

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 4 February 2016 at West Offices, Station Rise, York YO1 6GA**

**Present**

Mr Keith Ramsay (KR)	Chairman
Dr Louise Barker (LB)	GP Member
Mr David Booker (DB)	Lay Member
Dr Emma Broughton (EB)	GP Member
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Paula Evans (PE)	GP, Council of Representatives Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Member
Dr Andrew Phillips (AP)	GP Member/Interim Deputy Chief Clinical Officer
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mrs Tracey Preece (TP)	Chief Finance Officer

**In Attendance (Non Voting)**

Miss Siân Balsom (SB)	Manager, Healthwatch York
Mrs Louise Johnston (LJ)	Practice Manager Representative
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Mrs Victoria Pilkington (VP) – for item 13	Head of Partnership Commissioning, Partnership Commissioning Unit
Ms Michèle Saidman	Executive Assistant
Mrs Sharon Stoltz (SS)	Interim Director of Public Health, City of York Council

**Apologies**

Dr Shaun O'Connell (SOC)	GP Member
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Eighteen members of the public were in attendance.

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

**1. Anne Leonard (on behalf of Defend our NHS York)**

*Would any members of the CCG be willing and able to attend the Public Meeting about the state of the NHS arranged for Friday 12th February at Priory St Centre?*

*The main speakers will be:*

- *Rachael Maskell (MP for York Central, Health Select Committee)*
- *Professor David Hunter (Professor of Health Policy and Management, University of Durham)*
- *Dr Clive Peedell, Consultant Oncologist, James Cook Hospital, and founder member of the NHS Action Party*

*The meeting will start at 7pm and end at 9pm. We are expecting a lively debate following the informative contributions from the speakers.*

*The presence and participation of representatives of the local health decision-makers would be invaluable in demonstrating the possibility of a two-way conversation between the public and the decision-makers which was one of the stated goals at the inception of the Vale of York Clinical Commissioning Group.*

MH responded that he had understood the question to be a request for a CCG speaker, in which case participation would not be appropriate. However, as it was notification of a public meeting members of the CCG would make their own decision about attending.

## **2. Ben Leatham, President, University of York Students' Union**

*Planning permission for a new surgery and wider retail facilities off Field Land, near to the Heslington East campus, were approved by City of York Council in July 2015 and enabling works have begun on site. The University of York Student's Union has learned that the first phase of construction will not include the much needed surgery facilities due a delay in funding from NHS / CCG.*

*The current Unity Health Surgery on the Heslington West campus is at capacity. As the University continues to expand, with two new colleges in the development stage, it is of paramount importance that the building of this new surgery is prioritised. The local and University community must have access to adequate physical and mental health care.*

*Can the CCG confirm that funding for these much needed facilities will be made available and clarify what timescale the CCG are working to in order to ensure they are delivered expediently.*

TM responded that issues relating to individual Practices were considered by the Primary Care Commissioning Committee which would be meeting at the end of March. There was a separate Estates Forum where Practices could present their interests.

TM referred to the historic legacy of under investment in primary care and the transition, since April 2015, of funding control from NHS England to the CCG. He confirmed that primary care premises development was a priority but noted the CCG's financial position, the fact that other Practices were competing for the same funding and the tight timescale for a position to be established by the end of March.

TM offered to meet with Ben Leatham and Scott Dawson, who had presented the question, together with Shaun Macey, Senior Innovation and Improvement Manager, to discuss the matter in more detail.

## 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 3 December 2015

The minutes of the meeting held on 3 December were agreed.

#### The Governing Body:

Approved the minutes of the meeting held on 3 December 2015.

### 4. Matters Arising from the Minutes

*Chief Clinical Officers Report – Compact arrangements to be established with York and East Riding of Yorkshire:* RP confirmed that this work was taking place.

*Sign up to Multi-Agency Information Sharing Protocol:* RP reported that this work was being progressed and noted that SS was involved. SS also advised that North Yorkshire Police had given a presentation on a multi agency information sharing protocol at City of York Council Health and Wellbeing Board; sign up by health and social care partners across the system had been strongly supported. She noted that a question had been raised about GP Practices which required further work. The timescale for completion of sign up to the Protocol required clarification.

*Quality and Performance Governing Body Report – sharing GP Practice Friends and Families information with Practices:* MC reported that further investigation had clarified the action relating to potential gaps in submission of Friends and Families data as per the contractual requirement for GP Practices to submit had not been required.

*Financial Performance Report:* KR noted that the draft financial plans had been circulated electronically prior to submission.

#### The Governing Body:

Noted the updates.

### 5. Chief Clinical Officer Report

MH presented the report which provided updates on the CCG's forecast financial position for 2015/16, system resilience, integrating health and social care in the Vale of York, Council of Representatives, system leaders, updates to Health and Wellbeing Boards, Commissioning Support transition and transfer of staff, and national plans and strategic

issues. The latter comprised information on planning for 2016/17 to 2020/21, commissioning responsibility for adult severe and complex obesity services in 2016/17, NHS England and the National Institute for Health and Care Excellence Cancer Drugs Fund, strengthening public and patient participation, managing conflicts of interest statutory guidance refresh, and publication of independent evaluation of the Prime Minister's GP Access Fund.

MH explained that, following formal notification of being an organisation in turnaround, the CCG had invited support from three experienced NHS colleagues, Helen Hirst (Chief Officer, NHS Bradford City and NHS Bradford District CCGs) Tim Lowe (Regional Head of Finance, NHS England North) and Dr Matt Walsh (Chief Officer, NHS Calderdale CCG). He also referred to the action plan at agenda item 6, developed in response to the recommendations of the PwC report.

In terms of system resilience MH expressed appreciation to TP who had been the CCG's on-call director during the Christmas and New Year flooding across North Yorkshire and York. He also commended the response from colleagues at Tadcaster Medical Centre and the local community for their actions during this time. AP added that a number of GP Practices had also provided support and commended Yorkshire Ambulance Service who had offered assistance from the Urgent Care Practitioners.

MH highlighted that the Emergency Care Improvement Programme Multi-Disciplinary Accelerated Discharge Event (MADE) had been reported at the recent System Resilience Group. This support was being formalised through establishment of a concordat.

In respect of the progress on health and social care integration in the Vale of York, MH noted that the Right Honourable Alistair Burt MP had commended the CCG's work at a recent national meeting.

MH highlighted that Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust, had taken over the role of Chair of the System Leaders Board as he was the leader of the largest organisation in the local health economy and to emphasise the system approach.

In regard to the Sustainability and Transformation Plan MH noted that the proposed geographic footprint was being finalised. It had been proposed as covering the areas of NHS East Riding of Yorkshire CCG, NHS North Lincolnshire CCG, NHS North East Lincolnshire CCG, NHS Hull CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG.

In referring to the Prime Minister's GP Access Fund independent evaluation MH noted that identified unmet need in the access pilot Practices had included 40 to 50 additional hours per 100 patients and an additional 100 GPs providing approximately 40 extra sessions per week. In response to MH enquiring whether this equated to the position in NHS Vale of York CCG PE noted that a number of Practices did offer extended hours but that without site of the evaluation documents it was difficult to give an informed response.

MH and TP explained the meaning of the CCG being in turnaround noting that, unlike the other two CCGs in the country in turnaround - NHS Kernow and NHS Shropshire CCGs - NHS Vale of York CCG was receiving support to develop a financial recovery plan.

In respect of the transfer from NHS England to CCGs on 1 April 2016 of commissioning responsibility for adult severe and complex obesity services TP confirmed that funding would be provided but clarification was awaited as to whether it was in the baseline allocation. EB explained that there was currently a backlog of 170 patients for Tier 3 surgery within City of York Council area following a change to NICE guidelines in 2014/15 regarding patient access to an obesity pathway. She noted that North Yorkshire County Council and East Riding of Yorkshire patients had access to these services at James Cook University Hospital and Leeds Teaching Hospitals NHS Trust respectively. SS added that City of York Council and the CCG were currently working to develop a weight management pathway to address the lack of weight management services in York.

### **The Governing Body:**

Noted the Chief Clinical Officer Report.

## **6. Turnaround**

### *6.1 Action Plan*

In referring to the Turnaround Action Plan MH advised that, in addition to accepting all the PwC report recommendations, the CCG had added a further recommendation, a Communication Strategy for the turnaround and transformation plans. He noted the action plan described how the CCG would respond to all the recommendations.

TP provided further information on the key financial aspects of the action plan emphasising the need to reduce risk of any further deterioration in the 2015/16 financial position and explaining that at this stage of the year transactional measures, such as agreeing end of year positions with providers, would be employed. TP advised that she was in discussion with NHS England to agree the framework for the financial recovery plan, required to both recover the deficit and the recurrent underlying position, prior to its submission on 8 February. TP also noted that a detailed action tracker was being monitored weekly by the Finance and Contracting Team.

MH referred to the areas of the action plan that were not specifically finance orientated noting the progress with the recommendations.

### *6.2 Financial Recovery Strategy*

TP presented the Financial Recovery Strategy which included key financial messages from NHS Planning Guidance, efficiency and business rules, funding, allocations, principles and parameters, planning assumptions relating to inflation, efficiency and growth, finance and contracting workstreams, the proposed work plan, and next steps. TP explained that allocations were over five years, i.e. to 2020/21, and that, although population growth was estimated at 0.6%, the actual demographic growth was in the region of 1% in terms of population use of the health system. The allocation growth was fixed for three years and indicative for the further two.

In relation to percentage distance from target for allocation TP noted that NHS Vale of York CCG was deemed to be over target. This related to over funding for demographics but NHS Vale of York CCG was lower per head than in the North Yorkshire and Humber area. All CCGs were moving towards target.

TP highlighted the 12 principles and parameters, supported by NHS England, which would inform the financial recovery and operational plan for three to five years:

1. Plans must be realistic and deliverable
2. 3-4% savings per annum maximum
3. Outline strategy backed by detailed plans
4. No short term measures that result in long term pressure
5. Transformational and transactional plans both required
6. Multi-year recovery timeframe
7. Flexibility on NHS England business rules during recovery period
8. No further deterioration in any year
9. Aim to reduce overall cost in the system and with providers
10. Stabilisation leading to financial sustainability
11. System focus – work in partnership and with stakeholders
12. Accountability for delivery

TP advised of the need for mitigations and savings to be agreed noting that a three or four year timescale was provisionally being considered for financial recovery. For 2016/17 CCGs were required to have a non recurrent 1% of their allocation uncommitted which for NHS Vale of York CCG was c£4m. TP reported that she was discussing this requirement with NHS England and also noted that consideration was taking place at a national level regarding its potential flexibility for organisations in turnaround.

TP referred to the planning assumptions information and advised that guidance had changed since publication of the report. The expectation was now for the tariff to be held nearer flat for the mid years of the period 2016/17 to 2020/21 and the CCG's financial planning model had been updated accordingly.

TP noted that the outline high level proposed work plan was supported by detailed information phased over five years. She highlighted potential opportunities from RightCare as a signpost to optimal pathways of care.

The next steps were: submission of the outline plan, submitted to NHS England Area Team on 3 February, to be submitted nationally with the operational plan on 8 February; decision making based on the 12 principles and parameters at the private meeting later in the day; a delivery plan for savings based on the proposed work plan, transactional schemes and RightCare; and agreement and approval of phasing of the financial recovery strategy.

In response to AP seeking clarification regarding an aggregate financial position and associated mitigations across the health and social care system, TP advised that Foundation Trusts were required to submit first draft financial plans at the same time as CCGs. She emphasised that work was taking place with colleagues at York Teaching Hospital NHS Foundation Trust to develop a joint savings plan through sharing of planning assumptions and other information, including RightCare and the provider equivalent, the Carter Review. York Teaching Hospital NHS Foundation Trust had a control total of c6% savings for 2016/17. TP noted that local authorities would also be engaged in planning with particular reference to the Better Care Fund.

RP highlighted recommendation 04 on the Turnaround Action Plan and described the dedicated Programme Management Office approach that was being established in response. Reporting would be through the Quality and Finance Committee and Covalent reporting, aligned with the risk assurance framework, would be further enhanced across the CCG.

TP agreed to seek clarification regarding the CCG's presentation on the allocations graph which showed NHS Vale of York CCG moving towards target over the five years but the North Yorkshire and Humber neighbouring CCGs moving away.

KR welcomed the principles and parameters as "financial golden rules" which would both assist the Governing Body in holding the organisation to account and support transformation.

JL referred to the population predictions both in the context of potential impact on Practice list sizes and NHS estates planning. TP advised that the population figures were based on information from the Office of National Statistics noting that use of health care in the CCG area was in excess of the population figure and in the context of a pressured system. In regard to NHS estates planning KR noted significant housing developments which required consideration in the context of associated impact on health provision, services and infrastructure.

### **The Governing Body:**

1. Noted the Turnaround Actions Plan.
2. Approved the Financial Recovery Strategy.
3. Requested that TP seek clarification regarding the CCG's presentation on the allocation graph.

## **7. Corporate Risk Update Report**

RP referred to the report that described the events and profile of significant ("red") risks, the list of "red" risks, full details of "red" risks with details of mitigating controls, mitigating actions and progress, and a list of all corporate risks. She highlighted the additional events detailed that had materialised since the previous report: the deterioration of the CCG's financial position, as discussed at item 6 above; a file of claim for the Judicial Review of the "closure" of Bootham Park Hospital; and an Information Governance incident of loss of a significant number of emails that related to the information required for the Judicial Review. RP noted that the latter had been escalated to Yorkshire and Humber Commissioning Support, the current providers of Information Technology.

RP advised that other areas of significant risk would be reported in later agenda items noting ongoing concern about the four hour A and E Constitutional target and risks relating to transition of Commissioning Support services. She also noted that the risk relating to out of hours on call communications was being addressed.

In response to KR seeking clarification about the timing and cost implications of the Judicial Review, MC advised that the initial response had been provided and the claimant would decide by 15 February whether the CCG was still on the list of defendants.

SP expressed concern at the clarity of presentation of the Finance and Contracting risks. TP explained that, as discussed at the December 2015 meeting of the Audit Committee, a review had taken place of the Finance and Contracting Risk Register. The revised format, including appropriate CCG leads, would be presented at the February meeting of the Quality and Finance Committee. TP noted that a wider review of corporate identification and description of risk had taken place. Specific financial risks would be highlighted which, if they materialised, would also be included on the Corporate Risk Register. RP added that work was taking place to improve the Corporate Risk Register descriptions and advised that all risks were now reviewed at Senior Management Team meetings.

#### **The Governing Body:**

Noted the corporate risk identified and the ongoing work to improve reporting.

### **8. NHS Vale of York CCG Interim Strategic Estates Plan**

In presenting this item TP noted that previous draft versions of the Interim Strategic Estates Plan had been presented in a number of forums for consultation and approved by the Quality and Finance Committee subject to amendments requested by the Council of Representatives Estates Group. An Estates Forum, including members of the Council of Representatives, had been established and the Plan would continue to evolve through working with partner organisations taking account of estates across the Vale of York with a focus on primary care developments. TP noted that the Plan, circulated electronically to members, was a public facing document and excluded commercial in confidence information.

Discussion included the importance of an engagement strategy to ensure patients and partners were fully informed of any potential impact and the relationship between the Plan and the CCG's strategy for services. In regard to the latter TP advised that the document formed a benchmark position and that the Estates Plan would evolve in line with progress such as the integrated care teams. DB additionally highlighted the need for consideration in association with primary care co-commissioning.

#### **The Governing Body:**

Approved the Interim Strategic Estates Plan.

### **9. Delivering the Five year Forward View for the Vale of York: Strategic Planning**

RP referred to the report which provided an overview of the new national planning guidance for health services and proposals for the local development of the required plans, including the Sustainability and Transformation Plan, annual Operating Plan for 2016/17, the planning timescales, and consultation. RP noted the potential for the multi-agency planning group, established by the System Leaders Board, to become the forum for bringing together planning requirements including the Estates Plan. Governance arrangements for this group were being finalised.



RP advised that discussion was ongoing regarding the footprint for the Sustainability and Transformation Plan, as referred to by MH in item 5 above, but emphasised that the Operating Plan would be on the local footprint. In terms of the wider footprint RP referred to discussion at the recent tripartite meeting which had included links being made through established groups, such as the Urgent and Emergency Care Network and Cancer Network.

KR highlighted the importance of the agreed footprint relating to that of York Teaching Hospital NHS Foundation Trust.

### **The Governing Body:**

Noted the update on Strategic Planning and the proposed planning footprint for the Sustainability and Transformation Plan.

## **10. Update on CCG Engagement Strategy Development**

RP noted that the Engagement Strategy would be presented at the next Governing Body meeting. DB was involved in the ongoing work to ensure engagement with wider groups in its development. A business case would be considered by Senior Management Team to identify resource and capacity requirements. The key message was that this would be a system wide strategy developed in discussion with partners, particularly local authorities and providers. Early discussions had also taken place with the voluntary sector.

DB noted that information on established groups, such as Patient Participation and Engagement Groups and through Healthwatch, was being collated. He also highlighted the intention to work with York Cares, employers and university based groups and noted that innovative engagement methods, such as technology, were planned to enhance engagement with younger age groups. Progress would be monitored by the Quality and Finance Committee and reported to the Governing Body and the Council of Representatives.

### **The Governing Body:**

Noted the update.

## **11. Integrated Quality and Performance Governing Body Assurance Report**

MC presented the report which provided validated data as at November/December 2015 and January 2016 unvalidated data. In respect of Yorkshire Ambulance Service four hour handover performance MC reported concerns noting impact from significant numbers of patients with respiratory problems and flu. She also reported that there had been four 12 hour trolley breaches but that no adverse patient outcomes had been recorded at the time of the meeting as a result but that full investigations of all cases were underway. MC noted that York Teaching Hospital NHS Foundation Trust had responded to the Emergency Care Improvement Programme recommendations the impact being the requirement of an additional 38 members of staff. AP added that recruitment continued to be a significant issue and advised that the Unplanned Care Working Group was engaged in work to support the resolution of issues relating to the timing process of handovers.

In reporting that York Teaching Hospital NHS Foundation Trust had in the main met diagnostic performance targets – cystoscopy being an outlier – MC noted that there were currently 27 patients waiting longer than six weeks whereas at the same time in 2014/15 this number had been around 166. She highlighted however that this improved performance had a financial impact on the CCG, particularly in respect of non-obstetric ultrasound, due to sub contracting by York Teaching Hospital NHS Foundation Trust.

MC advised that the 18 week referral to treatment time had been impacted by the national winter plan of reducing surgery to allow for winter capacity. Achievement of the planned trajectory was consequently at risk.

All cancer targets were predicted to be achieved in December and all but the 62 day treatment following urgent GP referral were predicted for achievement in quarter 3. MC explained that the quarter 3 position related to a small number of patients and advised that pathway redesign was taking place.

In terms of healthcare associated infections MC reported that clostridium difficile was over trajectory. Work was taking place in respect of numbers of lapses of care therefore the total may reduce. There had been a case of MRSA at the end of January; this was being investigated.

MC noted that quality and performance reporting of the new Tees, Esk and Wear Valleys NHS Foundation Trust was being developed. She noted that there had been no significant performance or quality issues up to November 2015.

In respect of Improving Access to Psychological Therapies (IAPT) MC reported that there was capacity in the system for GP referrals and noted that a detailed breakdown of waiting times was being sought. She explained that there was a four to eight week waiting time for treatment but there was capacity for assessments. LB added that there may still be some data issues due to transfer from the previous mental health provider and noted that IAPT staff were being aligned to GP Practices. She also noted that first treatment within six weeks was a mandated performance target.

KR welcomed the update on the Tees, Esk and Wear Valleys NHS Foundation Trust contract and York Teaching Hospital NHS Foundation Trust performance. He highlighted that, following the recent tripartite meeting, work would focus on system transformation.

### **The Governing Body:**

Noted the quality and performance report.

## **12. Financial Performance Report**

TP presented the report which described the CCG's financial performance as at the end of December 2015 noting that the CCG was currently classed as an organisation in turnaround due to the deterioration in the financial position. She advised that this month 9 position was deemed to be a fixed year end forecast as far as possible and included the requirement to submit a full set of draft account forms. TP emphasised that there could be no deterioration from this position and every attempt would be made for improvement.

TP explained that extensive discussion had taken place in declaring the forecast year end deficit of £7.35m, £11.3m below plan. This was due to the decision to now include £3.03m of previously reported unmitigated risk in the forecast outturn position, further in month deterioration including £1.03m continuing health care and £0.23m mental health out of contract placements, and £1.89m following reassessment of all forecast positions in light of the PwC report. In noting that no further unmitigated risk was being reported, which assumed levels of activity for the remainder of the year, TP noted the potential for unforeseen costs to arise.

TP reported that the principles and parameters, discussed at item 6 above, would form the basis of the financial recovery. She also described transactional work, including discussion with providers on agreement of year end contract positions based on month 9, to enable the CCG to carry forward as low a deficit as possible in to 2016/17 and referred to the key actions detailed.

In respect of QIPP TP noted that schemes that had not delivered planned savings in 2015/16, including Dressings, Stoma Care and Continence, and Dermatology Indicative Budgets, would be carried forward in to 2016/17. RP explained that the focus was on developing a work programme for 2016/17 with a Programme Management Office approach and supporting governance arrangements.

In response to SS seeking clarification about evaluation of the 2015/16 Better Care Fund schemes and plans for 2016/17, RP reported that discussion was taking place with Martin Farran, City of York Council Director of Adult Social Care. She also noted that analysis and metrics of the current schemes were being collated to inform development of plans for 2016/17.

Further discussion included: explanation of the underlying financial position and requirement to pay back the deficit; the unexpected mental health out of contract cost pressure which was being analysed in the Internal Audit Partnership Commissioning Unit audit; and a change in approach for QIPP which would in future be aligned with the CCG's objectives and work plan notably the Primary Care Home.

### **The Governing Body:**

Noted the Financial Performance Report.

*VP attended for this item*

### **13. Update from the Partnership Commissioning Unit**

VP presented the report which described the main elements of the Partnership Commissioning Unit's work programme and provided an update on key objectives, also highlighting areas of risk and outlining their management.

In respect of continuing health care VP reported that the Partnership Commissioning Unit was on target to achieve the national 28 day turnaround for all Decision Support Tool assessments by April 2016. Analysis was taking place of the continuing health care budget to ensure appropriate commissioning was taking place and inform development of plans for 2016/17.

VP advised that an audit of Section 117 cases was currently taking place. She also advised that all out of contract placements, referred to by TP in the previous agenda item, were being reviewed in terms of eligibility of Section 117, continuing health care and local authority funding. This work was being carried out with North Yorkshire County Council and City of York Council. VP also noted a national trend in increased Section 117 eligibility due to Deprivation of Liberty Safeguards and mental health detention.

VP noted the development of a new co-produced Maternity Strategy, expected in 2016/17, which would support the choice and personalisation agenda in maternity services.

In regard to autism VP reported that a new assessment and diagnosis service was being commissioned from the Tuke Centre. A strategy was being developed for post diagnosis pathways.

A North Yorkshire Adult Mental Health Services Strategy had been developed in line with joint working on implementation plans; a similar strategy was being developed with City of York Council. Work was taking place with primary care in respect of national dementia targets and ongoing monitoring was taking place of Improving Access to Psychological Therapies activity. The main focus on the mental health contract with Tees, Esk and Wear Valleys NHS Foundation Trust was to ensure robust forecasting and also to ensure efficient commissioning of appropriate care packages.

VP welcomed the audit being undertaken by Internal Audit noting its importance in respect of governance processes. She also advised that robust processes had been put in place for authorisation of high cost packages noting TP's involvement to ensure CCG authorisation.

In referring to *Building the right support*, NHS England's new national plan for learning disability services, VP advised that work was taking place to enhance provision of robust community services. She also referred to work with the CCG and Tees, Esk and Wear Valleys NHS Foundation Trust on development of a local offer for Personal Health Budgets and noted that the CCG's mental health transition plans would be monitored through monthly quality group meetings and the contract management board.

Members sought and received clarification on a number of aspects of the report, including in respect of children with eating disorders. In this regard VP noted that *Future in Mind* related to services for young people and LB added that confirmation was awaited of pan North Yorkshire negotiation with Tees, Esk and Wear Valleys NHS Foundation Trust regarding children up to 16 years of age.

SP referred to the request by the Audit Committee for a detailed review to be undertaken by Internal Audit in view of concerns about the impact of the continuing health care financial pressure on the CCG. VP responded that some of these costs had been unpredictable and offered assurance of robust governance structures, including a weekly exceptions panel. She noted that a report was being presented to the Partnership Commissioning Unit Management Board on 11 February and that its actions and those from the audit would be implemented.

### **The Governing Body:**

Noted the update from the Partnership Commissioning Unit.

#### **14. Financial Policies Update and Review of Scheme of Delegation**

TP reported that a full review had taken place of the CCG's Detailed Financial Policies and Scheme of Delegation which would now be reviewed annually. She highlighted the changes noting that, subject to minor amendments which had now been incorporated, the Audit Committee had approved the documents at its meeting on 8 December 2015.

TP advised that the temporary additional financial controls, effective from 25 August 2015 and now formally incorporated in the Scheme of Delegation, would be in place until reviewed.

##### **The Governing Body:**

Approved the updated Detailed Financial Policies and Scheme of Delegation.

#### **15. Procurement Policy**

TP reported that the draft Procurement Policy had been considered by the Audit Committee on 8 December 2015 and, following their concerns about the level of detail, had been reviewed by the CCG's Governance Team and Chief Finance Officer whose view had been that the detail should remain. However, in response to the Audit Committee's comments the accompanying user friendly guide had been developed. Both documents would be on the CCG's website.

##### **The Governing Body:**

Approved the Procurement Policy and associated Summary Guide of Key Points.

#### **16. Equalities 2015 Annual Report**

RP referred to the Equality Strategy Implementation Plan Performance Report for 2015 which described progress against equality objectives and set out recommendations for work in 2016.

##### **The Governing Body:**

1. Noted the Equalities 2015 Annual Report.
2. Noted the national requirement for equalities progress reports to be published online by 31 January in the calendar year following the year to which the report related, i.e. published by 31 January 2016 for the year 2015.

#### **17. Revised Terms of Reference for the Primary Care Co-Commissioning Committee**

Following the CCG's decision to separate the Quality and Finance Committee and the Primary Care Co-Commissioning Committee RP presented the revised terms of reference for the latter which would be renamed the Primary Care Commissioning Committee. She noted the composition of the membership in view of managing the potential conflict of interests for clinical members and confirmed that the terms of reference were based on national guidance.

### **The Governing Body:**

1. Approved the terms of reference which established the Primary Care Commissioning Committee as a separate committee of the Governing Body.
2. Noted that the Quality and Finance Committee Terms of Reference would be revised.

### **18. Quality and Finance Committee Minutes**

#### **The Governing Body:**

Received the minutes of the Quality and Finance Committee of 19 December 2015 and 21 January 2016.

### **19. Audit Committee Minutes**

SP highlighted that by December 2016, for the first time, the CCG was required to procure external audit services noting that a collaborative approach with the other North Yorkshire CCGs had been adopted. A proposed audit panel would be presented to the Governing Body for approval in the near future.

#### **The Governing Body:**

Received the minutes of the Audit Committee of 8 December 2015.

### **20. Medicines Commissioning Committee**

#### **The Governing Body:**

Received the recommendations of the Medicines Commissioning Committee of 16 December 2015.

### **21. Next Meeting**

#### **The Governing Body:**

Noted that the next meeting was on 7 April 2015 at 10am at West Offices, Station Rise, York YO1 6GA.

### **22. 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. KR additionally reported that a similar meeting had taken place on 7 January 2016.

### **23. 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 4 FEBRUARY 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS**

<b>Meeting Date</b>	<b>Item</b>	<b>Description</b>	<b>Director/Person Responsible</b>	<b>Action completed due to be completed (as applicable)</b>
6 August 2015  3 December 2015	Chief Clinical Officers Report	<ul style="list-style-type: none"> <li>• Compact arrangements to be established with York and East Riding of Yorkshire</li> </ul>	SB/RP	3 December 2015  Ongoing
4 February 2016	Turnaround	<ul style="list-style-type: none"> <li>• Clarification regarding the CCG's presentation on the allocation graph to be sought</li> </ul>	TP	