

## NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

### Minutes of the Meeting of the Vale of York Clinical Commissioning Group Shadow Governing Body held on 7 June 2012 at Sovereign House, Kettlestring Lane, Clifton Moor, York.

#### Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Mr Pete Dwyer	Director of Adults, Children and Education, City of York Council
Dr Mark Hayes	Accountable Officer
Dr David Hayward	GP Member
Dr Tim Hughes	GP Member
Dr Tim Maycock	GP Member
Dr Shaun O'Connell	GP Member
Mrs Rachel Potts	Chief Operating Officer
Mr Keith Ramsay	Lay Member
Dr Cath Snape	GP Member
Mr Adrian Snarr	Director of Finance

#### In Attendance

Mrs Stacey Ransome (for item 12)	Commissioning Manager
Mr Richard Reed (for item 10)	Commissioning Support Service Provider Performance Lead
Ms Michèle Saidman	Executive Assistant
Dr Bruce Willoughby (for items 8 and 9)	Consultant in Public Health

#### Apologies

Mrs Rachel Johns	Associate Director, Public Health/Vale of York Locality Director
Dr Andrew Phillips	GP Member
Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council

Alan Maynard welcomed everyone to the meeting and congratulated Rachel Potts on her appointment as Chief Operating Officer. He also informed members that, in the event of a Deputy Chair being required for a Shadow Governing Body meeting, Tim Hughes would undertake this role.

A number of items were considered out of agenda order.

## **1. Apologies**

As noted above.

## **2. Declaration of Members' Interests in Relation to the Business of the Meeting**

None.

## **3. Minutes of the Meeting held on 3 May 2012**

The minutes of the meeting held on 3 May 2012 were agreed.

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

Approved the minutes.

## **4. Matters Arising and Action Log**

*York Teaching Hospital NHS Foundation Trust Executive Board:* Discussions were ongoing about Clinical Commissioning Group (CCG) representation. Members requested that Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust, and representatives of the key organisations with whom the CCG was working, be invited to meet with the Shadow Governing Body.

*North Yorkshire and York Review:* Members discussed further inclusion of the Review as an agenda item at a future meeting in view of the challenging financial position. However it was agreed that Quality, Innovation, Productivity and Prevention (QIPP), including the work of the Review, would become a regular agenda item.

*Authorisation Update:* Rachel Potts confirmed that Vale of York CCG would be in Wave 3 of the authorisation process, along with the other North Yorkshire CCGs, therefore the outcome would be known in December. Members noted the opportunity to learn from CCGs who were in the earlier waves.

Rachel Potts advised that the Vale of York CCG running costs had been confirmed as up to £24.74 per head based on Office of National Statistics weighted population. Members additionally sought and received clarification about costs pertaining to the Commissioning Support Service and noted that work was ongoing to develop service specifications against which payment would be made for work undertaken.

*Constitution:* Mark Hayes reported that the draft constitution was with practices for comment up to the end of June. Members discussed the patient participation group elements and noted that the constitution would be presented for signature in July. Mark Hayes also advised that he was seeking legal assurance on the document from Hempsons.

## **The Shadow Governing Body:**

1. Noted the updates.
2. Requested that key partner organisations be invited to attend a meeting.

## **5. Clinical Accountable Officer Report**

Mark Hayes referred to his report and provided an update on a meeting the previous day, 6 June, with Dr Steve Singleton, NHS North of England Medical Director. This had been very positive and had included discussion on Productive General Practice. Steve Singleton had supported the Neighbourhood Care Teams approach and also offered alternative suggestions for ways of working, including setting up a joint venture as a resource for innovation. This would provide facilitation for practices and working with partner organisations and the private and voluntary sectors.

Pete Dwyer referred to the Science City York 'GeniUS Programme'. He also provided updates in regard to: the Director of Public Health interview process scheduled for 22 June; recruitment to a further post, Assistant Director for Adult Assessment, for which CCG representation on the interview panel would be sought; and the four Partnership Boards agreed by the York Health and Well-being Board, namely Children and Young People (YorOK), Mental Health and Learning Disabilities, Older People and Long Term Conditions, and Tackling Deprivation and Health Inequality.

In response to concerns raised regarding the signing of contracts with provider trusts, Adrian Snarr reported that a form of words had been agreed which would enable the signing of contracts. This would be at 2011/12 outturn level of activity adjusted for national tariff amendment of 1.7%. However, negotiations were ongoing with York Teaching Hospital NHS Foundation Trust in regard to contract levers for the clostridium difficile target which was especially challenging for them.

## **The Shadow Governing Body:**

Noted the Clinical Accountable Officer report and additional updates.

## **6. Vale of York Clinical Commissioning Group Financial Plan 2012/13**

Adrian Snarr explained the development of the 2012/13 Financial Plan within the context of the current contract negotiations with provider trusts and the intention that CCGs would not be in a position of legacy debt from 2013/14. He reported that approval had been received from the Strategic Health Authority, following agreement by the Department of Health, for submission of a deficit plan by NHS North Yorkshire and York for 2012/13. The proposed £19M deficit was predicated on agreement of contracts at outturn, contract management at outturn and delivery of QIPP. The £19M had been apportioned across budget lines with a resulting £5M share to Vale of York CCG; clarification was required in regard to Public Health. In response to

concerns raised by members Adrian Snarr advised that any movement in the deficit would be proportioned across CCGs. He clarified the budget headings detailed and noted that he would discuss with Rachel Potts appropriate inclusion in the CCG Dashboard.

Members requested establishment of a mechanism for providing practices with detailed information to enable them to understand the financial challenge and the need for radical action to address long standing problems. Detailed discussion included recognition of the requirement for month on month control of spend, a whole system approach and the importance of addressing the £5M deficit through rigorous financial control to avoid a reduction in allocation for 2013/14 of this amount. It was agreed that a financial plan to deal with the deficit would be prepared for the next meeting of the Shadow Governing Body. Implementation of savings was a matter of urgency. Tim Hughes additionally referred to ongoing work at practice team level to achieve whole system cost reduction and Rachel Potts advised that a report would be presented to the next meeting describing key milestones and plans identified via the Collaborative Implementation Board established with York Teaching Hospital NHS Foundation Trust.

It was noted that Chris Long would present a report to the NHS North Yorkshire and York Cluster Board Meeting in June on the financial position and related historic issues. This would identify the North Yorkshire deficit position publically. Members discussed in detail an associated communications plan and were assured they would be briefed appropriately.

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

1. Approved the revenue budgets for 2012/13.
2. Noted with concern the challenging financial position and the need to develop further economising measures.

#### **7. Productive General Practice**

Mark Hayes referred to the earlier discussion at item 5 above. He described in detail the 'Productive' series introduced by the NHS Institute for Innovation and associated discussions on Productive General Practice which had taken place to date. Members agreed that a multi faceted approach was required to deliver effective improvement in health care services.

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

Noted the information and ongoing work.

*Dr Bruce Willoughby attended for items 8 and 9*

## **8. North Yorkshire Joint Strategic Needs Assessment 2012**

Bruce Willoughby tabled a presentation which highlighted aspects of the North Yorkshire Joint Strategic Needs Assessment (JSNA) 2012 in respect of its development, demographics of North Yorkshire, main health related outcomes, topic areas by Marmot domain (information on action to reduce identified health inequalities), feedback from an engagement event, and key messages. He advised that the Health and Well-being Strategy was being developed using the Marmot domains. A project group was being established to consider prevention and wider determinants of health; CCG representation would be requested at a workshop planned for June or July.

Members discussed the information provided within the JSNA in terms of prioritisation, perception of evidence for policy levers, and organisational responsibility, noting that the data enabled identification of issues which required addressing to improve the health of the population. It was also noted that the JSNA was not the only document which would influence the development of the Health and Wellbeing Strategy which would describe desired outcomes and work of partner organisations to address health inequalities. Whilst this epidemiological survey was useful it once again highlighted the need to evaluate the efficiency of competing public health investments. Prioritisation of investment decisions had to be informed by evidence of cost effectiveness or, in its absence, by well designed and executed evaluations.

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

Noted the contents of the JSNA and agreed the use of its findings in the development of strategies and commissioning plans as appropriate.

## **9. Quarterly Review of NICE Guidance and Medicines and Technologies**

Bruce Willoughby presented the Quarterly Review of National Institute for Health and Clinical Excellence (NICE) Guidance and Medicines and Technologies which considered the impact of implementing guidelines and drugs highlighting any guidance that would have high impact. Three appendices related respectively to: New NICE Clinical Guidelines, Drug Horizon Scanning and Maternal Requests for Caesarean Section following publication of NICE Clinical Guideline CG132.

In terms of new NICE clinical guidance the report identified a potential high impact in respect of CG133 – Self Harm; a commissioning strategy was being developed taking account of this guidance.

Horizon scanning by the Medicines Management Team of forthcoming technical appraisals scheduled for publication within the financial year had identified a number of significant resource pressures in terms of change or addition to existing treatment options.

An update was provided in respect of NHS North Yorkshire and York's commissioning statement on maternal requests for Caesarean Section in terms of the number of requests received by the PCT since publication of NICE clinical guideline G132 and agreement was sought for an ongoing process. Members discussed the interim arrangements, namely:

*'A woman requesting a caesarean section for which there is no clinical rationale should initially be offered support which includes support for the perinatal mental health for women presenting with anxiety about childbirth. The PCT would support funding for a second opinion if a vaginal birth remains an unacceptable option for her. This second opinion should review the relative risks and benefits of a caesarean section in her particular case.'*

*'The PCT will not however at this time, routinely commission a caesarean section delivery in the absence of a medical or obstetric indication, however if a woman wishes to request a caesarean section, despite the advice of two obstetric teams, she can request her case is referred to the Individual Funding Request (IFR) panel which will consider the views of the woman and the obstetric advice she has been given in order to make a decision regarding funding on an individual basis on the grounds of exceptionality.'*

Bruce Willoughby advised that the number of requests received by the IFR panel had been fewer than anticipated and that David Geddes had expressed the view that moving forward if there was a common view from all the CCGs an immediate recommendation could be implemented, otherwise agreement would be required via the Cluster Board for 2012/13.

Members sought and received clarification on a number of aspects of the report. In regard to the process for maternal requests for caesarean section, it was agreed that Emma Broughton progress this with Bruce Willoughby outwith the meeting and report back to the Shadow Governing Body at its next meeting. It was also agreed that future quarterly reports be presented to the Management Team who would undertake to bring any matters of concern expeditiously to the Shadow Governing Body.

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

1. Noted the contents of the quarterly report.
2. Agreed that Emma Broughton progress with Bruce Willoughby and report back on future commissioning arrangements for maternal request for caesarean sections be progressed
3. Agreed that in future this report be received by the Management Team and presented to the Shadow Governing Body if its contents so required.

## **10. Performance Dashboard**

*Richard Reed attended for this item*

Rachel Potts referred to the 2011/12 Year End Performance Dashboard noting that most areas of the Vale of York CCG information were 'green' and highlighting that explanation regarding the 'red' for MRSA and clostridium difficile was in the Clinical Quality Report which complemented the Performance Dashboard.

Members discussed with concern the 41 patients waiting over 52 weeks in surgical specialties noting that work was ongoing to ensure that they had been treated by the end of June. This position would be monitored both to ensure resolution and to gain an understanding to avoid repetition.

Richard Reed advised that the CCG dashboards were currently being developed. He tabled a presentation proposing a standardised core performance dashboard across CCGs where possible with additional specific information negotiated with each CCG. The various timescales for receipt of requisite data for providing the dashboard were discussed and Richard Reed confirmed that a version would be available for the July public meeting. He additionally confirmed that information could be incorporated in terms of demonstrating trajectory to targets and associated ongoing work.

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

1. Noted the 2011/12 year end performance.
2. Noted the ongoing work on development of CCG Dashboards and looked forward to the production of a dashboard offering timely and comprehensive data to inform management.

## **11. Clinical Quality Report**

Shaun O'Connell referred to the report which provided information on a range of quality measures and key outcomes, complementing the Performance Dashboard at the previous item. Members sought clarification on the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicators (SHMI) noting the ongoing work to understand the figures. They requested that in future reports an explanation be provided of the indicator ranges and categories and additionally that information be presented in relation to CCG priorities and associated actions.

Members noted that in addition to mortality being reviewed in secondary and primary care, work was ongoing to develop a system of joint review in this regard. There was the potential for Commissioning for Quality and Innovation (CQUIN) to incorporate measures to reduce mortality. This area of work was scheduled for the July workshop session. Inclusion of patient reported outcome measurement (PROMs) data remains pertinent and appropriate for inclusion in future work; it might focus not only on comparative data but also response rates by patients.

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

1. Noted the contents of the report.
2. Noted that work in regard to mortality data was scheduled for consideration at the workshop on 5 July and looked forward to the inclusion of the York Public Health Observatory report for local providers and PROMs data.

### **12. Quality and Outcomes Framework Report for Quality and Productivity Indicators 2011/12**

*Stacey Ransome attended for this item*

Stacey Ransome presented the report which described the 2011/12 General Medical Services contract new Quality and Productivity Indicators (Q&P/ QPs) and associated Quality and Outcomes Framework (QOF) processes in respect of:

- Most cost effective prescribing (QPs1-5) 28 points in total
- Reducing hospital outpatient referrals (QPs 6-8) 21 points in total
- Reducing emergency admissions (QPs 9-11) 47.5 points in total

Evidence had been submitted from practices to demonstrate compliance to the requirements for QPs 6, 7, 8, 9, 10 and 11. Following discussion at the QOF Q&P Quality Review Group on 17 April, the agreed actions were now reported to the Shadow Governing Body for sign up.

Members discussed the information and request for CCGs to take on responsibility for quality and performance. In view of awaited guidance in this regard and current capacity issues, it was agreed to work with the PCT team, rather than take on this responsibility at this time. Additionally, members did not consider it appropriate to enforce a number of the agreed actions and therefore agreed that these should be noted with the expectation that implementation would be by the PCT.

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

1. Noted the year end process.
2. Approved audit of evidence in the QP8 and QP11 guidance regarding outpatient pathways and emergency admissions.
3. Noted the actions agreed at the 2011/12 QOF Q&P Quality Review Group.
4. Looked forward to receiving data about the effects of this investment on referral activity in total and across GP practices.



**13. NHS North Yorkshire and York Cluster Board Minutes**

**The Shadow Governing Body**

Received the minutes of the NHS North Yorkshire and York Cluster Board meeting held 24 April 2012.

**14. York Teaching Hospital NHS Foundation Trust Minutes**

**The Shadow Governing Body:**

Received the unconfirmed minutes of the York Teaching Hospital NHS Foundation Trust meeting held on 22 February 2012.

**15. Any Urgent Business**

Arrangements for the public meeting in July were discussed in detail.

**The Shadow Governing Body:**

Agreed the arrangements for the July meeting.

**16. Next Meeting**

**The Shadow Governing Body:**

Noted that the first public meeting would be held on 5 July 2012 and agreed that an alternative venue be sought. There would be a pre-meeting from 8.30am to 9.30am.

**17. Follow Up Actions**

The actions required as detailed above in these minutes are attached at Appendix A.

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP**

**ACTION FROM THE SHADOW GOVERNING BODY MEETING ON 7 JUNE 2012 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>
5 April 2012	Accountable Officer Report	Arrangements for International Conference on Improvement 2012	Mark Hayes	Ongoing
5 April 2012	Performance Dashboard	Redesign to be requested	Rachel Potts	Ongoing
3 May 2012	Single Integrated Plan, 2012/13 Contracts/QIPP and North Yorkshire and York Review	GP to be identified to provide clinical intelligence to data interrogation work  Proposal of 'Board to Board' meeting with York Teaching Hospital NHS Foundation Trust	Rachel Potts/ David Haywood  Alan Maynard	
3 May 2012	Performance Dashboard	Information to be sought from the Public Health Observatory:  <ul style="list-style-type: none"> <li>• CCGs with similar demographics for benchmarking of performance</li> </ul>	Rachel Johns	7 June meeting  Deferred to 5 July workshop

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
		<ul style="list-style-type: none"> <li>York Teaching Hospital NHS Foundation Trust mortality data</li> </ul>		
3 May 2012	York Teaching Hospital NHS Foundation Trust minutes	<ul style="list-style-type: none"> <li>CCG representation on the Executive Board to be sought.</li> <li>Annotated notes of Executive Board meetings to be requested</li> </ul>	Alan Maynard  Alan Maynard	
7 June 2012	York Teaching Hospital NHS Foundation Trust Executive Board	<ul style="list-style-type: none"> <li>Patrick Crowley and representatives from key organisations with whom CCG works to be invited to meet with Shadow Governing Body</li> </ul>	Mark Hayes/ Rachel Potts	Ongoing
7 June 2012	Quarterly Review of NICE Guidance and Medicines and Technologies	<ul style="list-style-type: none"> <li>Maternal Caesarean requests to be progressed outwith the meeting</li> </ul>	Emma Broughton	