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 2 October 2014 at West Offices, Station Rise, York YO1 6GA

Present

Professor Alan Maynard (AM)	Chair
Dr Louise Barker (LBa)	GP Member
Mr David Booker (DB)	Lay Member
Miss Lucy Botting (LBo)	Chief Nurse
Dr Emma Broughton (EB)	GP Member
Dr Paula Evans(PE)	Council of Representatives Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Hughes (TH)	GP, Council of Representatives Member
Dr Tim Maycock (TM)	GP Member
Mr John McEvoy (JM)	Practice Manager Member
Dr Shaun O'Connell (SO)	GP Member
Dr Guy Porter (GPo)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Ms Julie Hotchkiss (JH)	Acting Director of Public Health, City of York Council
Ms Michèle Saidman (MS)	Executive Assistant
Mr Richard Webb (RW)	Corporate Director of Health and Adult Services, North Yorkshire County Council

Apologies

Dr John Lethem (JL) – Non Voting	Local Medical Committee Liaison Officer, Selby and York
Dr Andrew Phillips (AP)	GP Member
Mr Keith Ramsay (KR)	Lay Member and Audit Committee Chair

Thirteen members of the public were in attendance.

AM welcomed everyone to the meeting. He particularly welcomed LBa and PE to their first meeting and MA-M who would be Interim Chief Finance Officer whilst TP was on maternity leave. AM noted that his proposal at the previous meeting, for discussion of reports to be led by members other than the authors, would be adopted for a number of agenda items.

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

Virginia Hatton

When will the Vale of York CCG start to offer or commission continuity of midwifery care (caseloading / one to one care) for women in York? Government policy states that personalised care should be received from a named carer throughout the maternity pathway. (Andrew Lansley, Sec of State for Health, 2012). Currently York does not provide this. The latest medical evidence also demonstrates that personalised care provides the following benefits which would also lead to a reduction in NHS costs (Sandall J et al, 2013):

- *19% less likely to lose a baby before 24 weeks*
- *23% fewer pre-term births*
- *12% fewer instrumental deliveries*
- *16% fewer episiotomies*
- *17% fewer had an epidural or spinal*
- *20% fewer had their waters broken*

EB welcomed the question and advised that York Teaching Hospital NHS Foundation Trust was currently undergoing a review using the Birth-rate Plus Tool to assess the baseline figures for continuity of care. The outcomes, which were not yet available, would be used as a starting point for benchmarking.

EB noted that regionally she was a member of the Maternity Network which was reviewing maternity services and that locally the Maternity Services Liaison Committee was working with the Partnership Commissioning Unit on identifying good maternity service provision.

EB referred to the King's Fund Report and National Maternity Committee reports reviewing the benefits of continuity of care in terms of hospital led or community led care. York Teaching Hospital NHS Foundation Trust implemented a 'hybrid model' with a named midwife and/or ante natal team but practice was variable on the labour ward in respect of continuity of care. However, work was taking place in this regard around midwife ratios within the associated challenge of the European Working Time Directive; use of birthing pools and other low risk midwife-led care was increasing. The Birth-rate Plus Tool, Picker Maternity Survey 2013, and Friends and Family Test would be used to inform service development.

EB reported that a Maternity Dashboard was currently being developed. This would report local performance against regional and national targets to the Quality and Finance Committee and Governing Body. The aim was to ensure quality, safe maternity services were offered for all women regardless of the level of risk.

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 members' interests in relation to the business of the meeting.

3. Minutes of the Meetings held 7 August 2014

The minutes of the meeting held on 7 August were agreed, subject to amendment at the resolution to read '... the meeting held on 5 June...'.

The Governing Body:

Approved the minutes of the meeting held on 7 August 2014 subject to the amendment above.

4. Matters Arising from the Minutes

Chief Clinical Officer Report: In response to AM's request for an update on Increasing Access to Psychological Therapies (IAPT) MH reported that plans were in place with Leeds and York Partnership NHS Foundation Trust to improve performance to 8% by January 2015 and 10%, against the target of 15%, by the end of the financial year. He noted that Tees, Esk and Wear Valleys NHS Foundation Trust were expected to achieve 15% by the end of the financial year.

Integrated Quality and Performance Report: In respect of falls with fractures at York Teaching Hospital NHS Foundation Trust LBo advised that work was continuing with the Medical Director and Patient Safety Team. She noted that there had been a slight improvement and that work was also continuing with community hospitals to implement improvements.

Items on the schedule of matters arising were agenda items or still under consideration.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

MH presented his report which included updates on appointment of AP as Interim Deputy Chief Clinical Officer; CCG appointments; the Annual General Meeting; Senior Management Team decisions and discussions; re-procurement of the elective orthopaedic service; coeliac disease treatment pathway and the prescribing

of gluten free products; system resilience; communications; public and patient engagements; and tripartite planning arrangements for 2015/16 and NHS Forward View.

MH highlighted AP's appointment to address any perceived conflict of interest due to his Labour Party candidacy for Selby and Ainsty. He referred to the coeliac disease work to improve diagnosis through blood test and biopsy and the close working with York Teaching Hospital NHS Foundation Trust to improve performance of the 18 week referral to treatment performance target through NHS England funding, noting implementation of 115% tariff until the end of November 2014.

MH advised that he was meeting with the local press to improve reporting of the local health system. He noted in particular the good working relationship with York Teaching Hospital NHS Foundation Trust citing the integration pilot with Selby, based at the community hospital, and with Priory Medical Group with which City of York Council was also involved.

MH noted the tripartite planning arrangements for sign off the 18 week referral to treatment plans, namely NHS England, Monitor and the NHS Development Authority.

LBo advised that Sheena White had been appointed as Quality Improvement Analyst, not Head of Quality and Improvement.

AM sought clarification of the Senior Management Team decision to implement NICE guidance relating to varicose veins in principle subject to confirmation of the potential impact. SO reported that he was arranging a meeting with the Head of Vascular Surgery to inform a commissioning decision. EB noted that the change related to full implementation of a change in procedure. Discussion ensued regarding potential increased activity, workforce capacity, sharing of outcomes data, and outcomes from surgical and non surgical procedures.

The Governing Body:

Noted the Chief Clinical Officer Report.

6. NHS Vale of York CCG Assurance Update

DB referred to the report, which was one of a range of assurance measures against performance, and described the process from which the report emanated. The information related to 2013/14 Quarter 4 performance under the headings Focus, Assurance level, Achievements to note and examples of good practice, Issues identified, Any issues identified requiring further action and actions agreed. DB explained that the Area Team would provide support for areas assessed as 'assured with support' and noted that there were no areas assessed as 'not assured'.

DB reported that the 2014/15 Quarter 1 meeting had taken place on 16 September 2014 where issues identified had included 18 week referral to treatment and A and E performance at York Teaching Hospital NHS Foundation Trust. A further update would be provided on receipt of the report.

RP added that the content of the 2013/14 end of year report was as expected and welcomed recognition of areas of best practice, such as Appreciative Inquiry and the Virginia Mason work particularly in regard to continuing healthcare.

Members discussed concern at the reference to primary care variation under 'Are patients receiving clinically commissioned, high quality services?' noting that on receipt of detailed information the variation was not as great as had initially appeared. They sought and received clarification that the Standard Hospital Mortality Information was one of a number of mandated performance indicators used to measure patient mortality rates and that the cancer peer review concerns had been addressed. RP advised that the latter had related to the skin cancer multi disciplinary team at York Teaching Hospital NHS Foundation Trust and availability of out of hours specialist consultant advice for paediatric diabetes.

The Governing Body:

Noted the Quarter 4 Assurance Report from the NHS England North Yorkshire and Humber Area Team.

7. Better Care Fund

MH reported that the Better Care Funds agreed with North Yorkshire County Council, City of York Council and East Riding of Yorkshire Council had been submitted as required. Details were being completed following assurance teleconferences; final notification was expected at the end of the month.

RW referred to the late change in rules for submissions and expressed appreciation on behalf of North Yorkshire County Council to the CCG for the work on the plans.

MH highlighted the role of John Ryan, Service Delivery Lead, in ensuring completion of the Better Care Fund requirements with the three local authorities.

The Governing Body:

1. Noted the update.
2. Expressed appreciation to John Ryan for his work on the Better Care Fund.

8. Integrated Quality and Performance Report

SO presented the exception report which provided information on unplanned care, planned care and mental health. He expressed appreciation to LBo and her team for the improved format.

In regard to unplanned care SO noted that Category A (Red 1) and Category B (Red 2) 8 minute ambulance response times for August were respectively 65.7% and 75.1% against a performance target of 75%. A recovery plan was in place with the aim of consistently achieving this target by December 2014. The Unplanned Care Working Group had plans in place to support achievement of the four hour A and E waiting time target of 95%, currently at 92.5%. SO highlighted that this was a national target, which posed a challenge due to the volume of patients.

In respect of planned care SO described concerns relating to diagnostic waiting times - patients who waited more than six weeks - with particular reference to cystoscopy, due to lack of theatre staff, and MRI scans. Work was taking place to address this through the System Resilience Group, chaired by NHS Scarborough and Ryedale CCG and attended by NHS Vale of York CCG and York Teaching Hospital NHS Foundation Trust, which had met for the first time. Options under consideration included sub contracting.

Work was taking place on primary care access to MRI scans, currently managed by the Musculo Skeletal (MSK) Service; this included consideration of access via the Referral Support Service (RSS).

The CCG was working with providers in the Planned Care Working Group to understand referral to treatment time issues. Dr Joan Meakins, GP Cancer Lead, was working with breast surgeons to address capacity issues and review the pathway of patients within the two week wait criteria.

Delayed transfers of care were presented for both national and local positions. The main issues locally related to social care capacity which would be addressed by the Better Care Fund.

In respect of mental health services SO referred to the discussion at item 5 above about IAPT noting the additional investment to increase performance. The expectation was for achievement of the 15% target by the end of Quarter 2 in 2015.

LBo added that referral to treatment baseline trajectories had been reviewed at a meeting the previous day with York Teaching Hospital NHS Foundation Trust. Work would continue to achieve performance targets, ensuring quality services for patients, by the end of Quarter 4.

In response to AM seeking clarification of the Quarter 1 breast performance data, LBo advised that the increased activity appeared to relate to those being referred for breast pain. She noted that Dr Joan Meakins was exploring this under system resilience. Amalgamation of the York and Scarborough services from 1 August was an interim measure. JH added that breast screening services were now the responsibility of Public Health England. She noted that a report at the Strategic Screening Group had indicated that delays in symptomatic breast screening were beginning to impact on asymptomatic screening. This was attributed to radiographer workforce issues.

EB welcomed the establishment of the Psychiatric Liaison team at York Hospital for patients with mental health issues in A and E and noted that communication to GP practices was required. She also noted the need for GPs to receive feedback about the GP in hours scheme that reduced conveyance to A and E.

The Governing Body:

Noted the Integrated Quality and Performance Report.

9. Finance, Activity and QIPP Report

JM presented the Finance, Activity and QIPP Report as at 31 August 2014, month 5. The forecast 0.57% surplus was on plan for achievement. An increase of c£328k programme costs was counteracted by an equivalent underspend in running costs. There were overtrades with Leeds Teaching Hospital NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust and Nuffield Hospital which were balanced by undertrading with York Teaching Hospital NHS Foundation Trust. The financial position with mental health services continued to cause concern; weekly updates were being provided by the Partnership Commissioning Unit.

JM noted that, based on month 3 data and the latest national profiling, the prescribing position continued to be a forecast underspend.

The 0.5% contingency had been released to address the expected QIPP shortfall. Work was focusing on optimising delivery of QIPP schemes; additional management resources from the Commissioning Support Unit (CSU) and the CCG had to support this.

In response to JM seeking clarification about the non recurrent funding for referral to treatment and further GP IT allocations, TP advised of the expected release of the system resilience funding in the month 6 or month 7 allocation. Partnership working was taking place and plans were being developed for implementation in advance of the release of the funding.

In regard to the best and worst case scenarios TP expressed confidence of delivery of the c£2m surplus. She noted that work was taking place with providers and partners to mitigate any remaining risk and emphasised the importance of contract management. TP also highlighted the requirement to deliver QIPP and reiterated the focus on the existing schemes.

Members discussed in detail the overtrades with a number of providers, notably in trauma and orthopaedics at Ramsay and Nuffield Hospitals, in the context of the undertrade at York Teaching Hospital NHS Foundation Trust; the impact of patient choice was also noted. TP advised that detailed analysis by specialty was taking place. She also noted recent progress in addressing the backlog of 18 week referral to treatment performance and the role of the referral to treatment funding to deliver this national target.

In response to SO's reference to Category M drug pricing, TP advised that the changes were not included in the report and would therefore comprise an additional cost pressure.

TH sought clarification on the potential to utilise the RSS to improve quality of primary care, ensure appropriate referral including in relation to capacity and workforce issues in secondary care, and inform timing for forward planning. TP responded that there was evidence that the RSS was managing referrals in some specialties and further work was taking place to gain an understanding of referral issues. SO noted that the CCG was planning to share referral data with practices on an individual practitioner basis which would inform improvement in referrals. LBo added that the CCG was now able to identify by specialty numbers waiting for planned care via the 'Unify' system, though this did not include detail by GP practice.

EB noted that a culture change was required as a result of the guidance and support provided by the RSS. This was being progressed via individual GP appraisals.

AM expressed concern that activity at York Teaching Hospital NHS Foundation Trust would increase to contract level but activity at Ramsay and Nuffield Hospitals would also continue. TP emphasised that detailed work was being progressed to understand activity levels with providers and to manage contracts. She did not foresee that this would be an issue based on previous experience and the fact that overall activity was within contracted levels.

The Governing Body:

Noted the Finance, Activity and QIPP Report.

10. Proposal to Extend the Current Service Level Agreement with the North Yorkshire and Humber Commissioning Support Unit for a Period of 18 months

In presenting this report TM noted the NHS England requirement for CCG Service Level Agreements (SLAs) with CSUs to be for a period of 18 months; the original contract had ended on 30 September 2014. This was a complex agreement comprising an overarching SLA supported by 16 detailed service specifications, ten of which had been agreed at the time of writing the report. TM advised that the long standing concerns continued in regard to a number of areas, highlighting GP Information Technology in this regard, and noting the expectation of regular updates.

RP reported that three of the outstanding specifications had now been finalised; agreement was outstanding on those relating to Business Intelligence, Information Management and Technology, and Procurement. She explained that each service specification had key performance indicators and a formal CSU Contract Management Board was being established. The Quality and Finance Committee would receive regular reports and there would be a structured approach to rectification of concerns, with financial credit where appropriate.

RP noted that the four North Yorkshire CCGs were working collaboratively to define a core offer which would be complemented by tailored options for each. This would maximise the benefits of collaborative commissioning and consistency of service specifications. RP additionally noted that the newly merged Yorkshire and Humber CSU was applying to the national Lead Provider Framework being established by NHS England. She highlighted that there would be a mixed economy from which to commission services.

The Governing Body:

1. Approved the overarching Commissioning Support Unit Service Level Agreement and the individual service specifications that defined the services provided on behalf of NHS Vale of York Clinical Commissioning Group.
2. Welcomed the establishment of rigorous contract management arrangements.

11. CCG and Specialist Commissioning Responsibilities

EB referred to the report, presented at the request of the Governing Body, incorporating two annexes: all specialised services in the five national Programmes of Care and an update from NHS England on development of specialised services commissioning intentions and Five Year Strategy. The Manual for Prescribed Specialised Services 2013/14 detailed CCG and NHS England commissioning of the Programmes of Care services. Consideration was currently taking place of which may be better commissioned by CCGs.

MH reported on attendance at a Commissioning Assembly meeting noting the expectation that CCGs would form ten groups across the country for commissioning specialised services. He also referred to the development of primary care co-commissioning. Discussion ensued on joint working with other CCGs.

The Governing Body:

Noted the update.

12. Referral Support Service Progress Report

GPo presented the report which described progress of the RSS project in terms of referral activity, triage, guidelines, pathway development, patient satisfaction, and choose and book. He particularly welcomed progress on GP electronic referrals.

EB and SO clarified that 16.9% of the overall return rate of first attendance referrals was from reviewers. Work was taking place with the software providers to identify numbers of referrals returned to General Practice and re-referred within four weeks. The RSS aimed to reflect improved referral activity across all practices. SO noted that the quality of referral letters had improved and that guidelines on the website were being followed. This should contribute over time to a reduction in referrals.

In regard to expanding the specialties included in the RSS, SO advised that increased capacity was being sought from GPs and through discussion with colleagues at York Teaching Hospital NHS Foundation Trust. He noted that six GPs had taken up the offer of funding for diploma courses and that a neurologist and a gastroenterologist had expressed an interest; there were also potentially two dermatologists.

In regard to national referral data by specialty SO agreed to look into incorporating information in future reports to provide a comparison with local activity levels.

TH commended the work achieved by the RSS highlighting that it contributed to reducing unnecessary variation in care. He welcomed the approach of peer support. Further development would be welcomed, including linking to financial performance.

EB noted that educational events were taking place focusing on learning needs. Members of the Innovation and Improvement Team were engaged in developments to improve pathways.

JH apologised that due to capacity issues the Stop Before Your Op initiative had not yet been evaluated. She agreed to discuss with EB the potential for a student to undertake this work.

The Governing Body:

1. Noted progress made on the Referral Support Service project and welcomed the quality of care improvements.
2. Noted that JH would discuss with EB evaluation of the Stop Before Your Op initiative.

13. Policies

Sponsorship Policy, Policy on Business Conduct, Conflict of Interest Policy

RP reported that the three policies presented had previously been considered by the Senior Management Team and the Audit Committee. Following approval by the Governing Body they would be communicated to staff and members.

The Governing Body:

Approved the Sponsorship Policy, Policy on Business Conduct, and Conflict of Interest Policy.

14. NHS Vale of York CCG Quality and Finance Committee

The Governing Body:

Received the minutes of the Quality and Finance Committee of 21 August 2014.

15. Medicines Commissioning Committee

The Governing Body:

Received the minutes and recommendations of the Medicines Commissioning Committee of 16 July and the recommendations of the meeting of 17 September 2014.

16. Next Meeting

The Governing Body:

Noted that the next meeting was on 4 December 2014 at 10am at West Offices, Station Rise, York YO1 6GA.

17. 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.

18. 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 2 OCTOBER 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 November 2013	CCG Decision Making and Performance Arrangements	• Review of Performance and Finance Committee	RP/LS	Six months after implementation – May 2014, to be Confirmed Completed as part of Committee Review
6 March 2014	Audit Committee Reforms and Lay Representation	• Proposals for additional Lay representation at CCG decision making meetings to be presented • Options to be developed to increase opportunities for non Governing Body clinical representatives to attend decision making meetings	LS LS	3 April 2014 meeting Completed as part of Committee Review

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 August 2014	Matters Arising: QIPP Update	• Meetings with Lay Members of provider organisations to be progressed	AM/KR	
2 October 2014	Referral Support Service Progress Report	• Evaluation of Stop Before Your Op to be discussed	EB/JH	