NHS
Vale of York
Clinical Commissioning Group

Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 3 November 2016 at The Galtres Centre, Easingwold YO61 3AD

Present

Mr Keith Ramsay (KR)	Chairman
Dr Louise Barker (LB)	GP Member
Dr Emma Broughton (EB)	GP Member
Mr David Booker (DB)	Lay 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
Mr Jim Hayburn (JH)	Interim Executive Director of System Resources
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Tim Maycock (TM)	GP Member
Mr Phil Mettam (PM)	Accountable Officer
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 Laura Angus (LA) – from item 10	Lead Pharmacist
Miss Siân Balsom (SB)	Director, Healthwatch York
Mrs Louise Johnston (LJ)	Practice Manager Representative
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Shaun O'Connell (SOC)	GP Member
Mrs Sharon Stoltz (SS)	Director of Public Health, City of York Council

Seventeen members of the public were in attendance.

KR welcomed everyone to the meeting and in particular welcomed JH to his first meeting.

KR reported that Part II Governing Body Meetings had been held on 27 September and 6 October in accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 as it was considered that it would not be in the public interest to permit press and public to this part of the meeting due to the nature of the business.

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

1. Peter Nottage, Chairman Easingwold Town Council

As you know Easingwold has had a rapid and recent increase in housing numbers. This increase along with an ageing population has put the existing medical and social services under strain. The increase in housing numbers is due to increase over the next year or so as a number of already approved developments totalling approx. 300 new homes start to be built.

In addition, you will also be aware Hambleton District Council (HDC) is currently preparing a new Local Plan for the District to be in force until 2035. HDC have recently released their Local Plan Preferred Options document for consultation following Cabinet approval. This includes Preferred Options for new housing in Easingwold showing 686 possible new homes. Although we expect the selected sites to total nearer 500, that could represent a further substantial increase in population in Easingwold of approximately 1500 over the next 18 years.

Representatives from Millfields doctors surgery made a presentation to Easingwold Town Council in October where they explained that their Surgery is currently overloaded with patients and unsuitable for further population growth. Their ambition is to move to a much larger integrated Health and Social Care Hub in Easingwold that would be able to cater for the growing needs of Easingwold. At the same time there are various NHS and North Yorkshire County Council utilised buildings in Easingwold, some of which are currently under-utilised!

Questions:

1. *Does the CCG have a strategic plan to cope with the current and proposed increase in population and how is an integrated provision of services to be provided?*
2. *What are the plans to deal with all of the NHS and other publicly owned and utilised properties in Easingwold and what new facilities are proposed to be included in the new HDC Local Plan?*
3. *Are the CCG working with Millfield Surgery to develop an enlarged and integrated medical and social services hub?*

2. Michael C Clarke, Easingwold Neighbourhood Plan Group

As you will be aware Hambleton District Council (HDC) is currently preparing a new Local Plan for the District to be in force until 2035.

HDC have recently released their Local Plan Preferred Options document for consultation following Cabinet approval. This includes Preferred Options for new housing in Easingwold showing 686 possible new homes.

This will represent an increase in population in Easingwold of between 1500 and 2000 over the next 18 years.

There are various NHS utilised buildings in Easingwold, some of which are currently underutilised and a Doctors Surgery at Millfield which is currently overloaded with patients and unsuitable for further population growth.

It is essential that a growing Easingwold community has integrated health and social provision fit for the expanded community and serving the needs of the whole community.

Questions:

1. *"What are the CCG plans for the future of Easingwold to cope with this proposed increase in population and how is an integrated provision of services to be provided?"*
2. *"What are the plans to deal with all of the NHS utilised properties in Easingwold and what new facilities are proposed to be included in the new HDC Local Plan?"*

TM responded to the questions noting that this was from the perspective of the CCG's clinical lead for integration and primary care.

TM described development of the care hub model as part of the CCG's work with providers across the Vale of York footprint to bring together and maximise resources, including estate that could be utilised more effectively. The first wave of the care hub model had been Selby, York and Pocklington but the needs of rural market towns had been identified. In respect of a locality response for Easingwold TM advised that he had had an initial meeting with representatives from Millfield Surgery, Dr Boyd and the Practice Manager.

TM explained that the CCG did not own any premises but was working with providers to bring together community services and primary care to remove duplication, emphasising the need to explore potential of existing assets. He also explained the process for accessing the national Estates and Technology Transformation Fund noting that the CCG was supporting a bid to this funding stream from Millfield Surgery as a priority. However, it was difficult to access money for health services on the grounds of housing developments before the increased housing had been approved. TM noted that the Stillington and Tollerton Surgeries had also submitted bids for the Estates and Technology Transformation Fund.

In respect of Mr Nottage's third question - whether the CCG was working with Millfield Surgery to develop an enlarged and integrated medical and social services hub – TM reiterated that the CCG was in discussion with the Practice and supporting a bid to facilitate such development.

In response to Michael Clarke and Peter Nottage requesting that the CCG indicate to Hambleton District Council intent to build and for inclusion in dialogue, TM reiterated that that the CCG was in dialogue with the Practice and explained that joint commissioning arrangements were being developed with its three local authorities. KR additionally restated that the CCG does not commission buildings.

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 Meetings held on 1 September and 6 October 2016

The minutes of 1 September and 6 October were agreed subject to amendment on page 3 of the former and page 1 of the latter that York Council for Voluntary Services should read York Centre for Voluntary Service.

The Governing Body:

Approved the minutes of the meetings held on 1 September and 6 October 2016 subject to the above amendments.

4. Matters Arising from the Minutes

1 September 2016

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 further clarification was still awaited but that information on the CCG allocation would be included in the Medium Term Financial Strategy which would be presented to the Governing Body as part of the planning process.

Chief Clinical Officers Report – System Leaders Board minutes: RP confirmed that the system leaders were meeting informally and advised that discussions were taking place regarding establishing a formal partnership board with similar membership. PM added that since taking up post he had attended an informal meeting of the system leaders when it had been agreed to continue this approach. He noted that structural and governance arrangements would be discussed at a later agenda item.

Quality and Intelligence Report - Follow up of concerns regarding doctors in training and on the perceived gaps in the out of hours rota: MC advised that this information was within the report at agenda item 9.

Conflict of Interests Policy: Review and Update - Summary to be produced of the requirements of Appendix 3 'Commissioning Cycle and Potential Conflicts of Interest': RP confirmed that the summary had been completed and agreed to arrange for it to be circulated to members.

6 October 2016 *(not 27 September which was an error)*

Proactive Health Coaching: AP confirmed that a three month review of uptake by patients to the programme would be presented at the January meeting noting that further data was being sought to provide assurance.

The Governing Body:

Noted the updates.

5. Accountable Officer's Report

PM presented the report which provided updates on the CCG's 2016/17 financial position and turnaround progress; NHS England's rating of local cancer services; developing a new mental health facility for the Vale of York; Humber Coast and Vale Sustainability and Transformation Plans area footprint; Council of Representatives; Emergency Preparedness, Resilience and Response; winter; Better Care Fund; the journey towards accountable care; Wave One NHS RightCare; and national plans and strategic issues.

PM referred to the CCG's Legal Directions and the 2016/17 £13.3m planned deficit. He noted the month 6 forecast was for this to increase to a £24.lm deficit and early indications for month 7 were of no change to this. The Improvement Plan in response to the Legal Directions had emphasised that the CCG would not be able to address the financial challenge alone and work on bridging the gap was now a priority. PM referred to work with member Practices regarding reducing prescribing costs noting the CCG benchmarked well in terms of quality but variable for cost. He additionally advised that, although it was late in the financial year for significant impact, continuing healthcare was also a priority area and the CCG was working with partner organisations in this regard. PM emphasised that the CCG must assure NHS England that best efforts were being made to close the financial gap. He also explained that NHS England had powers to intervene in the CCG at any time but emphasised that the Governing Body would receive early notification if this appeared likely, also noting that members would receive monthly updates on progress both in public and private. PM added the commitment that the CCG would engage with partners and the public in respect of the difficult decisions that would be required to address the imbalance in the system of demand for services within the available resources. These decisions would be taken in a clear and transparent way.

PM expressed appreciation to all providers of local cancer services – from primary care to specialist services – commending the achievement of being rated by NHS England as one of seven top performing services in the country. In response to DB enquiring what lessons could be learnt and shared from this achievement, MC advised that there was an established Cancer Clinical Network from which lessons could be learnt, staffing was less of an issue in cancer services than many other services, national campaigns raised public awareness, and the Vale of York population was educated and articulate. Additionally, Sustainability and Transformation Plans were looking to learn from areas of success. In this regard JH cited sharing of RightCare evidence where a number of the six CCGs were performing well.

PM reported that to date four consultation meetings, with variable attendance, had taken place for the new mental health facility for the Vale of York. The programme of meetings, which gave local people the opportunity to contribute, was continuing. PM advised that feedback would be provided direct to members of the public who attended the meetings. In response to LJ enquiring about consultation with students at the University and raising awareness of engagement opportunities, PM noted the CCG's intention for members of the public to help design services and in this regard would welcome suggestions to progress this. LB advised that the consultation had been extended to 16 January 2017 and that consideration could be given to arrangements for students. She added that communication was taking place with Practices whose views were being sought on the two questions which related to the number and configuration of beds and on the site.

PM explained that the Humber, Coast and Vale Sustainability and Transformation Plan footprint was Vale of York, East Riding of Yorkshire, Scarborough and Ryedale, and Hull with a focus on prevention and early intervention. Work was taking place locally with City of York Council and North Yorkshire County Council to align intentions and also with the non statutory sector. PM noted variation in financial positions of organisations across the footprint and highlighted the need for financial allocations to be based on population instead of organisations. He advised that NHS England would determine the publication date of the plans but emphasised that the CCG would begin engagement as soon as possible.

PM referred to discussion with the Council of Representatives which had included how General Practice could become more influential in determining service provision. He noted the role of the recently established Clinical Executive both in this regard and in providing insight for the Governing Body on clinical impact of decision making. PE added that this was contributing towards bringing back the clinical "voice".

In respect of winter planning and governance arrangements, PM highlighted the nationally mandated establishment of an A and E Delivery Board which would focus on Emergency Department performance and the four hour target. He noted that currently York Teaching Hospital NHS Foundation Trust was not meeting the statutory 95% constitutional performance target and that a system solution was required. In response to DB referring to potential impact from winter and associated additional financial pressure, PM advised that he was seeking guidance in the form of principles from NHS England in the context of Legal Directions but the CCG would not take any steps that posed a compromise for patients. LJ requested that if there was any additional funding Practices be advised as soon as possible for rota purposes. AP added that the A and E Steering Group, which had the same remit as the former Unplanned Care Working Group, was considering the challenges posed by winter with alignment to the four levels of emergency preparedness escalation. He noted that the CCG on-call directors would be invited to the next meeting of the A and E Steering Group at which all providers would work through a winter test scenario. AP additionally reported that the out of hours provider was augmenting the rotas for the four day Christmas period and that York Teaching Hospital NHS Foundation Trust was planning similar arrangements.

In respect of winter planning KR requested a verbal update at the December Governing Body meeting for assurance on plans in respect of Christmas working arrangements and PE requested that AP provide a report to the Council of Representatives evaluating the lessons learnt from 2015/16 winter interventions, in particular the extra GP surgeries.

PM was pleased to report that the Section 75 Agreement with City of York Council had been signed for the Better Care Fund plan. The North Yorkshire County Council and East Riding of Yorkshire Council Better Care Fund plans would be reflected through a variation in the current Section 75 Agreements.

PM referred to the concept of accountable care highlighting the system taking joint responsibility for improved patient services and patient outcomes. He explained a proposal for establishment of a Partnership Board from 1 January 2017 comprising all statutory, and some non statutory, organisations which would develop a vision and principles for care across the Vale of York. Below the strategic Partnership Board three Local Delivery Boards, comprising all providers including General Practice, would develop new locality based models of care focusing on collaboration and joint responsibility for the benefit of patients. Aspects of Better Care Fund plans would also be delivered through the locality models.

PM explained that all CCGs were required to progress the NHS RightCare Programme, which focused on quality and efficiency, as quickly as possible and that orthopaedics was the first area the CCG was considering. This work required clinicians from different organisations working together for the benefit of patients and would take time to achieve improvements.

In terms of national plans and strategic issues PM highlighted the General Practice Forward View noting the challenges for the CCG in fulfilling these requirements to sustain General Practice and to work both at a local level as well as jointly with other sectors.

Discussion of engagement included AP reporting on the Vale of York Clinical Summit on 29 November and noting out of hours cover had been arranged for Practices. This was an opportunity for primary and secondary care including mental health to discuss challenges across the system. AP noted that the media would also be invited. PM added that both regular engagement between clinicians and with members of the public would be part of the co-creation guiding principle.

The Governing Body:

1. Noted the Accountable Officer Report.
2. Commended and expressed appreciation to all providers of local cancer services on the achievement of being rated by NHS England as one of seven top performing services in the country.
3. Noted that feedback would be provided direct to members of the public who attended the consultation meetings on the new mental health facility for the Vale of York.
4. Requested a verbal update at the December Governing Body on Christmas working arrangements.
5. Noted PE's request that AP provide a lessons learnt report on the winter of 2015/16 to the November Council of Representatives.

6. Vale of York CCG Directions 2016

PM explained that the CCG had been subject to Legal Directions from 1 September and had been required to submit a response to NHS England within 28 days. The Governing Body had subsequently been offered and accepted a seven day extension with the response being submitted ahead of the new deadline.

The Legal Directions related to capability, capacity, leadership, governance and the financial position. The CCG response had been in the form of an eight page executive summary supported by a comprehensive medium term financial recovery plan. NHS England's reply was broadly supportive but had reiterated the requirement for financial stability and medium term financial recovery. PM explained that the CCG was still under the Legal Directions.

The CCG's response had included establishment of a new executive management structure and a number of changes to the governance arrangements. PM advised of the intention for the new Executive Director structure to be in place in December and noted that progress on the Legal Directions would be reported in public at each Governing Body meeting. He additionally advised that a summary of the responsibilities of the Executive Directors would be provided at the December meeting.

The Governing Body:

1. Noted the update.
2. Noted that a summary of the responsibilities of the new Executive Directors would be provided at the December Governing Body meeting.

7. Financial Performance Report

TP referred to NHS England's response to the Improvement Plan which had been received since the writing of her report. She advised that the Finance Team was working closely with NHS England on a co-production approach both for the 2017-19 Financial and Operational Plan and in respect of agreeing the CCG's monthly financial position, in line with the Legal Directions.

TP explained that the month 6 financial position, as at 30 September, was £8.3m behind plan with a year end forecast deficit of £17.3m, £4m worse than the previous month. The risk adjusted forecast position was £24.1m which was the figure agreed with NHS England and recognised across the system as the requirement to be addressed. TP reiterated that no change was expected in the month 7 position.

TP highlighted that the key areas of concern remained unchanged. The position with York Teaching Hospital NHS Foundation Trust included both overtrade in non elective and planned activity but the latter was offset by contracts with the private sector; the 18 week referral to treatment performance was slightly behind plan. The GP at the Front Door of A and E was showing impact but the increase in A and E first presentation conversion to in-patient care was a concern. TP advised that an independent review of detailed contract management processes and resource utilisation at York Teaching Hospital NHS Foundation Trust had been agreed with NHS England and had recently commenced. This was being undertaken on behalf of NHS Vale of York, NHS

Scarborough and Ryedale and NHS East Riding CCGs to ensure a consistent approach and would take approximately three months to complete. TP noted that Senior Management Team would receive regular reports on progress.

TP reported that continuing healthcare remained an area of concern. Actions were in place to ensure that forecasting was as accurate as possible but there were still high cost cases and reviews which resulted in high cost. This pressure was reflected partly in the financial position and partly in risk.

In respect of the QIPP programme TP advised that the risk adjusted savings expectation was currently delivery of c£2.7m of the £12.2m plan. Work was focusing on accelerating delivery, putting in place further plans and "pipeline" schemes. TP noted that this would give a three to four month advantage for future planning. A summary would be included in the next Financial Performance Report.

TP explained that the October meeting of the Quality and Finance Committee had undertaken a detailed review of QIPP which would now be reported at the new monthly Finance and Performance Committee. The Finance dashboard was being reclassified in to programme areas which would enable a more detailed awareness of total spend. TP emphasised the need to focus on the totality of available resource, not solely on the QIPP schemes.

In respect of clarification sought by EB about the Ambulatory Care Unit TP explained the model of part fixed cost and part variable cost had been intended to be cost neutral but was creating more activity than planned. The counting and coding had been reviewed, a formal Contract Query Notice had been issued and the CCG's commissioning intentions gave formal notice of the requirement for review of the model.

In response to clarification sought by members regarding the independent review, TP confirmed that York Teaching Hospital NHS Foundation had agreed to it and the early messages would inform contracting but the final report would not be available by the planning timescale of 23 December. NHS Scarborough and Ryedale CCG held the contract but the Chief Finance Officers of the three CCGs were the leads. TP also confirmed that the review was clinically led and approved by NHS England. It was being undertaken by an NHS company, hosted by Salford Royal NHS Foundation Trust, previously used by both NHS England and NHS Improvement. JL additionally sought clarification on the level of patient access noting that if Practices had access to Dr Foster as previously requested this would enable them to "drill down" to patient level. TP advised that she would provide an update to JL on Dr Foster access but confirmed that the review would follow the patient journey. JH added that similar clinically led reviews had taken place in a number of A and E Departments and had informed understanding of resources and patient flow.

PM highlighted the need to work with Practices to identify opportunities to develop further understanding of the impact of decision making and to implement change for the benefit of both the patient and the system. Consideration was required as to progressing clinical ownership to support a move to a sustainable recurrent position, including how to engage with Practices both at an individual and group level.

Further discussion ensued with regard to ensuring "the patient voice" was part of the system transformation and the need for a strategic approach to identifying areas of spend that required reduction.

The Governing Body:

1, Noted the Financial Performance Report as at 30 September 2016 and the ongoing work to address the associated challenges.
2. Consideration to be given to progressing clinical ownership to support a move to a sustainable recurrent financial position.

8. QIPP Report

RP presented the report as at 30 September that RAG (Red, Amber, Green) rated QIPP schemes in terms of finance and delivery noting that members of the Innovation and Improvement Team were working with the clinical leads on projects. RP referred to the detailed consideration at the October Quality and Finance Committee of 'red' rated schemes to ensure that plans were in place to address areas that were not delivering to plan. A number of actions had been requested of the Clinical Executive, including a progress report on RightCare and an action plan for Community Diabetes. A further detailed review was planned for the first meeting of the Finance and Performance Committee which would include assurance that an action plan and leads were in place for areas of concern.

RP reported that, in addition to focusing on delivery in 2016/17 for which the priority areas were continuing healthcare, prescribing and managing contracts, the planning process included "pipeline" schemes. She noted that the submission date for the first draft of the plan was 18 November.

RP advised that future QIPP reports would be in a different format following work with PwC. Dashboard reporting would be submitted for consideration at the Finance and Performance Committee to inform reporting to the Governing Body.

In response to an earlier question from DB regarding management of demand for continuing healthcare, MC explained that an understanding of the baseline was required. She noted that a detailed report would be presented at the Finance and Performance Committee including actions implemented, progress with QIPP schemes, improving processes and predictability of spend with focus on financial scrutiny of joint packages of care.

PM highlighted that the new format of the report should be framed in such a way that focused on the clinical and patient perspective and informed debate in a number of forums. KR additionally emphasised the intention for the CCG to increase and widen engagement.

The Governing Body:

1. Noted the continuing focus of effort and resource to both deliver and expand the QIPP programme.
2. Noted that the report format was being revised.

9. Quality and Performance Intelligence Report

In introducing this item MC noted that the report format would change following implementation of the new director and governance structures and separation of finance and quality reporting.

MC highlighted improvement in the Yorkshire Ambulance Service Red 8 minute response time, which at 74.9% against the 75% target, was the best performance since May 2015. However, handover times continued to be a concern with combined performance across York Teaching Hospital NHS Foundation Trust in August at 56.4% against the 100% target. MC reported that a Handover Concordat had been agreed between Yorkshire Ambulance Service, York Teaching Hospital NHS Foundation Trust, NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and NHS East Riding CCG. The A and E Delivery Board was also looking into the concerns about handover times.

MC advised that York Teaching Hospital NHS Foundation Trust had achieved the four hour Emergency Department target for the Sustainability and Transformation Fund Trajectory in August at 90.5% against the 89% trajectory but performance against the 95% constitutional target for Vale of York was 90.6%. MC noted that since implementation of the GP at the Emergency Department Front Door the 95% target had been reached on a number of days. She reported that a root cause analysis had shown the main cause of the delays in A and E to be due to staffing issues and workforce in the Emergency Department continued to be a concern.

MC referred to concerns previously raised by members regarding out of hours in respect of training and rotas. She reported that the rotas had improved following recruitment and that she was assured in terms of the contractual arrangements.

The target for diagnostic tests within six weeks had not been met for the Vale of York in August. This equated to approximately 50 patients waiting longer, the largest number of breaches being for CT in Hull where issues with equipment had also affected waiting times.

In respect of 18 week referral to treatment York Teaching Hospital NHS Foundation Trust had not met the Sustainability and Transformation Fund Trajectory for August with performance of 91.6% against the 92% trajectory. This was due to staffing in specialist areas, notably urology, and in total nineteen theatre lists had been cancelled due to staff shortages. This issue continued despite a recruitment drive.

MC referred to the earlier discussion about cancer but noted dermatology being the main area of concern due to staffing and also patient choice in August.

MC highlighted in relation to delayed transfers of care that lack of dementia nursing beds in York was resulting in patients staying in hospital longer than necessary. She noted that this was a market issue and advised that commissioning models and different ways of working were under consideration; progress would be reported.

MC noted concern about four cases of MRSA bacteraemias at York Teaching Hospital NHS Foundation Trust against a zero trajectory for 2016/17. However, no trends had been identified and there was nothing systemic to address.

With regard to Serious Incident management MC reported that York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust were making progress on lessons learnt but that at the former concerns remained about the Duty of Candour. She noted that staff training was taking place to embed a culture of openness with patients and the CCG had requested evidence of Duty of Candour processes with patients through contractual mechanisms. In response to KR emphasising the role of the commissioner in this regard and requesting further information in the next Governing Body report to provide assurance, MC noted that the new Quality Report would provide this.

LJ left the meeting

MC referred to the slight fall in primary care coding of dementia noting that work was taking place to address the requirement to increase the rate of coding to the 67% national target for the Vale of York. LB advised that the funding from the NHS England Clinical Network for Dementia would support work with primary care and explained that as the dementia toolkit could take around four hours to complete it would be helpful to be able to pay GPs for this work. She emphasised that the information on dementia was important for care planning from the patient and family perspective. In response to PM highlighting that the Governing Body was accountable for delivery of this national target through the Improvement and Assessment Framework, PE identified the Council of Representatives as the appropriate forum to progress engagement with GPs noting the need for communications to explain the benefit to patients. Further discussion ensued on support available to patients with dementia, including Dementia Forward and Living with Dementia. SB noted that patients living with dementia were involved in development of a guide on the stages of dementia.

PM welcomed the patient focused discussion and highlighted the need for GPs who so wished to have protected learning time to gain a better understanding of areas such as dementia. He would discuss establishing such an arrangement with PE.

With regard to patient experience MC highlighted the new wheelchair and equipment services from 1 December. She noted that patient concerns would be addressed on an individual basis but emphasised the new services would be a considerable improvement. SB expressed appreciation to CCG staff involved in resolving associated issues with the current provider, in particular Lindsay Springall and Helen Williams.

MC referred to the GP Friends and Family Test results noting variable responses. She advised that the CCG's new Engagement Lead would work with Practices to further develop this area.

The Governing Body:

1. Noted the Quality and Performance Intelligence Report as at October 2016.
2. Requested assurance in respect of lessons learnt from Serious Incidents and Duty of Candour in the next report.
3. Noted that PM would discuss with PE establishing protected learning forum for GPs.

SP took over as Chair for items 10 and 11 during KR's temporary absence. LA attended for the following items

10. Primary Care Rebate Schemes Policy

In referring to the Primary Care Rebate Schemes Policy TP highlighted that this was presented for ratification following consideration in a number of CCG forums and approval by the Quality and Finance Committee under delegated authority. The policy had also been considered by the Audit Committee but not the Primary Care Commissioning Committee.

TP emphasised that the policy had no links with prescribing decision making but simply aimed to ensure that the CCG obtained best value. A number of CCGs both locally and nationally had implemented this approach which was widely accepted practice. LA reiterated that this was a policy for finance decisions, not a prescribing policy.

The Governing Body:

Ratified the Quality and Finance Committee's approval of the Primary Care Rebate Schemes Policy.

11. Prescribing Policies

LA described the consultation process, which included the CCG website with explanatory information, for the three prescribing policies presented for ratification: Policy on Prescribing Medicines That Are Available to Purchase – PRE03, Branded Generic Medicines Prescribing Policy – PRE04, and Branded Medicines Prescribing Policy– PRE05. LA noted that KR and Helen Hirst, Interim Accountable Officer, had delegated authority to the Clinical Executive for approval to expedite the financial impact of the policies.

JL noted from the Local Medical Committee perspective that detailed discussion had taken place, 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 reach the national average of 80% generic prescribing rates partly due to patient choice. LA emphasised that the CCG would support GPs in implementation of these polices.

The Governing Body:

Ratified the Clinical Executive's approval of the Policy on Prescribing Medicines That Are Available to Purchase – PRE03, Branded Generic Medicines Prescribing Policy – PRE04 and Branded Medicines Prescribing Policy– PRE05.

12. Audit Committee Annual Report

SP referred to the Audit Committee Annual Report for 2015/16 providing a number of areas of assurance to the Governing Body. The report included description of the

Committee's work and interactions with Internal and External Audit. Members noted that the former, North Yorkshire Audit Services, had merged with West Yorkshire Audit Consortium to form Audit Yorkshire. The external audit procurement for 2017 onwards, currently taking place, would be reported in due course.

KP expressed appreciation to SP and the Audit Committee for their valuable work.

The Governing Body:

Noted the Audit Committee Annual Report.

13. Governing Body Assurance Framework and Risk Report

In presenting this item RP referred to the update on the Quarter One Lower Quartile Assurance Indicators for which the CCG had fallen below the lowest quartile for seven of the 42 indicators in the September report: achievement of all three of the NICE-recommended diabetes treatment targets, personal health budgets diagnosis rate for people with dementia, emergency bed days per 1,000 population, eligibility for NHS continuing healthcare, financial plan and effectiveness of working relationships in the local system. RP highlighted errors in recording in respect of diabetes and noted that the CCG was in fact one of the highest achievers in the region for this target. Additionally, a bid was being submitted to the National £40m Diabetes Transformation Programme Budget to increase uptake. Progress was also being made in the other six indicators.

RP reported that eight risks had materialised as corporate events, seven of them having a serious impact: failing to achieve an assured position for the 2016/17 plan, failing to achieve 67% dementia coding, failing to manage Partnership Commissioning Unit areas of spend, lack of locally-based adult acute mental health in-patient services, failing to fulfil continuing healthcare fast track packages, Constitution urgent care four hour target, and an additional event relating to confidentiality in relation to the Referral Support Service office space. RP also noted that the Quality and Finance Committee had requested a detailed report on delivery of the Better Care Fund for the November meeting of the new Finance and Performance Committee.

RP referred to the earlier agenda items noting that most of the areas of risk had been discussed.

In respect of management of areas of Partnership Commissioning Unit spend members noted that the Audit Committee had received a number of reports from Internal Audit and both the Audit Committee and Quality and Finance Committee had received detailed reports from Neil Lester, formerly Senior Finance Manager. Work was taking place on an action plan from this work across the North Yorkshire CCGs, led by Richard Mellor, Chief Finance Officer at NHS Scarborough and Ryedale CCG and with an overview by Jon Swift, Director of Finance, NHS England North (Yorkshire and the Humber) on behalf of the four CCGs. SP also noted that Victoria Pilkington, Head of Partnership Commissioning Unit, had been asked to report progress to the December Audit Committee and associated risks were discussed at each meeting.

Members discussed this report in the context of improving the CCG's assessment as 'Inadequate'. RP also referred to the previous approach of reporting risk in terms of

domains and members agreed that the Assurance Framework and Risk Report be moved up the agenda to Standing Items to inform discussion. PM additionally emphasised that discussion should have a patient focus.

The Governing Body:

1. Noted the current portfolio of risk and associated work.
2. Agreed that this report in future be moved up the agenda to Standing Items to inform discussion.

14. Quality and Finance Committee Minutes

The Governing Body:

Received the minutes of the Quality and Finance Committee of 22 September 2016.

15. Audit Committee Minutes

The Governing Body:

Received the minutes of the Audit Committee of 28 September 2016.

16. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee of 17 August and 21 September 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. SP additionally noted that the Governing Body had met in private on 4 August 2016.

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

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 3 NOVEMBER 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	Turnaround	• Clarification regarding the CCG's presentation on the allocation graph to be sought	TP	Ongoing
7 April 2016		• Response to be circulated electronically		
2 June 2016 and 1 September 2016			MA-M/ TP	
3 November 2016		• Information to be included in Medium Term Financial Strategy	TP	
1 September 2016	Conflict of Interests Policy: Review and Update	• Summary to be produced of the requirements of Appendix 3 'Commissioning Cycle and Potential Conflicts of Interest'	RP	
3 November 2016		• Summary to be circulated to Governing Body	RP	Completed 15 November 2016

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
6 October 2016	Proactive Health Coaching	• Report at the January 2017 Governing Body meeting on the number of patients recruited	AP	5 January 2017
3 November 2016	Accountable Officer Report	• Feedback to be provided to attendees of consultation on new mental health facility for the Vale of York • Evaluation of lessons learnt from 2015/16 winter interventions, in particular the extra GP surgeries to be provided for the Council of Representatives	LB AP	Ongoing Completed for 17 November Council of Representatives meeting
3 November 2016	Vale of York CCG Directions 2016	• Summary of the responsibilities of the Executive Directors	PM	1 December 2016

Meeting Date	Item	Description	Director/ Person Responsible	Action completed due to be completed (as applicable)
3 November 2016	Financial Performance Report	• JL to be provided with an update on Practice access to Dr Foster data • Consideration to be given to progressing clinical ownership to support a move to a sustainable recurrent financial position	TP PM/AP	Completed 15 November 2016 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	• Establishment of a protected learning forum for GP • Assurance in respect of lessons learnt from Serious Incidents and Duty of Candour	PM/PE MC	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