

Annual General Meeting
Thursday 20 September 2018
Main Hall, Priory Street Centre, 15 Priory Street, York YO1 6ET
AGENDA

2pm	Welcome address Minutes of the Annual General Meeting held on 21 September 2017	Dr Nigel Wells Clinical Chair
2.15pm	Our journey towards transformation	Dr Kev Smith Executive Director of Primary Care and Population Health
2.25pm	Putting quality and patient experience first	Jenny Brandom Deputy Chief Nurse
2.35pm	Showcase – our work with our Partners in Care	
2.45pm	A summary of the 2017-18 Annual Accounts	Michael Ash McMahon Deputy Chief Finance Officer
2.55pm	Q&A session Questions submitted in advance of the meeting	Dr Nigel Wells Clinical Chair
3.10pm	Closing remarks	
3.15pm	Refreshments	
3.30pm	Close and vacate venue	

The CCG's Annual Report and Accounts for 2017-18 are available
at: http://www.valeofyorkccg.nhs.uk/data/uploads/03q_ccg_annual_report_2017-18_final.pdf

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ANNUAL GENERAL MEETING

21 September 2017

The Main Hall, York CVS, Priory Street, York

ATTENDEES

Members of the public, stakeholders, stall holders and CCG staff, including representatives from:

Age UK, York
Cloverleaf Advocacy
Dementia Forward
Defend Our NHS, York
Friends of St Monica's Hospital
Healthwatch York
Mental Health Action York
National Osteoporosis Society
Nuffield Health
Older Citizens Advice York
Parkinson's UK
Public Health Collaboration
City of York Council
York Advocacy Hub
York Carers Centre
York CVS
York People First
York Racial Equality Network
YorWellbeing

Council of Representatives

York Medical Group	Dr Paula Evans (Chair)
Beech Tree Surgery	Dr Nigel Wells
Beech Tree Surgery	Dr Saad Djoukhadar (GP Registrar)
Elvington Medical Practice	Dr David Lightwing
Escrick Surgery	Dr Jeanette Lenthall
Front Street Surgery	Dr Gordon Orr
Haxby Group Practice	Dr Mark Pickard
Helmsley Surgery	Dr Nick Wilson
Millfield Surgery	Dr Lorraine Boyd (LB)
MyHealth	Dr Russell Saxby
Pickering Medical Practice	Dr James Coppack
Pocklington Group Practice	Dr James Laing
Posterngate Surgery	Dr Richard Stockley
Priory Medical Group	Dr Lesley Godfrey
Scott Road Medical Centre	Dr Ruth Walker

Sherburn Group Practice
South Milford Surgery
Stillington Surgery
Tadcaster Medical Centre
Tollerton Surgery
Unity Health
York Medical Group
York Medical Group
Training Programme Director
Selby and York Local Medical
Committee

Dr Andrew Peel
Dr Peter Kemp
Dr Peter Jones
Dr Andrew Inglis
Dr Sarah Utting
Dr Richard Wilcox
Dr Andrew Field
Zulf Ali (Chief Executive Officer)
Dr Stuart Calder – Deputy Chair
Dr Aaron Brown

Apologies

Dalton Terrace Surgery
Kirkbymoorside Surgery
Old School Medical Practice

CCG

Keith Ramsay (KR)
Dr Louise Barker
Dr Emma Broughton
Michelle Carrington (MC)
Dr Shaun O'Connell (SOC)
Dr Andrew Phillips (AP)
Rachel Potts (RP)
Tracey Preece (TP)
Sheenagh Powell
Michèle Saidman

CCG Lay Chair
Clinical Director
Clinical Director
Executive Director of Quality and Nursing/Chief Nurse
Joint Medical Director
Joint Medical Director
Executive Director of Planning and Governance
Chief Finance Officer
Lay Member and Audit Committee Chair
Executive Assistant

Apologies

Dr Arasu Kuppaswamy

Consultant Psychiatrist, South West Yorkshire
Partnership NHS Foundation Trust – Secondary Care
Doctor Member
Accountable Officer

Phil Mettam

Welcome address and minutes of the previous Annual General Meeting – Dr Paula Evans (PE)

PE welcomed everyone to the meeting on behalf of the CCG member Practices and commented on the large number of people in attendance. She advised that RP, who had been with the CCG from its beginning, was retiring at the end of the month and expressed sincere appreciation for her contribution to the organisation.

PE referred to the minutes of the Annual General Meeting held on 27 September 2016 which were agreed.

PE explained that the AGM was a requirement for review of operational and financial performance over the past year and highlighted that the financial issues across the

health and social care system remained the most significant concern. She noted that the Council of Representatives, comprising 26 GP Practices representing the local population, met monthly with the aim of considering how to continue to deliver the best care within the financial constraints. PE highlighted that relationships with patients were key to informing commissioning decisions and that GPs used their patients' experiences for this. The recent programme of 27 engagement events, attended by more than 500 people, had produced four themes: waiting times for GP appointments, quality of and access to mental health services, length of time spent in hospital, and communication and signposting of alternative support and care outside the traditional methods and routes. A locality based approach across the Vale of York had been adopted with Locality Delivery Boards being established for the North, Central and South Localities comprising, in addition to local GPs, representatives from the acute and mental health trusts, local authorities and voluntary sector partners.

PE cited examples of the work being undertaken in each locality. Common themes for all were same day urgent access, the frail and vulnerable, and self care.

- North: a shared framework for management of the frail and vulnerable and Macmillan Nurses working in Practices.
- Central: self care and self management, with the CVS. The York Integrated Care Team had been rolled out to cover most Practices since January 2017.
- South: As above.

PE referred to relatively low levels of deprivation, good employment and facilities in the area but emphasised that the current level of health service provision was unaffordable. In particular, the local authority was promoting a strengths asset based approach which would utilise these. There was a need to change from a traditional GP and hospital model to alternatives based in the community and provided by agencies including the voluntary sector. PE also noted the need for an approach on prevention.

PE highlighted that diversification of the workforce was required in response to recruitment issues in, and in order to sustain, General Practice and provide for instance good access to care. This would include signposting, allied health professionals, home visits by paramedics and pharmacists. PE offered assurance that these changes, which would contribute to improving access to care, would be accompanied by appropriate clinical supervision.

PE also referred to the developing accountable care system in respect of both health and social care. With regard to the Sustainability and Transformation Plan, PE noted that she and LB represented Vale of York primary care at that level.

PE described the recognition and importance of clinical leadership in improving services and quality of care. She requested continued public engagement in the difficult decisions that were now required to ensure best value from available resources highlighting that, as well as immediate health needs, changes were required for the long term health of the community.

Overview of achievements and successes in 2016-17 – Dr Shaun O’Connell (SOC)

SOC highlighted the good work of General Practices within the CCG despite the recruitment issues and referred to the need for joint working to address the financial challenges through taking cost out of the system.

SOC described the CCG’s work in respect of:

- Supporting member Practices through clinical and financial collaboration.
- Managing medicines and finances.
- Improving patient health and quality of life with an efficient use of resources. The CCG had received national recognition for a number of areas of work.
- Integrating health and social care
- Supporting planned care

SOC emphasised the need to continue to take costs out of the system but at the same time maintaining good quality services.

Delivering quality healthcare services – Michelle Carrington (MC)

MC explained key achievements in quality improvement to ensure continuing high quality services. She also described how assurance was provided and noted that patient experiences were used to inform improvements to services.

Working with patients and partners included 83 residential and nursing care homes in the CCG. This elderly and vulnerable population was well supported by GPs but the CCG was working to avoid hospital admissions and support staff in terms of resilience. MC noted that this work was a focus in the Central Locality and included learning from national evidence.

A summary of the 2016-17 Annual Accounts – Tracey Preece (TP)

TP advised that the 2016-17 accounts were available on request or on the CCG website at <http://www.valeofyorkccg.nhs.uk/data/uploads/annual-report-2016-17-submitted-final.pdf> and noted the role of the wider Finance Team in supporting and helping deliver all the CCG’s achievements.

With regard to financial performance TP reported that the CCG had met key statutory financial targets with the exception of expenditure not exceeding income and achieving 1% planned revenue surplus. This had resulted in the CCG receiving an unqualified audit opinion on the Annual Accounts from its external auditors, Mazars, but a modified Regularity Opinion and adverse Value for Money Opinion. Mazars had also issued a report under Exercise of Statutory Reporting Powers due to the failure to meet statutory financial targets.

TP described the 2016-17 programme costs in respect of acute services, mental health services, community services, other services (including continuing health care and funded nursing care), primary care and primary care commissioning. The 2016-17 running costs were reported in terms of pay and non pay.

TP explained the process of the Financial Plan for 2017-18 and 2018-19, respective forecast deficits of £30.1m and £27.2m, noting that the plan had not yet been accepted by NHS England and referring to the national position of the NHS not living within resources. TP however advised that through working with NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust there were a number of indications of stabilisation in the system. These included the fact that the York Teaching Hospital NHS Foundation Trust contract position was not continuing to deteriorate and that savings were being achieved in planned care through the Referral Support Service ensuring appropriate referrals.

In summary the financial position was forecast to stabilise through 2017-18 and to achieve in year balance in 2018-19.

Questions from Members of the Public

Diane Robinson

What plans are being made by the CCG with partner organisations to improve End of Life Care, particularly in view of the Humber, Coast and Vale Sustainability and Transformation Plan for "Place Based Care" with the aim of "Changing how people access primary and community care and Integrating the different services that provide care to patients" and how are service users involved in these plans?

Response

AP advised that there was a need for understanding of provision of End of Life Care across the Sustainability and Transformation Plan and that this should be included in the work of its Clinical Reference Group. He referred to the CCG's localities in relation to place based care, as described by PE earlier in the meeting, noting that the majority of End of Life Care was provided through primary care. End of Life Care was also a key element of the Care Quality Commission assessment of General Practice and all Practices in the CCG were rated as 'Good' in this regard. AP also explained that a technology platform was being considered to enhance coordinated End of Life Care for patients and their families.

Service user involvement in plans would be via the regular consultation processes.

Gwen Vardigans- Defend Our NHS (York)

Bassetlaw CCG has already had substantial cuts in services and many areas are becoming accountable care systems but through accountable care organisations that are largely private. Following the announcements of the extreme financial problems of York Teaching Hospital NHS Foundation Trust and the Vale of York financial deficit, how will there be money to introduce and maintain the Sustainability and Transformation Plan footprint in the Yorkshire and Humber area without cuts in services?

Response

SOC referred to the financial challenge described by TP and explained that accountable care would inevitably require service change. The aim was for all parts of the system to be incentivised to address the challenge of taking cost out, reducing waste and stopping people unnecessarily travelling to hospital. Every effort would be made to not reduce quality of care and any changes would be to ensure value for money. SOC offered assurance that the CCG would consult on proposed service changes.

Sarah Fittell, Local Campaign Officer – North of England Parkinson's UK

What plans does Vale of York CCG have to address issues and costs associated with the poor Parkinson's and MS services?

For example, you can only access the Parkinson's nurse if you are under a neurologist, but not if you are under a Care of the Elderly consultant. As you can imagine that is a big problem for a lot of people with Parkinson's in this area. I am happy to provide more information if that would be helpful.

Response

MC referred to recommendations from a review of neurology services instigated by the CCG a few years ago through the auspices of the Neurological Commissioning Services. These had included the bolstering of community nursing within Parkinson's services, as well as other neurological conditions such as headaches and epilepsy. Progress had been made within headache and epilepsy services. However the CCG's financial challenges had meant it had not been possible to prioritise this.

The CCG had welcomed Parkinson UK's proposal to pump-prime the funding of a Parkinson's Specialist Nurse in the community for 12 months. This was being discussed at a meeting with them on 26 September.

MC explained that the issue of accessing a Parkinson's nurse for elderly patients in York Teaching Hospital NHS Foundation Trust was due to capacity in the hospital. She was in discussion with the Director of Elderly Care and the Consultant about improvements to pathways and would provide further information in due course.

Kath Briers, York National Osteoporosis Society Support Group

What progress has been made with the development of a Bone Protection Service in York?

Response

SOC reported that the CCG had previously developed a model of care for osteoporosis but acknowledged that it proved to be overly complicated to be effectively actioned in General Practice. This had been compounded by the fact that GPs were not informed of types of fragility fracture when patients were discharged. A revised model, incorporating National Osteoporosis Society guidance, was being finalised for discussion at the CCG Clinical Executive prior to implementation in General Practice.

Closing Remarks – Keith Ramsay (KR)

KR stressed that, despite the financial position, the CCG's aim was to ensure quality services for patients and to progress the themes from the recent engagement. He also noted the need for engagement across the five pillars of the system - primary care, acute care, social care, mental health and the voluntary sector - and encouraged continued constructive engagement across the health and social care system including via GPs, localities and Healthwatch.

Finally, KR expressed appreciation for the number of people attending the meeting and to everyone working in the health and social care system.