

**Chair's Report: Executive Committee**

Date of Meeting	21 December 2016
Chair	Phil Mettam

**Areas of note from the Committee Discussion**

This was the first meeting of the new Executive Committee.

- Interim measures being developed to improve the management of some areas currently the responsibility of the Partnership Commissioning Unit
- Mandated £3 per head from General Practice Forward View released to Primary Care Commissioning Committee
- Patient Transport Service proposal to procure during 207/18

**Areas of escalation**

None

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

None

**Minutes of the Executive Committee, meeting held on 21<sup>st</sup> December 2016 at  
West Offices, York**

**Present**

Phil Mettam (PM)	Accountable Officer
Rachel Potts (RP)	Chief Operating Officer
Elaine Wyllie (EW)	Interim Executive Director of Joint Commissioning
Jim Hayburn (JH)	Interim Executive Director Systems Resource and Delivery
Tracey Preece (TP)	Chief Finance Officer
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Jenny Carter (JC)	Deputy Chief Nurse
Laura Angus (LA)	Lead Pharmacist (for Item 12)

**Apologies**

Michelle Carrington (MC)	Chief Nurse
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The agenda was discussed in the following order.

**1. Apologies**

As noted above.

**2. Declarations of Interest**

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

**3. Terms of Reference**

The Terms of Reference were discussed by the Committee and there were a few minor changes. These were mainly points of detail and grammar.

**4. Service Quality and Safety**

JC briefed the committee on the Care Quality Commission inspection that took place at Worsley Court at the end of November. The conclusion being that the provider proposes to close the unit 23<sup>rd</sup> December 2016. A number of patient concerns have been noted, the committee have been briefed on this and noted that at this present time there are currently two patients awaiting new housing. JC will be liaising with the provider's executive lead to ensure patients are safe.

EW briefed the committee on the Mental Health consultation process and suggested that there could be an opportunity for direct involvement of the CCG staff and this will be at the end of the Mental Health consultation we have been holding which concludes on the 16<sup>th</sup> January.

Quality and Patient Experience Committee meeting held on Tuesday 20<sup>th</sup> December was positive and nothing further of exception to report following this.

PM briefed the committee on the review of the Partnership Commissioning Unit (PCU). It was noted that the current management of Continuing Healthcare requires urgent leadership and attention. Interim measures are being developed to manage this situation, and a process to develop options for the future is to be introduced from January 2017.

## **5. Issues from other Committees – Update on BMI/Smoking threshold policy**

The committee received an update from AP on preparations for the new policy to go live from January 2017. It was noted that NHS England continues to support the policy and emphasise the importance of communication for clinicians and patients to be clear and unambiguous.

## **6. Corporate – Update on CCG accommodation review**

The steering group for this met last Friday. The options for next steps are;

- 1) We do nothing
- 2) Create additional desk space in the CCG area, reconfigure current seating and expand into meeting room space
- 3) We move to the third floor to take advantage of more space but still not enough desk space to accommodate any PCU staff who may relocate.

It was proposed to create dedicated meeting space, private areas for the Accountable Officer and Executive team, and laptop stations for independent working.

*TP and JH entered the room.*

## **7. Finance, QIPP and Contracts**

### **7.1 Month 8 Financial Position, 16/17 outturn position**

TP reported the forecast deficit as £24.1M with a number of mitigations classified as high risk.

This position is consistent with that reported at Finance and Performance Committee. By the 18<sup>th</sup> January meeting of the Executive Committee, it will be essential to clarify the projected end of year position for the 2016/17 financial year.

### **7.2 York Systems Letter**

The committee noted this correspondence from NHS England in relation to the Contract Forecast Outturn position.

### **7.3 QIPP Position**

JH briefed the committee on the position regarding the delivery of QIPP schemes in 2016/17. It was agreed that the greatest impact and opportunity is related to non-elective activity. It was proposed that AP and JH develop proposals for rapid implementation; JH outlined opportunities and linked this to the discussions with York Teaching Hospital NHS Foundation Trust about the 2017/18 contract.

The Committee discussed opportunities related to community beds, outpatient activity and follow ups. A further discussion will be required at the January Finance and Performance Committee.

### **7.4 Mandated funding for the General Practice Forward View**

The committee approved the £3 per head funding mandated in the General Practice Forward View. It was noted that under Direction NHS England require this investment to be fully justified. It was proposed to discuss this at the meeting of the Council of Representatives and then use the February 2017 meeting of the Primary Care Commissioning Committee to agree the basis for deployment of resources, including key metrics and return on investment ratio.

*10.30AM Committee breaks for 5 minutes*

### **7.5 Patient Transport Service Proposal**

A proposal was presented to Executive Committee by Paul Henry in relation to Passenger Transport Service. East Riding CCG is going to procure independently therefore it is proposed the Vale of York CCG and Scarborough and Ryedale CCG procure together. If we do not go ahead with this then there is a huge risk of not being able to contain and manage costs. An agreement was made to take part in a period of Market research and stimulation and then from April 2017 consider the next steps.

## **8. Performance and Delivery**

### **8.1 Outcome of the NHS England Improvement Assessment Framework Assurance meeting**

PM briefed the committee on the outcome of this meeting, Monday 19<sup>th</sup> December 2016. It was noted that the CCG's focus on financial stability and target delivery was supported. The draft Operational Plan was commended by NHS England who were also asked to note and disseminate the many positive aspects of the Vale of York health system.

## **8.2 NHS England Improvement and Assessment Framework final Letter**

This letter from September 2016 meeting with NHS England was noted. It is to be included in the Accountable Officer's report to the Governing Body on the 5<sup>th</sup> January 2017.

## **9. Strategy – Humber, Coast and Vale Strategic Partnership Board Memorandum of Understanding**

RP briefed the committee on the status of the Memorandum of Understanding. It was agreed that RP will check the authority for approval prior to being noted and signed off by Executive Committee. It will then need to be reported to Governing Body.

## **10. National and Regional Issues – Transformation Fund**

This was previously discussed at Senior Management Team meeting on Tuesday 20<sup>th</sup> December. It was noted for EW, RP and Caroline Alexander to coordinate bids for submission as part of the national process and timetable.

## **11. People Support and Development – Referral Support Service Staff**

RP proposed additional resources for the Referral Support Service to create additional capacity at band three. This was approved in principle in the context of the wider review of running costs.

## **12. Co-commissioning Primary Care – Prescribing**

LA presented options to the committee for creating the capacity and skills required to deliver for the prescribing savings. Further discussions and information is needed to move this forward. PM, LA, JC to meet with the senior team at Harrogate CCG to discuss the options going forward. The outcome from this meeting will depend on whether this needs to come back to Executive Committee.

## **13. Key messages to Council of Representatives**

PM will provide a briefing from Executive Committee with Council of Representatives at the next meeting.

## **14. Issues of Assurance Framework and/or risk register**

Continuing healthcare needs to be on the risk register and this will also need re-alignment in the financial plan.

Financial risks will be put on the register following the finance and performance committee Thursday 22<sup>nd</sup> December.

Patient Transport Service was confirmed to be on the risk register.

## **15. Any Other Business**

### Organisation Development Plan

EW and RP met with Alex Bush from EmBed and relayed the message from previous discussions that we would like less diagnosis and more delivery. Alex has revised a proposed product for January but she will also engage with CCG staff to get their views therefore it should be ready to Governing Body in February 2017.