NHS VALE OF YORK CLINICAL COMMISSIONING GROUP Image: Stabular of Sta	Item Number: 6			
Meeting Date: 6 September 2012 Report Sponsor: Report Author: Mark Hayes Mark Hayes Chief Clinical Officer Mark Hayes 1. Title of Paper: Chief Clinical Officer Report Improve healthcare outcomes 2. Strategic Objectives supported by this paper 1 1. Improve healthcare outcomes 2. Reduce health inequalities 3. Improve the quality and safety of commissioned services 4. Improve efficiency 5. Achieve financial balance Improve the quality and safety of commissioned services 4. Evidence Base Indicate outcomes Not applicable Improve financial balance 5. Risks relating to proposals in this paper Improve financial balance 6. Summary of any finance / resource implications Implications	COMMISSIONING GROUP		NHS Vale of York	
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7. Any statutory / regulatory / legal / NHS Constitution implications

Not applicable

8. Equality Impact Assessment

Not applicable

9. Any related work with stakeholders or communications plan

Not applicable

10. Recommendations / Action Required

The Shadow Governing Body is asked to note the Chief Clinical Officer Report.

11. Assurance

Not applicable

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Shadow Governing Body Meeting: 6 September 2012

Chief Clinical Officer Report

1. Meetings

- 1.1 I met with John Kennedy from the Joseph Rowntree Foundation on 31 July to discuss their novel proposals for housing for the elderly. Further discussions are being followed up by Dr Tim Hughes.
- 1.2 I met with Richard Flinton, Chief Executive of North Yorkshire County Council, on 3 August. We discussed many matters but in particular we talked about the response of North Yorkshire County Council to the 360 feedback for our authorisation. Mr Flinton explained that North Yorkshire Council continued to have concerns regarding the number of Clinical Commissioning Groups (CCGs) in North Yorkshire but that he would accept the outcome of the authorisation process and work actively with the resulting CCGs.
- 1.3 On 9 August I was part of the interview team responsible for selecting the consultancy firm to undertake the "North Yorkshire Review Part 2". KPMG were selected and they have started work this week. The plan is for them to produce a set of recommendations within a 10 week period. It is expected that these proposals will be challenging but this is dictated by the nature of the financial problem that we face.
 - 1.4 I was interviewed by Radio York with Chris Long, Chief Executive of NHS North Yorkshire and York, on 10 August. This was a very basic set of questions around structures but we did not get into the financial problems.
 - 1.5 I have attended two meetings of the "Chief Executives Group". These occur every 2 weeks and they are focussed on dealing with the financial situation. We had a presentation from Alan Wittrick, NHS North Yorkshire and York Director of Finance, who outlined the growing financial challenges ahead. We also had an introductory presentation from KPMG outlining the process that they proposed to follow during the next 10 weeks.
 - 1.6 I had a meeting with our colleagues from the East Riding CCG on 22 August. We picked up some useful information about their progress through the authorisation process which will help inform preparation for

our authorisation site visit by the NHS Commissioning Board on 28 November.

1.7 I have been having teleconferences every two weeks with colleagues from NHS North of England concerning the October Conference "Our Aspirations are our Possibilities". Everything is going to plan and we are very appreciative of all the support that NHS North of England has given to us.

2. "Qulturum"

I have submitted a proposal to NHS North of England for a bursary of £42,000. The bursary is available to help CCGs to develop their capacity to meet the demands of the "Innovation, Health and Wealth" strategy. The proposal is for the development of a York "Qulturum" which will be a joint venture between the CCG, York Hospital, City of York Council and a private enterprise. We hope to have the Qulturum functional by 1 April 2013.

3. Action Required

The Shadow Governing Body is asked to note the Chief Clinical Officer Report.