

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group
Governing Body held 1 December 2016 at West Offices, Station Rise, York YO1
6GA**

Present

Mr Keith Ramsay (KR)	Chairman
Dr Emma Broughton (EB)	GP Member
Dr Stuart Calder (SC)	GP, Council of Representatives Member
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)	GP Member
Dr Andrew Phillips (AP)	GP Member/Interim Deputy Chief Clinical Officer
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Mrs Caroline Alexander (CA) – for item 7	Interim Head of Planning and Assurance
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 Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Miss Siân Balsom (SB)	Director, Healthwatch York
Dr Louise Barker (LB)	GP Member
Mr David Booker (DB)	Lay Member
Mrs Louise Johnston (LJ)	Practice Manager Representative
Mr Phil Mettam (PM)	Accountable Officer

Three members of the public were in attendance.

KR welcomed everyone to the meeting.

The following matter was raised in the public questions allotted time:

Gwen Vardigans, Defend Our NHS

Request for clarification on what mental health services come under each current provider and who commissions these.

MC responded that she would arrange for a complete list to be sent to Gwen Vardigans explaining that the CCG commissioned services through a number of contracts with various providers, including Primary Care and Tees, Esk and Wear Valleys NHS Foundation Trust. Specialised Mental Health Services were commissioned by NHS England.

Full response attached at Appendix B.

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 3 November 2016

The minutes of 3 November were agreed subject to amendment on page 13, item 11, paragraph 2 to read:

'JL noted from the Local Medical Committee perspective that detailed discussion had taken place and the LMC was in support of the new policies, emphasised that patient safety was paramount and referred to PM's earlier comments about prescribing. He referred to Practices use of Optimise RX to manage branded generic switches and explained that any issues of availability of branded generics would be reported back to the CCG. JL also noted that it may take time for Practices to fully accomplish the policy requirements which may affect the 80% generic prescribing target...'

The Governing Body:

Approved the minutes of the meetings held on 3 November 2016 subject to the above amendment.

4. Matters Arising from the Minutes

Turnaround - Clarification to be sought regarding presentation on the allocation graph of NHS Vale of York CCG moving towards target over the five years but the North Yorkshire and Humber neighbouring CCGs moving away: TP reported that the Medium Term

Financial Strategy, which would be presented to the January 2017 meeting of the Governing Body, included this information.

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

AP advised that, in accordance with the requirements of the Legal Directions, the CCG's Improvement Plan was now being implemented. He noted that the Improvement Plan included an updated risk assessment of QIPP plans and other mitigations which increased the risk adjusted 2016-17 position to a forecast deficit of £24.1m, as reflected in the Financial Performance Report at item 8. The capacity and capability and organisational structure reviews were ongoing and the CCG decision making processes had been reviewed.

KR emphasised that the Governing Body as a whole was accountable for the Improvement Plan and highlighted through compliance with the Legal Directions members' commitment to:

- improve capability to deliver the requirement in 2016-17;
- create more capacity through a combination of renewed focus;
- functional convergence with other CCGs;
- more effective decision-making;
- lead the co-creation of a service future the clinical community could support;
- continue to deliver against the NHS Constitution and national pledges;
- transform the reputation of the CCG across the Vale of York and wider Sustainability and Transformation Plan footprint.

In respect of developing a new mental health hospital for the Vale of York MC reported that the consultation period had been extended to 16 January 2017. The final formal consultation meeting had taken place on 30 November but other meetings were continuing. There had to date been c200 responses via the CCG website. Healthwatch and York Teaching Hospital NHS Foundation Trust were also seeking responses from their members. A report on the findings of the consultation would be provided in early 2017.

AP referred to the CCG's assessment of 'Substantial Assurance' from NHS England for Emergency Preparedness, Resilience and Response. The new Operational Pressures Escalation Levels (OPEL) Framework was being implemented for weekly winter calls. AP also noted increased robustness of the CCG's 24/7 on call Directors rota for the Christmas and New Year Bank Holidays through a Director acting as 'reserve' in addition to the Director on call and that the CCG had undertaken an exercise which had resulted in assurance of systems in place.

SS referred to the optimising outcomes from elective surgery section of the report and the fact that from January 2017 the CCG would no longer routinely commission elective surgery for patients with a BMI of 30 or above or those who were recorded as current smokers. She noted that City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council had different policies and services available to support weight management and for smoking cessation; there was therefore inequity across the CCG. SS highlighted that the three Public Health teams were supportive of the CCG's approach but expressed concern about capacity within existing smoking and weight management services and sought clarification as to whether the CCG was modelling potential additional referral numbers, advising that Public Health could support work to ensure clinical pathways were in place. SS also sought clarification on information to GP Practices and noted potential confusion for patients regarding availability of services in their Local Authority area.

SOC responded that, in respect of modelling, approximately one third of patients on orthopaedic waiting lists had a BMI of over 30 but levels of smoking would require extrapolation from general population data. He noted that not all patients would be expected to use Local Authority services and reported that information on BMI and smoking thresholds had been circulated to GP Practices. This included reference on the CCG's website at www.valeofyorkccg.nhs.uk/your-health which incorporated sources of support. In response to SS expressing concern about impact on wider health inequalities for vulnerable residents and the need for effective communication, SOC agreed to work with her to ensure appropriate access to information on available support. JL, in addition to welcoming the Local Authority support, noted that a standard approach across the CCG footprint to such services would be welcomed.

KR referred to publication of the Humber, Coast and Vale Sustainability and Transformation Plan noting that in addition to the 20 organisations in this partnership - six CCGs, three acute trusts, three mental health trusts, six local authorities and two ambulance trust - there were a number of other health and care organisations, including community providers and community and voluntary sector organisations. KR noted that a local engagement plan was being developed and that a workshop was taking place on 8 December as part of discussion on development of a local Vale of York accountable care system.

The Governing Body:

1. Noted the Accountable Office's report.
2. Noted that SOC would work with SS to ensure effective communication regarding weight management and smoking cessation support services.

6. Assurance Framework and Corporate Risk Update Report

In presenting this report RP noted that it was placed on the agenda to ensure discussion of significant risks through the items.

RP highlighted that the CCG was assessed as in the lowest quartile for eight Improvement and Assessment Framework Performance Indicators:

- Mental Health: Improving Access to Psychological Therapies
- Mental Health-working closely with key partners that contribute to building sustainable system wide transformation to deliver improvements in children and young people's mental health outcomes.
- Mental Health: reducing out of area placements
- Diagnosis rate for people with dementia
- Population use of hospital beds following emergency admission
- Quality of lives of carers
- Achievement of Diabetes treatment targets
- Effectiveness of working relationships

Significant events were as reported previously: failing to achieve an assured position for the 2016-17 plan, failing to achieve 67% dementia coding target in General Practice, failure by the Partnership Commissioning Unit to provide timely update of risks impacting the CCG, failing to manage Partnership Commissioning Unit areas of spend, and failing to fulfil continuing healthcare fast track packages.

Two new significant risks had been added: one relating to waiting time targets and numbers waiting for Child and Adolescent Mental Health Services, the other relating to the wheelchairs and equipment procurement. In terms of the latter, for which 1 December was the start date of the new contract, RP explained that through the mobilisation demand in the system, particularly in respect of waiting times for wheelchairs, had become quantifiable. This was being managed with the new provider.

SS expressed concern about the Child and Adolescent Mental Health Services risk noting that Vale of York was an outlier in terms of admissions, particularly for self harm. She sought assurance that work was taking place at pace to understand the reasons for the delays and about actions taking place to address the risk. MC responded that part of the problem related to data in terms of both quality and understanding. She explained Tees, Esk and Wear Valleys NHS Foundation Trust had detailed that all patients had an assessment within nine weeks; the concerns related to waiting times for treatment. Work was taking place to consider whether different care pathways would be appropriate. PE noted that these issues had been discussed at the November meeting of the Council of Representatives.

JL referred to diagnosis of dementia in primary care and potential for this to be done opportunistically. Discussion ensued including the need for a systematic approach and information on available services. MC noted that, following discussion of dementia at the recent Clinical Summit, a Dementia Dictionary of available services had been added to the Referral Support Service section of the CCG website. Members also noted that LB was developing a plan for working with Practices on dementia diagnosis.

The Governing Body:

Received the current portfolio of risk and requested that further assurance be provided in the January report on the areas of significant risk detailed above.

CA joined the meeting

7. Draft Operational Plan 2017-19

CA presented the Executive Summary of the draft CCG Operational Plan 2017-19 for the Vale of York locality as part of the Humber, Coast and Vale Sustainability and Transformation Plan. She explained that this incorporated the emerging priorities both locally and across the Sustainability and Transformation Plan footprint with the aim of addressing three gaps: Health and Wellbeing Outcomes, Care and Quality Outcomes, and the Financial Gap. The programmes of work, locally and collaboratively, focused on these areas and transformation to date in the local care system provided a strong foundation for the longer term. CA emphasised that this work was taking place alongside the planning to address both the £24.1m financial challenge and that of the Constitutional targets.

CA explained that the draft Medium Term Financial Strategy, submitted to NHS England, focused on impact on the wider system with the aim of achieving efficiencies through system change. The CCG's Improvement Plan comprised five key steps: stabilisation of finances, headline deliverables – key performance delivery, clear priorities and purpose for the CCG (and partners), building key relationships and joint commissioning opportunities (with other CCGs as well as the emerging accountable care system), and positioning the system for sustainability.

CA referred to 'Our Plan on a Page' which described the vision, goals, population outcome and prevention priorities, sustainability priorities, and Sustainability and Transformation Plans aligned with the three Health and Wellbeing Strategies.

The six overarching priorities for financial recovery and financial sustainability were: Strengthening Primary Care, Reducing demand on the system, Fully integrated out of hospital care, Sustainable acute hospital and single acute contract, Transformed mental health, learning disabilities and complex care services, and System transformations. Workstreams were being aligned to these priorities, some of which would have impact in the short term and some would take longer.

CA explained that submission of the CCG's Operational Plan, which must be "owned" by the Governing Body, was required on 23 December together with an activity plan, the aligned financial plan, confirmation of agreement of contracts, and Constitutional target trajectories for 2017-19. The Governing Body and Health and Wellbeing Boards would be asked to sign off the Operational Plan remotely by 21 December.

Members welcomed the clarity of the plan. Discussion included:

- Capacity and capability in the CCG which was being aligned to deliver the priorities through the current staff consultation which would end on 8 December.
- The challenge of establishing a collaborative culture, and in this regard AP and PE referred to the success of the recent Clinical Summit.
- The need for trust and transparency between organisations.
- Emphasis that the CCG alone could not deliver the plan.
- The need for local organisational plans and Sustainability and Transformation Plans to be aligned.

- The fact that the statutory obligations of each organisation remained but with a move towards patch control totals. TP explained that by the end of 2020-21 the overall system was expected to be in financial balance but a mechanism was required to take account of the fact that individual organisations may not be in balance. JH noted that discussions were taking place through the Sustainability and Transformation Plan Finance Sub Group regarding management of finances through the transition to place control totals.
- Assurance about engagement including with the Council of Representatives.
- Concern that the volume of work and speed required had potential for tension between local plans and Sustainability and Transformation Plan, e.g. the need for a local solution for Shared Care Records. CA advised that a central Sustainability and Transformation Plan fund had been established by NHS England to which organisations could submit business cases for additional support.
- The need for improved data to Practice level and associated concern about capacity.

PE requested a summary of the Digital Roadmap for the Council of Representatives.

CA highlighted that the key principles were “do once” using the same data with shared resources and understanding.

KR noted that the six priorities were not ranked and emphasised the need to ensure capacity, capability and data to deliver the plan.

The Governing Body:

1. Welcomed the presentation on the draft Operational Plan 2017-19 and noted the process for sign off to enable submission by 23 December 2016.
2. Noted that CA would provide a summary of the Digital Roadmap for the Council of Representatives.

CA left the meeting

8. Financial Performance Report Month 7

TP advised that the forecast outturn for month 7 remained a £24.1m risk adjusted deficit, as reported for month 6, and that following discussion with NHS England a year end deficit of £17.3m was forecast. There was further net risk of £6.8m.

TP highlighted and welcomed the significant input from NHS England since 1 September when the CCG had come under Legal Directions from Jon Swift (Director of Finance, NHS England North (Yorkshire and the Humber)), Jonathan Webb (Head of Finance, North Region (Yorkshire and the Humber) and Helen Rees (Assistant Head of Finance). TP noted that Jon Swift and Jonathan Webb would be attending the QIPP Confirm and Challenge sessions on 2 December.

TP referred to the net risk adjusted mitigation of £6.77m noting a change in approach to provide a more realistic forecast outturn for programme areas and contracts. She explained that the full value of the risk was £17.5m but that when mitigations were taken into account the result was £11.6m risk. TP emphasised the considerable risk to the forecast deficit and the need to ensure achievement of the £24.1m, or lower if at all possible.

TP noted the financial challenge faced by the NHS nationally and explained that CCGs as a sector were in balance but there was a £200m risk overall. Provider organisations were reporting significant variance from control totals. TP reported that the 1% for CCGs was still being held by HM Treasury to offset the national position. She emphasised that work was required locally to reduce expenditure and remove cost from the system noting that work was taking place to try and reach agreement with partners so that each organisation could meet their respective control target.

TP explained that York Teaching Hospital NHS Foundation Trust required system support to achieve the Sustainability and Transformation Fund trajectory. A North Yorkshire and York system meeting attended by Chief Officers and Finance Directors of the CCGs, providers, Local Authorities and regulators was being held on 19 December; Finance Officers were having a pre-meet.

TP highlighted key areas of spend – the acute sector, continuing healthcare, mental health out of contract spend and prescribing - which were reflected both in the 2017-18 Improvement Plan and the Medium Term Financial Strategy. She advised that benchmarking was taking place at a number of levels, including the Sustainability and Transformation Plan footprint and RightCare, with a focus on the main pressure areas.

In response to KR seeking clarification about continuing healthcare, TP explained that this pressure was expected to continue exponentially and that, while some aspects were unique to the Vale of York, it was not only NHS Vale of York CCG that was affected. She noted that the assumptions in the 2017-18 plan had been agreed with NHS England. MC added that work was taking place to try and reduce costs but noted that the cost of care in York was comparatively high.

TP also explained that, following the in depth review of the Partnership Commissioning Unit earlier in the year, an action plan had been agreed with NHS England and was now being implemented. There was less volatility in reporting and improved assurance on financial reporting. TP noted that the Audit Committee received updates at each meeting and that Victoria Pilkington, Head of Partnership Commissioning Unit, was attending the Committee on 6 December to report on progress with implementation of Internal Audit recommendations.

TP explained that, with the exception of slippage with the referral to treatment performance, contractual activity was mainly in line with plan. She noted that orthopaedic activity at York Teaching Hospital NHS Foundation Trust was £0.78m above plan but this was offset by underspends on the Ramsay and Nuffield Hospitals contracts which were also paid at tariff.

In respect of A and E performance at York Teaching Hospital NHS Foundation Trust TP noted attendances were 4% below plan and that the Sustainability and Transformation Fund trajectory had not been met for the most recent month. TP also referred to the GP at the Emergency Department Front Door model which had not been in place when the 2016-17 plans had been set as it had become operational on 1 July 2016; year to date reduced attendance had been achieved but the national Constitutional target was still not being met.

In response to SP seeking clarification about the £17.3m and £24.1m particularly in respect of the York Teaching Hospital NHS Foundation Trust contract, TP explained that a line by line validation of the contract had taken place and advised that the full value of challenge in the system was greater than that assumed in the report. York Teaching Hospital NHS Foundation Trust had accepted the principles of the challenge and work was taking place on the detail. TP noted that the £24.1m forecast deficit would be reported at the system meeting.

Discussion ensued on the £1.4m pressure due to Non SUS (Secondary User System) expenditure above plan. This related to a number of areas of spend, including critical care and high cost drugs.

JH advised that work was taking place to review the difference in performance at the York and Scarborough Hospital sites. He also noted that York Teaching Hospital NHS Foundation Trust were putting together a plan in response to concerns about the impact of A and E performance on the Sustainability and Transformation Fund.

The Governing Body:

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

9. QIPP Report

RP advised that the report presented had been considered in detail at the Finance and Performance Committee on 24 November when the relevant Innovation and Improvement Leads had attended to discuss significant risks to delivery of plans. Discussion had included prescribing, continuing healthcare and Section 117 spend. RP highlighted that in addition to the continuing healthcare cost pressure, discussed at item 6 above, there was a QIPP cost pressure relating to the Partnership Commissioning Unit.

RP noted that the Senior Management Team meeting on 6 December would consider further opportunities for 2016/17 identified at the request of the Finance and Performance Committee.

RP emphasised that, in addition to the focus on the 2016-17 position, the planning process had included schemes for 2017-18 and “pipeline” schemes. She noted the confirm and challenge process on 2 December, referred to at item 8 above, which aimed to ensure confidence in delivery, and advised that representatives from NHS England, had also attended the Finance and Performance Committee. KR welcomed the involvement of NHS England and emphasised the current challenge faced by the CCG.

The Governing Body:

Received the QIPP Dashboard and noted the need to continue to focus effort and resource in the expansion/delivery of the QIPP programme alongside all of the actions outlined within the report to off-set in-year financial risk and support the development of a sustainable financial position for the CCG in the medium-term.

10. Performance Report

In presenting this report JH referred to the earlier discussion and to performance at York Teaching Hospital NHS Foundation Trust regarding cancer, referral to treatment time, ambulance handover times and A and E targets. He advised that an action plan was in place for each of these areas, either through the CCG or the appropriate network, and noted that work was taking place with York Teaching Hospital NHS Foundation Trust in terms of ensuring the assumption in the CCG's forecast that the referral to treatment target would be met.

In response to KR referring to national concern about ambulance handover times and locally the fact that the CCG had invested capital in ambulatory care in the York Hospital Emergency Department, JH explained that a number of factors contributed to this aspect of performance and a system solution to emergency services was required. The new rotas being implemented were to ensure appropriate clinical focus and increased effectiveness.

KR additionally expressed concern that York Teaching Hospital NHS Foundation Trust was forecasting it would not meet the Constitutional target of 95% for A and E performance until April 2018 at the earliest. JH responded that, although there was no financial incentive and with recognition of staffing issues, the CCG would continue to work with them to improve this area of performance as quickly as possible for the benefit of quality of care. MC additionally noted that, due to the impact of current pressures across York Teaching Hospital NHS Foundation Trust, the next iteration of the performance report was likely to show deterioration.

Discussion ensued on the Sustainability and Transformation Fund. TP explained that, although York Teaching Hospital NHS Foundation Trust had failed the trajectory for month 7, they could receive the funding if the trajectory was met for months 8 and 9.

With regard to the 12 hour trolley breach, MC explained that there was specific guidance for reporting such breaches as Serious Incidents. This process included an overview of harm at 48 hours before the final report. To date no harm had come to patients as a result of trolley breaches at York Teaching Hospital NHS Foundation Trust.

The Governing Body:

Noted the performance report.

11. Christmas Working Arrangements

AP reported that at regional level there was a framework of agencies across North Yorkshire and Humber with processes to respond quickly and effectively to challenges in the system over the holiday period. AP described the establishment of the A and E Delivery Board noting that the business continuity plans of the member organisations were aligned with the OPEL levels, as referred to at item 5 above, which enabled efficient co-ordination.

AP advised that the CCG had asked GP Practices for information about planned surgeries over the holiday period. The out of hours provider was augmenting rotas to manage expected activity and had shared operational and business plans. AP agreed to seek assurance that the additional staff were doctors.

In terms of pharmacy cover on Christmas Day one chemist was providing cover for palliative care and two were opening later in the day, i.e. afternoon and evening. AP confirmed that communications would be issued in this regard.

AP reported that NHS 111 modelling of activity, which had proved an accurate forecast in the past, was for significant increase locally. Their regular call rate was c3000 on a week day and c6000 on Saturday and Sunday. The forecasts for 26 and 27 December were respectively c12,000 and c11,000 and for 28 December 4,000 to 5,000 calls. AP noted that the level of NHS 111 staffing, including clinical, was being augmented by a further 55% of the regular number on duty.

York Teaching Hospital NHS Foundation Trust had not to date provided their latest winter plan but had given verbal assurance about winter processes, including discharging patients and rotas to respond to demand.

With regard to the CCG on call rota AP referred to discussion at item 5 above.

The Governing Body:

1. Noted the update.
2. Requested that AP seek assurance from the out of hours provider that the additional staff to cover the Bank Holiday period were doctors.

12. Security Policy

TP referred to the Security Policy which incorporated comments from the September Audit Committee and the Local Security Management Specialist and noting that it met national requirements. TP advised that she was the CCG's Lead for security and that a specific number of days were contracted for specialist support provided by the CCG's Internal Audit service. TP noted that the Local Security Management Specialist had recently submitted the CCG's Security Management Self Review Tool assessment which would be reported to the Audit Committee on 5 December.

SP noted her attendance at an Audit Chairs' conference which had included detailed discussion on cyber security. She confirmed the view that the Security Policy met national requirements but noted that cyber security required strengthening. This would be considered by the Audit Committee.

The Governing Body:

Approved the Security Policy

13. Audit Committee Terms of Reference

TP explained that the Audit Committee Terms of Reference had been revised to formalise establishment of an Auditor Panel to advise on the appointment of external auditors. The amendment had been agreed by the Audit Committee at its meeting on 28 September.

The Governing Body:

Approved the Audit Committee Terms of Reference.

14. Sustainable Development Management Plan 2016-20

In presenting this item RP noted that the Sustainable Development Management Plan 2016-20 was a refresh of the previous plan and highlighted the appendix which provided an update on progress of actions from the 2013-16 plan. She noted that a detailed action plan for 2017 had been agreed by Senior Management Team.

In response to SS asking whether the CCG was signed up to the One Planet York Strategy RP agreed to ascertain this and advise SS accordingly.

The Governing Body:

1. Accepted the Sustainable Development Management Plan 2016-20 and agreed the associated actions.
2. Noted that RP would ascertain whether the CCG was signed up to the One Planet York Strategy and advise SS accordingly.

15. Quality and Finance Committee Minutes

In respect of two of the key messages to the Governing Body members noted that a draft Patient and Public Involvement Strategy would be presented to the February meeting of the new Quality and Patient Experience Committee and that a full review of QIPP, as at agenda item 9 above, had taken place at the Finance and Performance Committee on 24 November.

The Governing Body:

Received the minutes of the final Quality and Finance Committee held on 20 October September 2016 noting that it would be replaced by the Finance and Performance Committee and Quality and Patient Experience Committee.

16. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee of 19 October 2016.

17. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 10am on 1 December 2016 in the George Hudson Boardroom, West Offices, York YO1 6GA.

18. Close of Meeting and 19. 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.

20. 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>

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 1 DECEMBER 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 February 2016 7 April 2016 2 June 2016 and 1 September 2016 3 November 2016 1 December 2016	Turnaround	<ul style="list-style-type: none"> Clarification regarding the CCG's presentation on the allocation graph to be sought Response to be circulated electronically Information to be included in Medium Term Financial Strategy 	TP MA-M/ TP TP	Ongoing 5 January 2017 Governing Body
6 October 2016	Proactive Health Coaching	<ul style="list-style-type: none"> Report at the January 2017 Governing Body meeting on the number of patients recruited 	AP	5 January 2017 Governing Body

3 November 2016	Accountable Officer Report	<ul style="list-style-type: none"> Feedback to be provided to attendees of consultation on new mental health facility for the Vale of York 	LB	Ongoing
3 November 2016	Financial Performance Report	<ul style="list-style-type: none"> Consideration to be given to progressing clinical ownership to support a move to a sustainable recurrent financial position 	PM	From November PM to discuss with Council of Representatives the CCG's overall financial position and what incentives may be available to support stabilising the wider system
3 November 2016	Quality and Performance Intelligence Report	<ul style="list-style-type: none"> Establishment of a protected learning forum for GP Assurance in respect of lessons learnt from Serious Incidents and Duty of Candour Report to December Quality and Patient Experience Committee whose minutes would be presented to the Governing Body 	PM/PE	Initial discussion between PM and PE and with Clinical Executive. Proposition will be developed for Council of Representatives no later than January 2017.
1 December 2016			MC	1 December 2016
			MC	20 December 2016

1 December 2016	Public Question	<ul style="list-style-type: none"> Detail of mental health services commissioned by the CCG and their providers to be sent to Gwen Vardigans. 	MC	
1 December 2016	Accountable Officer Report	<ul style="list-style-type: none"> SOC to work with SS to ensure effective communication regarding weight management and smoking cessation support services 	SOC/SS	
1 December 2016	Draft Operational Plan 2017-19	<ul style="list-style-type: none"> CA to provide a summary of the Digital Roadmap for the Council of Representatives 	CA	
1 December 2016	Sustainable Development Management Plan 2016-20	<ul style="list-style-type: none"> CCG sign up to One Planet York Strategy to be ascertained and SS to be informed 	RP	

Response to Governing Body question on mental health services

For people in the Vale of York health services are commissioned by NHS Vale of York Clinical Commissioning Group (CCG) or NHS England. Generally, services users are supported at home or in facilities as close to home as possible although sometimes this is not the case. Where people require specialised services, they may have to access services outwith the area covered by their local clinical commissioning group.

A) NHS Vale of York CCG is responsible for commissioning the majority of mental health and learning disability services for the Vale of York population. Some of the functions provided locally by these services are grouped together under the following headings, e.g.:

- Primary care
 - Primary care mental health, counselling and psychological therapies
 - Primary care single point of access for referrals
- Children and Young People's mental health and learning disability services
 - Community support children and young people
 - Primary care support for children and young people
 - School well-being support links
 - Community eating disorder for children and young people
 - Outpatient clinics
 - Liaison psychiatry
- Adult mental health services (including working age and older people)
 - Care home support and liaison
 - Crisis resolution and home treatment
 - Liaison psychiatry
 - Community mental health
 - Early intervention in psychosis (EIP)
 - Personality disorder (PD)
 - Community perinatal
 - Housing support
 - Rehabilitation and recovery, including community assertive outreach
 - Rehabilitation and recovery, including in-patient
 - Adult in-patient assessment and treatment
 - Older people in-patient assessment and treatment
 - Health based place of safety (Section 136)
 - Electro-convulsive therapy (ECT)
- Adult learning disability services
 - Community support for learning disability
 - In-patient assessment and treatment for learning disability
 - Crisis support for learning disability
- Cognitive impairment services (including dementia and early onset dementia).
 - Memory clinic
 - Outpatient clinics

Some of the functions commissioned by NHS Vale of York CCG are provided out of area due to low levels of local demand, e.g.:

- Psychiatric intensive care

B) From 1st October 2015 Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust is the principal local provider of services in the Vale of York. In the East Riding of Yorkshire part of the Vale of York services are currently provided by Humber NHS Foundation Trust under a sub-contract arrangement with TEWV.

C) In addition to those delivered by the principal provider other services are commissioned by NHS Vale of York CCG from both the voluntary and independent sectors.

- Chronic fatigue – Yorkshire Sleep Centre
- Adult ADHD and autistic spectrum disorders – Tuke Centre, Retreat, York
- School mental health nurses with North Yorkshire County Council – Compass
- Children and young people well-being workers with City of York Council

D) NHS England is responsible for commissioning specialised services and more information can be found on their website [NHS Commissioning » Specialised services](#). Examples of the functions covered under specialised services include:

- Specialised eating disorders – provided in York by the Retreat.
- High secure and medium secure mental health - provided at specialist units
- Low secure mental health - provided in Leeds by Leeds and York NHS Partnership Foundation Trust
- Specialised hearing impaired mental health - provided at specialist units
- Gender identity - provided at specialist units
- Perinatal mental health (mother and baby inpatient unit) – provided in Leeds by Leeds and York NHS Partnership Foundation Trust and Northumberland Tyne And Wear NHS Foundation Trust in Morpeth
- Tier 4 child and adolescent mental health (CAMHS) – provided at Mill Lodge in York by Leeds and York NHS Partnership Foundation Trust
- Tier 4 severe personality disorder (adults) - provided at specialist units
- Mental health specialised forensic Child and adolescent mental health service (CAMHS) secure - provided at specialist units

E) Where services are not routinely commissioned by either NHS England or NHS Vale of York CCG, a request based on an individual's needs may be made by a General Practitioner through the Individual Funding Review panel for consideration.

On behalf of the Governing Body
NHS Vale of York Clinical Commissioning Group