Vale of York
Clinical Commissioning Group

Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 2 February 2017 at West Offices, Station Rise, York YO1 6GA

Present

Mr Keith Ramsay (KR)	Chairman
Mr Michael Ash-McMahon (MA-M) - on behalf of Mrs Tracey Preece	Deputy Chief Finance Officer
Dr Louise Barker (LB)	Clinical Director
Mr David Booker (DB)	Lay Member
Dr Emma Broughton (EB)	Clinical Director
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Paula Evans (PE)	GP, Council of Representatives Member
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Tim Maycock (TM)	Clinical Director
Mr Phil Mettam (PM)	Accountable Officer
Dr Andrew Phillips (AP)	Joint Medical Director (Designate)
Mrs Rachel Potts (RP)	Executive Director of Planning and Governance
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair

In Attendance (Non Voting)

Mr Jim Hayburn (JH)	Interim Executive Director of System Resources
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Elaine Wyllie (EW)	Interim Director of Joint Commissioning

Apologies

Dr Stuart Calder (SC)	GP, Council of Representatives Member
Dr Shaun O'Connell (SOC)	Joint Medical Director (Designate)
Mrs Tracey Preece (TP)	Chief Finance Officer
Mrs Sharon Stoltz (SS)	Director of Public Health, City of York Council

In attendance for item 8 from Tees, Esk and Wear Valleys NHS Foundation Trust

Ms Ruth Hill (RH)	Director of Operations
Mr Martin Dale (MD)	Strategic Project Manager
Dr Steve Wright (SW)	Deputy Medical Director

Seventeen members of the public were in attendance.

KR welcomed everyone to the meeting.

The following matters were raised in the public questions allotted time:

1. Question Submitted on behalf of Mick Phythian

The Selby 'Out of Hours' GP service is not operational from midnight until 8 am the following morning. In that case what are those people without personal transport or those unable to drive supposed to do when taken ill? A journey to York is £30.00 by taxi each way, unaffordable by some.

Given the recent media coverage of an overstretched ambulance/paramedic service people in Selby are concerned about calling an ambulance, loading the service further when it may also mean a lengthy wait outside York A & E should that be necessary.

What is the 'Out of Hours' coverage in the Vale of York and what alternatives are there for Selby area residents please?

Response

AP responded that the GP out of hours service with Yorkshire Doctors Urgent Care (YDUC) was contracted to run from 6.30pm to 8am Monday to Thursday and then 6.30pm Friday to 8am Monday and covered the whole population of NHS Vale of York CCG. The majority of the contract was based on an outcomes framework which came from two sources – one a set of National Quality Targets (including the time to call the patient back) and the other from local outcomes applied to ensure that the service reflected the requirements of the clinicians, representing their patients. An example of the latter was the number of rota spaces to allow for GP Registrar training. This meant that as long as the outcomes outlined in the contract were achieved the provider had fulfilled their contract. This outcomes framework allowed Yorkshire Doctors Urgent Care to configure and align their resources to demand and activity in such a way as to achieve the aims and outcomes set out for patients. To date they were fulfilling quality targets both for the National Quality Measures and those commissioned locally. However, the CCG was aware that they had struggled to cover the rota for the Selby area in the past from their Selby War Memorial Hospital location. Yorkshire Doctors Urgent Care underwent a recruitment drive to resolve this and were now filling the majority of shifts at Selby.

Patient demand in Selby was not necessarily high enough to justify having a GP available for the full out of hours period, and especially after midnight. This was the reason that the GP presence at Selby Hospital ended at midnight. After that time a patient in Selby calling NHS111 would undergo the initial NHS111 triage - assessment of need and risk. If the call was triaged and passed to a GP for clinical opinion and assessment this would be done by one of the other GPs at York or Malton and occasionally from Scarborough. If the GP clinical decision was that the patient needed to be seen by a GP quickly (and that an ambulance was not required) then there were three options depending on the case. The GP would:

- advise the patient that they need a face to face assessment with a GP and arrange a booked appointment, asking the patient to attend York Patient Care Centre (PCC), or
- visit the patient for a face to face assessment and attend from York or Malton, or
- contact the dispatchers and arrange a taxi to bring the patient to York to see the GP.

AP noted in respect of the latter that he had been informed that Yorkshire Doctors Urgent Care spent in excess of £3,000 in 2016 in providing taxi conveyance.

This and all other aspects of the contract performance was being monitored through the formal contract management route with Yorkshire Doctors Urgent Care through monthly meetings which included challenge and scrutiny of performance and service developments, including scrutiny of current staff dispositions against any changes to activity trends.

Regarding ambulances demand on resources, this had been stretched at peak times and resources were affected by other factors, not just the number of calls to NHS111 and 999. One major factor was the throughput of patients into the hospital. So it was not necessarily due to ambulance demand, and in fact NHS111 locally (Yorkshire Ambulance Service) currently benchmarked highly nationally for this quality measure.

In summary for Selby patients after midnight, except for the clear 999 cases, there was availability for people who did not have transport and who needed to see a GP as a priority. This was achieved by a GP visit, a face to face appointment at York or in exceptional cases a taxi; the latter required a specific request by the GP on a case-by-case basis.

2. Question from Gwen Vardigans, *Defend Our NHS*

Please can NHS Vale of York CCG explain when, where and how the public are to have meaningful consultation on the Sustainability and Transformation Plan (STP) Humber, Coast and Vale 'Footprint'. There was a workshop at the Mercure Hotel Willerby on Thursday 19 January working on the ' Supporting People through Mental Health workstream - Delivery Plan' Are models of care delivery being planned without public consultation then?

Response

PM explained that most of the STP planning would be on a local basis and that local engagement would inform the STP developments. He noted that the CCG had been represented at the event on 19 January by the Partnership Commissioning Unit.

PM advised that the CCG had taken part in a local mental health symposium on 25 January at Priory Street Centre. A wide representation of local people had attended the day which had focused on prevention, intervention and recovery committing to improve mental health services locally. Rachael Maskell MP had facilitated a session in the afternoon and PM had stated that in principle he hoped to be able to increase the CCG's spend on mental health services. However, consideration was required in the context of the CCG's financial challenge. PM emphasised that an open and transparent approach would be implemented for local developments in discussion with the public.

PM reported plans for the CCG to work with City of York Council on developing a local mental health strategy. This would include discussions with service users, carers and professionals. PM emphasised that the approach would be "to do it with, not to, local people" and confirmed that the same approach would be used for other service developments.

3. Question from Dr David Kilham

Are the CCG aware that banning people over BMI 30 from treatment affects a quarter (27%) of the population (1), and that this is age dependent, rising to over a third (34%) in the 45-54 year old category (2)?*
Can they comment on the desirability of these proportions?

**banning means 'officially stopping someone from doing something'- bans may be permanent or temporary.*

1. *http://researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf*

2. *http://www.noo.org.uk/uploads/doc/vid_11515_Adult_Weight_Data_Briefing.pdf - Figure 4.*

Response

AP confirmed that the CCG was aware and was concerned at the impact obesity and smoking were having on population health costs; this had prompted the development of the policy. The figures quoted from Public Health England were from whole population and it should be noted that a small proportion of those would have conditions that could be managed with surgical interventions. However the question mentions 'desirability' and the CCG would want the level of obesity to be significantly lower.

Obesity was associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancer. The resulting NHS costs attributable to overweight and obesity were projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007)). These factors combined to make the prevention of obesity a major public health challenge.

NHS Vale of York CCG had a statutory responsibility for improving the health of the Vale of York's population as well as providing individual patient-centred care for health promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health was a critical element in achieving a sustainable health service. The Prevention and Better Health Strategy had been developed to demonstrate how focusing efforts on prevention, self-care and shared decision making could support a shift in the way health care resources were valued, and empower patients in the Vale of York to become more active participants in shaping their health outcomes.

Therefore NHS Vale of York CCG did not routinely commission an elective intervention on patients who had a BMI of 30 or above (classified as obese) or for patients who were recorded as a current smoker. The process allowed for clinicians to use the opportunity with the patient to try and improve their health outcomes. After a period of health intervention to improve their health status, the GP would support the patient to consider the option to refer for elective intervention.

AP emphasised that the CCG was not 'banning' surgery for these patients and noted that the percentages quoted in the original question related to everyone above a BMI of 30.

The prevalence of obesity among adults had increased sharply during the 1990s and early 2000s. The proportion who were categorised as obese (BMI 30kg/m2 or over) increased

from 13.2% of men in 1993 to 26.9% in 2015 and from 16.4% of women in 1993 to 26.8% in 2015 (Health Survey for England). By 2050 obesity was predicted to affect 60% of adult men, 50% of adult women and 25% of children (Foresight 2007).

A campaign to help tackle obesity in children across North Yorkshire had been embraced recently by the County's Council. The new Be Food Smart campaign from Public Health England was designed to get the County's families to take control of their children's diets. It came after shocking statistics revealed that 21.2 per cent of four to five-year-olds in North Yorkshire were overweight or obese, increasing to almost a third of ten to 11-year-olds. The campaign was part of a national NHS drive to encourage people to take more responsibility for their heath, and this was reflected in the recent decision by NHS Vale of York CCG to delay treatment for smokers and obese people in order to lose weight and stop smoking.

Prior to commencing the formal agenda KR was pleased to announce that the CCG's Finance and Contracting Team had been successful in achieving two Healthcare Financial Management Association Yorkshire and Humber awards. Members congratulated them on winning the Innovation Award for the Community Equipment and Wheelchair Services Integrated Procurement and the Close Partnering and Collaboration Award for the Dermatology Primary Care Gain-Share Project. KR also reported that the CCG was a finalist in the Health Services Journal Value for Healthcare award for HealthNavigator. In this regard MA-M advised that the results would be announced at the end of March.

KR also advised that in view of SS's absence item 12 was being withdrawn from the agenda. SS would include further information and resubmit the report for the March Governing Body meeting.

Post meeting note: Responses were emailed to Mick Phythian and Dr David Kilham on 2 February to their respective questions.

AGENDA 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. Members' interests were as per the Register of Interests.

3. Minutes of the Meeting held on 5 January 2017

The minutes of 5 January were agreed subject to amendment on page 6, item 8, paragraph 1 to read:

'… reason for the higher level of risk related to the fact that, contrary to profile historic activity levels on which contracts had been set …'

The Governing Body:

Approved the minutes of the meetings held on 5 January 2017 subject to the above amendment.

4. Matters Arising from the Minutes

Accountable Officer Report - SOC to work with SS to ensure effective communication regarding weight management and smoking cessation support services: PM requested that an update be provided before the March Governing Body meeting.

Sustainable Development Management Plan 2016-20: RP reported on discussion with SS advising that no further action than the support expressed was required by the CCG as an organisation. She was working with SS on engagement with the Plan.

A number of matters were agenda items, had been completed or were scheduled for a later meeting.

The Governing Body:

Noted the updates.

5. Accountable Officer's Report

PM presented the report which provided updates on turnaround, legal Directions and the CCG's 2016-17 financial position; the Operational Plan 2017-19; Council of Representatives meeting; Medical Director vacancy; emergency preparedness, resilience and response; Better Care Fund; awards shortlisting; funding award; co-opted Governing Body Healthwatch representative; and national plans and strategic issues.

In respect of legal Directions and the CCG's financial position PM explained that the forecast outturn for 2016-17 had deteriorated to a £28.1m deficit which was now the year

end target position. He emphasised that there could be no further deterioration and also highlighted that this forecast meant the CCG would be in breach of its legal Directions, agreed at a £13.3m deficit. PM would work closely with NHS England to clarify the implications of this breach and report back at the March meeting of the Governing Body. He advised that the deterioration was in part due to discussions with York Teaching Hospital NHS Foundation Trust and the regulators noting that areas of arbitration had now been agreed.

PM referred to the Operational Plan for 2017-19 which included a focus on reducing cost and investment. He advised that formal feedback had now been received from NHS England which commended the comprehensive nature of the plan. The detail would be discussed at the CCG's quarterly Improvement and Assessment Framework assurance meeting with NHS England on 9 February. PM expected the plan to be available for the March Governing Body meeting.

PM advised that the 2017-18 financials had also been contingent on agreement of acute care costs with York Teaching Hospital NHS Foundation Trust. He noted that the position had been broadly resolved through regular discussion with them and highlighted that the acute care contract value would increase by c£10m for 2017-18. JH referred to the fact that Heads of Terms, but not a contract, had been signed with York Teaching Hospital NHS Foundation Trust by 23 December 2016 advising that a number of the outstanding issues had now been resolved. Agreement had been reached on a baseline contract value and on a number of joint work programmes to reduce cost, but that further work was required on this before the contract could be signed.

PE noted discussion at the Council of Representatives had included the Operational Plan, strengthening primary care and managing demand. Regular discussion of developments relating to the General Practice Forward View would continue. In addition to attendance of representatives from Public Health at the January meeting the Yorkshire Ambulance Service Director for Planned and Urgent Care and Locality Director, Emergency Operations Centre had attended to discuss aspects of primary care, how the system worked and potential for streamlining.

PM announced that SOC and AP had accepted the position of Medical Director on a joint basis and would take up post on 1 March. They would have separate, complementary portfolios. Members congratulated SOC and AP on their appointment.

PM highlighted that performance against the Better Care Fund metrics was variable across the CCG footprint and noted the potential for costs to be incurred by the CCG and City of York Council. The CCG had been working to mitigate risk and cost and had presented a report to the York Health and Wellbeing Board on 17 January. Negotiations for the 2017-19 Better Care Fund across the three local authorities would include lessons learnt from 2016-17.

PM referred to the awards reported by KR at the start of the meeting. He highlighted these achievements in the context of the challenges faced by the health and social care system and welcomed the recognition the awards brought to the CCG's work. PM also emphasised that members of the CCG were hard working, talented, committed individuals with public sector values of caring for local people.

PM welcomed the success of the CCG's application for £8,880 Pioneer Support Funding from NHS England towards the evaluation of Priory Medical Group's Urgent Care Centre Model.

PM expressed appreciation to Siân Balsom, Director of Healthwatch York, for her contribution during her time on the Governing Body from which she had recently stepped down. He highlighted that Siân Balsom would continue to work closely with the CCG on development of a patient and public engagement strategy.

In respect of the national plans and strategic issues, PM noted that the CCG would attempt to access available resources

In response to DB seeking clarification regarding the Better Care Fund performance in 2016-17 and potential additional financial pressure EW explained that there were five performance metrics: three national – non elective admissions, delayed transfers of care and falls – and two local. Two of the national metrics – non elective admissions and delayed transfers of care – were challenges nationally. Locally the former had been impacted by changes resulting from the Ambulatory Care Unit which was not managing patients through A and E at the level expected, and reporting of the latter, mainly in respect of mental health, had been changed during June/July. Performance, which had been reported to the York Health and Scrutiny Overview Committee, had improved.

EW explained that the £1.2m risk share with City of York Council aimed to affect change in other parts of the system. She noted that an audit of the Mental Health Crisis Liaison Service at York Teaching Hospital NHS Foundation Trust was planned for March to assess the impact of this extended service on the wider system.

EW noted that national guidance was awaited for the 2017-19 Better Care Fund, but that work within the financial envelope would take place across the three local authorities. She highlighted that the Better Care Fund was a means of accounting for shared investment and shared delivery, however demonstrating cause and effect was difficult due to the complexity of the health and social care system. MA-M added that the CCG's 2016-17 trends and forecast outturn informed the baseline from which future plans had been and would be developed.

The Governing Body:

1. Noted the Accountable Officer report.
2. Noted that PM would work closely with NHS England regarding the consequences of breaching legal Directions.
3. Congratulated SOC and AP on their joint appointment as Medical Directors with effect from 1 March 2017.
4. Expressed appreciation to Siân Balsom, as Healthwatch representative.

6. Corporate Risk Update Report

In presenting the corporate risk update RP highlighted that earlier discussion had related to a number of areas of risk. Five risks had materialised as corporate events, one of which was significant and four with a serious impact. The former was in respect of the

current restructure of the Partnership Commissioning Unit and the latter related to failing to achieve an assured position for the 2016-17 plan, failing to achieve the 67% dementia coding target in General Practice, failing to manage the Partnership Commissioning Unit areas of spend, and the four hour A and E performance target. RP referred to later agenda items which would encompass discussion of these risks.

In respect of the restructure of the Partnership Commissioning Unit MC reported that a one month staff consultation had commenced on 1 February on the proposed reconfiguration. The CCG had identified services to be brought in-house or to host and work was now taking place within the financial envelopes. MC noted risk of staff leaving due to uncertainty and the balance of ensuring that business was progressing as usual.

The Governing Body:

Received the corporate risk report, noting the strategic and corporate risk portfolio and burden of risk in specific areas.

7. Operational Plan 2017-19

PM referred to the discussion at item 5 above and confirmed that the Operating Plan would be presented in full at the March Governing Body meeting.

SP sought assurance that the Operational Plan and Medium Term Financial Plan took account of potential significant impact from reduced Public Health expenditure and that work was taking place with the three local authorities in this regard. PM responded that this was part of the reason for SS's report which she would enhance to incorporate information relating to North Yorkshire and East Riding of Yorkshire for the next meeting. The CCG was working with the local authorities to mitigate impact as far as possible but the effect of the changes on core NHS services was not yet clear. PM noted that anecdotal evidence, mainly from General Practice, was of growing concern but there was a need to quantify this. The forecast £28.1m deficit did to some degree take account of the impact from Public Health.

EB reported that on a practical level she was working with SS on a number of areas including sexual health, RightCare cardiovascular disease and the absence of health checks for the City of York population.

The Governing Body:

Noted that the Operational Plan 2017-19 would be presented at the March Governing Body meeting.

8. Developing a New Mental Health Hospital for the Vale of York: Public Consultation Outcome Report

In introducing this item EW expressed appreciation to colleagues both within the CCG and partner organisations for their work during the consultation on developing a new mental health hospital for the Vale of York. She gave a presentation describing the approach adopted towards achieving the CCG's goal of achieving a fundamental improvement in the quality and sustainability of mental health services noting that this work had been undertaken in line with NHS England's assurance process for strategic service change.

EW explained that mental health services had been identified as one of the eight strategic initiatives in the CCG's 2014-19 Integrated Operational Plan and that part of this was, working with Tees, Esk and Wear Valleys NHS Foundation Trust, development of a new hospital. This would provide adult and older people's inpatient services under one roof, a base for the crisis and intensive home treatment and care home liaison teams, and a Section 136 assessment suite, the latter being a place of safety, instead of police custody, for people at risk of harm to themself or others.

The consultation had been in line with the CCG's duty to consult on service change. The questions related to the proposed number and configuration of beds and the potential sites and preferred location for a new hospital. Comments on other aspects, such as specialised commissioning, had been collated alongside the information gathered in relation to the consultation questions. Tees, Esk and Wear Valleys NHS Foundation Trust had also engaged with staff and other partners.

EW emphasised the detailed and varied nature of the consultation and engagement activity highlighting that all invitations to the CCG and Tees, Esk and Wear Valleys NHS Foundation Trust to discuss the proposals had been accepted during the 16 week engagement from 23 September 2016 to 16 January 2017. She noted that alongside the group feedback individuals in focus groups had been encouraged to give their views separately. Prominence of responses was denoted in the presentation in respect of Equality Impact Assessment, proposed bed numbers and the three potential sites.

EW referred to the biggest area of concern, the reduction in the older people's bed base in view of the population and increase in dementia, and advised that the proposal was for a therapeutic and preventative model. She noted the need for enhanced and redesigned community services which was required both in this regard and to avoid out or area placements.

In respect of the criteria for site options – availability, achievability, accessibility, cost, site layout and capacity for service expansion in the future – EW reported that Bootham Park Hospital was the clear preference. The feedback themes were detailed in the report.

EW advised that the next steps would continue to be underpinned by the NHS England assurance framework for strategic service change. The expectation was for a detailed option appraisal to be developed during March which would progress to business case, which was a two stage process, during April. The final business case with confirmation of site and detailed design was scheduled for January 2018 with completion of build scheduled for December 2019. EW highlighted that further assurance was required regarding the timescales and emphasised the context of affordability within the health economy cost envelope.

KR commended the transparency of the consultation and the report expressing appreciation to EW, LB and colleagues. He noted that Tees, Esk and Wear Valleys NHS Foundation Trust would now continue the work to develop a business case.

Members sought clarification on a number of aspects of the proposed development. In respect of the crisis team MD explained that they would be based adjacent to the Section 136 suite and that the team already utilised a range of facilities. Although the new build would include consultation rooms the team would see service users in other places,

including at home, based on risk assessment. There was a range of gateways for signposting to the crisis team including from A and E and community mental health teams.

In respect of rehabilitation RH reported that work was taking place with City of York Council on developing a safe haven. The opening of Sycamore Café through work by support workers and the crisis team would address a gap identified by service users and carers in evening provision.

EW explained that the proposed 60 beds, reduced from the current total of 70, was based both on a national model across England and the experience of Tees, Esk and Wear Valley NHS Foundation Trust. Vale of York currently had a high level of bed availability compared with other areas. The new model did not rely on beds but aimed to ensure that support was provided in the most appropriate place for as long as possible through a community system. EW additionally noted that further assurance was being sought from Tees, Esk and Wear Valleys NHS Foundation Trust that the bed numbers were realistic and would meet the needs of the population.

In response to DB noting concern in view of the demographics relating to older people but highlighting this as an opportunity for new ways of working, MD advised that Tees, Esk and Wear Valleys NHS Foundation Trust had undertaken further work which illustrated the potential for the model to manage a 2% population increase or decrease. A change of culture and delivery model was required.

AK sought assurance regarding the design of the hospital and aspects of quality of service. In respect of the former EW explained that staff would have full sight of service users as well as the ability to transfer them if necessary. Further discussion and clarification would be provided outside of the meeting.

PM highlighted the scale of the consultation that had been undertaken and the level of interest in it, also noting positive feedback in this regard from NHS England. He expressed appreciation to all involved, particularly LB and EW from the CCG, and colleagues at Tees, Esk and Wear Valleys NHS Foundation Trust. Updates would be a standing agenda item and the expectation was for an outline business case to be presented at the May or June 2017 Governing Body and Tees, Esk and Wear Valleys NHS Foundation Trust Board meetings.

KR highlighted the recommendations detailed in table 7 at section 14 of the report and sought approval.

The Governing Body:

1. Received and noted the public consultation outcome report on developing a new mental health hospital for the Vale of York.
2. Approved the eight recommendations in table 7 at section 14 of the report.
3. Expressed appreciation to LB, EW and colleagues for their work to date and in the future on this development.

9. Financial Performance Report Month 9

MA-M reported that the CCG's forecast outturn position had deteriorated from the £24.1m risk adjusted position at month 8 to a forecast deficit of £28.1m due to the inclusion of all risks and mitigations that were expected to materialise. He explained the national requirement for a year-end financial position to be confirmed at month 9 emphasising therefore the requirement for the CCG to achieve no worse than the £28.1m deficit position.

MA-M advised that the three matters relating to the arbitration with York Teaching Hospital NHS Foundation Trust had been resolved on 27 January and would be incorporated in the month 10 position.

With regard to QIPP MA-M noted the requirement for a further £1.2m to be delivered. This mainly related to schemes that were currently in place or awaiting evidence of delivery, such as the community equipment and wheelchair services, prescribing, and the thresholds adjustment.

MA-M explained that there had been no deterioration in month of the forecast contract position with York Teaching Hospital NHS Foundation Trust; continuing healthcare had stabilised and been in line with forecast; and there had been a significant improvement in month in prescribing both in general trends and in delivery of QIPP.

DB referred to discussion at the Finance and Performance Committee and establishment of year end positions both for finance and performance. He sought clarification on potential concerns such as the Property Services allocation adjustment. In this regard MA-M responded that NHS Vale of York CCG was one of only two CCGs in the country to receive an allocation correction which he expected would be received imminently. It was guaranteed for two years therefore required consideration in year three of the plan.

DB highlighted that the main concern expressed at the Finance and Performance Committee had been delivery of QIPP. The Committee had recognised the ongoing work but detailed discussion had taken place in the context of the CCG's historic performance of QIPP delivery.

SP expressed disappointment that the forecast deficit had risen to £28.1m from the £13.3m agreed under the legal Directions but welcomed the clear reporting of risk. She sought assurance that the issue of demand for acute services was being addressed to resolve the current unsustainable situation. MA-M explained that the in-year acute overtrade was not totally due to demographics but also to non delivery of QIPP plans. Both these issues required addressing. JH added that this demonstrated the fact that the CCG could not achieve savings alone emphasising that close working was required with all partners, particularly York Teaching Hospital NHS Foundation Trust. He advised that specialty reviews were taking place with York Teaching Hospital NHS Foundation Trust to understand opportunities and agree joint QIPP schemes. A contract value would be agreed with a view to a system rather than individual organisation approach. JH emphasised that the CCG would always seek to work collaboratively and avoid arbitration if at all possible.

KR noted that the forthcoming public engagement would include the need for decisions and associated consequences across the system to be understood within the challenging financial position. He requested that all members of the Governing Body support the engagement programme.

The Governing Body:

Noted the Financial Performance Report as at 31 December 2016 and the ongoing work to address the associated challenges.

10. Performance Report

In presenting this report JH noted that the areas of concern remained unchanged. With regard to planned care performance against the 18 week referral to treatment target had deteriorated and a whole system Planned Care Recovery Group had been established which had met for the first time on 24 January. JH explained that a capacity review was taking place at York Teaching Hospital NHS Foundation Trust and utilisation of the additional non recurrent resources from NHS England was being considered. Assurance of delivery in 2017-18 was being sought in relation to York Teaching Hospital NHS Foundation Trust's Improvement Plan for planned care and cancer with the aim of achieving the respective performance targets.

JH reported that A and E performance continued to be a major issue highlighting impact on the number of elective operations cancelled and on referral to treatment performance. The A and E Delivery Board was looking to ensure that the five main programmes of work defined nationally by NHS England and NHS Improvement – Emergency Department streaming, NHS 111 calls transferred to clinicians, ambulance disposition on discharge and coding pilots (handovers), improved flow and improved discharge processes – were being mobilised and strengthened if required. JH noted that the 'front door' Emergency Department scheme, captured within the first programme of work in the A and E Delivery Board plan, had already been fully implemented and was showing a reduction in Emergency Department attendances. A review of performance during the Christmas and New Year period was also in progress with all partners and would inform arrangements for the Easter holidays.

In response to KR seeking assurance that all possible actions were being taken across the system to improve A and E performance, JH emphasised the need to focus on patient flow advising that York Teaching Hospital NHS Foundation Trust was implementing a number of measures, including the Ambulatory Care Unit. Work with York Teaching Hospital NHS Foundation Trust would take place via the localities to understand and improve performance in unplanned care.

EW reported on Improving Access to Psychological Therapies performance advising that there had been less activity than the planned profile in November and December. She noted that one of the challenges faced by Tees, Esk and Wear Valleys NHS Foundation Trust was that counselling services had sometimes not been able to deliver sessions at short notice. Work was taking place based on best practice to improve performance. EW highlighted that this was a system issue and noted that a detailed review by the National Support Team was planned for 23 February.

With regard to Child and Adolescent Mental Health Services EW reported that there had been a significant improvement some of which was due to data validation. There were currently 166 first appointment waits of which 27 were in excess of the eight week target. Tees, Esk and Wear Valleys NHS Foundation Trust was continuing to review data processes and expected to maintain the improvements. EW highlighted that Tees, Esk and Wear Valleys NHS Foundation Trust was one of only two lead providers involved in tier four services. LB also noted that additional non recurrent funding was being used for a waiting times initiative.

In respect of dementia diagnosis LB explained that the expectation nationally was for two thirds of the population who have a dementia diagnosis to have this recorded on their GP record for purposes of access to services. LB advised that locally dementia recording was an issue noting that she was working with Practices, however in the context of GPs' workload this was not a priority at the current time. Discussion ensued on the importance of working to achieve this target and potential support for Practices in this regard including the possibility of suspending Quality and Outcomes Framework targets.

EW advised that the CCG was working with Tees, Esk and Wear Valleys NHS Foundation Trust to obtain dementia coding data from secondary care. This would be shared with General Practice for recording on patient records. Dementia data was also being sought from care homes for addition to records. The CCG would provide support to GPs for this work.

TM mentioned that quality in primary care did not get discussed. MC highlighted that the CCG needed information on quality from GPs in order to offer support and advised that the Quality Assurance in primary care was an agenda item for the February Council of Representatives.

PM referred to achieving targets in the context of legal Directions and emphasised that dementia coding was a statutory duty. He requested that MC, TM and JL, with Shaun Macey (Head of Transformation and Delivery), undertake an assessment of benefit and risk to consider replacing Quality and Outcomes Framework targets with work to achieve the statutory dementia performance for consideration at the February meeting of the Executive Committee. Discussion would also be required with NHS England.

The Governing Body:

1. Noted the performance report.
2. Noted that a benefit and risk assessment of suspending Quality and Outcome Framework targets to work towards achieving the statutory dementia performance target would be undertaken for consideration by the February meeting of the Executive Committee.

11. Safeguarding Children Annual Report 2015-16

MC referred to the report which described how the CCG discharged its safeguarding children responsibilities through the Designated Nurses and Doctors. She noted that Pocklington was not covered by this report but that she had a memorandum of understanding with NHS East Riding of Yorkshire CCG for exception reporting and a

similar report from them would be made available to the Pocklington GPs. The Nurse Consultant for Safeguarding (Adults and Children) in Primary Care covered the whole CCG footprint.

MC explained that the report had previously been through the relevant Safeguarding Boards and the CCG's newly established Quality and Patient Experience Committee. It included information pertaining to the national context, local and national statistical information, progress against the 2015-16 Designated Professionals Strategic Priorities, and challenges and opportunities for 2016-17.

KR requested that the impact of cessation of Public Health services due to funding cuts be included in SS's report to the March meeting of the Governing Body. MC referred to the update at the December Quality and Patient Experience Committee on City of York Council's development of a new 0-19 healthy child service noting that assurance had been requested in a number of areas. Concerns identified by the Committee included emergency contraception for young people, epipen training provision and continence assessment and support. MC also explained the proposal to replace the offer of free eye tests to children entering school with education for parents/carers about the importance of eye health. This was a concern particularly in respect of vulnerable children.

In response to EB highlighting the need to review safeguarding and paediatric training for GPs and allied professionals now that newer GPs did not have paediatric training MC confirmed that this had been discussed with Designated Nurses.

MC advised that no additional health funding was provided for unaccompanied asylum children noting the impact of the cost of health assessments. The local executive nurses had formally as a group written to the Department of Health in this regard.

In response to assurance sought regarding the potential health impact from the withdrawal of local authority services MC advised that the Safeguarding Boards regularly considered detailed statistical information.

PM requested that MC consider whether the Governing Body had an appropriate level of focus, particularly in terms of clinical capacity, on work relating to children and young people.

The Governing Body:

1. Received the Safeguarding Children Annual Report 2015-16.
2. Requested that SS include in her revised Public Health Services report to the March meeting impact from cessation of local authority services.
3. Requested that MC consider whether the Governing Body had an appropriate level of focus, particularly in terms of clinical capacity, on work relating to children and young people.

12. Public Health Services Report

Item withdrawn

13. Executive Committee Minutes

The Governing Body:

Received the minutes of the first meeting of the Executive Committee held on 21 December 2016.

14. Finance and Performance Committee Minutes

The Governing Body:

Received the minutes of the Finance and Performance Committee held on 22 December 2016.

15. Primary Care Commissioning Committee Minutes

JL highlighted the significance of primary care including the fact that this was where 90% of contact for physical and mental health took place, increased pressure from consultancy rates and 10 minute appointment times, impact of CCG policies, workforce and accommodation issues, and new models of care developments. He also noted that primary care worked within budget. JL expressed the hope that, although work was required, primary care would be seen as part of the solution rather than being perceived as a cause of problems in some areas.

The Governing Body:

Received the minutes of the first meeting of the Primary Care Commissioning Committee held on 20 December 2016.

16. Quality and Patient Experience Committee Minutes

The Governing Body:

Received the minutes of the first meeting of the Quality and Patient Experience Committee held on 20 December 2016.

17. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 10am on on 2 March 2017, The Memorial Hall, Potter Hill, Pickering YO18 8AA.

Prior to closure of the meeting PM expressed appreciation to Sharron Hegarty, Head of Communications and Media Relations, and the Communications and Engagement Team, for their work noting their key role in the consultation that the CCG would be undertaking moving forward.

18. Close of Meeting and 19. Exclusion of Press and Public

The Governing Body did not meet in private following the close of this meeting.

19. Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix A.

A glossary of commonly used terms is available at:

http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 2 FEBRUARY 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 February 2016	Turnaround	• Clarification regarding the CCG's presentation on the allocation graph to be sought	TP	Ongoing
7 April 2016 2 June 2016 and 1 September 2016		• Response to be circulated electronically	MA-M/ TP	
3 November 2016		• Information to be included in Medium Term Financial Strategy	TP	5 January 2017 Governing Body
1 December 2016				
5 January 2017				Deferred to 2 February 2017
2 February 2017				Deferred to 2 March 2017

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
1 December 2016	Accountable Officer Report	• SOC to work with SS to ensure effective communication regarding weight management and smoking cessation support services	SOC/SS	
5 January 2017		• Update to be provided at next meeting	SOC	2 February 2017
5 January 2017	Accountable Officer Report	• Report on behalf of the CCG's three local authorities on preventative work to date and planned	SS	2 February 2017
2 February 2017		• To be incorporated in updated Public Health Services Report	SS	2 March 2017
5 January 2017	Quality and Patient Experience Report	• Quality and Patient Experience Committee to provide assurance in respect of ADHD and end of life care. • Results of the Primary Care Quality Commission inspection to be reported to the Council of Representatives.	MC MC	8 February 2017

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 February 2017	Accountable Officer's Report	• Clarification to be sought from NHS England of implications of breach of legal Directions due to the forecast 28.1m deficit	PM	2 March 2017
2 February 2017	Performance Report	• Benefit and risk assessment of suspending Quality and Outcome Framework targets to work towards achieving the statutory dementia performance target to be undertaken for consideration by the February meeting of the Executive Committee.	MC, TM, JL, with Shaun Macey (Head of Transformation and Delivery)	15 February 2017
2 February 2017	Safeguarding Children Annual Report 2015-16	• Consideration as to whether the Governing Body had an appropriate level of focus, particularly in terms of clinical capacity, on work relating to children and young people	MC	