NHS
Vale of York
Clinical Commissioning Group

Item 3.1

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

Present

Mrs Sheenagh Powell (SP) - Chair	Lay Member and Audit Committee Chair
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
Mrs Helen Hirst (HH)	Interim Accountable Officer
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Tim Maycock (TM)	GP Member
Dr Shaun O'Connell (SOC)	GP Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Miss Siân Balsom (SB)	Manager, Healthwatch York
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Louise Barker (LB)	GP Member
Mrs Louise Johnston (LJ)	Practice Manager Representative
Dr Andrew Phillips (AP)	GP Member/Interim Deputy Chief Clinical Officer
Mr Keith Ramsay (KR)	Chairman
Mrs Sharon Stoltz (SS)	Director of Public Health, City of York Council

Twenty one members of the public were in attendance.

SP welcomed everyone to the meeting and in particular welcomed SC to his first meeting in public as a member of the Governing Body. She noted that feedback on the change in room layout would be welcomed.

The following matters were raised in the public questions allotted time firstly regarding Archways Intermediate Care Unit:

1. Christopher Mangham

The CCG was involved in the proposal to close Archways. How did this come about and what organisation or individual made the final decision? How is the work of Archways going to be carried out in the future?

2. Ian Anderson

Why did the CCG not insist on the following two items before agreeing to the closure:-

(a) a full, meaningful consultation with the bodies representing older people and patients' groups such as the Hospital Older People's Liaison Group, York Older People's Assembly, Age UK, Patient, Advice and Liaison Service etc.
(b) a cast iron guarantee from the bodies concerned that the expanded facilities needed to cope with the effects of the proposed closure would be put in place before it happens.

3. Gwen Vardigans, *Defend Our NHS*

A. Proposed closure of Archways Centre

The sudden announcement that the Archways Centre is to close in December came as a great surprise to many citizens of York as the centre which concentrates on the rehabilitation of patients assessed as not ready to return home, was recently inspected and rated as excellent. As evident from the responses in the York Press newspaper many patients and their relatives have been extremely grateful for the services of the Archways and the decision to close it met with dismay. What consultation has taken place with users and relatives prior to the announcement of the closure?

Could the Vale of York CCG explain the rationale for the decision for closure of the centre? What will be the impact on delayed discharges (so called 'bed blocking') at York Teaching Hospital NHS Foundation Trust particularly as we approach the increase in elderly patients during the period of winter pressures?

The claim that patients get better at home is only valid if adequate social care is in place in the community and there is easy access to physiotherapy and Occupational Therapists.

What extra resources will be available to ensure patients recovering from serious illness or operations will enjoy full rehabilitation support for their recovery? The information given also stated that the Archways property is owned by York City Council and may be sold, how will the profit from such a sale benefit the patients disadvantaged by the closure?

RP emphasised that the services currently provided at Archways were being reprovided and enhanced to provide support in the community. The CCG had been working closely with partners for more than two years on development of an out of hospital strategy in response to conversations with the public and patients who said they preferred to be supported at home and to tell their story only once. While acknowledging that in these

discussions with the Public the consequence of resources being moved from elsewhere to support enhanced care closer to home may not have been described explicitly, RP referred to the integrated care pilots across the Vale of York and the new models of care work. Discussion with partner organisations was progressed through the Integration and Transformation Board which included representation from the CCG, City of York Council, North Yorkshire County Council, Healthwatch York, York Community and Voluntary Services, Tees, Esk and Wear Valleys NHS Foundation Trust, Public Health and Primary Care. Providers had confirmed that they would support patients through enhanced community teams which would enable more people to be supported at home. Members of the Integration and Transformation Board also ensured that East Riding of Yorkshire Council was engaged.

RP explained that the reprovision and enhancement of the community team was evidence based following a review of people in community beds across the Vale of York by the national Emergency Care Improvement Programme. Their review had identified that the majority of patients in Archways could be better supported at home. The reinvestment would enable this to happen.

RP added that continuing discussions included Health Overview and Scrutiny Committees, York Teaching Hospital NHS Foundation Trust and York Older People's Assembly. She also offered to respond to specific questions outside the meeting.

Gwen Vardigans, *Defend Our NHS*

B. Sustainability and Transformation Plans

In order to accelerate Simon Steven's Five year plan for the future of the NHS, Sustainability and Transformation Plans (STPs) resulted in 44 areas in England, called 'Footprints', being instructed to integrate healthcare with all the professionals and agencies involved to meet local health priorities.

The local 'footprint' covers North Yorkshire, the Vale of York and the East coast which is a huge geographic area with a diversity of health needs. What public engagement and consultation will be taking place to ensure that local expectations match up to the plans envisaged by the Coast, Humber and Vale footprint?

How are the plans for the introduction of STPs progressing locally? What are the priorities? What will be the governance structure and who will have accountability?

The statements on STPs show that there is an expectation that the current substantial financial deficits of local CCGs and health agencies will be in balance by 2021. Can we believe that however efficient this extra level of administration is, this will be achieved without significant cuts in existing services within health and social care. One example of this is that Simon Steven's plan promotes the value of investing in public health to reduce the burden of ill health yet public health services last year suffered a £200 million pounds cut and currently face a 3.9% year on year cut in funding. This does not inspire confidence in the new STPs.

In responding to this question RP referred to HH's report at item 5 and a paper describing governance arrangements which was circulated at the meeting. She explained that CCGs would retain decision making and that accountability would remain with the individual statutory organisations. The structure described a Strategic Partnership Board across the STP footprint under which there would be a number of programme groups. A number of locality groups would ensure locally produced plans and in this regard the CCG was working with NHS Scarborough and Ryedale CCG and the Integration and Transformation Board partners.

Engagement was based on work that had already taken place locally; examples included the mental health *Discover!* approach and the world café events.

The local challenge was closing the gap in health and wellbeing, care quality and funding, and the priorities were prevention, acute and specialist care, out of hospital care, strategic commissioning, mental health, and system level governance.

Gwen Vardigans issued an open invitation to a Defend Our NHS public meeting on 23 September at 7.30pm at the CVS Centre, Priory Street where Dr Youssef El Gingihy, a GP from Tower Hamlets, would speak on 'Reclaim the NHS - latest threats'. She noted that Rachael Maskell MP was attending this meeting.

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 2 June 2016

The minutes of the meeting held on 2 June were agreed subject to correction of a typing error in item 9 on page 10.

The Governing Body:

Approved the minutes of the meeting held on 2 June 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 on discussion with the Central Allocations Team when explanation had been provided that the difference in population growth related to the Vale of York population growth in comparison with

neighbouring CCGs. The graph at the February meeting, when the clarification had been sought, only related to the CCG allocation and NHS Vale of York CCG's population growth was different from that of the other North Yorkshire CCGs. The statistical representation was different and the comparison between NHS Vale of York CCG and NHS Scarborough and Ryedale CCG showed different demographics and mapping forward. TP highlighted that this understanding did not change the allocation. She agreed to circulate the summary electronically apologising for not having done so previously.

Chief Clinical Officers Report – System Leaders Board minutes: RP reported that she had followed up the request from members for minutes but that from 2 September the formal System Leaders Board was being replaced with informal meetings. HH added that these meetings had no governance role noting that Simon Cox, Chief Offer at NHS Scarborough and Ryedale CCG, was chair of the local STP 'cog'. Members sought further assurance that a system wide solution to the local health economy was being progressed.

Quality and Performance Governing Body Report: MC confirmed that an update in respect of the Never Event due to over administration of insulin was included in the report at item 9.2

The Governing Body:

1. Noted the updates.
2. Requested , following the change to informal meetings of System Leaders, assurance be sought in respect of progressing a system wide solution to the local health economy.

5. Interim Accountable Officer Report

HH presented the report which provided updates on the CCG's 2016/17 financial position and turnaround progress; annual performance assessment; Accountable Officer appointment; Humber, Coast and Vale Sustainability and Transformation Plans; emergency preparedness, resilience and response; Better Care Fund; Council of Representatives; the journey towards accountable care; Living Wage; Health and Wellbeing Boards; tender of external audit services 2017/18; and national plans and strategic issues.

HH highlighted the work on the CCG's financial position and turnaround reporting that the legal Directions, attached to the minutes, had now been received. She explained the impact in terms of decision making which would be through NHS England during the time the Directions were in place and emphasised the detailed scrutiny that would be taking place, noting that a member of NHS England Finance Team was already working with the CCG. HH also introduced Phil Mettam, who would become Accountable Officer from 3 October 2016, as he was in the audience.

HH advised that she was in discussion with Moira Dumma, Director of Commissioning Operations, NHS England – North (Yorkshire and Humber) regarding the clinical vacancy on the Governing Body and the establishment of a Clinical Executive. HH noted that following agreement from NHS England PE would propose arrangements to the Council of Representatives later in the month.

HH referred to the work that the CCG had already commenced, detailed in her report, in respect of the financial challenge emphasising that system transformation was required. She highlighted the journey towards an accountable care system which required commissioners to incentivise providers to provide care through mechanisms other than contracts. The aim was for resources to be used for out of hospital services and prevention to improve the health of the population. HH advised that achieving this system change was complex noting that external facilitation through the Pioneer Programme was being arranged to address development needs of commissioners and providers both separately and jointly.

With regard to Sustainability and Transformation Plans HH explained that the aim was to close the financial, health and quality gaps. She noted that AP and RP represented the CCG at meetings of the Humber, Coast and Vale Sustainability and Transformation Plan and TP was involved in the financial aspects. HH referred to the discussion of the governance arrangements during the questions from the public noting the need for further clarification in this regard. HH emphasised that the CCG would continue to focus on the needs of the Vale of York population with the intention of achieving better outcomes but with recognition that due to the financial position there may be a need for agreement that health outcomes and inequalities were not worsened. HH noted that the six CCGs across the STP footprint – NHS East Riding of Yorkshire, NHS Hull, NHS North Lincolnshire, NHS North East Lincolnshire, NHS Scarborough and Ryedale and NHS Vale of York – would work collaboratively where appropriate for more effective commissioning. NHS Vale of York CCG would also work collaboratively with other organisations where appropriate to achieve the best outcomes for the population.

TP reported on the STP Financial Technical Working Group whose membership was Chief Finance Officers and Directors of Finance from the NHS commissioners, providers and local authorities of the footprint. This work, being led by Emma Sayner, Chief Finance Officer at NHS Hull CCG was initially to identify the STP's element of the national gap in the 2015/16 to 2020/21 planning. As part of the work PwC was being engaged to review each organisation's plans to ensure no duplication or double counting; the financial challenge totalled c£490m.

TP emphasised that the CCG was required to focus both on the CCG and STP 'cog' footprints. She described development of a "golden thread" through all work to provide assurance of greater efficiencies.

TP referred to national and local work regarding mental health out of area costs and potential to extrapolate savings. She noted that NHS Vale of York CCG was unique in the STP area in this regard as out of area costs were managed by Tees, Esk and Wear Valleys NHS Foundation Trust and savings had been released during the procurement process.

TP advised that regular meetings and training were taking place. A model was being developed by PwC which when it became "live" would be owned by NHS Hull CCG but accessible to the other organisations.

RP added that Learning Disability Services and the Transforming Care agenda were being considered at STP level.

The Governing Body:

1. Noted the Interim Accountable Officer Report.
2. Noted receipt and implications of the legal Directions.
3. Noted the ongoing work in relation to the Sustainability and Transformation Plan.

6. Progress Report on Musculoskeletal (MSK) Service Development

TM presented the report which described progress towards developing a new MSK service model by November 2016 for implementation by March 2017. He noted that a proactive self management approach was being adopted which was informed by patient views. Secondary care and primary care colleagues were working with the existing services to ensure the new service model took account of the whole patient pathway.

Members welcomed the progress and the collaborative working. In response to clarification sought TM confirmed that options, such as on-line exercise and videos, were being considered; the potential for basic level physiotherapists to increase their skills to support a more integrated service; educational opportunities for colleagues in primary care; and self referral was being considered through establishment of a web portal but with recognition that signposting would be required for anyone who did not have internet access. The aim for particular groups of patients, such as the elderly or patients who required support following such as a stroke, was for physiotherapists to be embedded in primary care teams and working in an integrated way.

The Governing Body:

Noted the progress on development of the new MSK service.

7. Commissioning Policy

In presenting this item SOC expressed appreciation to Polly Masson, Improvement and Innovation Manager, Dr Alison Forrester, Clinical Adviser, and Sharron Hegarty, Communications and Media Relations for their work.

7.1 Prevention and Better Health Strategy

SOC referred to the challenges faced by the NHS both locally and nationally, the support from the Council of Representatives to explore potential options, evidence of comparatively high expenditure locally on MSK and comparatively high premature death rates locally from coronary heart disease. The CCG was required to take difficult decisions in the current financial position but SOC emphasised the intention for investment in new supportive services when resources permitted.

SOC highlighted the need to prioritise prevention to avoid spending NHS resources on avoidable illnesses and for the population to be encouraged to help themselves. He referred in particular to the varied availability in access to weight management, smoking cessation and health checks across the three local authority areas. He noted that North Yorkshire LMC now supported GPs being able to refer patients for assessment of suitability for weight management. SOC highlighted that the report discussed the impact of the cost of obesity and smoking to the NHS. Whilst recognising that further work was

required on shared decision making SOC noted that the proposed Prevention and Better Health Strategy was in line with Health and Wellbeing Board strategies, the General Medical Council advice on life choices, and emphasised the need to maximise health and wellbeing for everyone.

Discussion included the need for support services and signposting, including weight management and smoking cessation, support for GPs to have motivational discussion with patients on these sensitive and complex matters, and that resources should be made available to implement the strategy. PE added that the Council of Representatives had supported development of a strategy with postponement related to attempts to lose weight not "the development of a strategy based on the specific BMI and twelve months postponement of elective surgery" as stated in the report. SOC apologised and confirmed that this would be amended.

TP highlighted that the money already spent on obesity should be refocused to the start of care rather than, as currently, at the end of the pathway.

SOC responded to clarification sought by members advising that the Governing Body's support was sought for the general principle of achieving the best value for resources and to reduce health inequalities. He confirmed that equality impact assessments would be carried out as appropriate, that there was currently no local NHS resource for weight management but the CCG intended to work with the Local Authority in this regard, and alcohol and substance misuse were recognised as further key areas for prevention. SOC also noted that the CCG was working on a bid for a wave two diabetes prevention programme that could bring some resource.

HH emphasised that, although the strategy had been developed in response to the financial challenge, the aim was to achieve better outcomes for more people and for better use of available resources. She also highlighted the communications and engagement noting the posters *Our NHS, let's take care of it!* and the plan to hold debates with the public in the context of prevention, self care and not wasting resources. HH suggested that the agenda for the next meeting include a specific item on the campaign to inform and influence the public.

7.2 Commissioning Statement for Hip and Knee Joint Replacement Surgery

SOC advised that the CCG was currently reviewing and standardising the format of all commissioning statements for not routinely commissioned procedures; most had been inherited from the former Primary Care Trust. The Commissioning Statement for Hip and Knee Joint Replacement Surgery was presented at this time as it related to the strategy discussed above.

SOC referred to the proposed restriction of a BMI of not more than 30 for surgery explaining that this was the medical definition of obesity. He noted that a healthier lifestyle before surgery improved outcome and that obese patients were less likely to see an improvement after surgery. The Governing Body was being asked to consider a commissioning statement which details a 12 months delay in surgery if BMI is above 30 to encourage a change in lifestyle and if a 10% weight loss occurs before the year delay, then patients could be referred earlier. Patients would also be taken through shared decision making tools and Patient Reported Outcome measures (PROMs). Delays would

also be in place for smokers. SOC explained that the Referral Support Service would manage the thresholds and providers would be required to adhere to them. MC added that clear information was required to ensure patients' understanding of the thresholds and confirmed that there would be exceptions based on clinical need.

HH reported that the proposed BMI of 30 had been the subject of much previous discussion and explained, in her absence, that SS had expressed concern at the 10% weight loss which in her view was too high. HH added that there was likely to be an increase in Individual Funding Requests noting that this would be kept under review.

EB, as the CCG's prevention lead, advised that implementation would be complex and highlighted funding cuts to Public Health and that, as the CCG worked across three Local Authorities, there would not be a "one size fits all" for the population. EB also sought a commitment for investment in Tier 3 Weight Management Services and advised that the CCG would work with Public Health to address the gap in Tier 2 services. She explained that work was taking place for Tier 2 services, expected to be available in approximately two months, and that Tier 3 services were currently being scoped for Central York with a timescale of approximately three months. EB additionally noted that hip and knee joint replacement surgery was not the only procedure affected by weight and the CCG intended to explore other areas to implement similar restrictions.

Discussion took place in the context that weight management was not the only measurement of fitness, waist measurement being cited as an alternative. TM added that a holistic approach with funding for support such as weight management services would be a preferred option.

A number of members expressed the view that implementation of the Commissioning Statement for Hip and Knee Joint Replacement Surgery should be delayed to allow support, such as Tier 2 services, to be established. EB noted that the Clinical Research and Effectiveness Committee was undertaking work on signposting of services but that no such arrangement was currently formally in place. The alternative view of the need for immediate implementation was also expressed due to the CCG's financial position.

SOC noted members' varying views but requested that a vote be taken on the recommendation as presented in the report. The vote was:

In Favour	**Against**
DB	EB
SC	PE
MC	HH
AK	TM
SOC	
RP	
SP	
TP	

The Governing Body:

1. Approved the Prevention and Better Health Strategy subject to amendment of the reference to the Council of Representatives support as above.
2. Noted the proposal for an agenda item on the CCG's campaign to inform and influence the public on prevention, self care and not wasting resources.
3. Supported the implementation of the Commissioning Statement for Hip and Knee Joint Replacement Surgery by a majority of 8 to 4 of members eligible to vote.

8. Update on progress towards developing fit for purpose facilities for Mental Health and Learning Disability Services in the Vale of York

RP presented the report which outlined the progress towards developing mental health and learning disability services, including progress in transferring patients back to local services following the closure of Bootham Park Hospital. She noted that the joint CCG and Tees, Esk and Wear Valleys NHS Foundation Trust Consultation Plan was presented for approval. This 12 week formal public consultation on the location and number of beds for the new hospital would commence on 23 September and run until 16 December 2016.

SB noted that she had visited the new in-patient facility at Peppermill Court, York, and commended the work undertaken by Tees, Esk and Wear Valleys NHS Foundation Trust.

The Governing Body:

1. Noted progress towards developing the mental health and learning disabilities services and estate.
2. Approved the joint CCG and Tees, Esk and Wear Valleys NHS Foundation Trust Consultation Plan for a new mental health hospital for the Vale of York.
3. Noted that estates was now a formal agenda item at the CCG's monthly Contract Management Board with Tees, Esk and Wear Valleys NHS Foundation Trust and the CCG's Mental Health Estates Programme Board had now been dissolved.

9. Quality and Performance Governing Body Assurance Report

9.1 Quality and Performance Assurance Data: Quarter 1 2016/17

MC referred to the report which provided a full data update for quarter 1 of 2016/17 against key quality and performance measures, including a detailed six month view with benchmarking where applicable and two year trend overview. She noted that any narrative on the data was within the monthly Quality and Performance Intelligence Report, item 9.2.

9.2 Quality and Performance Intelligence Report

MC presented the report which highlighted exceptions, both positive and negative, that may present clinical risk or challenge for patient care and safety. She noted that York

Teaching Hospital NHS Foundation Trust had in the first quarter of 2016/17 met the Sustainability and Transformation Fund Trajectories for A and E - 87.18% against the 87% trajectory - and 18 week referral to treatment 92.49% against the 92% trajectory.

MC reported that there had been significant improvement since implementation of the Emergency Department Front Door model on 1 July 2016 noting that weekly evaluation was taking place and staffing continued to be an issue when dips in performance were seen. She referred to the 2016/17 Emergency Department Improvement Plan National Initiative which required System Resilience Groups to be transformed into local A and E Delivery Boards from 1 September 2016 and also mandated five improvement areas:

- Streaming at the front door - to ambulatory and primary care
- NHS 111 – increasing the number of calls transferred for clinical advice
- Ambulances - code review pilots; Health Education England increasing workforce
- Improved flow – 'must dos' that each Trust should implement to enhance patient flow
- Discharge - mandating 'Discharge to Assess' and 'trusted assessor' type models

MC highlighted the Learning Disability Mortality Review Programme which was being implemented as a result of the recent events at Southern Health NHS Foundation Trust. She noted the expectation that the CCG's role would be to support and co-ordinate.

MC advised that, in addition to the Never Event referred to under Matters Arising, there had been two further Never Events relating to wrong site surgery and wrong site administration of medication. MC noted that the issue was not systemic but advised that she had written a letter of concern to the Medical Director and Chief Nurse at York Teaching Hospital NHS Foundation Trust; work was continuing to seek assurance and improve processes for safer surgery in particular.

MC noted that Improving Access to Psychological Therapies continued to be a concern. Data quality issues from the transfer to the new service provider were being addressed but the action plan was not yet showing effect to demonstrate the CCG's position against the performance target. This issue of data quality in terms of therapy being provided but not being captured had emerged recently.

MC referred to publication of Managing Care Home Closure guidance on the NHS England website.

In respect of clarification sought regarding out of hours performance, MC advised that further detail would be provided in the next report. She agreed to follow up through the contract management arrangements concern regarding doctors in training and to address gaps in the out of hours rota.

TP referred to the York Teaching Hospital NHS Foundation Trust Sustainability and Transformation Fund control target the agreement of which included the requirement for performance not to be worse than in 2015/16. She advised that specific guidance had been issued which exempted providers from penalties where they had signed up to control totals but emphasised the need for holding them to account. In this regard TP had escalated concerns and was awaiting feedback from NHS Improvement via NHS England.

9.3 Extended Quality Report

MC referred to the first Extended Quality Report which had been compiled for the Quality and Finance Committee noting that future arrangements would be considered as part of the discussion of the CCG's governance and decision making arrangements. The report comprised information on Infection Prevention and Control, Serious Incidents, Patient Experience, Commissioning for Quality and Innovation (CQUIN), Quality Accounts, Regulatory Inspection Assurance, Dementia, Maternity, Clinical Research and Effectiveness Committee and Research Sub-Committee, Individual Funding Requests Annual Report, and the Partnership Commissioning Unit.

MC highlighted that York Integrated Care Team (Priory Medical Group) had recently been inspected by the Care Quality Commission who had found it to be an area of outstanding practice. She noted that the CCG need to support GPs in respect of dementia diagnosis rates and advised that with effect from 1 October 2016 the CCG would be responsible for the Special School Nursing Service. In respect of the latter the CCG had given assurance that there would be no change to services when children return to school in September. The contract with York Teaching Hospital NHS Foundation Trust would be rolled over; quality would be monitored. MC additionally noted that work was taking place with York Teaching Hospital NHS Foundation Trust Children's Services to develop a joint dashboard.

The Governing Body:

1. Noted the quarter 1 2016/17 quality and performance assurance data report.
2. Noted the quality and performance intelligence report.
3. Noted that MC would follow up concerns regarding doctors in training on the out of hours rota.
4. Noted the extended quality report.

10. Financial Performance Report

TP presented the report which described the CCG's financial performance as at the end of July 2016, month 4, and noted that, in accordance with the legal Directions, the planned year end deficit was declared as £13.35m. She advised that there was a year to date variance of £4.85m worse than plan which, with the level of risk, had been reported to NHS England and also noted £8.6m unmitigated risk in the forecast planned deficit position. Work was continuing, both within the CCG and with NHS England to identify further measures to address the financial challenge.

In respect of the requirement of the legal Directions for submission on 29 September of a revised Improvement Plan, TP explained that she and RP would lead on development of the plan which would encompass more than the CCG's finances. TP noted that draft iterations of the plan would be shared with NHS England.

TP highlighted that, in response to feedback from members and also from NHS England, the month 4 report provided more detailed information than previous reports in respect of risks, mitigations, run rates and forecasting. She explained that the QIPP programme summary related to finances with a forecast £5.7m delivery against the £12.2m target, c65% of this was forecast delivery on a recurrent basis.

TP reported that the Quality and Finance Committee had received detailed information on the CCG's contracting with York Teaching Hospital NHS Foundation Trust. She noted that the increased activity and overspend did not relate to any specific area, assured members that challenges were being raised as appropriate, and noted that trauma and orthopaedic costs were in line with plan due to the balance between activity in the acute and independent sectors.

TP highlighted that the £8.6m unmitigated forecast outturn advising that she was working closely with NHS England both in this regard and in respect of the plan in response to the Directions. She noted that the next report to the Governing Body would focus on moving schemes from 'Red' to 'Green'.

In respect of the request for delegated approval of non-clinical policies to the Quality and Finance Committee through the remainder of the financial year to enable more timely implementation, SP advised that she had discussed this approach with TP and confirmed that in the event of a policy having strategic significance the decision would defer to the Governing Body. DB additionally emphasised that the Quality and Finance Committee would exercise judgement and defer policies to the Governing Body as appropriate.

The Governing Body:

1. Noted the Financial Performance Report and ongoing work to address the financial challenge.
2. Agreed the request for delegated authority for approval of non-clinical policies to the Quality and Finance Committee through the remainder of the 2016/17 financial year, noting that the Audit Committee would retain oversight of policies currently delegated to it and any policies approved would be reported to the Governing Body for ratification at the next meeting in public.

11. QIPP Report

RP presented the new format QIPP summary progress report which followed establishment of the Programme Management Office. She highlighted the integrated work with the Finance and Contracting and Innovation and Improvement Teams and noted that the report was being further developed. The emphasis was on a focus of delivery, both operational and financial, with identification of any immediate risks and the need for mitigating actions.

The report summarised progress of schemes at quarter 2 across six clinically led areas: urgent care, planned care, integration and community, primary care, mental health and continuing health care, and prescribing. Work was taking place to monitor the schemes and ensure clarity about their recurrent impact. Teams were being aligned to support the programmes of work and monitor delivery.

Other areas of work included the prescribing public awareness campaign to reduce waste in medications, new schemes and schemes currently in development or rolled over to 2016/17, and evaluation of unidentified QIPP potential such as Consultant Connect.

It was also noted that the Programme Management Office team were following up and

accelerating work where possible. Weekly Assurance and Delivery meetings took place and the Programme Delivery Group met monthly.

In response to clarification sought SOC explained the CCG had offered a Local Enhanced Service for Branded Generics with a view to achieving a potential £200k saving identified two years previously but not all Practices had implemented this change.

The Governing Body:

Noted the QIPP Report.

12. Research and Development Policy

MC presented the new policy which described how the CCG would support research and use it as appropriate in commissioning services. She noted that amendments would be required in light of the current proposals to change the CCG's governance structure.

The Governing Body:

Approved the NHS Vale of York CCG Research and Development Policy noting that amendments would be incorporated to take account of changes to the CCG's governance structure.

13. City of York Safeguarding Adults Board Annual Report and Executive Summary

MC referred to the report which provided an Executive Summary of the work completed and actions taken by the City of York Safeguarding Adults Board during 2015/16. Each member organisation had contributed to the report, the full version of which was available on the website.

The Governing Body:

Noted the City of York Safeguarding Adults Board Annual Report.

14. Conflict of Interests Policy: Review and Update

In presenting this item RP advised that the Conflicts of Interest Policy had been reviewed and updated in accordance with the June 2016 NHS England revised Conflicts of Interest Statutory Guidance and accompanying policy checklist. It had also been reviewed against the CCG's Procurement Policy and Business Conduct Policy and the section in the Business Conduct Policy regarding management of Gifts and Hospitality had been moved to the Conflicts of Interest Policy to maintain conformity with the NHSE policy checklist. RP additionally noted the proposed nomination of the Audit Committee Chair as Conflict of Interest Guardian.

SP noted that the NHS England Guidance highlighted their concerns about management of conflict of interests. TP proposed that a summary be provided highlighting the requirements of Appendix 3 'Commissioning Cycle and Potential Conflicts of Interest'.

The Governing Body:

1. Approved the amendments to the Conflicts of Interest Policy;
2. Approved the appointment of the Chair of the Audit Committee as the CCG's Conflict Of Interest Guardian (as per section 7.3 of the policy).
3. Noted and fully endorsed the process for managing and recording declarations of interest in meetings.
4. Noted the new mandatory Conflicts of Interest training requirements.
5. Requested a summary of the requirements Appendix 3 'Commissioning Cycle and Potential Conflicts of Interest'.

15. Prescribing Policies

15.1 Prescribing Policy for Primary Care Providers and 15.2 Repeat Ordering Schemes (Managed Repeats) for GP Practices Policy

SOC referred to the prescribing policies which had been approved by the Quality and Finance Committee on 21 July through delegated authority in order to expedite the financial impact. He noted that the policies had been out for consultation and that views expressed had been incorporated as appropriate.

SOC would discuss with JL concerns about potential challenge to Practices in respect of repeat ordering.

The Governing Body:

Ratified the Quality and Finance Committee's approval of the Prescribing Policy for Primary Care Providers and Repeat Ordering Schemes (Managed Repeats) for GP Practices Policy.

16. Governing Body Assurance Framework and Risk Report

In referring to the report which was placed on the agenda to provide assurance that significant areas of risk had been discussed, RP noted that dementia required inclusion. The report proposed revised 'critical success factors' for the organisation to support effective reporting of corporate risk and associate controls aligned to the new Improvement and Assessment Framework. RP added that, following discussion at the Quality and Finance Committee, the report had been amended to incorporate mitigating actions against 'Red' risks and requested feedback of any further information for inclusion.

RP noted inclusion on agenda items of urgent care, A and E, mental health in-patients, assurance relating to Serious Incidents, dementia, continuing healthcare, finance and delivery of plan. She highlighted that the Significant Risk relating to the Better Care Fund had been removed as the plans had been assessed and assured.

SB advised that she had been attending monthly meetings with people living with dementia supported by York Flourish. RP agreed to pass this information on to LB for discussion with SB.

The Governing Body:

1. Noted the current rating for the NHS Vale of York CCG and work to improve the rating for 2016/17.
2. Approved the revised 'critical success factors' to improve alignment of corporate risk reporting to the new Improvement and Assessment Framework.
3. Noted that dementia required adding to the Significant Risks.
4. Noted that RP would advise LB of SB's information regarding links with people living with dementia.

17. Quality and Finance Committee Minutes

SP highlighted in respect of both items 17 and 18 that the focus of the committees included concern about the financial position and lack of confidence in its delivery.

The Governing Body:

Received the minutes of the Quality and Finance Committee of 23 June, 28 June, 21 July and 18 August 2016

18. Audit Committee Minutes

The Governing Body:

Received the minutes of the Audit Committee of 6 July 2016.

19. Medicines Commissioning Committee

SOC explained that the recommendations from the Medicines Commissioning Committee were communicated to Practices. Optimise Rx was currently the CCG's preferred software tool that aided implementation of the formulary. The Medicines Management Team were always mindful of IT developments that would improve implementation using Practice formularies. .

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee of 18 May, 15 June and 20 July 2016.

Additional Item

SP referred to Dr Mark Hayes's resignation from the post of Chief Clinical Officer on 21 July. On behalf of members she expressed appreciation of his work with the CCG and sent best wishes for the future.

SP also noted that this was HH's last formal meeting and thanked her for her support to the CCG at a difficult time noting that this was in addition to HH's role as Accountable Officer for two other CCGs.

The Governing Body:

1. Recorded appreciation to Mark Hayes for his work with the CCG.
2. Expressed appreciation to HH for her support.

20. Next Meeting

The Governing Body:

1. Noted that the next meeting would be held at 10am on 3 November 2016 in the GEC, the Galtres Centre, Market Place, Easingwold YO61 3AD.
2. Noted that the CCG's Annual General Meeting would be held at 2pm on 27 September in the George Hudson Boardroom, West Office, York YO1 6GA.

21. 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.

22. 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 SEPTEMBER 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	Turnaround	• Clarification regarding the CCG's presentation on the allocation graph to be sought • Response to be circulated electronically	TP MA-M/ TP	Ongoing
7 April 2016 2 June 2016 1 September 2016	Chief Clinical Officers Report	• Clarification to be sought about circulation of System Leaders Board minutes • Response to be circulated electronically • Assurance to be sought	KR RP	

		in respect of progressing a system wide solution to the local health economy		
1 September 2016	Quality and Performance Intelligence Report	• Follow up of concerns regarding doctors in training and on the perceived gaps in the out of hours rota	MC	
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	

NATIONAL HEALTH SERVICE ENGLAND

The NHS Vale of York Clinical Commissioning Group Directions 2016

The National Health Service Commissioning Board ("the Board"), in exercise of powers conferred by section 14Z21 of the National Health Service Act 2006 gives the following Directions.

Citation, commencement and application

(1) These Directions are given to NHS Vale of York Clinical Commissioning Group ("Vale of York CCG").

(2) These Directions may be cited as the Vale of York CCG Directions 2016 and come into force on 1 September 2016.

(3) These Directions apply until they are varied or revoked by the Board.

Exercise of functions

(4) The Board directs that:

(a) Vale of York CCG shall within four (4) weeks of the date of these Directions produce a revised Improvement Plan that sets out how it shall ensure that the capacity, capability and governance of the CCG is made fit for purpose including agreeing with the Board how it will strengthen its financial leadership.

(b) The content of the Vale of York CCG Improvement Plan shall meet any requirements as set out by the Board and shall provide for the implementation of the recommendations of the Capability and Capacity Review date 28 January 2016.

(c) Vale of York CCG shall promptly implement the Improvement Plan in accordance with the Board's instructions.

(d) The Board may direct Vale of York CCG in any other matters relating to the Improvement Plan and any variation to it.

(5) The Board further directs that:-

(a) Vale of York CCG shall as part of the revised Improvement Plan include a Financial Recovery Plan that:-

(i) sets out how Vale of York CCG shall ensure that in the financial year 2016/17 it achieves an in-year deficit of no more than £7m and how it will operate within its annual budget for the financial year 2017/18 and thereafter;

(ii) confirms that all facts, figures and projections within the Financial Recovery plan have been subjected to independent scrutiny by an organisation approved by the Board;

(iii) provides a complete analysis of the causes of the current underlying financial position;

(iv) includes a clear demonstration of clear links to internal budgets, reporting, activity plans, cash plans and contracting;

(v) includes a clear risk assessment of the Financial Recovery Plan; and

(vi) includes any other requirements stipulated by the Board.

(b) The Financial Recovery Plan, shall be subject to the Board's approval.

(c) Vale of York CCG shall implement the Financial Recovery Plan.

(d) Vale of York CCG will co-operate with the Board including but not limited to the prompt provision of information requested by the Board and making senior officers available to meet with the Board and to discuss the Financial Recovery Plan, the implementation and the progress of the same.

(e) It may direct Vale of York CCG in any other matters relating to the Financial Recovery Plan.

Executive Team and Senior Appointments

(6) The Board directs that:

(a) Vale of York CCG shall nominate an Interim Accountable Officer to the Board.

(b) The Board will determine the process to be followed to make such nomination.

(c) Vale of York CCG will look to nominate an Interim Accountable Officer for a term of no less than 12 months from the date of the departure of the current interim Accountable Officer.

(d) The nomination of the Interim Accountable Officer will be subject to prior approval by the Board.

(e) Vale of York CCG will co-operate with the Board regarding the appointment of the Interim Accountable Officer, including but not limited to the prompt provision of information, documents and records requested by the Board and making senior officers available to meet with the Board.

(7) The Board further directs that:

(a) Vale of York CCG will notify the Board of the need to make any appointments to its Executive Team or its next tier of management.

(b) Where it considers it necessary to do so, the Board will determine the process to be followed by Vale of York CCG in making appointments as referred to in paragraph 7(a).

(c) The appointment of any person to a position referred to in paragraph 7(a) and the terms of such appointment will be subject to prior approval by the Board.

(d) Vale of York CCG will co-operate with the Board regarding the appointment of any person in accordance with this paragraph 7, including but not limited to the prompt provision of information, documents and records requested by the Board and making senior officers available to meet with the Board.

Compliance with these directions

(8) The Board directs that Vale of York CCG shall co-operate with the Board regarding the Board's oversight of Vale of York's CCG's compliance with these Directions, including but not limited to the prompt provision of information, documents and records requested by the Board and making senior officers available to meet with the Board.

Simon Stevens
Chief Executive
NHS Commissioning Board