



Minutes of the 'Virtual' Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 7 October 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 Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Abigail Combes (AC) – item 9	Head of Legal and Governance
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

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
Stephanie Porter (SP)	Interim Executive Director of Primary Care and Population Health

Eighteen 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.

The following declarations were made in respect of members' additional roles:

- MC as Interim Director of Quality and Nursing for Humber, Coast and Vale Health and Care Partnership two days per week
- CS as a member of the Humber, Coast and Vale Strategic Digital Board
- RW as Mental Health Lead for Selby Town Primary Care Network and CCG representative as Governor on Tees, Esk and Wear Valleys NHS Foundation Trust Board
- NW as Clinical Lead for Humber, Coast and Vale Health and Care Partnership

No pre-emptive action was required by the Chair as a result of those conflicts declared and the nature of the business planned in the meeting. If a conflict of interest arose during the meeting mitigation would be agreed with the Chair on a case by case basis.

3. Patient Story

In introducing this item MC noted that the story of Martin Bissell, a patient at Posterngate Surgery in Selby, had also been presented at the recent CCG AGM. Martin had accepted an invitation from the Primary Care Network to join a 20 week Population Health Management programme in which Selby Town Practices were participating. This innovative approach, which included a diverse range of partners, focused on supporting people's health and wellbeing rather than purely medical interventions, had resulted in lifestyle change for Martin.

Further information on the Selby Town Primary Care Network developments, including Martin's story, is available at:

[NHS Vale of York Clinical Commissioning Group - GP practices in Selby are changing patients' lives with a new approach to their health \(valeofyorkccg.nhs.uk\)](https://www.valeofyorkccg.nhs.uk/clinical-commissioning/gp-practices-in-selby-are-changing-patients-lives-with-a-new-approach-to-their-health)

<https://www.youtube.com/watch?v=IsI93C9DxXg>

<https://ockham.healthcare/podcast-selby-town-pcn-classy-care-coordinators/>

The Governing Body:

Commended the work undertaken by Selby Town Primary Care Network within the Population Health Management programme emphasising the perspective of maintaining the local understanding of communities through the transition to Humber, Coast and Vale Integrated Care System.

4. Minutes of the Meeting held on 1 July 2021

The minutes of the 1 July meeting were agreed.

Unconfirmed Minutes

The Governing Body:

Approved the minutes of the meeting held on 1 July 2021.

5. Matters Arising from the Minutes

MC proposed that the feedback session for clinical leads for care homes, emanating from the January 2021 Patient and Quality Experience Report following the closure of Lake and Orchard Residential and Nursing Home in August 2020, be provided via a session at a protected learning time event. NW noted he would ensure this was progressed accordingly. MC advised that the final report on lessons learnt from the closure would be presented at a Governing Body meeting in private.

Other matters were noted as ongoing.

The Governing Body:

Noted the update.

6. Accountable Officer's Report

PM referred to the report which provided updates on the local and system financial position; recovery and transformation; primary care protected learning time; emergency preparedness, resilience and response; and the CCG's Annual General Meeting.

In relation to the financial position PM highlighted the continuing break-even forecast in line with plan for the first half of the year noting this was due to support from within the system. He emphasised that the CCG's financial position continued to be challenging but commended the system approach to financial management. PM also referred to two aspects outwith core funding which were expected to continue until the end of the financial year: the Hospital Discharge Programme, where a small overspend was forecast, and the Elective Recovery Fund for reducing waiting lists and backlogs which would be implemented differently in the second half of the year. PM advised that planning for the second half of the year was at an early stage; the Finance and Performance Committee would continue to have an overview and, if required, escalate any concerns to the Governing Body.

PM explained that pressures across the system continued as previously reported, including high levels of demand, both face to face and virtual in primary care, increased A&E attendances and demand for mental health support across all age ranges. Workforce fragility, particularly in social care, continued to be a focus. PM additionally noted the context of winter pressures and the national requirement to reduce waiting lists and backlogs.

PM reported that the Executives and Deputies had commenced work relating to closedown of the CCG and the Executive Committee was maintaining an overview on the staff transition to the Humber, Coast and Vale Integrated Care System. An update on progress with these areas would be provided at the next meeting. PM additionally noted the guarantee of employment for staff below board level and that regular meetings with staff were taking place to provide support.

PM expressed appreciation to contributors to the CCG's recent Annual General Meeting and to NW and all who had contributed to the success of protected learning time. He additionally noted appreciation, echoed by NW, to colleagues who had supported NW on the protected learning time events: Sharron Hegarty (Head of Communications and Media Relations) and the Communications Team, Jo Baxter (Executive Assistant), Sam Varo (Quality and Nursing Administrator), MS and Victoria Binks who had until recently been the CCG's Head of Engagement. The need to continue to embed protected learning time across healthcare professionals was emphasised.

The Governing Body:

Received the Accountable Officer report.

7. Quality and Patient Experience Report

AC joined the meeting during this item

MC presented the report that provided 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 summarised by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provided an update on actions to mitigate the risks.

MC highlighted the continuing significant focus to support independent care providers, and care homes in particular, emphasising the expectation that the long term staffing issues in this sector may increase dramatically in view of COVID-19 vaccination being mandatory from 11 November 2021 for staff, and anyone entering a care home for work purposes. She also noted the context of direct competition with more attractive employment conditions in other sectors.

MC explained that staffing issues were also affecting domiciliary care, which was impacting timely discharge from hospital, and registered nursing staff numbers in care homes. In respect of the latter MC cited the example that a number of patients with nursing needs had been moved from St Catherine's in York; the remaining four residents did not require nursing support.

MC described a quality improvement project to reduce e-coli in the community noting York Hospital appeared to be an outlier in this regard. As data indicated this related to admissions from care homes, the project was considering e-coli cases from the quality improvement perspective.

MC highlighted the operational pressures detailed in the report emphasising that this related to all partners across the system. She also noted the context of regular winter pressures.

In referring to the national COVID-19 vaccination booster programme, for which over 50s and vulnerable groups were now being invited at least six months after their second vaccination, MC emphasised the perspective of maintaining immunity. She also expressed appreciation to schools and academies for their innovative approaches to the vaccination of 12 to 15 year olds.

MC explained the previous arrangements for patients who were COVID-19 positive being discharged to designated settings which had subsequently closed. She reported that, although numbers were small, this requirement remained. The Care Quality Commission had identified that a previous designated setting which they had re-examined no longer met the required standards. MC advised that alternatives were being sought to mitigate the impact on discharges and also noted the context and impact of an outbreak of COVID-19 in a hospital setting resulting from delay in discharge.

In relation to Tees, Esk and Wear Valleys NHS Foundation Trust MC referred to previous Governing Body discussion about quality and safety concerns, noting the agreement for the CCG to increase provide non recurrent investment in in-patient staffing following the Care Quality Commission in-patient inspection report. MC advised that the Quality Board, also set up in response to the report, remained in place and progress on its action plan was recognised by the Care Quality Commission.

MC explained that Tees, Esk and Wear Valleys NHS Foundation Trust was currently fact checking a Care Quality Commission Section 29A Warning Notice following inspection of forensic services and child and adolescent mental health services and that the Care Quality Commission's Well-led inspection report was expected in the near future. MC emphasised the context of, as across the system, Tees, Esk and Wear Valleys NHS Foundation Trust being a challenged organisation but noted community services were not the area under the greatest pressure. She advised that regular discussion via the contract management arrangements provided a level of assurance and also reported that Tees, Esk and Wear Valleys NHS Foundation Trust was currently consulting on a new structure at the top level of the organisation.

MC highlighted a number of areas relating to children and young people. She referred to the potential surge in respiratory infections in 0 to 2 year olds commending the innovative pilot developed through partnership of the CCG with Nimbuscare Ltd and York and Scarborough Teaching Hospitals NHS Foundation Trust to reduce Emergency Department attendance. This Paediatric Ambulatory Treatment Hub (PATH), accessed through primary care, had commenced on 4 October operating from 4pm to 10pm for an initial eight week period.

MC welcomed the appointment to a new post at York and Scarborough Teaching Hospitals NHS Foundation Trust focusing solely on the transition of children to adult services. She noted this had also been identified as an area of need by the City of York Ofsted SEND (Special Educational Needs and Disability) inspection.

MC referred to end of life and palliative care for children and young people. She explained that self assessment and collaborative work was taking place across Humber, Coast and Vale Integrated Care System to reduce variation and inequity in service provision.

MC referred to progress against the SEND Written Statement of Action. She highlighted the significant piece of co-production work between parents, the CCG and City of York Council emanating in the infographic of the seven outcomes and 'I' statements in the report.

With regard to smoking during pregnancy, MC commended the work of the Public Health team and York and Scarborough Teaching Hospitals NHS Foundation Trust for the reduction in the number of people smoking at point of delivery. Through an incentive scheme and smoking cessation service this had reduced from 15% to under 8% over the last year.

MC referred to the national GP survey summary noting that the CCG's ratings had improved since the previous survey in all but the indicator relating to ease of use of online services, which had decreased by 1%. She advised, however, that there was variation across the CCG's Practices; the CCG was working with them in this regard.

In respect of risks managed by the Quality and Patient Experience Committee MC highlighted a new risk relating to maternity services at York Hospital. She explained they had been unable to meet all the Ockenden Report recommendations mainly due to staffing issues. Other areas where compliance against the standards was not being achieved were in relation to Better Births and to the Clinical Negligence Scheme for Trusts. Work was taking place as described with regular meetings to understand the issues. MC additionally noted that the continuity of carer initiative, relating to the same midwife and fulfilment of such as home birth wishes, was not always being met; this also related to staffing. NW highlighted that pressure on maternity services was a concern nationally.

With regard to risks managed by the Governing Body MC referred to QN.13 relating to availability of Hepatitis B vaccination for renal patients. She noted that the work with York and Scarborough Teaching Hospitals NHS Foundation Trust to take on this service, no longer commissioned from primary care, was in its final stages.

MC reported in relation to QN.18 *Potential changes to North Yorkshire County Council's commissioned Healthy Child programme* that she had recently received the report, circulated to members on 14 October, following the conclusion of the consultation. SS additionally referred to the City of York Healthy Child Service advising that the first inspection had recently taken place since its transfer from the Care Quality Commission. She would provide the report to the Governing Body when it was available.

The Governing Body:

Received the Quality and Patient Experience Report confirming assurance of the work being undertaken to understand and support the quality and safety of commissioned services.

In relation to the risk register:

- Confirmed assurance that risks to quality and safety for the CCG were identified with appropriate mitigations in place.

8. Coronavirus COVID-19 Update

AM joined the meeting during this item

In addition to MC's update above, SS reported that infection rates across North Yorkshire and York continued to be comparatively high although City of York currently had the lowest rate in the Yorkshire and Humber region with North Yorkshire's rate being slightly above this. She noted people were still testing positive for COVID-19 on admission to hospital although they may have been admitted for another reason. These numbers were stable at 30 to 40 at any one time with low numbers in intensive care and, although there were still a small number of deaths, SS noted the success of the vaccination programme as previously discussed.

SS explained that, as nationally, infection rates were highest among primary and secondary age school children. This was expected to reduce as the vaccination programme for 12 to 15 year olds was rolled out; however younger children were not routinely eligible to be vaccinated.

SS emphasised that COVID-19 was not the only concern. She noted such as 'flu and other respiratory viruses highlighting an approach of raising overall public awareness of the anticipated winter pressures and the context of maintaining basic infection control measures. In this regard SS reported that she and NW had written to all residents and that a partnership campaign across the city was planned which would include promoting hand sanitisers in all settings and wearing of face masks unless medically exempt.

The Governing Body:

Noted the update

9. Board Assurance Framework

In referring to the Board Assurance Framework AC highlighted that changes were presented in red for clarity. AC explained that risk IG.01 had been closed and replaced with IT.01 *CCG service delivery affected by cyber attack* to fulfil the Data Protection Toolkit requirement. She also noted the addition of risks COR.06 and COR.07 which related to employment matters confidential to those concerned and therefore not disclosable; these would be reported directly to NW and would report to Governing Body once in a position to do so.

AC advised that a Humber, Coast and Vale Integrated Care System risk approach was being developed, initially based on risk tolerance being developed with the Clinical Professionals and Governance Group and others. AC noted that she was taking a lead in this regard and was promoting an approach of a Risk Appetite Statement with risk thresholds. She explained that a stocktake was taking place of risks across the Integrated Care System organisations with a view to a system approach and a single risk document, also noting the context of CCGs having statutory responsibility to identify risks and appropriate mitigating actions.

The Governing Body:

Received the Board Assurance Framework.

AC left the meeting

ASSURANCE

10. Learning Disability Mortality Review Programme Annual Report 2020/21

MC explained the particular responsibility on CCGs to ensure a system was in place to review the death of anyone reported into the programme over the age of four who had a learning disability. She referred to discussion, and action thereafter, when previous Learning Disability Mortality Review annual reports had been presented to the Governing Body, noting this evidence that people in the CCG area with a learning disability died five years earlier than the national average had been considered in a number of forums.

Unconfirmed Minutes

In terms of the current report MC highlighted the executive summary. Although there were some areas of improvement locally, this was not a true comparison on previous data due to impact from COVID-19. MC emphasised, however, that people with a learning disability do die earlier than the general population.

MC explained that a new national policy on Learning Disability Mortality Review had been in place since March 2021 which from the autumn would also include people who died with autism. MC also explained that the Integrated Care System would have a particular responsibility including employment of the staff who currently undertake the reviews and the requirement that plans incorporate reducing inequalities.

MC commended achievement of the target of all learning disability deaths being reviewed across North Yorkshire and York. She noted of the local causes detailed in the report that the highest number, at 34%, related to COVID-19; the national data was not yet available.

MC highlighted:

- Progress in STOMP, the initiative to stop over medication of people with a learning disability, autism or both.
- 79.5% of people who died with a learning disability had had an annual health check, against the 60% target; 91% of them had also had a medication review. In response to MC posing the question as to why these were distinct, HE explained that an annual health check may be done by for example a senior nurse who was not in a position to do a medication review and also that a medication review could be done in absentia.
- Low uptake of generic screening such as bowel screening.
- 40% of people had a Do Not Resuscitate Plan in place, the majority of which were considered appropriate.
- Recommendations and learning themes relating to increasing learning disability health checks, application of the Mental Capacity Act, earlier detection of deterioration, weight management interventions and improving routine screening.

Detailed discussion included: lack of accessible suitable support for such as weight management and smoking cessation for people with a learning disability or serious mental illness; the context of equity of treatment options for people with a learning disability both in primary and secondary care, including the perspective of whether clinical decision making may be unnecessarily taking account of a learning disability; the context of potential prevention of chest infections through such as speech and language and swallowing assessments; the need for accessible services to be available in response to annual health check outcomes; development of opportunities through the population health management approach; and building on practice such as employment of care coordinators.

From the perspective of the Humber, Coast and Vale Integrated Care System, MC explained that a member of the nurse team had been appointed for independent disability care providers to support and train staff who were looking after people with a learning disability to recognise physical signs of deterioration.

In conclusion MC highlighted the need for a CCG action plan to respond to the recommendations, as previously. She also advised she was taking a report to the

Integrated Care System Transition Executive on the Learning Disability Mortality Review responsibilities; this would include consideration relating to integration and prioritisation in workstreams.

The Governing Body:

Received the Learning Disability Mortality Review Programme Annual Report 2020/21.

11. North Yorkshire and York CCGs Safeguarding Children and Children in Care Annual Report 2020/21

MC explained that this report was from the Designated Professionals employed by the CCG who were subject matter experts providing support to frontline workers on good practice. She highlighted that the report was illustrative of the challenging year noting the many aspects of the major impact of COVID-19 including the context of significant increase in referrals to access mental health support. MC emphasised the perspective of robust arrangements and innovative practice; she also noted the key achievements, challenges and priorities described in the report.

MC highlighted that the Domestic Abuse Bill now regarded children as victims as well as witnesses in the event of domestic abuse and the requirement therefore for support as such.

The Governing Body:

Received the North Yorkshire and York CCGs Safeguarding Children and Children in Care Annual Report 2020/21.

12. City of York Safeguarding Children Partnership Annual Report 2020/21

In referring to this report MC expressed appreciation to Dr Maggie Atkinson, who prior to taking on the role of Independent Scrutineer, had undertaken an independent review of the City of York safeguarding children arrangements and made a number of recommendations. She had also done a Scrutineer's Report which provided assurance in respect of improvements made in systems and processes, governance and areas being taken forward through collaborative working.

NW, as named GP for Safeguarding, concurred that the CCG was in a better position. He expressed appreciation to MC for her championing of the CCG's investment in nursing provision across primary care. This had enabled greatly enhanced support to be offered and improved systems and processes to be established.

In terms of safeguarding during the transition MC emphasised the need to maintain business as usual noting that the Designated Safeguarding Professionals were undertaking work in this regard. She explained the significant work taking place included:

- The need to identify senior health representation on both children and adult safeguarding boards.
- Agreement by the Humber, Coast and Vale Integrated Care System Interim Executive of appointment from existing resources of a safeguarding transition role.

- Governance arrangements which were currently with NHS England and NHS Improvement for sign off.

MC noted the expectation that frontline safeguarding staff would not change in the short to medium term but highlighted the need to enhance this specialist support and for focused work in terms of addressing gaps. She agreed to bring a report on future safeguarding priorities.

The Governing Body:

1. Received the City of York Safeguarding Children Partnership Annual Report 2020/21.
2. Noted that MC would provide a report on future priorities for safeguarding.

FINANCE

13. Financial Performance Report 2021/22 Month 5

SB presented the report which at month 5 forecast a break-even position in line with plan for the first half of the year (H1). He noted, however, that the significant overspends on continuing healthcare and prescribing within this were expected to continue into the second half of the year.

SB reported that the allocation for the second half of the year (H2) along with guidance had been received on 30 September; work was taking place in advance of the 16 November 2021 submission date for final plans. SB explained that the financial position was expected to be more challenging in H2 across the system and that this trend was expected to continue.

SB detailed the two areas outwith the allocation, as referred to by PM at item 6. He explained that the Elective Recovery Fund would continue to be managed across the Integrated Care System highlighting that, regardless of individual performance, if one organisation failed to deliver its trajectory the resource received by all the organisations would be influenced. Additionally, management of Independent Sector and NHS capacity was now separated: the former would be reimbursed on the basis of activity above 2019/20 levels, the latter on the basis of 89% achievement of Referral to Treatment trajectories. SB cited the example of the Elective Recovery Fund in 2020/21, initially at 85% of 2019/20 volumes but changed to 95% in quarter two; this had resulted in the Humber, Coast and Vale Integrated Care System not receiving £17m planned income.

The Hospital Discharge Programme would comprise a total of c£1m less and the central funding of packages had reduced from six to four weeks. An initial assessment across the York Health and Wellbeing Board area was a c£0.5m cost pressure which was currently under discussion.

The Governing Body:

Received the month 5 Financial Performance Report.

14. Update to Detailed Scheme of Delegation

SB referred to changes to the Detailed Scheme of Delegation in response to the COVID-19 pandemic and the changes now proposed, agreed by the Executive Committee, in the context of returning to business as usual. The proposed changes related to:

- Rescinding additional credit card use by two of the Executive Directors.
- Maintaining the Hospital Discharge Programme funding arrangements but noting the context of the transition.
- A number of proposals to reflect the CCG's custom and practice, such as in relation to hypothecated funding and ensuring value for money.

SB wished to record appreciation of Caroline Goldsmith, Deputy Head of Finance, for her work on updating the Detailed Scheme of Delegation.

As Chair of the Finance and Performance Committee DB expressed appreciation, echoed by NW, to SB and the Finance Team for maintaining assurance of the CCG's financial status particularly in the context of the current challenges.

The Governing Body:

Approved the updated Detailed Scheme of Delegation.

RECEIVED ITEMS

The Governing Body noted the following items as received:

15. Audit Committee chair's report and minutes of 15 July 2021.
16. Executive Committee chair's report and minutes of 23, 30 June, 7, 20, 28 July, 4, 25 August, 1, 8, 15 and 22 September 2021.
17. Finance and Performance Committee chair's report and minutes of 24 June, 22 July and 26 August 2021.
18. Primary Care Commissioning Committee chair's report and minutes of 22 July 2021.
19. Quality and Patient Experience Committee chair's report and minutes of 10 June, 8 July and 9 September 2021.
20. Medicines Commissioning Committee Recommendations of June 2021 and North Yorkshire and York Area Prescribing Committee: July and August 2021 Recommendations, Terms of Reference, Guidelines on defining red, amber, green drug status and New product request form.

21. Next Meeting

The Governing Body:

Noted the next meeting would be 9.30am on 2 December 2021.

Closing Remarks

PM explained the potential for the Humber, Coast and Vale Integrated Care System governance arrangements to commence in shadow form, potentially from 1 January 2022, when CCGs governance would transition accordingly. PM advised that in the

interim the CCG's committees would continue to meet on a regular basis to maintain an overview of quality and safety and financial and performance, with continued reporting to the Governing Body. Additionally, as referred to earlier, the CCG's due diligence work for the closedown of the organisation would be taking place, including in respect of the safe transfer of staff. PM advised that a meeting in public would be held in the New Year to provide assurance and transparency.

Close of Meeting and Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

A glossary of commonly used terms is available at:

<https://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>