer

**Media coverage**

28 Pieces of press coverage
11 Media enquiries
5 Responses issued
4 Interviews completed

**Top coverage:**
- National and regional coverage of the Askham Bar site
- Key interviews on BBC Radio York
- Support from York Press and Yorkshire Post, Gazette and Herald and That's York TV

**PCN support**
- Dedicated comms support across all PCN areas
- Creation of press releases, media opportunities and media support
- Social media support provided
- Communications toolkit prepared and sent

## Communications activity

**Daily**
New daily update to named GP, nurses, prescribers and practice managers

**Campaigns**
Campaigns created and roll out started including: Vaccine delivery in VOY, Where will you receive your vaccine and Vaccine Fraud Awareness.
Ongoing Campaigns: LAMP Testing and Feel Real York.

**New**
Website area created for COVID-19 vaccinations, including FAQs.

## Stakeholder Engagement
- New edition of Involve set for Monday.
- Inclusion in CYC weekly stakeholder update.

## Key messages
- Don't call us we will call you - vaccine appts
- What to do if you receive an invite letter
- Beware of scams and fraud
- Roll out continues across the Vale of York

## Week ahead
- Joint PR with NYCCG - Vaccine complacency
- Roll out of campaign to ease the volume of people contacting GP practices
- Continuations of new social schedule to support key messages
- Issue Involve - stakeholder briefing

## Social media

**Twitter** – 34 posts
39,100 impressions (+55%)
761 engagements (+137%)
(likes, replies, retweets, etc.)

**Facebook** – 15 posts
36,721 reach (+666%)
3,135 engagements (+694%)
(reactions, comments, shares)

**Video views**
**17,294 views**

# Communications and Engagement Dashboard - vaccination response

15 December 2020 to 15 January 2021

**Press releases**

**5** VOY press releases issued
**1** Joint press release issued with North Yorkshire CCG

**Top stories:**
- Vaccine starts in Pickering
- Roll out is underway in the Selby District
- Call for patience as vaccine begins

**Media coverage**

18 Pieces of press coverage
7 Media enquiries
4 Responses issued

**Top coverage:**
- Key interviews on BBC Radio York
- Support from York Press and Yorkshire Post
- Lead story with Selby Times

**PCN support**
- Dedicated comms support across all PCN areas
- Creation of press releases, media opportunities and media support
- Social media support provided
- Communications toolkit prepared and sent

## Practice Comms / Internal comms

**6**
Editions of Practice Communication sent to all Primary Care staff.

**2**
Campaigns created and roll out started. Vaccine delivery in VOY, Your GP is Open.

**6**
Editions of Inform sent to all primary care with Vaccine and Covid-19 updates.

**15**
Urgent bespoke updates sent to Primary Care colleagues.

## Stakeholder Engagement

**3 editions of Involve, our stakeholder newsletter distributed to over 1,800 local and regional contacts.**

## Key messages
- Don't call us we will call you - vaccine appts
- What to do if you receive an invite letter
- Beware of scams and fraud
- Vaccine roll out is a huge undertaking - please bear with us

## Week ahead
- Launch of the extended Askham Bar site
- Roll out of campaign to ease the volume of people contacting GP practices
- Start of new social schedule to support key messages
- Issue Involve - stakeholder briefing
- Update with PCNs on roll out so far
- Publication of public facing FAQs

## Social media

**Twitter** – 37 posts,
47,000 impressions,
599 engagements
(likes, replies, retweets, etc.)

**Facebook** – 22 posts, 14,488 reach, 758 engagements
(reactions, comments, shares)

**Video views**
Governing Body live stream – 90 views
Nigel Wells vaccine scam video – 193 views, 100% positive feedback

- **Pickering patients receive COVID-19 vaccinations:** https://www.valeofyorkccg.nhs.uk/pickering-patients-receive-covid-19-vaccinations/
- **York based COVID vaccine service celebrates first week of successful rollout to priority patients:**https://www.valeofyorkccg.nhs.uk/york-based-covid-vaccine-service-celebrates-first-week-of-successful-rollout-to-priority-patients/
- **Selby patients receive COVID-19 vaccination:** https://www.valeofyorkccg.nhs.uk/selby-patients-receive-covid-19-vaccination/
- **Health leaders call for patience as COVID-19 vaccine rollout accelerates:** https://www.valeofyorkccg.nhs.uk/health-leaders-call-for-patience-as-covid-19-vaccine-rollout-accelerates/
- **Opening of the mass vaccination site at Askham bar:** https://www.valeofyorkccg.nhs.uk/more-people-to-get-vaccinated-in-york-as-city-site-extended-to-become-large-scale-nhs-vaccination-centre/
- **SHAR PCN vaccination roll out:** https://www.valeofyorkccg.nhs.uk/community-covid-19-vaccination-programme-in-south-hambleton-and-ryedale-continues/
- **Mental health wellbeing:** https://www.valeofyorkccg.nhs.uk/top-tips-for-your-mental-wellbeing-this-winter/
- **Selby PCN vaccination roll out:** https://www.valeofyorkccg.nhs.uk/nhs-staff-and-volunteers-pull-together-to-vaccinate-selby-district-residents-against-covid-19/ **and new vaccination hub:** https://www.valeofyorkccg.nhs.uk/selbys-summit-indoor-adventure-centre-to-open-as-a-covid-19-vaccination-hub1/
- **Keep on top of anxiety during the covid pandemic:** https://www.valeofyorkccg.nhs.uk/leading-gp-urges-people-to-keep-on-top-of-their-anxiety-about-covid-pandemic-during-lockdown/
- **Vaccination FAQs:** https://www.valeofyorkccg.nhs.uk/covid-19-vaccination-faqs/

**10. RESEARCH** - Update on Research & Development since the Covid19 outbreak

On March 18th 2020 the Department of Health and Social Care sent out a statement that until further notice the National Institute of Health Research (NIHR) is 'pausing' the site set up of any new or ongoing studies at NHS and social care sites that are not nationally prioritised as COVID19 studies.

Any nationally prioritised COVID19 studies would enable the clinical and epidemiological evidence to be gathered to inform National policy and enable new treatments, diagnostics and vaccine(s) to be developed and tested.

On the 2nd April 2020 a directive came from the CEM/CMOs offices for England, Northern Ireland, Scotland and Wales requesting that every effort be placed on enrolling identified patients in the national priority clinical trials

https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103012

The national priority trial in primary care is the PRINCIPLE Study (Platform Randomised trial of INterventions against COVID-19 In older peoPLe) www.principletrial.org

The PRINCIPLE study opened in general practices in the Vale of York on the 13th April 2020.

In May 2020 the NIHR published a framework to guide the restarting NIHR research activities https://www.nihr.ac.uk/documents/restart-framework/24886 .

Vale of York general practices have managed to continue to recruit participants to research studies other than those classed a national prioritised studies, which both benefits and supports primary care patients. This work was acknowledged by the Vale of York CCG's Executive Director of Nursing and Quality at the AGM in September 2020.

| **Research Projects open in general practices within the Vale of York CCG 20/21 (data taken from NIHR ODP 01 02 21)** | **Recruitment** |
|---|---|
| Platform Randomised trial of INterventions against COVID-19 In older peoPLe (PRINCIPLE) | 41 |
| RECAP (REmote Covid Assessment in Primary Care) | 11 |
| Genetic Links to Anxiety and Depression (GLAD) | 7 |
| Reviewing long term anti-depressant use by careful monitoring in everyday practice (REDUCE) | 11 |
| First Contact Physiotherapy in Primary Care (FRONTIER) | 6 |
| Medicines Management in Neuropathic Pain | 4 |
| The CHIldren with COugh Randomised Controlled Trial (The CHICO RCT) | 1 |
| Pharmacist-led, IT-based intervention (PINCER) to reduce clinically important medication errors in primary care | 4 |

The Yorkshire and the Humber CCGs research performance for 2020 / 2021 (up to and including 1st February 2021). In a normal year we would expect to see >500 participants recruited into research within the Vale of York at this time of the year and the current position is 85 patients. The CCG is 5$^{th}$ out of 19 CCGs in performance for the Yorkshire and Humber.

## 11. RISKS TO QUALITY AND SAFETY

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

**Updates on the risks escalated to Governing Body (by exception)**

**Hep B vaccine in renal patients:**

Renal services at YTHFT have been requested to work with local GP representatives and LMC to develop a long term model. A representative from Priory Medical Group has volunteered to support this work, however a representative from the vale is awaited to ensure we have both city and rural engagement. It is also noted that there is an NHSE Specialised commissioning review of Hep B vaccinations currently underway which in part is to assess the impact of the changes nationally.

**Potential changes to NYCC commissioned Healthy Child program:**

The NYCCG and Vale of York CCG have provided a joint response to the consultation on changes to the Healthy Child Program and this **can be found in appendix 1.** CCG Children's Safeguarding and Senior Quality Lead Children & Young People attended the stakeholder engagement session to the 17th February. Discussions are taking place at Executive level re impact of proposed changes.

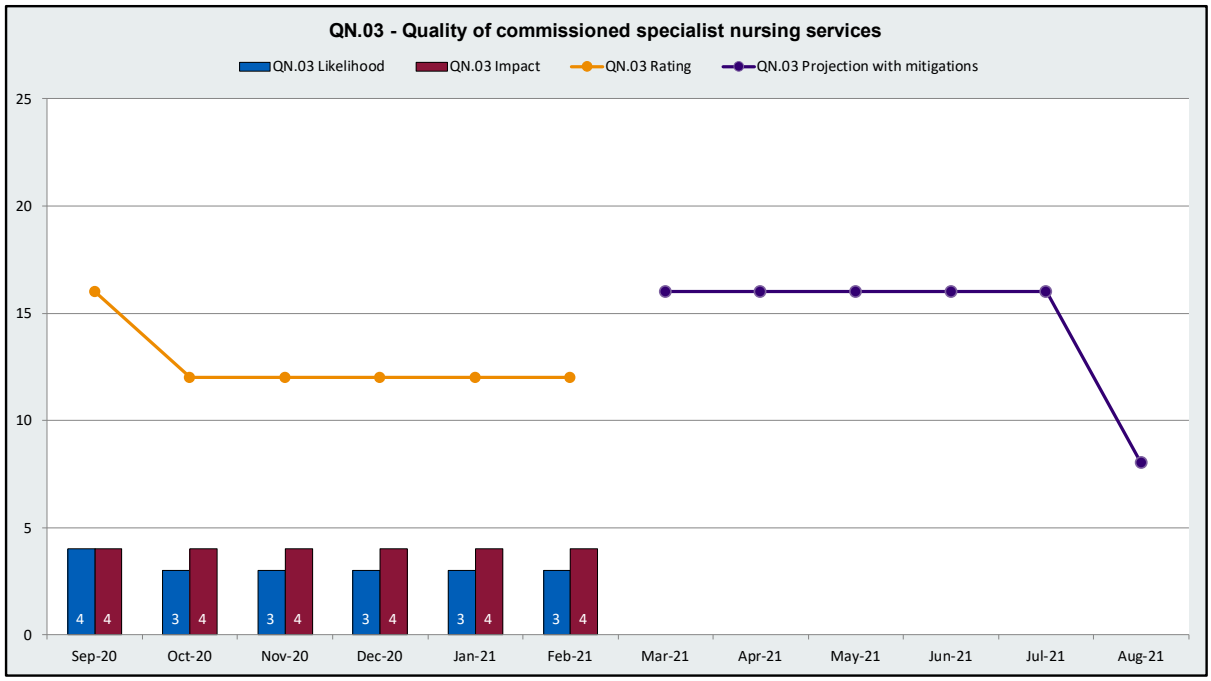
**QPEC approved the archiving of the following risks aligned to the committee in February.**

| **Risks being managed by QPEC :** | | **Outcome of February QPEC review** |
|---|---|---|
| **Risk No** | **Risk Description** | |
| QN 04 | Increasing numbers of extended trolley waits in ED breaching 12 hours. | Reduced number of waits and no longer required to report each as an SI. Any waits that meet the individual threshold for an SI will be declared and investigated.<br>QPEC approved to archive. |
| QN05 | Poor discharge standards from YTHFT | This risk is archived and a new risk to be developed to reflect a widening scope of quality and safety review across the system associated with the national discharge standards implemented as part of the covid response. |

# The following risks are those managed by QPEC:

## QN03 Quality of Commissioned specialist children's services

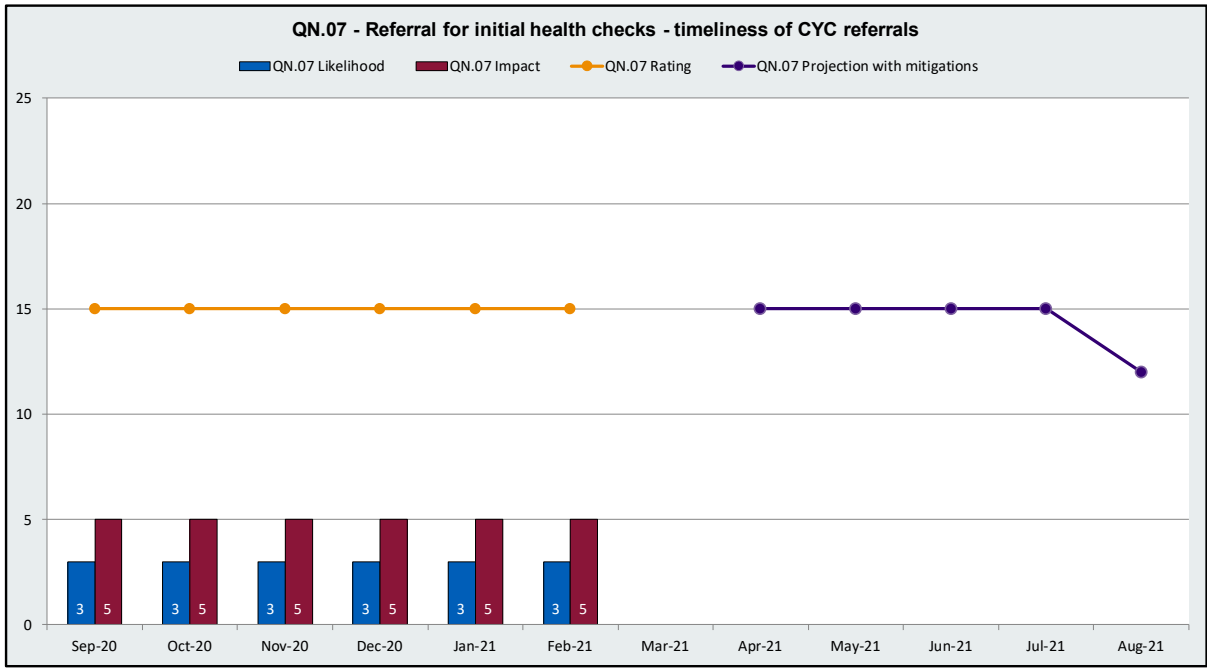
| | |
|---|---|
| **Risk Ref** | **QN.03** |
| **Title** | **Quality of commissioned specialist nursing services** |
| **Operational Lead** | Karen McNicholas/Paula Middlebrook |
| **Lead Director** | Executive Director for Nursing and Quality |
| **Description and Impact on Care** | The quality of care provided to children is not of the standard expected and the model in which care is delivered is not transformational. This relates to special school nursing and generic school nursing, community paediatric nursing team. Providers are not fulfilling their required duties under the legislation and guidance. |




| **Mitigating Actions and Comments** |
|---|
| **Date: 2nd February 2021** |
| YTHFT are reviewing the model of community children's nursing and special school nursing and implementing changes in line with the service specification. Quality monitoring and reporting processes are in development to provide assurance to the CCG re the standards of care and services. This has been slightly delayed due to the impact of Covid on YTHFT front line services. Whilst improvements in practice standards for special school nursing is underway , changes to the model of service delivery has not yet occurred due to sensitivities in education services and again the impact of Covid , however discussions continue there is some progress but this is slow. The CCG continue to support both parties in these changes |

# QN07 – Referral for initial health checks – timeliness of CYC referrals

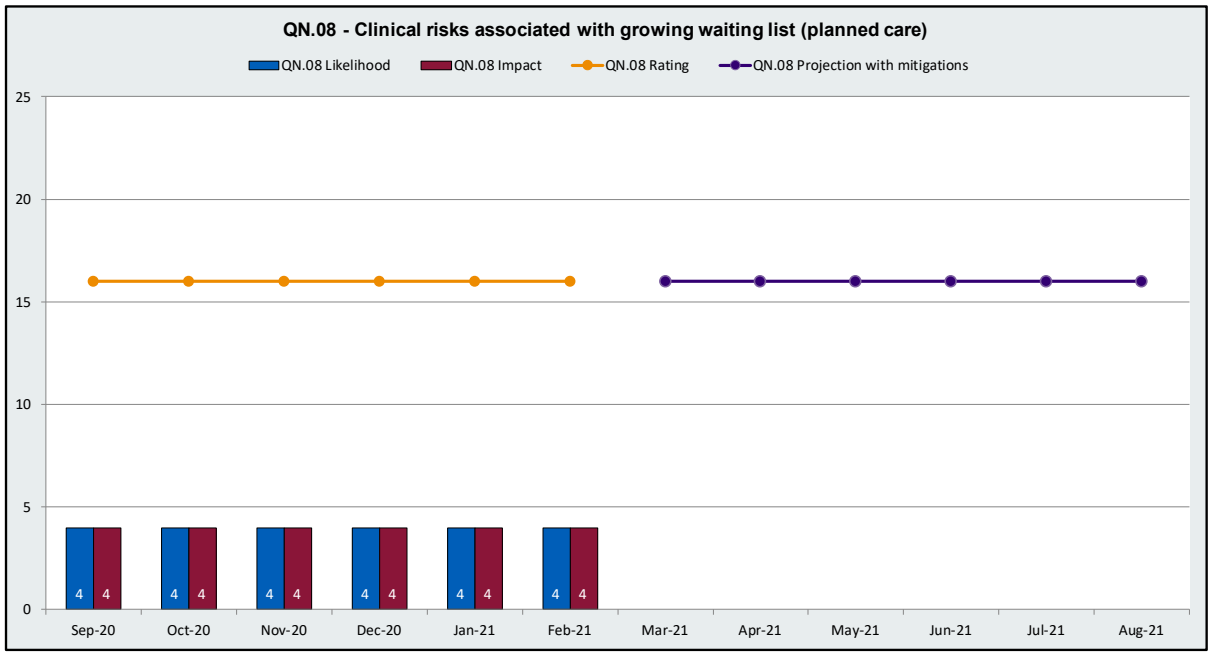
| Risk Ref | QN.07 |
|---|---|
| Title | Referral for initial health checks - timeliness of CYC referrals |
| Operational Lead | Jacqui Hourigan |
| Lead Director | Michelle Carrington |
| Description and Impact on Care | The CCG has a statutory responsibility to work with the Local Authority to ensure children new to the care of the Local Authority are offered an initial health assessment within 20 working days of entering care. Analysis of the data, measuring timeliness of assessment has identified very poor performance in York. This fluctuates between 0-50% over the last year with no sustained improvements. The data also indicates the delays are primarily due to lack of notification/request from Local Authority. |




| Mitigating Actions and Comments |
|---|
| **Date: 2nd February 2021** |
| Work continues with the Designated Nurses working with LAC Team and LA colleagues in supporting processes in securing timely Initial Health Assessments for Children in Care. Q3 data indicates that the timeliness of IHA's continue to improve although they continue to remain below the statutory expected level. Data however indicates that the length of delays in completing IHA's is significantly reduced which has a positive impact on children in care in enabling their health needs to be addressed in a more timely manner. Work and management oversight of this process will continue with the LA and LAC team to ensure that improvements remain on an upward trajectory |

# QN 08 – Clinical risks associated with growing waiting lists (planned care)

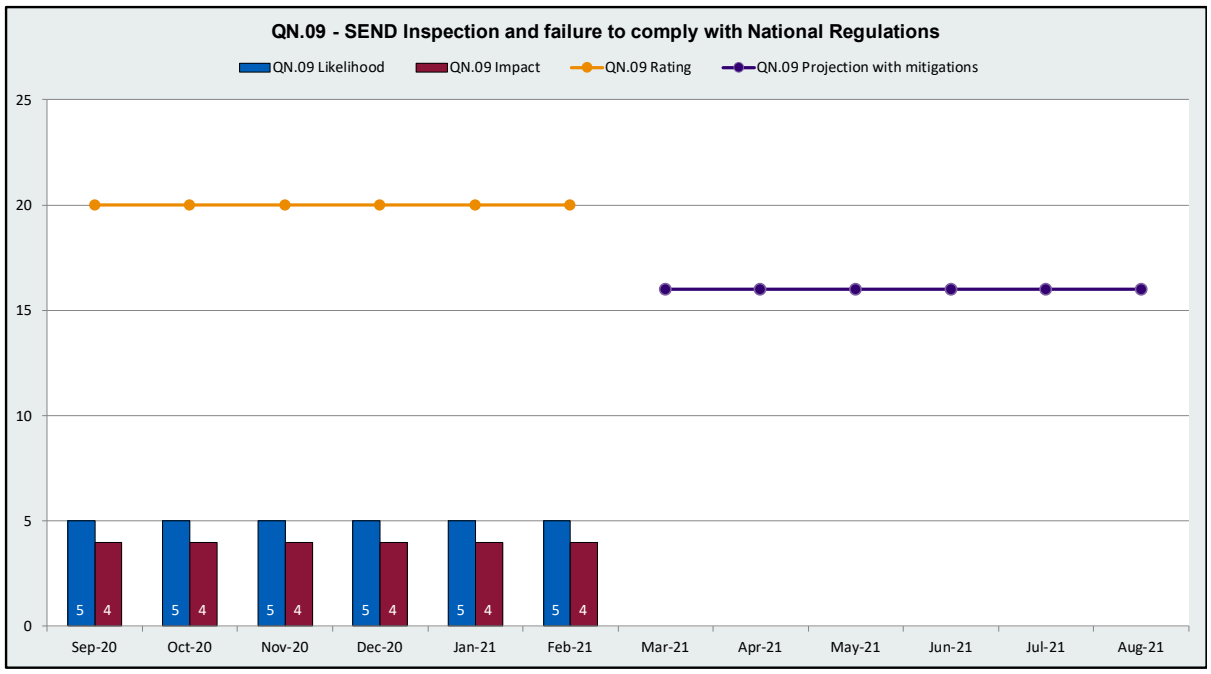
| Risk Ref | QN.08 |
|---|---|
| Title | Clinical risks associated with growing waiting list (planned care) |
| Operational Lead | Caroline Alexander / Paula Middlebrook |
| Lead Director | Executive Director for Nursing and Quality |
| Description and Impact on Care | Risk that the CCG cannot meet its 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: 2nd February 2021**<br>This risk has also been considered at FPC and agreed to be aligned to QPEC due to the higher risk associated with patient safety. The CCG is statutorially 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.<br>Governance arrangemenst are in place to ensure lines of repsonsibility 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 prioiritised 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.<br><br>The above mitigations are commensurate with the available financial and workforce resource available.<br>**Due to the ongoing pandemic and likelihood that this risk will not be reduced until post pandemic recovery, Governing Body has agre to tolerate the risk and support continued oversight by QPEC with 6 mnthly up-date provided to Governing Body.** |

# QN09 SEND Inspection and failure to comply with National Regulations

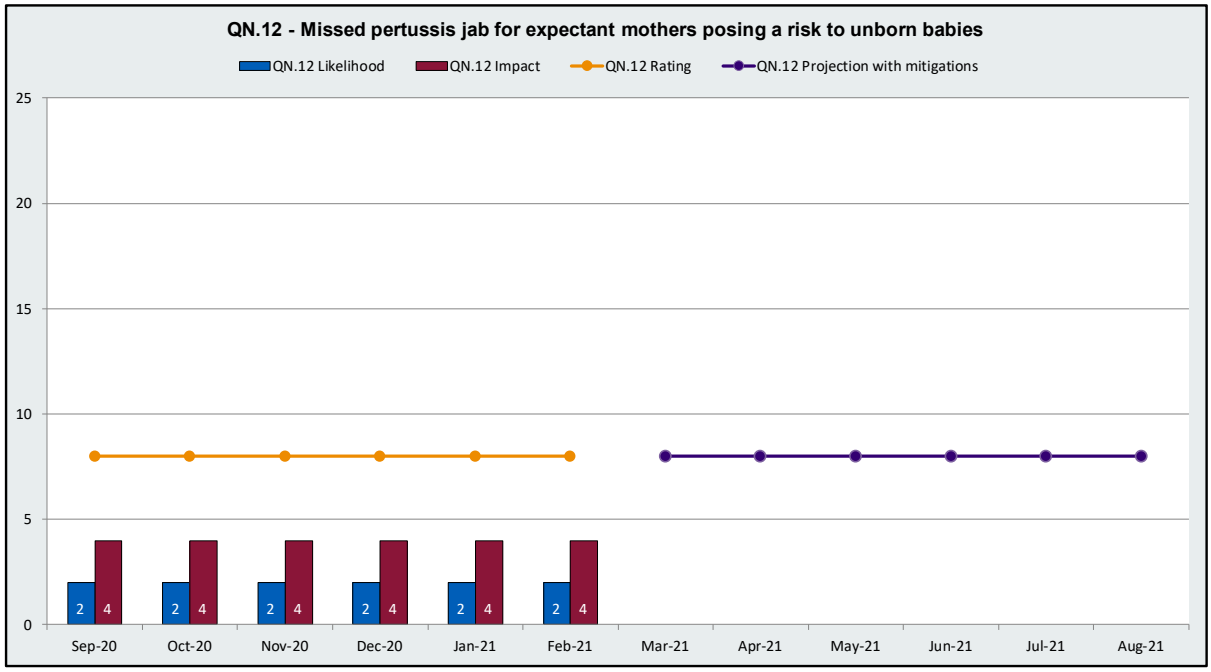
| | |
|---|---|
| **Risk Ref** | **QN.09** |
| **Title** | **SEND Inspection and failure to comply with National Regulations** |
| **Operational Lead** | Karen McNicholas/Susan De Val |
| **Lead Director** | Michelle Carrington |
| **Description and Impact on Care** | Following the SEND Inspection in December 2019 confirmation was provided that the CCG and partners are failing to meet the Statutory Requirements of SEND children. |




| **Mitigating Actions and Comments** |
|---|
| **Date11th February 2021** |
| DfE & NHSE monitoring visit took place 19th January . A comprehensive summary was sent beforehand regarding the progress made. This was discussed in detail and verbal feedback was one of assurance and there were no concerns. CCG Business Support Officer for SEND and Associate Designated Clinical Officer now in post . Next monitoring visit is expected March / April 2022. In view of the progress being made QPEC agreed on 11th February to a reduction in ' likelihood' risk scoring which will be reviewed and updated for April QPEC. |

# QN 12 Missed pertussis jab for expectant mothers posing a risk to unborn babies

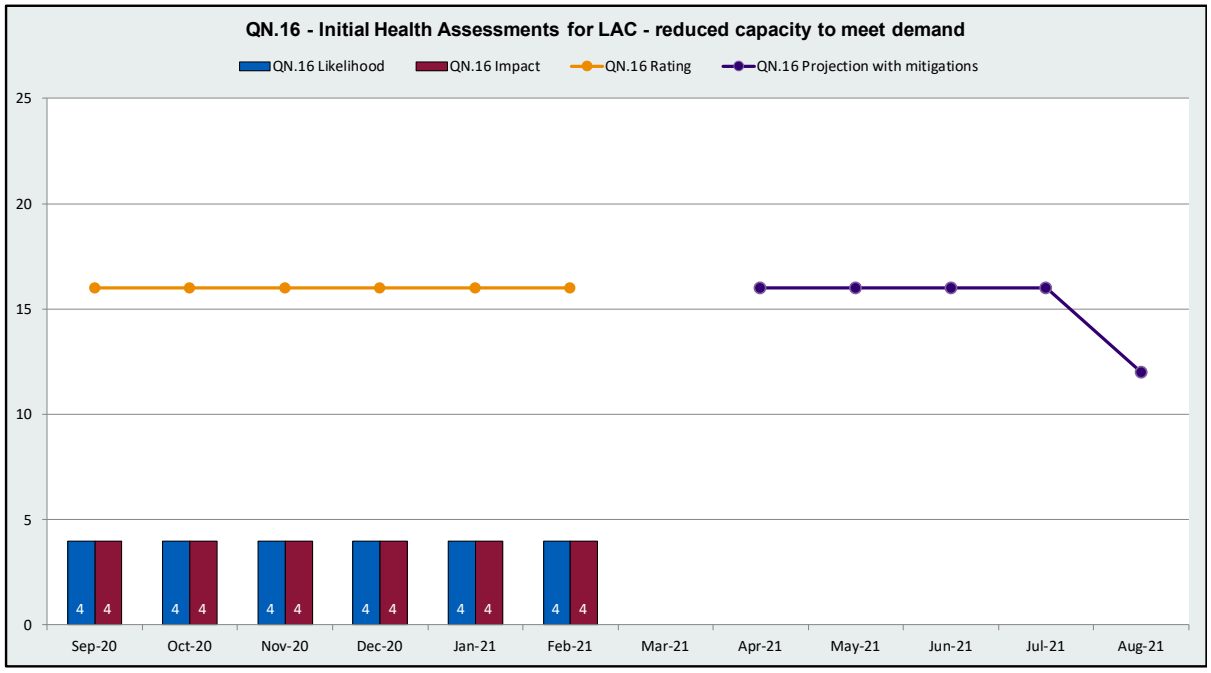
| Risk Ref | QN.12 |
|---|---|
| Title | Missed pertussis jab for expectant mothers posing a risk to unborn babies |
| Operational Lead | Paula Middlebrook |
| Lead Director | Michelle Carrington |
| Description and Impact on Care | Pertussis (whooping cough) is a severe respiratory condition which at least is extremely distressing for a child and in 0.5% of cases can result in death. Children are vaccinated for it at 2 months, however they remain at risk from birth until their vaccination and are at greater risk of complications. A vaccination program was implemented in 2012 for mothers who are pregnant to enable the vaccine to cross the placenta to provide the baby with initial immunity from birth until their childhood vaccination. Vaccination should be provided during each pregnancy. The CCG is aware that a mother in a neighbouring CCG area did not receive her vaccination in part because of a lack of prompts and that this resulted in the death of her baby son.<br>There is a risk that pregnant women in the VoYCCG area may not receive their vaccine due to lack of robust systems and processes. |




| Mitigating Actions and Comments |
|---|
| **Date:2nd February 21** |
| The CCG continues to monitor vaccination rates throughout the pandemic. CCG vaccination rates throughout 20/21 have been consistent with the previosu year at 86/87% . Some practices are attaining 100% vaccination.This drops to aorund 80% for some large practices with higher numbers of pregnant ladies - accounting for a small number of women not vaccinated. Overall Public Health data demonstartes that rates of pertussis have significantly reducved in 20/20 - but this is consistent with other infections which are reduced due to lack of socialisation and therefore transmission.<br><br>The LMS has now established a clear workstream and working group to take forward a range of approaches to increase pertussis vaccination rates. These include training / competencies for non regsieterd workforce, working with MVPs to understand why women decline vaccination, how models could deliver vaccines at 20 wk scan, integeration within 'the new maternity record' Although the recommendation for vaccination as a 'back up' at labour or admission for induction has been made, YTHFT have been unable to implement this due to a range competing initiatives and capacity to train within vaccination and immunisation. Concern therefore remains regarding slow progress in reducing this risk in the longer term. |

# QN 16 Initial Health Assessments for LAC – reduced capacity to meet demand

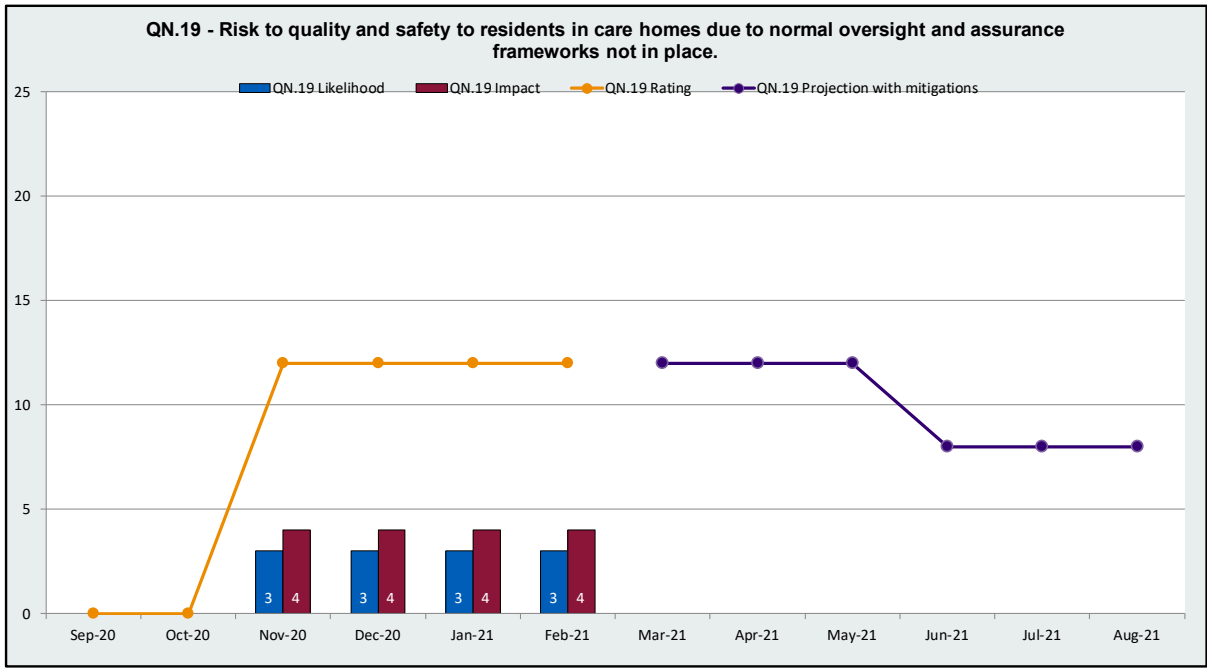
| Risk Ref | QN.16 |
|---|---|
| Title | Initial Health Assessments for LAC - reduced capacity to meet demand |
| Operational Lead | Jacqui Hourigan |
| Lead Director | Michelle Carrington |
| Description and Impact on Care | The CCG has a statutory responsibility to work with the Local Authority to ensure children new to the care of the Local Authority are offered an initial health assessment within 20 working days of entering care. If the number of children accommodated by the local authorities rises signficiantly as restrictions ease post-Covid and children return to school, it is highly unlikely that YTHFT will be able to deliver the statutory health assessments within the national timesclaes, particularly in the context of the existing challenges (QN.07). This will mean that vulnerable children and young people will not have the health needs assessed in a timely fashion. |




| Mitigating Actions and Comments |
|---|
| **Date: 2nd February 2021** |
| As with previous updates, numbers of children being taken into Local Authority Care within North Yorkshire and York have not as yet shown any significant increase as has been seen in many other LA areas The impact however of Covid 19 and continued lockdowns and restrictions have not as yet been fully realised within safeguarding<br>The Designated Nurses continue to support the LA, YTHFT and LAC team in streamlining processes to ensure that improvements in timeliness of IHA continue in an upward trajectory as linked to QN 07 . |

# QN 19 - Risk to quality and safety to residents in care homes due to normal oversight and assurance frameworks not in place

| | |
|---|---|
| **Risk Ref** | **QN.19** |
| **Title** | **Risk to quality and safety to residents in care homes due to normal oversight and assurance frameworks not in place.** |
| **Operational Lead** | Sarah Fiori |
| **Lead Director** | Michelle Carrington |
| **Description and Impact on Care** | Following the significant concerns at a local care home which was subsequently closed in Aug and entering into a second wave of Covid-19 and winter, there is a risk to quality and safety to residents in other homes where usual oversight and assurance frameworks cannot be enacted. |




| **Mitigating Actions and Comments** |
|---|
| **Date: 2nd February 2021** |
| Virtual visits and/ or face to face assurance visits to each care home in the NYCC patch is now complete with escalation as appropriate. There are two daily calls with local authority colleagues and stakeholders alongside soft intelligence meetings. All homes are routinely contacted and the capacity tracker is now providing more detailed information that we use to guide support offered. The tools used with the NYCC patch are also being used by the Quality & Nursing team when visiting the CYC area care homes. An aide memoire for prompting health care professionals when they visit has been disseminated across the Vale of York and in neighbouring NYCC geography. Communication with CQC continues to be regular and useful for escalation where required. Careful consideration therefore will now be given as to whether the likelihood of this risk can be reduced. |

## QN 20 Risk to patient safety due to increased rates of nosocomial infections

Please note: this risk replaces the previous QN06 'Infection control practices not adequate' which has been archived.

| Risk Ref | QN.20 |
|---|---|
| Title | Risk to patient safety due to increased rates of nosocomial infections |
| Operational Lead | Sarah Fiori |
| Lead Director | Michelle Carrington |
| Description and Impact on Care | There is a continued risk to patient safety due to the above expected levels of nosocomial infections. Rates in our acute hospital remains above levels expected for C.Diff, MSSA, although these are significantly improved from the previous year. Both the Acute and mental health hospitals have experienced outbreaks of covid-19 creating a risk to both patients and staff |


| Mitigating Actions and Comments |
|---|
| **Date:2nd February 2021** |
| The pandemic has resulted in an increased focus upon Infection prevention and control practices. Review of performance against all HCAIs has been undertaken. Whilst there is an overall improved position across the Trust C.Diff and MSSA remain outwith expected maximum parameters. The Trust is currently investigating significant Covid-19 outbreaks at both the Scarborough and York site which is the key focus at present. Further assessment for the risk rating will be undertaken when a full review of HCAI issues has been reviewed with the Trust. |

## 12. 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.

**Item Number: 9**

**Name of Presenter: Abigail Combes**

**Meeting of the Governing Body**

**Date of meeting: 4 March 2021**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Board Assurance Framework**

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

**Reason for Report**
The Committee is asked to receive and review the Board Assurance Framework.

**Strategic Priority Links**

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

**Local Authority Area**

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

**Impacts/ Key Risks**

☒Financial
☐Legal
☒Primary Care
☐Equalities

**Risk Rating**

N/a

**Emerging Risks**

N/A

**Impact Assessments**

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

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

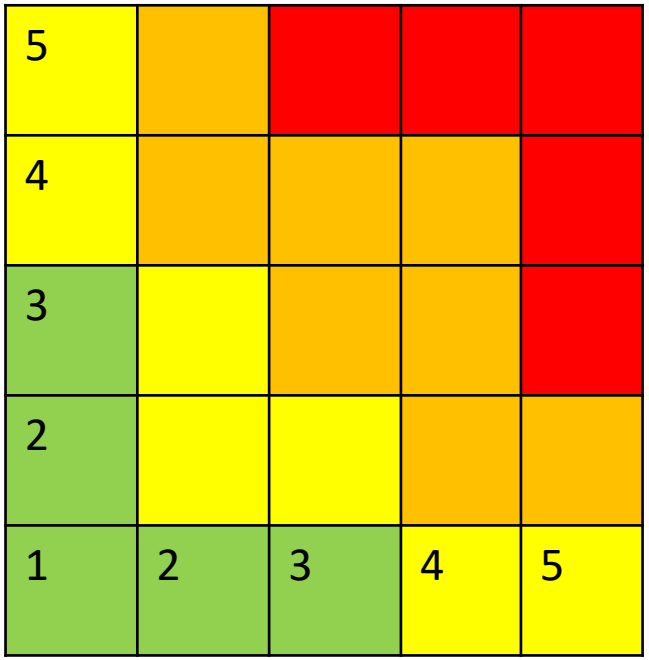
| **Risks/Issues identified from impact assessments:** |
| --- |
| N/A |
| **Recommendations** |
| The Board Assurance Framework is received |
| **Decision Requested (for Decision Log)** |
| The Board Assurance Framework is received |

| **Responsible Executive Director and Title** | **Report Author and Title** |
| --- | --- |
| Phil Mettam – Accountable Officer | 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.<br>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 |
| Work with partners to tackle health inequalities and improve population health in the Vale of York |

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

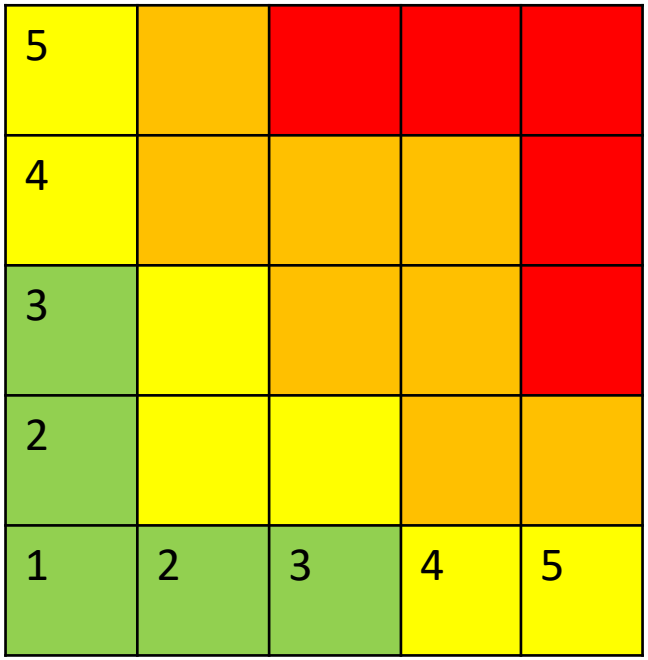



| Current Priority | Exec Lead | Actions | Direction of risk travel |
|---|---|---|---|
| Maintain strong and proactive track and trace support to practices, supplemented with responsive contingency plans to support practices to work in a Covid Safe way. | Steph Porter | Remote working for Practices<br>- We are nearing completion of the migration of all Practices onto the NECS network infrastructure, at which point all Practice staff with a NECS laptop will be able to access both their clinical system and Practice files/folders.<br>- IT developing a 'use your own device' solution which will enable Practice staff to work flexibly from home, and securely access Practice systems/resources using their own PC's or laptops.<br>- We have secured funding from NHSEI to purchase additional IT equipment for 'additional roles' staff although still require clarity on how this can be used flexibly<br>- Funding transferring directly to Practices to choose/purchase their preferred online consultations system for 21/22 to enable a proportion of their activity to be managed through digital channels (which can be site-independent, allowing further flexible working and resilience).<br>- Continued flexibility around the use of extended access/hours appointments to support Practice resilience to deal with any key issues such as access to hospital phlebotomy services (they can use their evening/weekend appointments to offer phlebotomy themselves, during core hours for example).<br>- Discussions with NECS and NHSEI re. potential funding to support 2 x Selby Practices to move to SystmOne – at which point all South locality Practices across the 2 PCN's would be using the same clinical system with an ability to share records to support business continuity. | 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 | - 100% sign up of VoY practices, working with partners on the NY introduction<br>- Consistency of understanding of mutual aid at different levels of OPEL practice and PCN level has improved considerably and practices are reporting appropriately<br>- Commissioned NimbusCare to provide a 'rapid response duty doctor' service to support PCNs reporting (or at risk of reporting) Opel 4 (Dec 2020 – Mar 2021) | 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 | - Practical support to a single IT system to support surge capacity<br>- CD engagement in proposals and local variation to support different responses for Vale/Central<br>- All VoY PCNs developed and submitted plans for OD/GPFV winter capacity monies, accepted by NHSE. | Stable Plans in place linked to OPEL response |

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

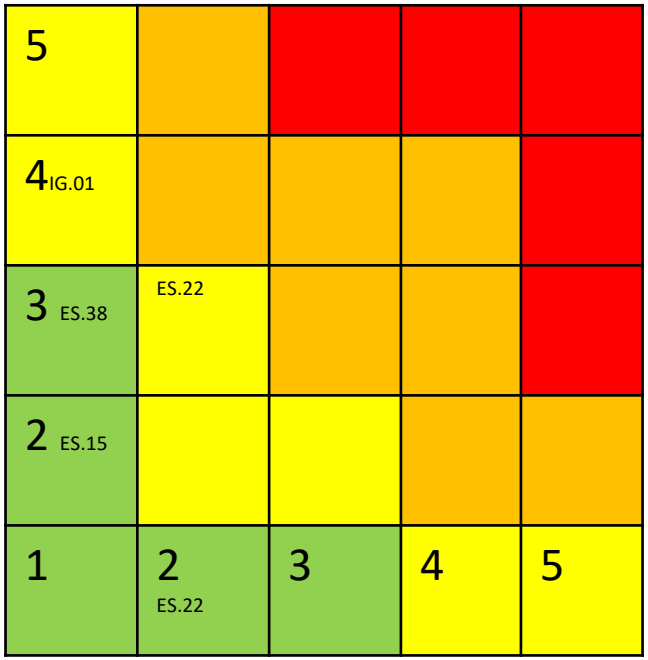

| Current Priority | Exec Lead | Actions | Direction of risk travel |
|---|---|---|---|
| Mental Health Recovery | Denise Nightingale | • Accelerating preventative programmes to address inequalities such as health checks for people with Learning Disabilities (LD) or Serious Mental Illness (SMI)<br>• 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.<br>• 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 | • Continue to facilitate hospital discharge policies through extended discharge to assess models in collaboration with system partners and care providers.<br>• Continue to provide CHC support to multidisciplinary discharge hub teams.<br>• 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.<br>• New workstream for assurance from systems on the quality and safety of discharges from the hospitals | Stable with reducing infections and DTOCS |
| Keeping people safe with complex care needs | Denise Nightingale | • 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 elective cancer and diagnostic services




| Current Priority | Exec Lead | Actions | Direction of risk travel |
|---|---|---|---|
| **To optimise all elective capacity available to reduce long waits and minimise risk to patients** | Phil Mettam | ▪ Single oversight of acute providers' waiting lists across the HCV by the Collaborative of Acute Trusts, including high priority urgent 'P2' cancer and non-cancer patients<br>▪ Provision of mutual aid between providers to target highest risk/ longest waits where possible<br>▪ Establishment of Clinical Prioritisation Panel for the HCV to support decisions around mutual aid<br>▪ Optimising all capacity across NHS and IS providers through:<br>- utilising all local IS capacity and continued support locally for the collaborative partnership principles embodied by 'prime provider models'<br>- adoption of best practice nationally for surgery and theatre productivity (Adopt & Adapt blueprints) and national ambition to move to top quartile productivity & performance in key specialties (Cardiology, Orthopaedics, ophthalmology)<br>- acute collaborative working together with four key specialties to explore how to optimise all available capacity and support the highest risk and longest waiting patients, as well as low risk, high volume specialties (ENT, urology, orthopaedics, ophthalmology)<br>▪ Scoping the 'alternative offers of support and care' for patients who may wait for long periods on waiting lists [Waiting Well]<br>▪ Optimising referrals and follow-up outpatient pathways | Downward as impact of Wave 3 realised |
| **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 | ▪ HCV Diagnostics Board refreshing all priority improvement workstreams for endoscopy, CT, MRI and imaging. Includes focus on optimising referrals to diagnostics, developing a resilient workforce and targets investment in networked reporting and mobile capacity to support shared access across HCV<br>▪ Initial scoping of potential Community Diagnostics Hubs across the HCV linked to highest health inequalities and most affected cancer pathways<br>▪ Scoping of Local Diagnostics to support local clinicians in accessing more capacity and help remote monitoring of patients (includes ECG, BP monitoring, Echo, Doppler, FeNO and spirometry) will be refreshed as part of the development of a wider Diagnostics strategy for NY&Y | Impact of Wave 3 not known as yet but endoscopy impacted by COVID surge escalations |
| **To support partners in achieving the shift in urgent care capacity out of hospital to reduce pressure on ED and help system flow** | Phil Mettam | ▪ 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<br>▪ 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 support diversion away from ED and getting patients safely to the right place at the right time for their care | Impact of NHS111 First and additional clinical advisory capacity in primary care positive for January/ Feb 2021 |

# Achieving and supporting system financial sustainability

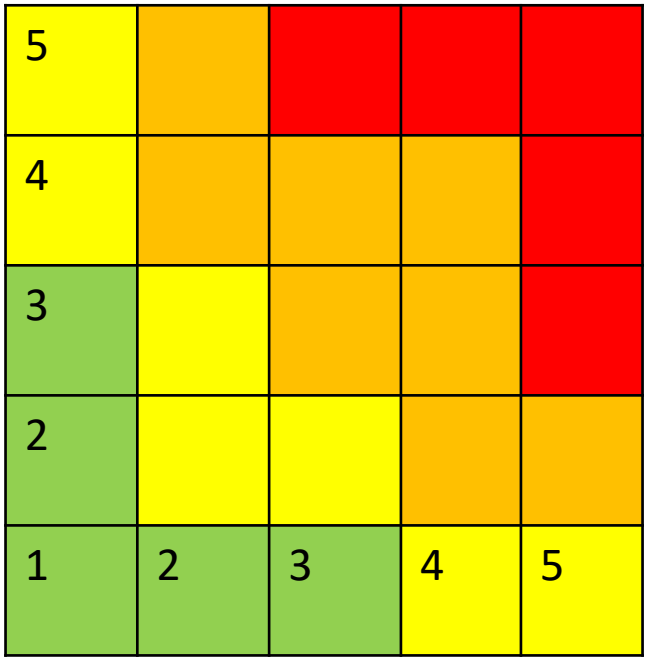



| Current Priority | Exec Lead | Actions | Direction of risk travel |
|---|---|---|---|
| Maintaining financial planning, management and reporting approach | Simon Bell | - Completion and submission of organisational and system financial planning returns in line with ICS and national guidance and timetable.<br>- Triangulate planning requirements across the ICS, North Yorkshire and York sub-system and with the relevant provider<br>- 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 | - Establish and manage funding tracker to ensure there is a clear understanding of funding streams and ownership of them across the CCG<br>- Triangulate funding requirements and transactions across the ICS, particularly host commissioning organisations, North Yorkshire and York sub-system and onto the relevant provider.<br>- Establish and maintain clear processes around Hospital Discharge Programme costs with City of York Council<br>- Build funding details into financial plans and monthly reporting and monitoring processes.<br>- 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 | - Contribute to the development financial framework for place, CYC integration, and PHM programme of work<br>- 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

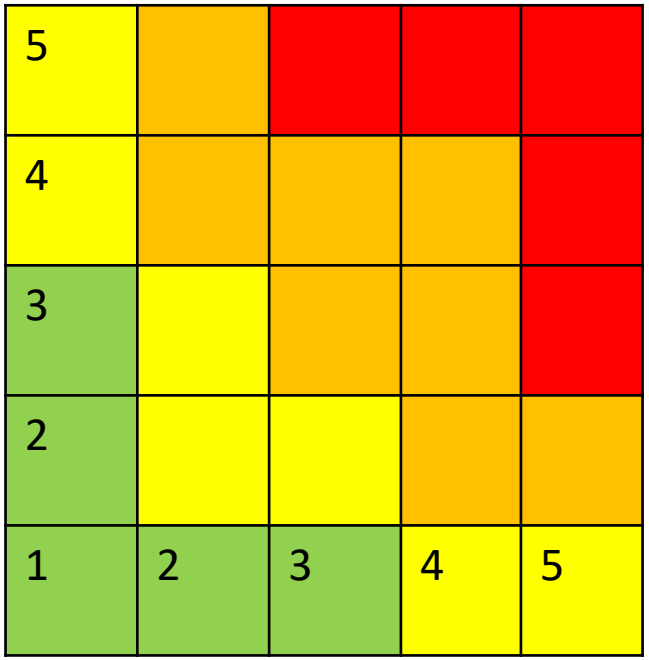

| Current Priority | Exec Lead | Actions | Direction of risk travel |
|---|---|---|---|
| Supporting providers to ensure provision of high quality, safe services | Michelle Carrington | • To establish proportionate approaches to seeking assurance regarding quality and safety, and supporting providers in quality improvement.<br>• Work with YTHFT and new established Patient Safety Board to build upon progress made. Transition to new NHSE/I governance arrangements and review of QSGs<br>• Work with YTHFT to improve patient safety systems and processes, building upon collaborative approach established between CCG and Trust Patient safety / Governance Team.<br>• 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<br>• 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 | • 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.<br>• Daily meetings with LA to ascertain any care homes requiring testing and any priority areas for delivery of training, support and assurance visits.<br>• Facilitate root cause analysis of any Covid outbreaks/ cases to understand weak areas or lessons learned to inform changes to practice and future prevention.<br>• Work with system partners to effectively implement an enhanced offer to care homes including from primary care and community services<br>• 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 | • Flu vaccination has now ceased. However vaccinations remain available via community pharmacy and practices for anyone not previously vaccinated i.e. newly pregnant.<br>• Continue to work with Public Health and local system partners to progress covid vaccination programme to cohorts 5 – 9 and ensure any hard to reach / highly vulnerable groups are enabled to be vaccinated | 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 been undertaken and progression underway for Talent Management Appraisals. | Stable |

Work with partners to tackle health inequalities and improve population health in the Vale of York




| Current Priority | Exec Lead | Actions | Direction of risk travel |
|---|---|---|---|
| Support the embedding of a prevention agenda across all areas of the CCG's work | Steph Porter (Peter Roderick leading) | Key areas of work include:<br>- BP@Home programme to tackle unmanaged hypertension<br>- Pulse oximeters for COVID +ve patients<br>- Contribution to work on respiratory health and diabetes at HCV level<br>- Supporting work of YHCC including prevention workstream focussing on alcohol, smoking and obesity<br>- Working through the Inclusion health tool with PCNs<br>- Selby Health Equity Audit | Stable |
| Implement the Wave 3 planning focussing on 8 high impact Health Inequalities areas | Steph Porter (Peter Roderick leading) | Actions currently being progressed across NY+Y through SLE are:<br>- Protect the most vulnerable from COVID-19<br>- Restore NHS services inclusively<br>- Develop digitally enabled care pathways in ways which increase inclusion<br>- Accelerate preventative programmes<br>- Particularly support those who suffer mental ill health<br>- named executive board member responsible for tackling inequalities<br>- Ensure datasets are complete and timely<br>- Collaborate locally in planning and delivering action to address health inequalities | Stable |
| Develop a population health management approach across the CCG area | Steph Porter (Peter Roderick leading) | - Optum programmes in Selby Place and York City currently running<br>- Enhanced Finance and Contracting programme in York 'place' currently running | Stable |

# 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.09 SEND Inspection significant improvements needed | – | MH.07 Physical health checks LD | – | JC.26c Children's eating disorder provision | – |
| QN.18 Impact of changes to NYCC healthy child programme | – | JC.26a non compliance with CYP eating disorder wait requirements | – | ES.15 Create sustainable financial plans | – |
| QN.16 Initial health checks LAC | – | **QN.20 Risk to patient safety due to increased nosicomial infection** | ★ | ES.22 Cash Balance availability | – |
| QN.08 Planned care waiting list quality assessment | – | MH.01 Health checks in mental health patients not being done | – | ES.38 Failure to deliver a sustainable financial plan | – |
| QN.05 Poor discharge standards | – | MH.04 Excess waiting times for autism and ADHD diagnosis | – | IG.01 data may be compromised in the NECS transition | – |
| MH.09 CYP ED increase in referrals | – | QN.03 Specialist nursing service quality | – | JC.30 Dementia diagnosis rates | – |
| MH.05 Contract expiry with MH provider | – | QN.13 Dispute over delivery of Hep C vaccine | – | QN.04 12 hour ED breaches | – |
| MH.06 ADHD service CQC breach notice; contracting issue | – | JC.26b Children's Autims Assessments: Long waiting lists and non-compliance with NICE guidance for diagnostic process | – | | |
| MH.09 CYP ED increase in referrals | – | **QN.19 Risk to quality and safety to residents in care homes due to normal oversight and assurance frameworks not in place.** | ★ | | |
| MH.02 Waiting times for NY&Y adult autism/ADHD diagnostic services | – | QN.12 Missed prenatal pertussis vaccine | – | | |
| QN.07 Referral for initial health checks – timeliness of CYC referrals | – | QN.06 IPC standards at YDH | – | | |

**Item Number: 10**

**Name of Presenter: Simon Bell**

**Meeting of the Governing Body**

**Date of meeting: 4 March 2021**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Financial Performance Report Month 10**

**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 January 2021.

To provide details and assurance around the actions being taken.

**Strategic Priority Links**

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

**Local Authority Area**

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

**Impacts/ Key Risks**

☒Financial
☐Legal
☐Primary Care
☐Equalities

**Risk Rating**

**Emerging Risks**

**Impact Assessments**

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

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

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

**Recommendations**

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

**Decision Requested (for Decision Log)**

The Governing Body noted the report.

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

# Finance and Contracting Performance Report – Executive Summary


April 2020 to January 2021

Month 10 2020/21



NHS
Vale of York
Clinical Commissioning Group

# Financial Performance Headlines

## ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. **Reported position against plan** – At the end of January 2020 the CCG is reporting a breakeven position for Year to Date (YTD) expenditure, and for year end forecast outturn (FOT) when adjusted for anticipated allocations. The CCG's financial plan for M7-12 included a planned deficit of £1.33m, which would only materialise if two funding streams were not received – a Primary Care allocation adjustment of £318k and Additional Roles Central funding of £1.02m. The Primary Care adjustment has since been received. The CCG is forecasting a requirement of £238k of the Additional Roles funding. At M10 the CCG are therefore reporting a forecast deficit of £238k, expected to return to breakeven when Additional Roles funding is received.

2. **Analysis of 2020/21 exit underlying position** – NHS England have provided a run rate tool to Integrated Care Systems (ICS) to begin developing more detailed understanding of recurrent financial position at the end of 2020/21. This tool is not linked to a national collection (nationally planning has been suspended until Q1 21/22) but will be used by the ICS to assess the collective underlying position and identify any significant cost pressures ahead of 2021/22. Each ICS has therefore been given some freedom over the level of detail provided and assumptions made. The CCG is working alongside the other organisations within the North Yorkshire and York system and Humber, Coast and Vale ICS to develop a consistent view. This piece of work will be taking place throughout February and March.

# 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) | 5.3 | 5.2 | 0.1 | G | 6.7 | 6.3 | 0.4 | G |
| In-year total expenditure does not exceed total allocation (Programme and Running costs - see note) | 444.8 | 447.1 | (2.3) | R | 533.6 | 538.4 | (4.8) | R |
| Better Payment Practice Code (Value) | 95.00% | 99.37% | 4.37% | G | 95.00% | >95% | | G |
| Better Payment Practice Code (Number) | 95.00% | 97.42% | 2.42% | G | 95.00% | >95% | | G |
| CCG cash drawdown does not exceed maximum cash drawdown | | | | | 534.9 | 534.9 | 0.0 | G |

- In-year total expenditure is currently showing as exceeding allocation based on the following:
  - £2.28m for YTD spend outside of envelope, and £4.55m forecast
  - £0.24m full year planned deficit in the forecast position, 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 | 5.2 | 5.2 | (0.0) | G | 6.6 | 6.3 | 0.3 | G |
| Programme spend within plan | 439.8 | 441.8 | (2.1) | R | 528.3 | 532.0 | (3.7) | R |
| Cash balance at month end is within 1.25% of drawdown | 521 | 172 | 349 | 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 M9-12. After allocation adjustments, there will be a small overspend on programme budgets which is offset by an underspend on running costs.

# NHS Vale of York Clinical Commissioning Group Financial Performance Report

## *Detailed Narrative*

Report produced: February 2021

Financial Period: April 2020 to January 2021 (Month 10)

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### 1. Summary of reported financial position

At the end of January 2020 the CCG is reporting a breakeven position for Year to Date (YTD) expenditure, and for year end forecast outturn (FOT) when adjusted for anticipated allocations.

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.

In January the CCG's forecast spend on Additional Roles has been updated, and it is now expected that £238k of the central funding will be required. Central funding for Additional Roles is to be reclaimed as and when actual spend incurred is higher than the funding in CCG baseline. The financial plan provided for the full amount of £1.02m to be spent (and was offset by creation of the planned deficit described above). This means that the CCG is now forecasting a £777k improvement on plan for Additional Roles.

The CCG received a retrospective allocation to adjust the M1-6 financial position to breakeven. Variances in the YTD and FOT tables on the following pages therefore relate to variances from plan for 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 independent sector acute activity, influenza vaccines and asylum seekers. In January the CCG received a retrospective allocation for M7 and M8 outside of envelope spend. The YTD and Forecast Outturn tables in this report are adjusted to show the position excluding 'outside of envelope' spend in M9 & M10 which is still to be reimbursed.

## 2. Year to Date position

The year to date position in the table below covers April to January. 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 in M9 and M10 that is expected to be reimbursed, to give a true comparison to financial plan in the final column.

| | YTD Position (£000) | | | | | |
|---|---|---|---|---|---|---|
| | Ledger Position | | | | | |
| | Budget | Actual | Variance | 'Outside envelope' | Adjusted variance | Comments |
| Acute Services | 221,965 | 221,978 | (13) | 138 | 125 | Outside envelope spend includes £109k allocation expected for Independent Sector spend |
| Mental Health Services | 48,312 | 48,663 | (350) | 13 | (337) | £1.00m non-recurrent payment to TEWV for M7-12 has been included in full in YTD position, but budget is split equally over M7-12 |
| Community Services | 26,993 | 27,372 | (379) | 332 | (47) | |
| Continuing Healthcare | 30,988 | 32,981 | (1,993) | 1,765 | (228) | 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 | 14,770 | 14,754 | 16 | 6 | 21 | |
| Prescribing | 46,315 | 46,131 | 184 | 0 | 184 | The CCGs reported position at M6 (against which a 'true up' adjustment was received) included estimated spend for M5&6 in line with prescribing data timescales. Actual spend for these months was lower than estimated. NHSE have indicated that they might seek to retrospectively reduce the M1-6 true up allocation for this - the impact for the CCG would be £225k and mitigations are identified to manage this if necessary |
| Primary Care | 10,029 | 9,879 | 150 | 25 | 176 | £93k underpend on LES relating to Q2 & Q3. Smaller underspends on GP IT and home oxygen |
| Primary Care Delegated Commissioning | 40,059 | 40,072 | (12) | 0 | (12) | |
| Running Costs | 5,223 | 5,234 | (10) | 0 | (10) | Underspend across pay and non pay, offset by adjustment for increased employer pension contributions (£276k) - this is funded by allocation, but the budget is phased in March. |
| Reserves | 128 | 0 | 128 | 0 | 128 | |
| **Position against financial plan** | **444,784** | **447,062** | **(2,278)** | **2,279** | **0** | **Overall position is in line with financial plan** |
| Allocation reserve | 212 | 0 | 212 | 0 | 212 | Primary Care allocation now received to partly offset planned deficit |
| Planned Surplus / (Deficit) | (212) | 0 | (212) | 0 | (212) | Planned deficit made up of risks related to Primary Care allocation (£318k total, £212k Oct-Jan, now received) and Additional Roles central reimbursement (fully profiled in March so not reflected here in YTD planned deficit) |
| **YTD Financial Position** | **444,784** | **447,062** | **(2,278)** | **2,279** | **0** | |

## 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 envelope spend in M9 and M10 that is expected to be reimbursed, to give a true comparison to financial plan in the final column.

| | Forecast Position (£000) | | | | | |
|---|---|---|---|---|---|---|
| | Ledger Position | | | | | |
| | Plan | Forecast | Variance | 'Outside envelope' | Adjusted variance | Comments |
| Acute Services | 266,183 | 266,629 | (446) | 624 | 178 | Outside envelope spend includes £566k allocation expected for Independent Sector |
| Mental Health Services | 58,288 | 58,295 | (6) | 13 | 6 | |
| Community Services | 32,683 | 33,458 | (775) | 706 | (69) | |
| Continuing Healthcare | 35,982 | 38,573 | (2,591) | 3,163 | 573 | Forecast overspend on CHC of £362k is offset by a forecast underspend of £759k on FNC. £177k underspend on CHC clinical team due to vacancies and non pay underspend on NYCCG recharges |
| Other Services | 17,673 | 17,717 | (44) | 11 | (33) | |
| Prescribing | 55,396 | 55,340 | 57 | 0 | 57 | Current forecast position is based on M7-12 plan. Aug to Nov figures have shown some improvement against this trajectory but spend has been highly variable between months |
| Primary Care | 11,991 | 11,852 | 140 | 32 | 172 | £150k forecast underspend on LES |
| Primary Care Delegated Commissioning | 49,442 | 48,508 | 935 | 0 | 935 | £777k underspend on ARRS national funding, provided for fully in plan |
| Running Costs | 6,572 | 6,315 | 257 | 0 | 257 | Underspends across pay and non pay |
| Reserves & Contingency | 379 | 1,678 | (1,298) | 0 | (1,298) | Independent Sector spend is being reimbursed where it is above a M1-4 baseline spend. As the CCG's baseline included a prior year payment, we have requested our baseline to be adjusted, but have provided a risk reserve of £446k to offset this if not received. In addition a £735k risk reserve is included in the forecast for other risks that may materialise across the CCG's financial position |
| **Position against financial plan** | **534,592** | **538,364** | **(3,772)** | **4,549** | **777** | Overall forecast is an improvement on financial plan due to underspend on ARRS |
| 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 Primary Care allocation uplift (£318k, now received) and Additional Roles central funding (£1.02m). Forecast spend for ARRS central funding is £238k, which makes up the forecast deficit that the CCG are reporting at M10. When central funding is received, the CCG will be reporting a break even position |
| **Surplus / (Deficit)** | **533,577** | **538,364** | **(4,787)** | **4,549** | **(238)** | |

## 4. Allocation

The allocation as at Month 10 is as follows:

| Description | Value |
|---|---|
| **Allocation at Month 9** | **£530.39m** |
| Outside of envelope reimbursement | £2.11m |
| Remote Monitoring Licence Costs (Health Navigator) | £0.34m |
| Increased employer pension contributions | £0.28m |
| Flash Glucose Monitoring | £0.19m |
| SDF Community Crisis | £0.12m |
| Other adjustments | £0.15m |
| **Total allocation at Month 10** | £533.58m |

## 5. Underlying position

NHS England have provided a run rate tool to Integrated Care Systems (ICS) to begin developing more detailed understanding of recurrent financial position at the end of 2020/21. This tool is not linked to a national collection (nationally planning has been suspended until Q1 21/22) but will be used by the ICS to assess the collective underlying position and identify any significant cost pressures ahead of 2021/22. Each ICS has therefore been given some freedom over the level of detail provided and assumptions made. The CCG is working alongside the other organisations within the North Yorkshire and York system and Humber, Coast and Vale ICS to develop a consistent view. This piece of work will be taking place throughout February and March.

## 6. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 31st January 2021.

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.

**Item Number: 11**

**Name of Presenter: Christine Pearson**

**Meeting of the Governing Body**

**Date of meeting: 4 March 2021**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – Safeguarding Adults Annual Report 2019-20**

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

**Reason for Report**

The annual report provides a summary of the work undertaken by the Safeguarding Adults team in delivery of the strategy for adult safeguarding in 2019-20. The report provides assurance that the CCGs have fulfilled their statutory responsibilities to safeguard and promote the welfare of adults.

This report was also presented at the Quality and Patient Experience Committee on 11 February 2021.

**Strategic Priority Links**

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

**Local Authority Area**

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

**Impacts/ Key Risks**

☐Financial
☒Legal
☒Primary Care
☒Equalities

**Risk Rating**

**Emerging Risks**

**Impact Assessments**

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

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

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

N/A

**Recommendations**

Governing Body is asked to receive the Safeguarding Adults annual report as assurance.

**Decision Requested (for Decision Log)**

Annual Report received

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Michelle Carrington<br>Executive Director of Quality and Nursing / Chief Nurse | Christine Pearson<br>Designated Nurse Safeguarding Adults |

NHS Harrogate and Rural District Clinical Commissioning Group
NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group
NHS Vale of York Clinical Commissioning Group
NHS Harrogate and Rural District Clinical Commissioning Group

# North Yorkshire and York Safeguarding Adults

**ANNUAL REPORT 2019/2020**

## Contents

# Safeguarding Adult Annual Report 2019-20

## 1.0 Introduction

1.1 We are pleased to present the third Safeguarding Adults Annual Report which provides a summary of the work undertaken by the Safeguarding Adults team in 2019-20 on behalf of the four Clinical Commissioning Groups (CCGs) in North Yorkshire and York.

1.2 The report describes the national context for safeguarding adults; the local arrangements in place and how the CCG discharges its duties in relation to them.

1.3 The report includes key achievements in 2019/20 against the Safeguarding Adult Strategy and the challenges and opportunities for 2020/21.

## 2.0 National Context 2019/20

### 2.1 The Care Act

The Care Act 2014 and supplementary Care and Support Statutory Guidance 2014 plus updates placed adult safeguarding on a legal footing and identified the three statutory partners of the Safeguarding Adult Board as being the Local Authority; the Police; and the NHS (CCG).

2.1.2 The Care and Support Guidance was last updated in October 2018. Whilst Chapter 14 Safeguarding is the main reference point, an overview is also maintained of other relevant chapters. In 2019/20 of particular significance for the Safeguarding Adults team has been:

- ✓ Chapter1 - Promoting Well-Being, respecting individuals' choices and wishes in line with the principles of Making Safeguarding Personal.
- ✓ Chapter 5 - Managing Provider Failure and other service interruptions – the team have worked with the CCG Quality Leads; Local Authorities and the Care Quality Commission to support struggling providers to return to safe care delivery; or to manage the safe transfer of individuals with the highest level of health need where provider locations have been removed.

### 2.2 Coronavirus Act 2020

This Act made provision in connection with coronavirus; and for connected purposes and was published on 25th March 2020. Powers [Care Act Easements] in the Act enabled Local Authorities to prioritise more effectively where necessary than would be possible under the Care Act 2014. They are time-limited and are there to be used as narrowly as possible.

The Act did not change the duties for Local Authorities and partners for safeguarding.

### 2.3 Prevent Duty Guidance

Prevent Duty Guidance was updated in April 2019 following the Court of Appeal judgment in the case of Dr Salman Butt who had presented a

challenge to it, in respect of freedom of speech. The Court agreed with the Home Office in four out of five grounds in the case, including that the Prevent Duty Guidance did not breach Dr Butt's freedom of speech rights. The unsuccessful element of the case concerned one paragraph in the Guidance (related to universities) which has been updated.

**2.4 NHS Outcomes Framework 2019/20**

The NHS Outcomes Framework identifies that sustainable quality improvements are achieved when the focus is on outcomes, rather than being process driven. The NHS Outcomes Framework sets out five overarching high-level outcome domains for quality improvements. In terms of safeguarding, all CCGs must gain assurance from their commissioned services in two areas:

Domain 4: Ensuring people have a positive experience of care.

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

**2.5 NHS England/Improvement: Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework**

NHS England's Safeguarding Accountability and Assurance Framework was updated in August 2019 and clearly outlines the safeguarding roles, duties and responsibilities of CCGs and organisations who commission NHS health and social care. The framework identifies how these roles are discharged; how statutory duties are fulfilled across the health system; how the health system works in partnership with the Local Authorities to discharge its statutory safeguarding duties; and how the performance of the wider NHS with respect to the duties and priorities defined elsewhere will be delivered and assured.

**2.6 Mental Capacity Act and Deprivation of Liberty Safeguards**

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

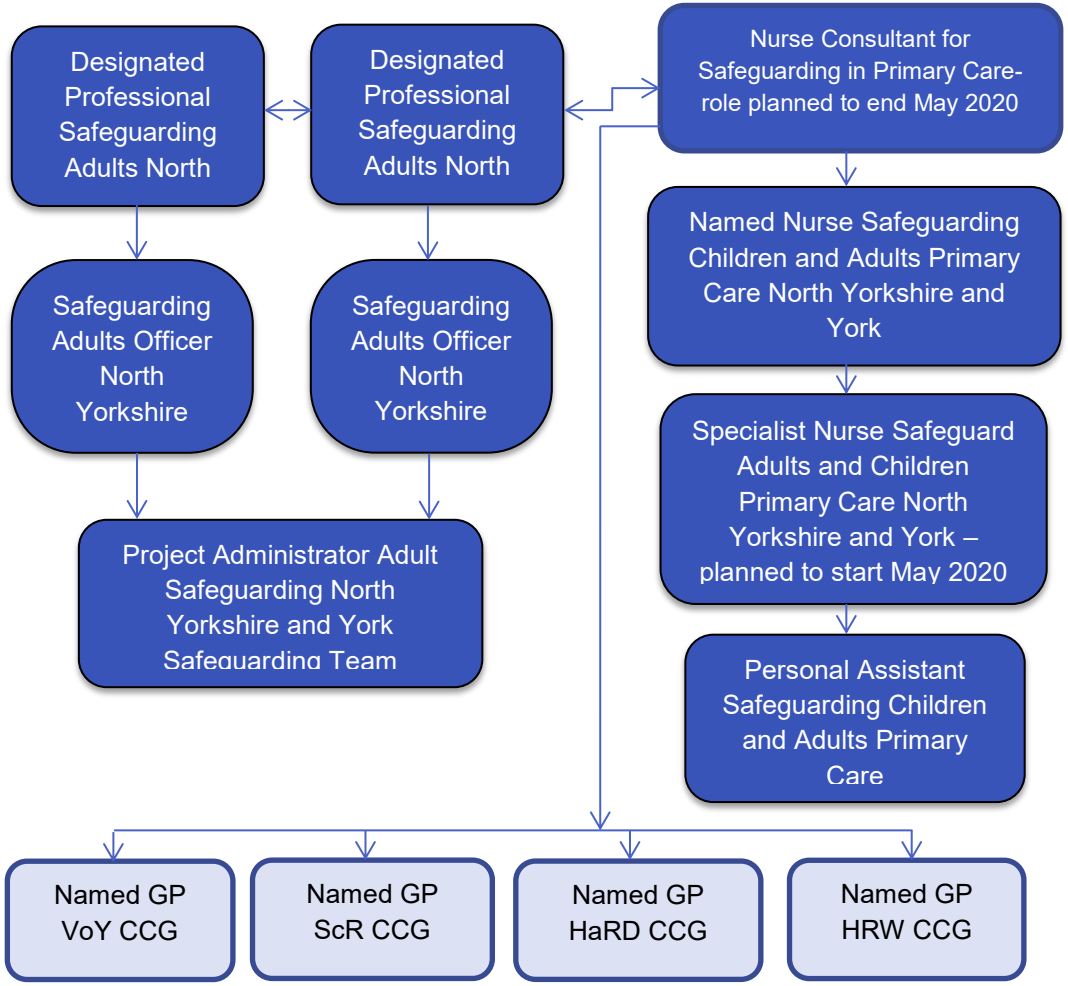
In some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving people of their liberty in either a hospital or a care home, extra safeguards have been introduced, in law, to protect their rights and ensure that the care or treatment they receive is in their best interests. The safeguards were introduced to provide a legal framework around deprivation of liberty.

In 2018-2019 the Mental Capacity Act underwent an amendment process in parliament. The Mental Capacity (Amendment) Act 2019 introduces changes to the arrangements and responsibilities for authorising deprivation of liberty known as 'Liberty Protection Safeguards'. A new Code of

Practice is being developed and publication was anticipated in 2019/20 however this has now been delayed to 2021 for consultation and publication with April 2022 being set as the date for the revised processes to commence.

## 3.0 The Safeguarding Adult Team

**3.1** The organisational chart below illustrates the current arrangements for the CCGs and Primary Care.




### 3.2 Current team, hours contracted and line management arrangements

| Role | Whole Time equivalent | Line Managed by |
|---|---|---|
| Designated Professional Safeguarding Adults North Yorkshire and York | 2 wte | Director Nursing, Quality & Clinical Governance |
| Safeguarding Adults Officer North Yorkshire and York | 2 wte | Designated Professional Safeguarding Adults North Yorkshire and York |
| Project Administrator Adult Safeguarding North Yorkshire and York Safeguarding Team Administrator | 1 wte | Designated Professional Safeguarding Adults North Yorkshire and York |
| Nurse Consultant for Safeguarding in Primary Care | 0.5 wte | Director Nursing, Quality & Clinical Governance |
| Named Nurse Safeguarding Children and Adults Primary Care North Yorkshire and York | 0.4 wte safeguarding adults | Director Nursing, Quality & Clinical Governance |
| Specialist Nurse Safeguarding Adults and Children Primary Care North Yorkshire and York. Planned to start May 2020 | 0.5 wte safeguarding adults | Named Nurse Safeguarding Children and Adults Primary Care North Yorkshire and York |
| Personal Assistant Safeguarding Children and Adults Primary Care | 0.1 wte safeguarding adults | Named Nurse Safeguarding Children and Adults Primary Care North Yorkshire and York |
| Named GP (1 per CCG) for safeguarding children and adults | PA hours commensurate with CCG population | Individual CCG Executive Nurse |

# 4.0 Key Achievements against Strategic Priorities in 2019/20


## 4.1 Strategic Priority 1:
Review CCG performance against statutory obligations

- ✓ An internal audit of CCG safeguarding adult arrangements completed by Audit Yorkshire cited significant assurance in the processes in place. The action plan is complete.

- ✓ Implementation of the CCG safeguarding adult training strategy developed in line with Adult Safeguarding: Roles and Competencies for Health Care Staff; which was published as a first edition in August 2018 has progressed.
- ✓ The CCG safeguarding adult policy has been revised to incorporate clearer processes in line with Joint Multi-Agency Safeguarding Adult procedures.
- ✓ The CCG Safeguarding Adults Team has now joined with Safeguarding Children's colleagues to strengthen a regional approach to safeguarding with designated professionals across the Humber, Coast and Vale Health and Care Partnership.

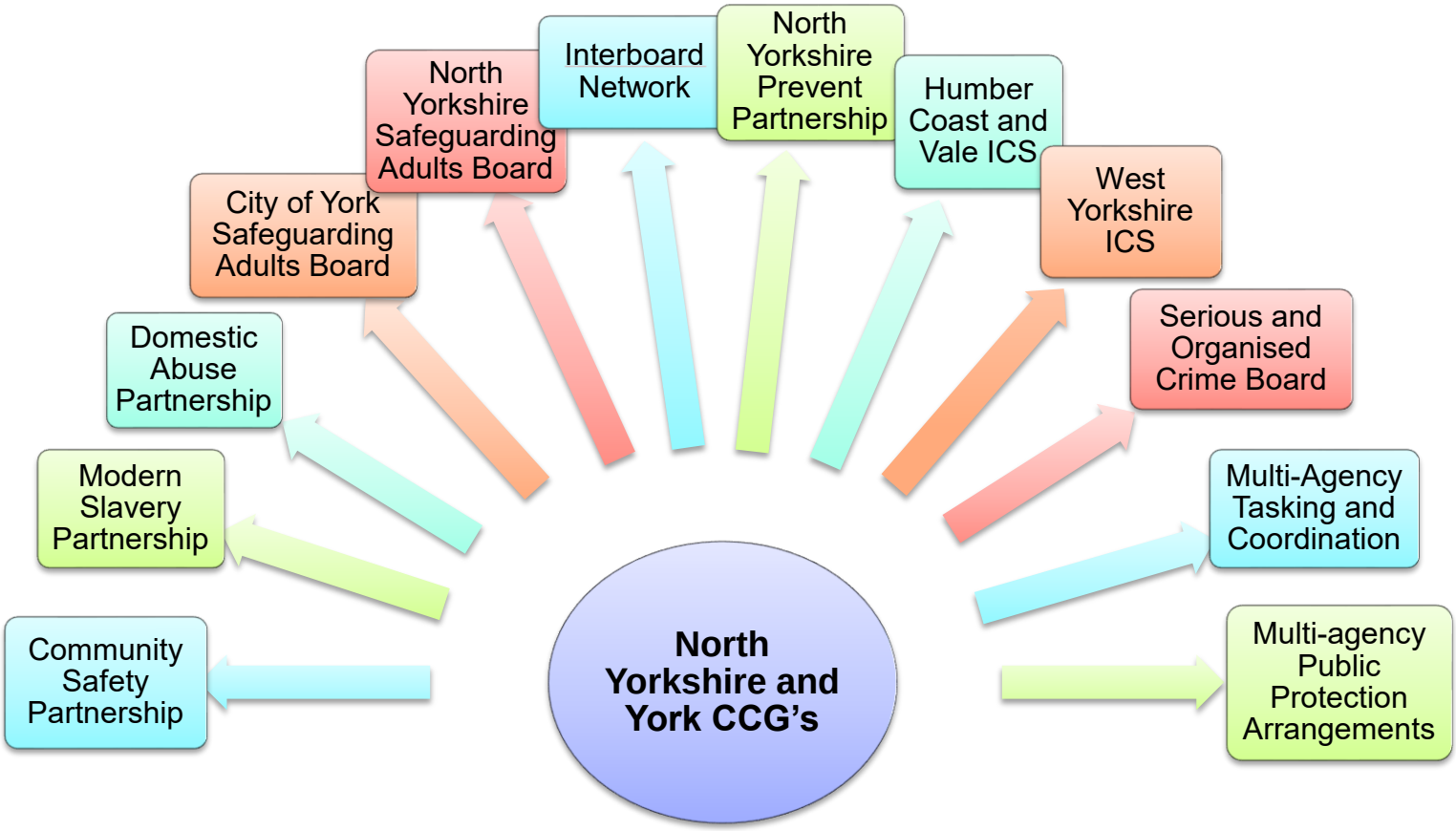
**4.2 Strategic Priority 2:**

To further develop and embed robust assurance processes in relation to safeguarding adults' arrangements in CCG provider organisations.

- ✓ Local Quality Requirements have been negotiated to support more qualitative reporting by providers.
- ✓ Attendance at key NHS Trust internal governance meetings has progressed relationship building across the safeguarding network and further developed a supportive partnership between the CCG and Provider Organisations. .
- ✓ Where internal meeting attendance is not in place regular meetings with NHS Trust Safeguarding Leads have continued.
- ✓ Submission of key performance data to the Home Office in relation to the Prevent Duty has been established with the Designated Professionals receiving this data on a quarterly basis from the main NHS providers for quality assurance.
- ✓ Engagement with private health care providers has been established with a pathway for support created and commitment to a bi-annual offer of safeguarding updates and training.
- ✓ The Health Partnership Group chaired by the Designated Professionals is now a well-established forum providing learning opportunities and peer support for health providers; and enabling sharing of information and best practice. The meeting has continued to be well attended and valued by safeguarding leads in both NHS and private provider organisations.


**4.3 Strategic Priority 3**:
To support and continue to develop strong multi-agency partnerships across North Yorkshire and the City of York.

Table 1(below) shows the partnerships across North Yorkshire and York that the Safeguarding Adults team are involved with.




### 4.3.1 North Yorkshire Safeguarding Adults Board (NYSAB)

- ✓ The CCG representatives have attended all SAB meetings in 2019/20; deputising when required for NHS England and Yorkshire Ambulance Service colleagues. The CCG Safeguarding Adult team are fully engaged with the work of the NYSAB.
- ✓ 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.
- ✓ The Designated Professional chairs the NYSAB Performance and Quality Improvement subgroup which collates and analyses data regarding safeguarding outcomes, arranges audits/ deep dives into service data as required, and monitors themes and trends of safeguarding activity. The

Designated Professional is deputy chair for the Learning and Review subgroup which reviews and monitors cases meeting the threshold for statutory Safeguarding Adult Review in accordance with Section 44 of the Care Act, and non-statutory Safeguarding Adult Review.

- ✓ The Safeguarding Adult Team were key partners in the development and dissemination of the Health and Adult Services Operational Guidance, the Safeguarding Pressure Ulcer Guidance, the Managing Allegations against Persons in Positions of Trust Guidance and the Self Neglect Practitioner Guidance, in addition to actively participating in the NYSAB Development Day.
- ✓ The North Yorkshire Safeguarding Adults Board Annual Report 2019-20 is published on their website: http://safeguardingadults.co.uk/ this details progress and engagement regarding strategic outcomes, and sets priorities for the forthcoming year.

### 4.3.2 City of York Safeguarding Adults Board (SAB)

- ✓ The SAB held a development event following which a new Board structure and sub-groups have been established
- ✓ The Designated Professional has continued to chair the Review and Learning subgroup actively managing the cases which have met the criteria for review under section 44 of the Care Act
- ✓ The SAB worked in partnership with NY SAB to develop the Self Neglect Practitioner Guidance, alongside implementing the process as a means of supporting management of increasingly complex cases
- ✓ The City of York Safeguarding Adults Annual Report provides a summary of operational activity and details delivery against the strategy https://www.safeguardingadultsyork.org.uk/media/1170/city-of-york-safeguarding-adults-board-annual-report-2019.pdf

### 4.3.3 North Yorkshire Community Safety Partnership

- ✓ . The statutory Domestic Homicide Review (DHR) process is now well-established across North Yorkshire
- ✓ The Designated Professionals, Nurse Consultant and Named Nurse Primary Care have provided panel membership for the process.
- ✓ Learning for Primary Care from reviews has been incorporated into the Hot Topics training for 2020/21.

### 4.3.4 North Yorkshire Prevent Partnership

- ✓ The Designated Professional represents the CCG on the Prevent Partnership Board providing updates to the Board on activity and engagement from health partners.
- ✓ The Prevent Forum held on a quarterly basis by NHS England's Prevent Co-ordinator came to an end in spring 2020, as the Home Office funding for the post of Co-ordinator was withdrawn.
- ✓ The Nurse Consultant, Designated Nurses for Safeguarding Children and Named Nurse for Primary care are members of the York and North Yorkshire multi-agency Channel panels representing the CCG and Primary Care. Both these panels have made progress in embedding and developing their strength in membership and information sharing in 2019/20.

**4.3.5 Additional Multi-Agency Partnerships** led by North Yorkshire Police which are integral to safeguarding work and with active involvement from the CCG Safeguarding Team in 2019/20 are:

- ✓ Serious and Organised Crime Board – awareness of County Lines, Modern Slavery and exploitation has been included in the training programme for Primary Care

- ✓ Modern Slavery Partnership – the CCGs have published a Modern Slavery and Human Trafficking statement on their website and have actively engaged in raising awareness of modern slavery.

- ✓ MATAC – multi-agency tasking and co-ordination – is a multi-agency initiative to tackle the serial perpetrators of domestic abuse. CCG/health involvement with the process was paused following initial engagement and is awaiting national direction before progress continues.

- ✓ MAPPA – the safeguarding team have continued to contribute to robust information sharing processes in respect of MAPPA clients with health providers, including GPs and hospital trusts. A member of the team ensures that agreed proportionate risk assessments are shared with the relevant GP practice and other health providers as necessary. Guidance on the safe management of this information within GP records has been developed, which includes the process when notification of MAPPA closures are received. This enables Primary Care staff to offer safe and effective support to meet the patient's needs and protect staff where necessary.

- ✓ Integrated Care Systems (ICS) - The Designated Professionals for Safeguarding Adults represent the CCGs on both the Humber Coast and Vale ICS footprint and the West Yorkshire and Harrogate ICS footprint, to ensure that safeguarding is represented and considered within key areas of commissioning.


## 4.4 Strategic Priority 4:

To ensure the completion of the NHS England Safeguarding Assurance Action Plan

- ✓ Following the NHSE Safeguarding Assurance Audit, the outstanding action from the plan has been completed following the national publication of the Adult Safeguarding: Roles and Competencies for Health Care Staff in August 2018 and subsequent development of the CCG Safeguarding Adult Training Strategy which is published on the CCG website.


## 4.5 Strategic Priority 5:

Supporting Safeguarding Adult Practice across the health economy of North Yorkshire and York

- ✓ 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.

### 110 Safeguarding Enquiries

- There has been a significant contribution from our two safeguarding officers who have been involved in 110 enquiries in 2019/2020 with the Local Authority locality teams across the North Yorkshire region and in York. This has been a decrease from 169 in 2018/2019 due to new NYCC procedures. This excludes the number of advice cases that have not progressed to Section 42 of the Care Act Enquiries, that the team has been involved with.

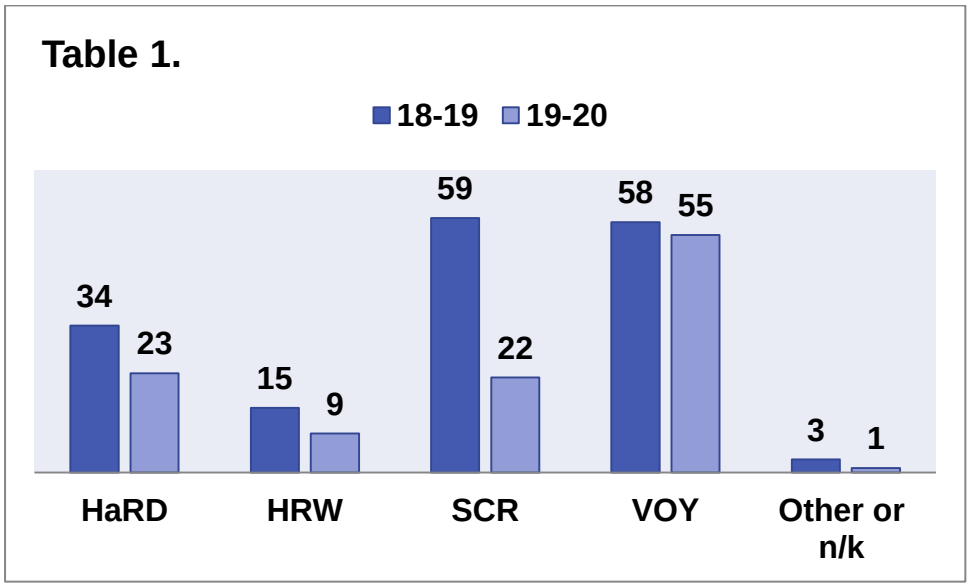
### 45% Neglect and acts of ommission

- The main categories of abuse in cases with CCG involvement have been neglect and acts of omission (45%) and physical abuse (33%).

### 31 Care provider quality assurance visits

- 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 from abuse and neglect.

Table 1 below shows the number of safeguarding enquiries with CCG involvement per CCG:




- ✓ The safeguarding team continue to offer support and advice to practitioners with regards actions required for potential safeguarding concerns. Practitioners requiring access to the safeguarding team for advice and support has steadily increased as awareness of adult safeguarding has developed. The main categories for which practitioners have sought advice in 2019/20 have been situations of domestic abuse and self-neglect.

- ✓ The safeguarding team work closely with health colleagues providing safeguarding advice and risk-management support where required for complex patients in receipt of Continuing Healthcare Funding.

- ✓ Safeguarding adult supervision has become a recognised necessity following its inclusion as a requirement for practitioners in the Adult Safeguarding: Roles and Competencies for Health Care Staff. Implementation of safeguarding supervision practice has been trialled as part of the agenda for the Health Partnership Group. The decision ultimately taken was to continue development in smaller dedicated practitioner groups.

- ✓ The Safeguarding Administrator continues to ensure the team are compliant with General Data Protection Regulations, acting as the Information Asset Administrator and leading on the development of new systems and processes to support the work of the team.

## 4.6 Strategic Priority 6:

To continue to develop and embed safeguarding adults' arrangements in Primary Care

- ✓ All North Yorkshire and York CCG GP Practices have had the opportunity to register for, and complete the new electronic NHS E safeguarding self-assessment tool providing assurance of compliance with safeguarding arrangements within individual practices. All practices who have registered for the tool will have access until March 2021. The Primary Care safeguarding team have encouraged and supported practices in the completion of the tool.

- ✓ An audit of information sharing between GPs and multi-agency risk assessment conferences (MARAC) for high risk domestic abuse has been completed which demonstrates that this process is well embedded across GP Practices across North Yorkshire and York.

- ✓ The 'Hot Topics' safeguarding level 3 training sessions have been delivered to Primary Care staff as a bespoke educational programme which enhances quality training provision and accessibility for Primary Care practitioners across North Yorkshire and York. The training offers discussions of local and national case studies and safeguarding issues relevant to their practice, including Modern Slavery, County Lines and Criminal Exploitation, Local learning from a Domestic Homicide Review, Domestic abuse and MARAC, the LeDeR programme, Prevent update and the Mental Capacity Act amendment bill. During 2019/20 535 Primary Care staff attended Hot Topics training.

- ✓ In addition the team delivered safeguarding awareness sessions to 19 Primary Care key administration staff on the management of safeguarding information in GP practice. The team also delivered a newly developed training package for Level 3 Initial Safeguarding Adults training to 84 Primary care staff in line with the publication of the Intercollegiate Document Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)

- ✓ GP Safeguarding leads meetings continue to be held on a quarterly basis and continue to be well attended; providing supplementary safeguarding training and peer support for the dedicated safeguarding practice leads for each GP surgery.

The Named Nurse for Primary Care commenced in post June 2019, strengthening existing safeguarding arrangements within the CCG. A Specialist Nurse Safeguarding Adults and Children Primary Care has been recruited to post commencing in May 2020.

**4.7 Strategic Priority 7:**

To support, develop and embed the Learning Disablity Mortality Review (LeDer) Programme across North Yorkshire

- ✓ The Designated Nurses for Safeguarding Adults embedded local delivery of the Learning Disability Mortality Review Programme (LeDeR) for North Yorkshire and York.

- ✓ Monies from NHS England enabled recruitment of a part-time specialist lead nurse for LeDeR, managed by the Designated Nurse for Safeguarding Adults.

- ✓ With the support of multi-agency partners, the Steering Group chaired by the Designated Nurses for Safeguarding Adults has continued to develop its process to progress learning from completed reviews.

- ✓ A separate LeDeR annual report detailing the progress made with the programme has been published alongside this safeguarding adult annual report. You can find the annual report on both the CCGs websites under 'LeDeR' by following the links below:
  - ➢ https://www.valeofyorkccg.nhs.uk/publications/
  - ➢ https://www.northyorkshireccg.nhs.uk/home/about-us/publications/

## 5.0 Overview of delivery of Safeguarding Adults' Strategy – challenges and opportunities for 2020/21

Significant progress has been made in the delivery of the Safeguarding Adults' Strategy; the annual report is intended as a summary and by no means provides a full representation of the breadth of the safeguarding agenda and the complexity in the work of the team. The team's achievements have been made with the support of the CCG Executive Leads for Safeguarding; and by working closely with the Quality Teams in each CCG.

The challenges and opportunities for 2020/21 include:

- ✓ The management of an increasingly complex agenda of safeguarding adults concerns and challenges related to the Covid-19 pandemic – both nationally and locally.
- ✓ The preparation and implementation the Liberty Protection Safeguards.
- ✓ Further developing training opportunities and data collection for safeguarding specialist practitioners and all staff concurrent with the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)

- ✓ Working closely with GP Practices; health partners and multi-agency partners to embed the Joint Multi-Agency Safeguarding Policy and Procedures in North Yorkshire

**Authors and contributors:**

**Christine Pearson and Olwen Fisher**
Designated Professionals for Safeguarding Adults

**Heather Wilson**
Project Administrator for Safeguarding Adults

**Jacqui Hourigan**
Nurse Consultant Safeguarding Children and Adults in Primary Care

**Janette Griffiths**
Named Nurse Safeguarding Children and Adults in Primary Care

**Dr Joy Shacklock, Dr Peter Billingsley, Dr Nigel Wells, Dr Rebecca Owen**
Named GPs for Safeguarding Adults

**Item Number: 12**

**Name of Presenter: Christine Pearson**

**Meeting of the Governing Body**

**Date of meeting: 4 March 2021**

NHS
Vale of York
Clinical Commissioning Group

**Report Title – MAPPA (Multi-Agency Public Protection Arrangements) Annual Report 2019/20**

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

**Reason for Report**

MAPPA has been an increasing part of the safeguarding team's work with significant progress made over the past two years in relation to information-sharing with primary care and secondary health care trusts.

This report was also presented at the Quality and Patient Experience Committee on 11 February 2021.

**Strategic Priority Links**

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

**Local Authority Area**

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

**Impacts/ Key Risks**

☐Financial
☒Legal
☒Primary Care
☒Equalities

**Risk Rating**

**Emerging Risks**

**Impact Assessments**

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

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

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

N/A

**Recommendations**

Governing Body is asked to receive the MAPPA Annual Report.

**Decision Requested (for Decision Log)**

Annual report received.

| **Responsible Executive Director and Title** | **Report Author and Title** |
|---|---|
| Michelle Carrington<br>Executive Director of Quality and Nursing / Chief Nurse | Christine Pearson<br>Designated Nurse Safeguarding Adults |

MAPPA

Multi Agency Public Protection Arrangements

# North Yorkshire

## Annual Report 2019-20

## Protection through partnerships

# Foreword

**This Multi Agency Public Protection Arrangements annual report provides an opportunity for the public to gain an insight of the partner agencies who have evidenced their continued commitment to keep individuals and local communities safe, through our collective and effective management of the most dangerous, violent and sexual offenders living within North Yorkshire and the City of York.**

The nationally recognise Multi Agency Public Protection Arrangements provide a framework in which information can be shared, informing both risk assessments and the proportionate deployment of resources to target - and importantly support those offenders who are assessed as presenting a risk of serious harm to the public.

While the risks cannot be totally removed, it is important to recognised that reoffending by registered sex offenders is low. We cannot be complacent in this fact and professionals within agencies must continue to work together reducing identified risks and those of further offending.

This annual report aims to explain the work agencies complete in support of the public protection arrangements, our achievements within the last year, the innovation to improve our understanding and the joint responses in the management of the risks posed.

The last year has witnessed an unprecedented pandemic which has touched individuals, families, local communities and all aspects of society. Despite the challenges caused by the pandemic the Multi Agency Public Protection Arrangements have continued.

It is entirely appropriate to publicly acknowledge the commitment and hard work of those working within MAPPA locally and their continued high levels of professionalism when dealing with difficult and challenging cases, thank you.

**Allan Harder**
**Chair**
North Yorkshire MAPPA
Strategic Management Board

Detective Superintendent
North Yorkshire Police

*"The last year has witnessed an unprecedented pandemic which has touched individuals, families, local communities and all aspects of society. Despite the challenges caused by the pandemic the Multi Agency Public Protection Arrangements have continued."*

# What is MAPPA?

## MAPPA background

**MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003.**

They bring together the Police, Probation and Prison Services in each of the 42 Areas in England and Wales into what is known as the MAPPA Responsible Authority.

A number of other agencies are under a Duty to Co-operate (DTC) with the Responsible Authority. These include Social Services, Health Services, Youth Offending Teams, Jobcentre Plus and Local Housing and Education Authorities.

The Responsible Authority is required to appoint two Lay Advisers to sit on each MAPPA area Strategic Management Board (SMB) alongside senior representatives from each of the Responsible Authority and DTC agencies.

Lay advisers are members of the public appointed by the Minister with no links to the business of managing MAPPA offenders who act as independent, yet informed, observers; able to pose questions which the professionals closely involved in the work might not think of asking. They also bring to the SMB their understanding and perspective of the local community (where they must reside and have strong links).

## How MAPPA works

MAPPA-eligible offenders are identified and information about them is shared between agencies to inform the risk assessments and risk management plans of those managing or supervising them.

That is as far as MAPPA extend in the majority of cases, but some cases require structured multi-agency management. In such cases there will be regular MAPPA meetings attended by relevant agency practitioners.

There are 3 categories of MAPPA-eligible offender:

- Category 1 - registered sexual offenders;
- Category 2 - mainly violent offenders sentenced to 12 months or more imprisonment or a hospital order; and
- Category 3 - offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm.

There are three levels of management to ensure that resources are focused where they are most needed; generally those presenting the higher risks of serious harm.

Level 1 is where the offender is managed by the lead agency with information exchange and multi-agency support as required but without formal MAPPA meetings;

Level 2 is where formal MAPPA meetings are required to manage the offender.

Level 3 is where risk management plans require the attendance and commitment of resources at a senior level at MAPPA meetings.

MAPPA are supported by ViSOR. This is a national IT system to assist in the management of offenders who pose a serious risk of harm to the public. The use of ViSOR increases the ability to share intelligence across organisations and enable the safe transfer of key information when high risk offenders move, enhancing public protection measures. ViSOR allows staff from the Police, Probation and Prison Services to work on the same IT system for the first time, improving the quality and timeliness of risk assessments and interventions to prevent offending.

# Our critical friends

**The role of John Clarke and Melanie Welford-Carroll, North Yorkshire MAPPA's Lay Advisors, is one of oversight, offering a different perspective in the MAPPA processes, representing the voice of the community, asking questions and contributing to strategic decision making.**

This is achieved by sitting in as observers in MAPPA case meetings, where professionals from the Responsible Authorities (RA) meet with professionals from the Duty to Cooperate Agencies (DTC) to discuss the management of individuals who have been released from prison on licence. This is the forum in which the individual's risk assessment is closely examined and challenged, and any further steps that can be identified to mitigate such risks are added into their case management. At the end of each case meeting, as lay advisors, we file a short report, evaluating prescribed protocols and pass the report to the North Yorkshire MAPPA coordinator.

Our second layer of oversight comes by attending the sub-committee known as the Delivery Group. These meetings are usually held in the fortnight preceding the Strategic Management Board (SMB). These meetings serve as a review of the executive function of North Yorkshire MAPPA and establish a clear link between day to day case management issues and the main board, SMB. The third tier of oversight is our attendance at the SMBs.

Here, issues that are flagged up by the Delivery Group are discussed, the strategic level Risk Register is reviewed and amended as appropriate, KPI's are looked into and any attendance issues are flagged up. The business plan and communication strategy are monitored and evaluated.

It is pleasing to see that the professionals from all of the RA and DTC give absolute commitment to MAPPA. The level of engagement and dedication of the teams is outstanding, allowing the pooling of knowledge and inter-agency cooperation which helps keep us as safe as possible, while at the same time helping offenders to attempt to get their lives on track.

The adhoc processes we, as lay advisors, can be involved in include Serious Case Review, complaints procedure, MAPPA guidance consultations and other Ministry of Justice performance reviews.

There is also a national MAPPA lay advisors' conference held every few years. This is a forum in which best practice is shared and any updates in protocols are explained. The January 2020 conference included speakers from academia, the National MAPPA team and experienced lay advisors. It was a hugely useful environment in which to compare our experiences of the role with others from around the country, and to take away up to date knowledge and understanding of the information sharing website for lay advisors.

During this reporting year Covid-19 has become an issue and MAPPA has adapted its usual protocols. Case meetings, delivery groups and SMB have all been held remotely via Microsoft Teams, with outstanding attendance at each. Considerable thought has gone into finding ways to manage MAPPA cases. Although face to face contact with Very High Risk and High Risk service users has remained a priority, contact by telephone has been maintained with others where risk levels have allowed for this.

While it is impossible to ensure 100% of MAPPA managed cases do not go on to reoffend, the layers of control, monitoring, evaluation and reporting of risk within North Yorkshire MAPPA is excellent. As lay advisors, attempting to represent the local community, we feel our contributions and views are listened to courteously by all the professionals involved in MAPPA, and where appropriate, are acted upon. It is very reassuring to have learnt so much about the MAPPA process and we look forward to working with the wide range of MAPPA professionals in the coming year.

**The last eight months of 2020 have witnessed significant changes in practice for all concerned with MAPPA planning and delivery.**

All local MAPPA in North Yorkshire have moved on-line, as have the Strategic Board meetings and delivery sub-groups. From my perspective, this move has taken place in a well planned and relatively seamless manner.

Just prior to the first national lockdown, I was invited to take part in a meeting with the Chief Executive Director (CED) Performance of HM Prison & Probation Service who was visiting North Yorkshire and meeting a range of staff in different settings. One area of work that he wished to find out about was that of MAPPA and within that, the views of a lay advisor. This was interesting to be involved in and feedback on the services from the CED was good.

Another work area that has now to take place in a virtual world is that of complaints.

Like all statutory organisations, as do most private and voluntary, North Yorkshire's MAPPA is required to have a complaints procedure. It is always interesting to see how well a procedure relates to practice and I was involved in a second tier complaint during the past few months.

This complaint was from an individual service user and required a sub-group of the Strategic Management Board to explore whether the complaint should be upheld or dismissed.

I found the process to be thorough and well implemented, another testimony to the professionalism of North Yorkshire MAPPA.

**John Clark**
**Lay Adviser**

# Change and challenge

**Alongside many other professions, the impact of the Covid-19 pandemic and lock down measures changed the way in which I work as an offender manager overnight.**

The challenge was met with great team work across the partnership. I have been proud that we have prioritised public protection during an unprecedented change and have embraced new methods to keep the public safe.

Under Covid-19 face to face contact with Very High, High Risk and other priority cases has been maintained. However, a number of traditional office appointments have become doorstep home visits and other contact has been maintained by regular telephone calls. One of the most significant challenges has been working with those who have been homeless or have not have access to a phone.

In the North East, the National Probation Service has supported offender managers to address this by providing basic mobile phones for service users to contact their offender manager, and by setting up a specific team to support those who were homeless into accommodation.

The move away from office visits has provided benefits to risk management and rehabilitation. Undertaking more home visits during the day, when service user's families are at home, has meant I have had more contact with service user's support systems. This has helped families to understand and support our service users in complying with their restrictions. While also providing an opportunity to be professionally curious and learn more about the service user's circumstances and home life.

For some service users I have found that the ability to complete offence focused work at home over the phone in a private space has been a positive experience. A service user told me he found it more comfortable and in turn productive to sit at home and complete the work over the phone. Whereas for others, with the absence of private space away to concentrate on the work has made it challenging.

Covid-19 has also changed the way service users access support, and in my practice, I have sought support from both partner agencies and the third sector. An example of this is Andy's Man Club; before Covid it was run as a face to face support group in multiple locations across the UK. However, under Covid, it has used Zoom to create virtual clubs to support men across the UK.

With a significant increase in isolation, virtual support services and helplines have been a good tool to support those for whom isolation is a risk factor. I have seen more service users engaging with these services, as many were anxious about initially walking through the door of the venue.

Feedback from one service user's experience of Andy's Man Club: "I know isolating myself isn't good for me, and living alone during lockdown it was nice to join the virtual meeting and be welcomed; people are happy to see me. I'm looking forward to the day we have the group in person, I was very nervous to go in person to the group but attending the virtual group means I know what to expect."

Covid-19 has again highlighted how close collaboration, equally within my team and inter-agency, is central to public protection. As an offender manger I rely on the information sharing, support and joint working from my colleagues within the partnership to manage risk. With my support working largely remotely, we utilised technology for communication between agencies to keep information flowing, enable decisions to be made and maintain public protection.

Attending MAPPA's through Microsoft Teams was invaluable. At a time when as a nation we were having to isolate, remote MAPPA meetings have supported interagency working and ensured we remained connected virtually.

**Rebekah Goodwill**
**Offender Manager**
**Scarborough Probation Office**

# What 'Teams' are made of

**Covid-19 is the disease caused by the new strain of the Corona virus which appeared in Wuhan, China, at the beginning of December 2019. Since the start of the century two other coronaviruses have jumped to humans, causing a SARS outbreak in 2002 and the MERS outbreak in 2012.**

It appears that no one really saw this disease coming and if they did it's doubtful that they could have anticipated how quickly it would spread and the global impact this pandemic (as it's turned out to be) was going to have, not least in the hundreds of billions of pounds in Government spending, but more significantly the human cost to it; the insurmountable most terrible effects on individuals, families and businesses.

As the disease proved to be highly infectious countries acted to lock down non-essential services and where they could be maintained from operating alternative delivery models' offices and organisations closed their doors and on mass people began working from home.

For the Responsible Authority (RA), namely the National Probation Service (NPS), Police and Prisons and the Duty to Cooperate (DTC) agencies this was no different. However, a significant amount of frontline work could not be delivered remotely and continued at the coal face under new restrictions. Social distancing, the wearing of face coverings, use of alcohol hand gel, frequent hand washing, introduction of physical barriers, use of PPE, reduced face to face/side to side activity time, meeting outside where possible, door step home visits and smaller work bubbles all became part of normal daily working life.

In MAPPA the same applied. We needed to ensure that the protection of the public and victims and the risk management of some of our most dangerous offenders was not compromised.

It was vital to ensure that resources deployed to monitor, and control MAPPA nominals remained accessible, that interventions and treatments available to assist in building protective factors were effective and that supervision and face to face contact was upheld in line with risk levels, whilst adhering to strict health and safety regulations in accordance with government guidance.

There's no doubt that it meant a different way of working and in March 2020 MAPPA Coordinators were required to develop a local MAPPA Exceptional Delivery Model (EDM) to ensure service delivery was maintained.

One of the most significant areas of work requiring an alternative operating model was the way in which our MAPPA L2 and 3 meetings were held. Since MAPPA was rolled out in North Yorkshire in 2002 these have been held on a weekly basis across the respective NPS offices, covering York, Harrogate, Skipton, Scarborough and Northallerton. As in the case of other interactive face to face meetings we had all been so used to holding these in this way but clearly this had to change.

The MAPPA public protection administrators were pivotal in our progression at this point, to move to delivering virtual meetings. Initially they organised these to be held by telephone conferencing.

The invitations, confidentiality statements and sharing of documents (no longer being physical at the meetings) were appropriately adapted and to ensure attendees contributed to the evaluation of how things were progressing a survey monkey was shared for every meeting to ensure that direct feedback was received in regard to the perceived quality of the meetings and whether there were any concerns in this respect.

In general, feedback was really positive and supportive. Attendees felt they were given the opportunity to make their valuable contributions to the meetings, the length of them remained appropriate and attendance was very good. However, the theme of missing face to face contact and engagement ran through a good majority of the feedback received, despite people at that point acknowledging that this was unavoidable.

As soon as we received guidance from the MAPPA national team that the use of Microsoft teams could be used for MAPPA meetings; so long as local IT clearance was given, we consulted with North Yorkshire Police IT who provided us with this assurance.

The MAPPA administrators forged ahead to improve this part of the MAPPA EDM and ensured the transition to moving to meetings by Microsoft Teams was smooth and accessible to all. They provided a great deal of support and guidance to MAPPA Chairs who rely heavily on their organisational skills, the strong relationships they hold with countywide Single Points of Contact (SPOC's) and their positive 'can do' approach to managing the meetings from the point of referral to completion of minutes, actions and closures.

The EDM for MAPPA at first proved a great challenge, as I'm sure was felt by all organisations in the early days of developing new and safe ways to work. However, with the excellent support of our MAPPA administrators, the strong partnerships across the RA and DTC agencies, and individual's resilience and willingness to pull together, we can honestly say that is has been a success, as evidenced also by attendees' feedback at meetings.

There is no doubt that a lot of us miss the physical human interaction, the convenience of being able to turn to your colleague and discuss practice, to find a solution together and to hear the views of others.

However, we have worked hard to ensure that this hasn't been lost and that the risk management of MAPPA nominals and the support of our staff remains as paramount now as it was before Covid hit and our work practices were no longer fit for purpose.

As we look forward, we can only imagine when it will be safe again to physically meet, to work within two metres of someone and to leave our homes most mornings to go into work.

*"In the meantime, we can rest assured that in North Yorkshire we have a robust 'exceptional delivery model' to work to, which in our evaluation so far has significantly mitigated against the risks presented from the pandemic we all currently have to manage".*

# Healthier outcomes

**The Designated Professionals Safeguarding Team and Primary Care safeguarding team, Adult and Children, North Yorkshire and York, have continued over the past year to contribute to robust information sharing processes in respect of MAPPA clients with health providers, including GPs and hospital trusts.**

Initial level 2 and 3 MAPPA meetings continue to be attended by a clinical commissioning group designated professional or Primary Care safeguarding nurse who ensures that agreed proportionate risk assessments are shared with the relevant GP and other health providers as necessary. Guidance on the safe management of this information within health provider records has been developed, which includes the process when notification of MAPPA closures are received.

An audit of this process within Primary Care has highlighted that there has been clarity of information provided regarding any risk and actions to be taken and the information has been recorded appropriately alerting all staff to MAPPA status and any risks. This enables health staff to offer safe and effective support to meet the patient's needs and protect staff where necessary.

The Primary Care safeguarding team have also continued to offer support to a GP practice linked to the approved premises (AP) within the local area. The Designated Professionals Safeguarding team and Primary Care safeguarding team have continued to prioritise attendance at MAPPA throughout Covid, adapting to attendance at meetings virtually.


ROLY'S
FUDGE
PANTRY
YORK
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Gifts
Shop
PAPER

# Rehabilitation in action

## Case summary: 'Mark'

**Mark pleaded guilty at Crown Court to an offence of rape of a female child (relative) and received a 30 month sentence.**

## Pre-sentence work

Prior to sentencing there was some key work completed with partners to set the scene for his likely custodial sentence and the management of risk in custody and on release.

A Pre–sentence report that incorporated an AIM 2 (sexual harm assessment) was completed. The Youth Justice Service (YJS) worked closely with the Children and Families Service who had prior knowledge of Mark and co-worked the AIM 2 assessment.

A wide multi-agency team came together from School, Child and Adolescent Mental Health Service (CAMHS) and the Youth Advocacy Service with further specialist assessments being completed by a Forensic Psychologist and Speech Language therapists based with the YJS.

The report for court also considered where Mark would be best managed within a custodial setting. A placement was agreed in advance within a secure children's home, which specialised in work around sexually harmful behaviour and was also able to manage Mark's own vulnerabilities.

## Custodial work

The programme at the secure unit was extensive.

An initial psychological formulation was completed, and focussed on sexually harmful behaviour Interventions, emotional health, behaviour, relationships and attainment within his housing unit, and education levels and achievements.

Biofeedback sessions were used to help Mark understand how his body responds to certain stimuli and ways he can be aware of and control these impulses.

As the sentence progressed Mark's risk formulation was reviewed, with an AIM 3 assessment replacing the initial AIM 2, and a recognition that areas of anger towards family members combined with ability to manage negative emotions, emotionally regulate and poor assertiveness skills related to low self-esteem and internalised anger and frustration were key triggers. A further key risk related to Mark's social isolation and lack of any current friendship group.

Given his progress Mark was assessed as suitable for the semi-independent living unit within the secure unit. This assisted to improve his self-confidence, self-management, assertiveness and assisted him to develop feelings of 'self' and self-worth.

## Release and outcomes

A MAPPA Level 2 meeting was held prior to release and a joint multi agency risk management plan was formulated.

The plan covered a further referral to Children Social Care to monitor relationships between Mark and his mum, a key risk area identified within the initial assessment. Appropriate consideration was given to victim safety planning, which involved the Probation Service victim liaison officer.

External conditions were included in his licence. Stringent conditions were also included in the SHPO to manage the concern around internet usage.

Mark has been rehabilitated well back into the community. Sexually harmful behaviour work using the AIM Good Lives Model has continued.

A work placement was set up, disclosure made and a safety plan in place. Positively this has been a great success and he has been offered a part time job.

Due to Mark's growing self-belief and self-confidence the YJS have been able to facilitate numerous positive activities for him. All the activities reduce his isolation and there has been no known offending since his release.

Regular community reviews have taken place sitting alongside MAPPA Level 2 meetings and his risk has now reduced to Level 1.

# Wellbeing matters

**North Yorkshire County Council, Health and Adult Services members of the North Yorkshire County Council (NYCC) Adult Safeguarding Team are representatives for Health and Adult Services (HAS) at MAPPA Level 2meetings. For MAPPA Level 3 meetings a senior manager from one of our Mental Health teams attends.**

A high number of offenders HAS are involved with in MAPPA have mental health needs, having the service manager from the mental health team involved ensures that this expertise is available.

For both the MAPPA Level 2 and 3 meetings Health and Adult Services attendees contribute to the risk assessment and management plan that safeguards the offender, victims, other individual adults and children at risk or the general public.

For MAPPA Level 2 meetings the safeguarding officers attend all initial meetings. If there is a current involvement with either the offender or a victim, from Health and Adult Services, their allocated worker is also invited to the meeting, as they are able to share specific relevant information and contribute to the discussions.

For review meetings it is considered on a case by case basis whether there is a requirement for the safeguarding officer to attend with the allocated worker. The risk the offender poses to professionals is also identified in the meeting and this is of great value because it enables Health and Adult Services to record on their electronic records the type and level of risk and document a management plan. This means professionals are aware and can take appropriate action to reduce/remove the risk to themselves and their colleagues.

The Health and Adult Services representative brings knowledge and experience in terms of our statutory duty around assessing, determining eligibility and supporting individuals under the Care Act 2014.

As such they may identify it is appropriate for the relevant agency to refer the offender or a victim for a needs under the Care Act 2014 if there is an appearance of care and support needs and consent to the referral. The aim of a needs assessment is to establish how much support is needed to enable the person to live as independently as possible and promote their wellbeing.

Equally, a victim or offender may have needs as a carer for an adult and their caring role may have an impact on their wellbeing so they can be offered a carers assessment.

It may be suggested that a referral to the Living Well Service is considered. Living Well can support adults who are currently not eligible for on-going social care support, but may require help and support to find their own solutions to their health and wellbeing goals.

If during the MAPPA meeting it is identified that any adults who appear to have care and support needs are experiencing, or are at risk of abuse or neglect and as a result of those needs they are unable to protect themselves it may be suggested that an adult safeguarding concern is raised to the Local Authority.

Along with the Care Act the other key area of knowledge the Health and Adult Services representative brings is in terms of our duty under s117 of the Mental Health Act 1983. Following detention under a relevant section, this is joint statutory responsibility with the Clinical Commissioning Group to consider what a person requires to prevent a deterioration of their mental health and re-admission to a mental health hospital. Both the Care Act and Mental Health Act duties intertwine with the Mental Capacity Act 2005 and knowledge of all three are vital in ensuring appropriate actions are taken.

Our experience is that all agencies in attendance at the meetings are committed to achieving high standards of practice and always demonstrate effective teamwork.

The meeting enables resources, knowledge and expertise to be shared between the different organisations and relevant information is provided in a secure and timely way. This positive engagement has continued during the time of Covid-19 through conference calls and good use of technology.

## Case study

Health and Adult Services have recently been involved with an offender who was nearing the end of his sentence and there were significant concerns about how the identified risks would be managed under the legal frameworks available.

Although not previously known to us prior to the referral from MAPPA it was determined that, the offender had been under a relevant section of the Mental Health Act 1983 and had s117 eligibility. There were question marks around which local authority was responsible for considering his s117 eligibility. As this is a complex area of law, we sought timely legal advice to inform our thinking. We reached a decision to work in a proactive way with our partners in the Clinical Commissioning Group and Community Mental Health Team to undertake the assessment on a without prejudice basis as to date we appeared to be the local authority which had the most involvement with the offender. A virtual assessment was arranged at short notice with relevant people.

During the MAPPA meetings we also provided clarification around Care Act responsibilities and how to obtain a social care assessment from the relevant locality authority. We recognised these contributions were vital to provide the wider MAPPA partners understanding of the legal responsibilities and limits that are afforded under s117 and the Care Act, which in turn informed the multiagency risk management and protection planning.

# Criminal and civil order

**This year has seen DC Debbie Verrill take over the role of Criminal and Civil Orders Officer for North Yorkshire Police (NYP).**

Debbie's background was working in CID before she moved into MAPPA where she managed Registered Sex Offenders (RSOs) in York.

Having worked in partnership with the National Probation Service, Prisons and MAPPA Duty to Co-operate agencies to manage the risks posed by RSOs, along with carrying out a number of in-depth online investigations, Debbie was successful in securing the post of Criminal and Civil Orders Officer earlier this year.

The Criminal side of these orders has seen some recent modernisation with the use of the Nationally recognised MG13. This affords a smoother application process, thus providing more time for the NYP officer to concentrate on the complex civil order applications.

Although as a result of Covid-19 we have seen national and local lockdowns during 2020, this has meant people have spent increasing time in their homes - which in turn has resulted in increased use of the internet. Unfortunately, these circumstances have led to a rise in online offending and the demand for prohibitive orders has been greater than previous years.

The last few years have also seen a change in the use of devices and how sophisticated they have become. The technology and use of applications continues to expand and a large number of orders have required updating to take account of these changes in order to manage the risks new technology presents.

The success of the digital examiner has also increased the need for new orders. The digital examiner attends the home of RSOs and carries out routine and device checks. Appropriate action is taken where it is found that orders have been breached or where new offences are detected.

Civil orders are going through a pattern of change and challenge as the threshold for securing them is heightened.

*"It has been an unusual year for many but our criminal and civil orders officer continues to respond to the legal challenges arising and works hard to secure the necessary orders to assist in the management of some of the most dangerous offenders living in our communities."*

# Polygraph and policing

**The aim of utilising polygraph within policing at the current time is to provide additional information to support the risk assessment of post-convicted sex offenders and those under investigation for Indecent images of children (IIOC - precharge), to enable effective and informed risk management and safeguarding of potential victims.**

The information obtained during a polygraph examination will provide a scientific, objective contribution towards risk assessment.

Since the introduction of polygraph in October 2020, six tests have been conducted during the initial six week period. These examinations have provided valuable information to ensure children are safeguarded and risk management is maximised.

Two tests focusing on safeguarding, plus a further test to verify information, have taken place with precharge suspects for Indecent Images of children offences.

Both tests have provided valuable information to support the continuation of bail conditions (including at a magistrate's court bail hearing). The results disclosed a breach of bail conditions in term of unsupervised child contact at a family address. This was able to support the bail extension hearing and negate a court application for the removal of bail conditions. Another test proved untruths during test questions around sexual contact with children. Despite the individual refraining from disclosing detail of this it did provide information to assist in managing risk.

Three tests have been conducted on convicted registered sex offenders managed by the Offender Management Unit.

Two of these have been applications from Registered Sex Offenders for a review of their lifetime notification requirements, otherwise known as S91F applications.

Both of these have focused around whether the subject has reoffended during their 15-year period of management. Both tests have demonstrated that the subject has been truthful and has provided supporting information for their applications.

The other test has been used to assist decision making for a SHPO discharge application. The subject disclosed what he believed to be a breach of his Sexual Harm Prevention Order (SHPO) conditions and led to a voluntary interview.

Due to the wording of his SHPO this did not constitute a criminal offence (SHPO breach) and no further action was taken. This material along with his management history will be used in the decision making process for the SHPO discharge application.

# MAPPA statistics

| MAPPA-eligible offenders on 31 March 2020 | | | | |
|---|---|---|---|---|
| | Category 1: Registered sex offenders | Category 2: Violent offenders | Category 3: Other dangerous offenders | Total |
| Level 1 | 871 | 217 | / | 1,088 |
| Level 2 | 4 | 0 | 3 | 7 |
| Level 3 | 0 | 0 | 0 | 0 |
| Total | **875** | **217** | **3** | **1,095** |

| MAPPA-eligible offenders in Levels 2 and 3 by category (yearly total) | | | | |
|---|---|---|---|---|
| | Category 1: Registered sex offenders | Category 2: Violent offenders | Category 3: Other dangerous offenders | Total |
| Level 2 | 33 | 23 | 20 | 76 |
| Level 3 | 2 | 3 | 0 | 5 |
| Total | **35** | **26** | **20** | **81** |

| Registered Sexual Offenders | |
|---|---|
| RSOs cautioned or convicted for breach of notification requirements | **21** |
| RSOs having had lifetime notification requirements revoked on application | **7** |

## Restrictive orders for Category 1 offenders

| SHPOs & NOs imposed by the courts | |
|---|---|
| SHPOs | **79** |
| SHPO with foreign travel restriction | **2** |
| NOs | **0** |
| People subject to notification requirements for breach of a SRO | **0** |

## Level 2 and 3 offenders returned to custody

| | Category 1: Registered sex offenders | Category 2: Violent offenders | Category 3: Other dangerous offenders | Total |
|---|---|---|---|---|
| **Breach of licence** | | | | |
| Level 2 | 3 | 4 | 6 | **13** |
| Level 3 | 0 | 0 | 0 | **0** |
| Total | **3** | **4** | **6** | **13** |
| **Breach of SOPO/SHPO** | | | | |
| Level 2 | 1 | / | / | **1** |
| Level 3 | 1 | / | / | **1** |
| Total | **2** | **/** | **/** | **2** |

## Total number Registered Sexual Offenders per 100,000 population 117

This figure has been calculated using the Mid-2019 Population Estimates: Single year of age and sex for Police Areas in England and Wales; estimated resident population, published by the Office for National Statistics, excluding those aged less than ten years of age.

# Explanation commentary

## MAPPA background

**The totals of MAPPA-eligible offenders, broken down by category, reflect the picture on 31 March 2020 (i.e. they are a snapshot). The rest of the data covers the period 1 April 2019 to 31 March 2020.**

(a) MAPPA-eligible offenders – there are a number of offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and violent offences or they currently pose a risk of serious harm, although the majority are actually managed at Level 1 without formal MAPPA meetings. These figures only include those MAPPA eligible offenders living in the community. They do not include those in prison or detained under the Mental Health Act.

(b) Registered Sexual Offenders (RSOs) – those who are required to notify the police of their name, address and other personal details and to notify of any subsequent changes (this is known as the "notification requirement.") These offenders are assessed and managed by the police. They may also be managed by probation or health services if they are subject to licence or a hospital order. Failure to comply with the notification requirement is a criminal offence that carries a maximum penalty of 5 years' imprisonment.

(c) Violent Offenders – this category includes violent offenders sentenced to imprisonment or detention for 12 months or more, or detained under a hospital order. It also includes a small number of sexual offenders who do not qualify for registration. These offenders are assessed and managed by the National Probation Service, Youth Offending Team or Mental Health Services.

(d) Other Dangerous Offenders – offenders who do not qualify under the other two MAPPA-eligible categories, but who currently pose a risk of serious harm which requires management via MAPPA meetings. These offenders are assessed and managed by whichever agency has the primary responsibility for them.

(e) Breach of licence – offenders released into the community following a period of imprisonment will be subject to a licence with conditions (under probation supervision). If these conditions are not complied with, breach action will be taken and the offender may be recalled to prison.

(f) Sexual Harm Prevention Order (SHPO) (including any additional foreign travel restriction). Sexual Harm Prevention Orders (SHPOs) and interim SHPOs replaced Sexual Offence Prevention Orders. They are intended to protect the public from offenders convicted of a sexual or violent offence who pose a risk of sexual harm to the public by placing restrictions on their behaviour. They require the offender to notify their details to the police (as set out in Part 2 of the 2003 Act) for the duration of the order.

The court must be satisfied that an order is necessary to protect the public (or any particular members of the public) in the UK, or children or vulnerable adults (or any particular children or vulnerable adults) abroad, from sexual harm from the offender. In the case of an order made on a free standing application by a chief officer or the National Crime Agency (NCA), the chief officer/NCA must be able to show that the offender has acted in such a way since their conviction as to make the order necessary.

The minimum duration for a full order is five years. The lower age limit is 10, which is the age of criminal responsibility, but where the defendant is under the age of 18 an application for an order should only be considered exceptionally.

(g) Notification Order – this requires sexual offenders who have been convicted overseas to register with the police, in order to protect the public in the UK from the risks that they pose. The police may apply to the court for a notification order in relation to offenders who are already in the UK or are intending to come to the UK.

(h) Sexual Risk Order (including any additional foreign travel restriction). The Sexual Risk Order (SRO) replaced the Risk of Sexual Harm Order (RoSHO) and may be made in relation to a person without a conviction for a sexual or violent offence (or any other offence), but who poses a risk of sexual harm.

The SRO may be made at the magistrates' court on application by the police or NCA where an individual has committed an act of a sexual nature and the court is satisfied that the person poses a risk of harm to the public in the UK or children or vulnerable adults overseas.

A SRO may prohibit the person from doing anything described in it, including travel overseas. Any prohibition must be necessary to protect the public in the UK from sexual harm or, in relation to foreign travel, protecting children or vulnerable adults from sexual harm.

An individual subject to an SRO is required to notify the police of their name and home address within three days of the order being made and also to notify any changes to this information within three days.

A SRO can last for a minimum of two years and has no maximum duration, with the exception of any foreign travel restrictions which, if applicable, last for a maximum of five years (but may be renewed). The criminal standard of proof continues to apply. The person concerned is able to appeal against the making of the order and the police or the person concerned are able to apply for the order to be varied, renewed or discharged.

A breach of a SRO is a criminal offence punishable by a maximum of five years' imprisonment. Where an individual breaches their SRO, they will become subject to full notification requirements.

Individuals made subject of a SRO are now recorded on VISOR as a Potentially Dangerous Person (PDP).

(i) Lifetime notification requirements revoked on application. A legal challenge in 2010 and a corresponding legislative response means there is now a mechanism in place that allows qualifying sex offenders to apply for a review of their notification requirements. Persons do not come off the register automatically. Qualifying offenders may submit an application to the police to review their indefinite notification requirements. The police review the application and decide whether to revoke the notification requirements. This decision is made at the rank of Superintendent. Those who continue to pose a significant risk will remain on the register for life, if necessary.

Individuals will only become eligible to seek a review once they have been subject to indefinite notification requirements for a period of at least 15 years for adults and 8 years for juveniles. This applied from 1 September 2012 for adult offenders.

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All MAPPA reports from England and Wales are published online at www.gov.uk

Vale of York
Clinical Commissioning Group

Item 13

**Chair's Report: Executive Committee**

| | |
|---|---|
| Date of Meeting | 15, 23 December 2020<br>6, 13, 20 January, 3 February 2021 |
| Chair | Phil Mettam |

**Areas of note from the Committee Discussion**

The Executive discussions continue to be dominated by the issues and risks associated with the COVID-19 pandemic.

This has required the Executive to take an overview and assess a range of issues including:

- Financial impact
- Efficiency of hospital discharge
- Access to services and in particular growing waits for elective treatment and the growing demand for mental health services
- Vaccine readiness and operating model locally

The Executive also discussed a range of commissioning contracts which have been referred on to the respective decision-making sub-committees of the Governing Body.

Additionally, the Executive has discussed the impending national changes to the NHS, and in this context continues to hold joint meetings with City of York Council and North Yorkshire CCG.

The wellbeing of CCG staff continues to be at the forefront of joint meetings with the Deputies group, with the intention for ongoing staff engagement events and meetings to provide pro-active support and advice.

**Areas of escalation**

N/A

## Urgent Decisions Required/ Changes to the Forward Plan

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| N/A |

Vale of York
Clinical Commissioning Group

Item 14

## Chair's Report: Finance and Performance Committee

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|---|---|
| Date of Meeting | 17 December 2020<br>28 January 2021 |
| Chair | David Booker (January meeting)<br>Julie Hastings (December meeting) |

**Areas of note from the Committee Discussion**

*17 December 2020*

- The Committee were pleased to receive the report that the year-to-date outturn position as at month 8 is in line with the financial plan. There is no change to the CCG's underlying position of £26.7m deficit since the previous financial report. The Committee continue to be assured of the robust and prudent management approach.

- The Committee expressed their good wishes and thanks to the Finance Team on achieving the Better Payment Practice Code in terms of both the volume and value of invoices being paid above the 95% target for year to date, noting that they had no advice or recommendations from the Auditors

- In July 2020, the Finance and Performance Committee agreed a 4-month extension to the Minor Eye Conditions (MECS) service provided by Healthcare Business Solutions (HBS). This was to allow scoping of the options for future service provision. In September HBS served notice on the contract which was duly accepted in October 2020. There followed an emergency procurement exercise which included two other providers and further, more favourable, discussions with HBS. Reviewing their more comprehensive service specification and financial plan the Committee agreed a recommendation to rescind the previous termination notice and award the remainder of the MECS extension, to November 2021.

*28 January 2021*

- The Committee approved utilisation of two year contract extensions for the Community Equipment Service and Community Wheelchair Service.

- The Committee, during the forthcoming period of transition, will ensure the continuing integrity of financial and performance reporting. Assurance will be provided that business continuity will be maintained despite current exceptional demands. The best possible provision of services for patients and the welfare of staff will remain high priority.

**Areas of escalation**

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| As described above. |

**Urgent Decisions Required/ Changes to the Forward Plan**

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| N/A |

Vale of York
Clinical Commissioning Group

Item 15

## Chair's Report: Primary Care Commissioning Committee

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| Date of Meeting | 28 January 2021 |
| Chair | Julie Hastings |

### Areas of note from the Committee Discussion

The Committee received a detailed update on the response to COVID-19, notably the vaccination programme, and requests that the Governing Body formally writes to the leaders of the programme in appreciation of their extensive work.

### Areas of escalation

N/A

### Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 16

**Chair's Report: Quality and Patient Experience Committee**

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| Date of Meeting | 10 December 2020<br>14 January 2021 – Eating Disorders Focus |
| Chair | Julie Hastings |

**Areas of note from the Committee Discussion**

*10 December 2020*

- Committee members expressed their thanks and recognition for the continued hard work and dedication of our Communication and Engagement Team. This excellent work has also been recognised within the Improvement and Assessment Framework under the patient and community engagement indicator where they have been awarded a Green Star for their work. Their methodology promotes co-production, enabling patients, families, carers and staff to have a voice to inform on service planning, improvement and delivery.

- Vaccinations are the largest priority with 50 hospital hubs across the country and local Primary Care Network designated sites being approved. The dedicated team have worked tirelessly to overcome the many technical and logistical issues to enable vaccinations to be safely administered. To date we have only received a small quota of the current vaccine. Priority for the first wave of immunisations has been for those aged 80 years plus. There is an expectation that the Oxford vaccine is three weeks away from approval and that this should be technically less complicated to use enabling us to deliver within our care homes and across our community.

*14 January 2021*

- This month's meeting was a Deep Dive into our Eating Disorder Services. Our discussions proved how important joint working, good communication and co-production are in the development and continued improvement of services. We explored the current and potential lifetime impact that eating disorders had on physical and emotional health and well-being. It was jointly agreed that there is some work to be done around the referral form and in particular understanding why referrals need a specific level of qualitative information. There were huge concerns around ensuring services are family focused, patients are treated close to home, and the resilience and well-being of the team as demand outstrips capacity. Despite this the impressive can-do attitude of the teams shone through, colleagues went away to work on some helpful resolutions outside of the meeting, but the risk still remains.

**Areas of escalation**

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| N/A |

**Urgent Decisions Required/ Changes to the Forward Plan**

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| N/A |