NHS
Vale of York
Clinical Commissioning Group

Minutes of the Finance and Performance Committee Meeting held on 3 July 2018 at West Offices, York

Present

David Booker (DB) (Chair)	Lay Member and Finance and Performance Committee Chair
Michael Ash-McMahon (MA-M)	Acting Chief Finance Officer
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Keith Ramsay (KR)	Lay Member and Chair of Primary Care Commissioning Committee, Quality and Patient Experience Committee and Remuneration Committee
Dr Kevin Smith (KS)	Executive Director of Primary Care and Population Health

In attendance

Caroline Alexander (CA) – part	Assistant Director of Delivery and Performance
Jo Baxter (JB) – part	Executive Assistant
Abigail Combes (AC) – part	Head of Legal and Governance
Phil Goatley (PG) - part	Lay Member and Audit Committee Chair
Dharminder Khosa (DK) - part	Turnaround Director
Stephanie Porter (SP) – item 13	Deputy Director – Estates and Capital Programmes, NHS Hambleton, Richmondshire and Whitby CCG and NHS Vale of York CCG
Vicki Robinson (VR) - part	Attain
Michele Saidman (MS)	Executive Assistant
Rachael Simmons (RS) - part	Corporate Services Manager
Jon Swift (JS) - part	Director of Finance, NHS England North (Yorkshire and the Humber)
Dr Nigel Wells (NW) - part	CCG Clinical Chair
Sheena White (SW) - part	Quality and Performance Analyst

Apologies

Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse

The agenda was discussed in the following order.

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

NW had a conflict of interest, recorded on the Register of Interests, in item 13. He had not received the report and would not be present for this item. MA-M also noted a conflict of interest, on the Register of Interests, regarding item 13 but this was not such that prevented him from taking part in the discussion. All other declarations were as per the Register of Interests.

3. Minutes of the meeting held on 24 May 2018

The minutes of the previous meeting were agreed

The Committee:

Approved the minutes of the meeting held on 24 May 2018

4. Matters Arising

Matters arising were noted as completed, agenda items or ongoing.

With regard to the reports on Child and Adolescent Mental Health Services at the previous meeting and at agenda item 12 below, KR noted triangulation as these concerns would also be discussed at the August meeting of the Quality and Patient Experience Committee.

"Good News"

DK referred to the recent agreement of the Aligned Incentives Contract with York Teaching Hospital NHS Foundaiton Trust for which the Memorandum of Understanding and Contract Variation had now been signed. DN added that the CCG was working in an aligned incentives approach with Tees, Esk and Wear Valleys NHS Foundation Trust alongside the contract. She commended system working as they had identified a further £50k from other services for children in response to the CCG's support.

MA-M reported that Sarah Goode, Quality Lead for Primary Care, had been working with Tees, Esk and Wear Valleys NHS Foundation Trust on Annual Health Checks for people with learning disabilities. This had been shortlised for the Nursing Times awards. MA-M also referred to the Care Quality Commission Supporting NHS70 publication of case studies of individuals who had made a difference. This included the CCG's React to Red campaign to reduce pressure ulcers in care homes led by Chris Pomfrett, Assistant Practitioner in the Quality Team.

Prior to continuing with the agenda DB referred to his opening remarks at the previous meeting. He commended the achievement of agreeing the Aligned Incentives Contract and highlighted QIPP (Quality, Innovation, Productivity and Prevention) as the biggest challenge, also reiterating the ongoing concerns about continuing healthcare costs. DB reported that discussion had taken place at the Lay Members Summit earlier in the day, which DN had attended, on concerns about funding for mental heatlh services and in particular services for children. The need for further investment and new ways of working had been emphasised.

CA joined the meeting during item 6.

6. Financial Performance Report Month 2

MA-M noted that the Financial Performance Report was now in the same format as the Integrated Performance Report incorporating headlines relating to improvements and deterioration in performance, issues for discussion and emerging risks.

MA-M referred to agreement of the Aligned Incentives Contract advising that the requisite contract variation was in the process of being signed and joint communications were being agreed. He emphasised that the Aligned Incentives Contract alone would not deliver the cost savings programme but that it should incentivise and enable delivery of the joint cost reduction programme. MA-M noted that York Teaching Hospital NHS Foundation Trust had identified additional programmes of work, such as the pass through costs of high cost drugs, which had the potential for considerable savings.

MA-M explained that the overall financial position at the end of May was £300k better than planned but noted that this did not yet include actuals costs for prescribing which, with continuing healthcare, was being particularly closely monitored.

MA-M further advised that the profiling of the financial plan required amendment in response to additional guidance from NHS England for the planned deficit to be spread evenly across the year. In order to keep the expenditure profile and cost reduction in line with the plan submitted it had been agreed with NHS England to simply re-profile the allocation to ensure the deficit was £3.5m in each quarter. This would be done for reporting in the first quarter.

MA-M reported that the only change to the 2018/19 year end forecast was for £61k pressures from prior year adjustments which had been offset by the CCG's contingency. These pressures related to acute contracts where an end of year position had not been agreed. MA-M provided detailed clarification on the latter which was the result of a combination of factors noting that in any event the final outcome would be lower than the c£1m the previous year. NHS Property Services remained the most significant outstanding area, but MA-M emphasised that the financial plan included a prudent assessment in this regard.

In respect of continuing healthcare MA-M explained that extensive work was taking place to validate the data transferred from the former Partnership Commissioning Unit. He highlighted an update from the most recent North Yorkshire Chief Finance Officers meeting that meant that what had previously been reported as an emerging issue, because of differences between invoices paid and the QA system used for budgeting, was now likely to have an adverse impact. However, further work remained on-going before the value could be fully assessed and determined, although it did include legacy invoices from before the establishment of CCGs. Clarification was required with regard to invoices paid, accruals and creditors. MA-M advised that this impact was across the four North Yorkshire CCGs and that the associated risk would be managed by them all. PM noted that once the overall outturn was known for the historic position, consideration would be required in terms of management of the CCG's proportion.

With regard to the detailed narrative MA-M reiterated that the actual position of £3.2m deficit at Month 2 was £300k better than the planned £3.5m deficit. He noted that QIPP delivery was reported in line with the financial plan, £1.4m from a target of £14.5m; actual delivery would be reported from Month 3 when acute and prescribing data would be available.

MA-M explained that the reported position reflected the worst case scenario under an Aligned Incentives Contract although this had not yet been signed at the time of writing the report it was the agreed direction of travel. Under a traditional Payment by Results contract the year to date spend with York Teaching Hospital NHS Foundation Trust would be c£0.7m higher pre-challenges; this was reported as a risk to the financial position with agreement of the Aligned Incentives Contract as an offsetting mitigation. MA-M noted that York Teaching Hospital NHS Foundation Trust had reported their position as in line with planned spend.

MA-M also referred to the variance analysis of the year to date position in respect of release of the £386k - 0.5% contingency - and the £187k under trade at Ramsay Hospital which was partly offset by an over trade of £105k with Leeds Teaching Hospitals. He advised that the total acute spend would be considered in terms of the overall system position.

MA-M reported that the forecast outturn of £14.0m deficit was in line with the plan submitted to NHS England on 31 May 2018 and that the Better Payment Practice Code had been met.

Members sought and received clarification including in relation to invoices for the Bootham Park Hospital site, which MA-M expected to provide flexibility rather than to be a pressure in 2018/19, confidence in respect of achievement of the £14.0m deficit plan and the £79k variance with Humber NHS Foundation Trust under community services which related to profiling of the beds at Malton Hospital. MA-M also noted that triangulation of reporting against the Aligned Incentives Contract by all partners would provide greater clarity.

With regard to the Months 1 and 2 prescribing awaited outturn KS explained that systems were in place to ensure appropriate decision making by doctors in this regard. He explained concerns relating to referral rates emanating from decisions made by locums, impact from Practices prioritising urgent care which was impacting on disease management and the overall unprecedented pressures on General Practice. The CCG was working with Practices under particular pressure. KS also noted that Referral for Expert Opinion for advice and reassurance had been welcomed by the Council of Representatives but they had also expressed concern at the potential for this to result in further work where there was least capacity.

CA reported on the first meeting with York Teaching Hospital NHS Foundation Trust in relation to Referral for Expert Opinion noting that the Aligned Incentives Contract would act as an enabler and that a number of specialties were working actively in this regard. Rapid review of follow-ups and pressures was a priority for the transformation programme.

NW noted that employment of locums was likely to reduce due to an increase in their costs. DB requested that associated discussion of system management continue outside the meeting and be reported back.

The Committee:

1. Received the Month 2 Financial Performance Report.
2. Requested that further discussion take place regarding system management of capacity pressures in General Practice.

7. Financial Recovery Plan

MA-M presented the Financial Recovery Plan which had been submitted to NHS England in accordance with the required timescale of 29 June. He explained that the draft versions of the Plan had been updated to reflect feedback at each stage in respect of: the recent Aligned Incentive Contract agreement; the multi-year expenditure and cost reduction programme assessment; and system working with health and social care partners, the public and the associated communications and engagement strategy. MA-M noted that NHS England approval was awaited of this final version of the Financial Recovery Plan advising that this was key to accessing the Commissioner Sustainability Fund in 2018/19.

MA-M explained the governance and phasing of the Commissioner Sustainability Fund noting that the Month 3 Financial Performance Report would incorporate additional guidance relating to the profile of the deficit. He highlighted that this included the requirement for the deficit to spread evenly throughout the year. As the plan was currently based on expenditure profiled in line with QIPP the only way to meet the new requirement was to profile more of the allocation within the first two quarters of the year.

MA-M noted that there was currently no information as to whether the Commissioner Sustainability Fund would continue beyond 2018/19 but commended the Financial Recovery Plan as both stretching and realistic. The Aligned Incentives Contract would be the basis for delivery through system working. MA-M added that discussion was taking place across the organisations regarding reporting on the Aligned Incentives Contract.

Discussion ensued with regard to York Teaching Hospital NHS Foundation Trust's £1m deficit control total to enable them to access the £11m to £12m Sustainability and Transformation Fund. PM also highlighted that the challenge was for the Commissioner Sustainability Fund and Provider Sustainability Fund to become aligned to enable decision making that maximised opportunities. In this regard CA advised that work was taking place with the aim of presenting a proposal for system performance metrics under the Aligned Incentives Contract at the System Transformation Board meeting on 16 July; this could also be presented at the next meeting of the Committee.

DB commended the work on the Financial Recovery Plan and JS advised that he would be recommending approval at the NHS England meeting on 6 July 2018.

The Committee:

1. Received the Financial Recovery Plan.
2. Noted that a proposal for system performance metrics under the Aligned Incentives Contract would be presented at the next meeting.

AC joined the meeting during item 8

8. Update on Turnaround Objectives, Activities and Achievements; Months 1 and 2 Activity Analysis; Mobilisation of working under Aligned Incentives Contract

DK referred to his attendance at the Governing Body Part II meeting in January 2018 when he had described the approach that had achieved financial recovery at NHS East Riding of Yorkshire CCG and how this could be replicated across the Vale of York system. He gave a presentation, circulated after the Finance and Performance Committee, which provided an update on progress to date.

DK described the distribution of projects for 2018/19 and the associated targets under the headings of Planned Care, Unplanned Care and Out of Hours, Prescribing, Complex Care and Other Transformational Projects. He highlighted with regard to the Planned and Unplanned Care projects that the target would remain the same but these areas would be re-prioritised following agreement of the Aligned Incentives Contract.

With regard to activity with York Teaching Hospital NHS Foundation Trust DK presented analysis of Months 1 and 2 and four year profiles for referrals, planned activity and unplanned activity. He also highlighted system principles and the associated differences before and after the Aligned Incentives Contract and refinement work with the aim of agreeing the final plan for the System Transformation Board on 16 July.

CA provided an update on development of a single working approach to achieve system transformation emphasising the need for this to be strengthened where it had already been established. She also noted the need for leadership and trust at all levels of the organisations.

Discussion ensued in the context of potential risk to delivery of the CCG's credible recovery plan. CA advised that performance and quality impact and engagement issues were being considered and a joint review would take place in respect of areas of greatest opportunity. With regard to the project refinement that was taking place attendance at the 'Time Out' session now scheduled for 23 July was being scoped but primary care would be invited.

MA-M explained that projects within the Aligned Incentives Contract would be reviewed to assess whether any amendments were required to maximise opportunities and minimise risk. Any risk would be proportional and in line with the risk share. DK emphasised that the target of living within the cost base remained constant and DN highlighted the need for any changes to existing schemes to be subject to governance processes including sign-off of the quality assessment by MC.

PM noted that consideration was required regarding requirements relating both to the system processes and monitoring and also relating to the CCG in terms of capacity. CA reported that a number of offers of support from external sources had been received in terms of clinical engagement, analysis and delivery.

DB welcomed the progress and noted that the Committee would be kept informed by receipt of System Transformation Board reports.

The Committee:

Received the update on Turnaround Objectives, Activities and Achievements; Months 1 and 2 Activity Analysis; Mobilisation of working under Aligned Incentives Contract.

DK, PG, JS and NW left the meeting; VR and SW joined the meeting.

5. Risk Update Report

AC explained that due to staff sickness it had not been possible to access the Covalent system to produce the Risk Report in its usual format. However, all efforts had been made to update the Risk Register, including with regard to escalating and de-escalating, and there were no new risks for monitoring by the Committee. AC noted that risk reporting relating to the Aligned Incentives Contract would be added as matters arose and that work was talking place to separate risks having impact on the system work.

AC also advised that risks were being reviewed in the context of staff changes and reassignment. The report to the next meeting would be more comprehensive.

The Committee:

Received the Risk Update Report.

AC and RS left the meeting.

9. Integrated Performance Report Month 1

CA introduced SW and VR who were attending for items 9 and 10 in support of their respective roles in producing the Integrated Performance Report and the proposed refreshed performance reporting approach moving forward which would capture system working under the Aligned Incentive Contract as well as more rigorous performance recovery focus.

CA presented the Integrated Performance Report which comprised key performance headlines, performance summary against all constitutional targets, and programme overviews relating to planned care, unplanned care, mental health, learning disability and complex care, primary care performance and included annexes providing core supporting performance information.

With regard to areas of improvement CA reported that A and E four hour performance had improved against the 95% target and it was noted that the local performance

remained the highest within the Humber, Coast and Vale Sustainability and Transformation Partnership. The A and E Delivery Board was focusing on developing a more effective year round system resilience plan ('winter plan') for 2018/19 across the system and would receive the next iteration at its meeting on 19 July. CA noted that York Teaching Hospital NHS Foundation Trust had submitted a refreshed trajectory for A and E 4 four hour performance improvement to NHS Improvement in June 2018 and that the revised organisation target for March 2019 was 90% (against the national target of 95%). This had been noted at the System Transformation Board and also reported to the NHS England local delivery and assurance team.

CA highlighted that the cancer two week wait target of 93% had been met for the sixth month in a row and noted the impact of the ongoing work with dermatology and colo-rectal services to support pressures from urgent referrals.

In respect of dementia, although performance against the 66.7% target had improved, DN explained that case finding continued to be an issue despite support provided to Practices; this issue was multi-factorial. She reported on two new areas in this regard. Firstly, the Vulnerable People's Team had been asked to run a report on the number of people under Section 117 with dementia and placed out of area who were registered with an out of area GP. This had resulted in an additional 27 people, a further 1%, being identified. DN highlighted that this was significant due to the limited number of places and also the fact that it did not include out of area people with dementia who were receiving continuing healthcare. She was seeking information in respect of the latter. DN also noted the cost of out of area placements and the fact that there was no market to solve this locally. Secondly, DN reported that identifying people at risk of dementia was a particular issue at most of the Practices on EMIS. She explained the complexity of running the dementia toolkit on this system noting that there was only one local expert in this regard. DN was taking a paper to the Executive Committee requesting that consideration be given to asking the Practice that employed the expert to allow her to assist other Practices.

In terms of areas of deterioration in performance CA reported that the ongoing issues in diagnostics continued to impact the six week wait 99% target and the need to progress the investment proposals for MRI and CT additional capacity (both equipment and reporting capacity) across the Sustainability and Transformation Partnership. This remained a priority action for the Cancer Alliance as part of their diagnostics and capacity programme to support Cancer 62 day performance improvement.

CA also provided an update on progress with supporting the management of the backlog of 23 children who required an MRI under general anaesthetic noting that they had been offered appointments in Sheffield and those who had not taken up these additional appointments now had scheduled appointments at York Hospital. There was ongoing clinical review of all children on the backlog.

Members expressed concern that performance against the cancer 62 day target had deteriorated both for the CCG and York Teaching Hospital NHS Foundation Trust. KS highlighted that there were a number of contributing factors, including the need to replace equipment and both equipment and workforce capacity and capability. CA also noted that failure to meet this target was resulting in reduced access to the available Sustainability and Transformation Partnership national Cancer 62 day

funding. Members discussed whether there was any potential to sub contract CT diagnostics to Ramsay and Nuffield Hospitals noting that further information would be welcomed by the Committee in order to understand the current sub contracting and potential additional sub contracting capacity and cost.

The 92% and 15% targets respectively for 18 week referral to treatment and Improving Access to Psychological Therapies were also noted as areas of deterioration in performance.

CA referred to performance issues in ophthalmology around long waiting times for patients waiting for follow-up appointments. The pressures on the existing capacity in the service and subsequent long waiting lists had resulted in the reporting of three serious incidents for NHS Scarborough and Ryedale CCG patients. It was noted that these would be reported formally to the 9 August meeting of the Quality and Patient Experience Committee. The CCGs had proposed a joint system 'deepdive' approach to better understand these pressures. .Additionally, it was noted that the Yorkshire and Humber Clinical Senate had provided feedback on the proposed new Community Ophthalmology Service specification as developed in North Lincolnshire; this information would be useful to consider when coming together for any 'deepdive'.

In respect of urgent and emergency care CA reiterated that the latest draft system Winter/Resilience Plan would be presented at the A and E Delivery Board on 19 July; further updates would be provided to the Committee on an ongoing basis.

KS referred to the Winter Update report at agenda item 11 which described areas of joint working in relation to system resilience around urgent and emergency care services as well as incorporating a triangulation of the refreshed national planning and published performance requirements from NHS England and NHS Improvement. He highlighted that Simon Cox (SC), Chief Officer at NHS Scarborough and Ryedale CCG, had taken over the role of chair of the A and E Delivery Board. The aim was to now progress changes that would improve performance and focus on capacity throughout the year instead of at times of peak activity such as four day weekends or cold weather. With particular reference to the challenges in primary care around capacity KS referred to the ongoing improving access work which should provide some additional capacity in the system. He noted that GPs had been instrumental in determining the requirements, the most significant being staff availability.

Discussion ensued in the context of pressures in all parts of the system and the need for joint transformation actions to be progressed under the Aligned Incentives Contract through consideration of system capacity and workforce. In this regard KR referred to the Care Quality Commission York Local System Review report which had emphasised the need for system transformation. DN additionally noted that a system approach was required for continuing healthcare and mental health delayed transfers of care. She also noted concern that seven of the last 31 clients discharged to assess, mainly from the York Hospital site, were discharged with pressure ulcers and there was an ongoing review of where they had originated.

It was agreed that SC, as Chair of the A and E Delivery Board, be asked to attend the Executive Committee to discuss more appropriate and effective management of delayed transfers of care.

CA added that an update would be provided in the next report to the Committee with regard to governance under the Aligned Incentives Contract.

DB expressed appreciation for the clarity of the reporting.

The Committee:

1. Received the Month 1 Integrated Performance Report.
2. Requested that SC be asked to attend the Executive Committee to discuss more effective and appropriate management of delayed transfers of care.
3. Noted that CA would provide an update in the next report to the Committee with regard to governance under the Aligned Incentives Contract.

10. Performance Priorities for 2018/19

CA gave a presentation *Priorities for Performance Recovery 2018/19* which had been circulated to members earlier in the day. This presentation was to support a verbal update on progress with refreshing the performance priorities of the CCG.

CA highlighted that the CCG's 2018/19 performance priorities would be presented in full at the August Committee in a format that aligned with the reported NHS England Improvement and Assessment Framework 2017/18 assessment and priorities, the emerging joint performance metrics as they will be reported under the Aligned Incentives Contract and which would also be incorporated into the Board Assurance Framework Reporting to Committee would then be refreshed in terms of format and presentation, and would be by escalation and exception only with an associated detailed recovery plan.

The presentation provided an overview of how performance recovery and reporting was evolving including: identifying the performance priority areas and building the data sets under the Aligned Incentives Contract (which would incorporate NHS Improvement as well as NHS England indicators, planning requirements and trajectories); summary information of the CCG's performance in the latest NHS England Improvement and Assessment Framework in terms of Better Care, Better Health, Leadership and Sustainability; NHS England Planning indicators for 2018/19; the Quality Premium for 2018/19; proposed joint metrics for Aligned Incentives Contract deliverables with Tees, Esk and Wear Valleys NHS Foundation Trust for mental health and any other key performance recovery plans.

The presentation also included details of the current methodology for Improvement and Assessment Framework assessment. There was discussion around the likelihood of the CCG moving out of Special Measures and an improved Improvement and Assessment Framework assessment for 2017/18, expected imminently.

DK suggested that the Committee could act as a forum for a "mock" NHS England checkpoint assessment when required. CA noted that CCG performance improvement and recovery planning, delivery and reporting moving forward would enable any one of the Committee members to attend an NHS England checkpoint to discuss any indicator and performance priority.

The Committee:

1. Agreed the approach for refreshing the CCG's performance priorities for 2018/19.
2. Noted that the CCG's 2017/18 Improvement and Assessment Framework assessment would be circulated when released.

VR and SW left the meeting.

11. Winter Update

This item had been covered in discussion at item 9. It was agreed that it should remain a standing agenda item.

SP joined the meeting during item 12.

12. Children and Young People's Mental Health Services and Autism Assessment Service

DN referred to discussion at the previous Committee meeting of the report on Community Eating Disorder Services and presented the report which described the context for and provision regarding Specialist Children and Young People's Mental Health Services and Autism Assessment Service. She also referred to the single item Quality and Patient Experience Committee assurance meeting with Tees, Esk and Wear Valleys NHS Foundation Trust in August 2017 and highlighted that the CCG was now working on an aligned incentive-type approach with them. DN noted there had been progress in terms of alignment of understanding of risk, finances and quality but funding remained an issue.

DN reported on discussions with Tees, Esk and Wear Valleys NHS Foundation Trust both at the Contract Management Board and with the Clinical Director in the context of the area of highest risk for investment in the event of the CCG identifying available funding. She also suggested that a clinician be invited to the August meeting of the Quality and Patient Experience Committee and emphasised that these children, whose health and wellbeing could be deteriorating whilst waiting, often required significant health interventions.

DN referred to the information in the report describing issues relating to performance targets, breaches and waiting times in Children and Young People's Mental Health Services, also noting that the Single Point of Access, which was fully staffed, was an issue in terms of capacity and demand. DN additionally reported that Tees, Esk and Wear Valleys NHS Foundation Trust had invested in a Crisis Team, currently available 10am to 10pm, which they hoped to extend to a 24/7 service but further investment would be required for this to be achieved. In this event the Crisis Team may need to be available wider than City of York.

With regard to the autism assessment and diagnostic service DN highlighted the increase in referrals from 88 in 2014/15 to 261 in 2017/18 with a positive diagnostic rate of 60% at April 2018. In 2017/18 Tees, Esk and Wear Valleys NHS Foundation Trust had assessed that between three and six additional staff members were required

to ensure waiting times were reduced to meet NICE diagnostic standards. DN explained recruitment issues at Tees, Esk and Wear Valleys NHS Foundation Trust and noted that their current diagnostic model did not fit with NICE guidance.

Whilst recognising the CCG's overall financial position and system responsibilities, DN wished to ensure that the Committee was fully informed of risks relating to Child and Adolescent Mental Health Services and the associated funding issues. She explained that in her assessment the Community Eating Disorder Service may require an additional c£300k and further funding for the Children and Young People's Mental Health Services and Autism Assessment Service, in addition to the £120k for which Tees, Esk and Wear Valleys NHS Foundation Trust had expressed appreciation; this may be up to a further £0.5m. Discussion was also taking place with Tees, Esk and Wear Valleys NHS Foundation Trust regarding estates, market rent and potential closure of buildings for their associated costs to be diverted to patient care. MA-M noted that the Financial Recovery Plan now included an increased level of investment in 2019/20 in this area but the source for this still required identification.

DN requested that Child and Adolescent Mental Health Services beyond QIPP schemes be prioritised in the event of funding becoming available. DB, in response, referred to the fact that mental health services had already been agreed as a key priority for the CCG.

Detailed discussion ensued on potential ways to provide further funding for these areas where the challenges had not previously been fully understood. PM advised that the Executive Committee was the forum where decisions about supporting such as this specific performance and quality improvement would be taken with Governing Body approval being sought if required by governance processes. It was agreed that the principle be adopted that any available funds would be considered to support Child and Adolescent Mental Health Services as a priority.

DN expressed appreciation of the Committee's support and noted that she would provide an update at the next meeting.

The Committee:

Agreed that the principle be adopted that any available funds should be considered for utilisation to support Child and Adolescent Mental Health Services as a priority.

13. Primary Care Estates Capital Bids

In introducing this report SP described the process by which bids to NHS England's Estates and Technology Transformation Fund and other primary care estates investment proposals had been prioritised and the associated approval process to enable formal submission of CCG approved and signed off Estates and Technology Transformation Fund bids on 31 July 2018 for consideration by NHS England.

The Technical Team, which included MA-M and KS, had reviewed the bids against a number of criteria including deliverability and strategic need, the latter being in the context of the CCG's place based approach within or outside York. The focus had primarily been in the context of the Estates Strategy but with appropriate response to

the changing system. SP noted that the schemes varied in their stages of development but decisions were required as to which would be supported on the basis of the current costs.

The report detailed the Technical Team's recommendations including risks and actions for the CCG in respect of bids to the Estates and Technology Transformation Fund relating to Easingwold Integrated Care Centre; Sherburn Group Practice and South Milford Practice single site proposals; Priory Medical Group Burnholme new build scheme; Carlton branch expansion, Beech Tree Surgery; and Pickering Medical Practice. Non-Estates and Technology Transformation Fund schemes related to Unity Medical Practice; Tollerton Surgery; Terrington satellite; and early notification of work being undertaken by the York Care Collaborative. SP explained that the Technical Team recommended, subject to them receiving the level of grant requested where applicable, that all bids except the Burnholme scheme, be supported.

Detailed discussion ensued regarding the Burnholme scheme, including the context of the development being for a small geographical area that was not one of expected major population growth and it was not far from the new Unity Health surgery. Additionally no funding had been secured from City of York Council for the anticipated need for c200 nursing beds. KR expressed concern that CCG investment in this scheme would advantage Priory Medical Group and the Local Authority's provision of community facilities more than patients but also noted that not supporting this scheme was a reputational issue for the CCG. Members highlighted that the Burnholme scheme did not support the CCG's strategic approach of services being provided via of a number of hubs within the city. KS additionally noted that he had emphasised to Priory Medical Group that the £142k annual revenue cost of the scheme would not be supported as it was a disproportionate investment for the population served.

Members sought and received clarification on a number of the recommendations and noted that the role of the Committee was to seek assurance on the processes; the Governing Body would be the forum for approval and the Primary Care Commissioning Committee would ratify the decisions.

KS who had been the only clinician on the Technical Team advised that the bids recommended for approval were reasonable and required consideration in the context of the CCG's planning to invest in primary care. He also noted the need for profiling to inform planning and that there would be abatement for some of the schemes.

With regard to future development PM advised that a three to seven year approach would be adopted for services and models of care across the Vale of York and Scarborough footprints. KS added that the next steps after the Estates and Technology Transformation Fund would be to focus on service developments and the associated estates strategy.

The Committee:

1. Expressed support of the process to reach the recommendations presented.
2. Supported the recommendations of the Technical Group for progression to the Governing Body in private on 5 July and Primary Care Commissioning Committee on 26 July 2018.

14. Key Messages to the Governing Body

- The Committee supported the prioritisation of mental health services as a principle to guide any available resources.
- The Committee noted that the overall financial position at Month 2 was slightly ahead of plan and would continue to review and monitor opportunities and challenges, including the growing concerns about the cost of continuing healthcare, with particular emphasis on the system-wide financial environment.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

15. Next Meeting and Forward Plan

The next meeting would be 10am to 1pm 26 July 2018.