

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 3 September 2020 by Microsoft Teams due to Coronavirus COVID-19**

**Present**

Phil Goatley (PG)(Chair)	Lay Member, Chair of Audit Committee and Remuneration Committee
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member and Chair of Finance and Performance Committee
Michelle Carrington (MC)	Executive Director of Quality and Nursing / Chief Nurse
Dr Helen Ebbs (HE)	North Locality GP Representative
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
Dr Andrew Lee (AL)	Executive Director of Primary Care and Population Health
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Dr Ruth Walker (RW)	South Locality GP Representative

**In Attendance (Non Voting)**

Sharron Hegarty (SH)	Head of Communications and Media Relations
Sarah Howey (SHo)	Senior Communications and Media Officer
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Representative
Christine Pearson (CP) – item 9	Designated Nurse Safeguarding Adults
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS) – part	Director of Public Health, City of York Council

**Apologies**

Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Nigel Wells (NW)	Clinical Chair

In welcoming everyone to the meeting PG noted that the CCG was proposing to 'live stream' the Annual General Meeting on 17 September and, subject to the successful application of technology, proposed to extend this facility to meetings in public of the Governing Body and Primary Care Commissioning Committee. PM advised that this was consistent with the approach adopted by Outbreak Management Boards and Local Authorities.

## **STANDING ITEMS**

### **1. Apologies**

As noted above.

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

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests. However RW declared an interest as a Member of Selby Town Primary Care Network during discussion of item 12 Financial Performance Report Month 4.

### **3. Minutes of the Meeting held on 2 July 2020**

The minutes of the 2 July meeting were agreed.

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

Approved the minutes of the meeting held on 2 July 2020.

### **4. Matters Arising from the Minutes**

A number of matters arising were on the agenda, ongoing in the context of Coronavirus COVID-19 or had not reached their scheduled date. The Black, Asian and Minority Ethnic groups report to the Quality and Patient Experience Committee would be presented at the November Governing Body meeting.

*Pertussis vaccination:* MC referred to presentation of Theo and Debbie's story at the January meeting and the discussion about establishing a local system approach for pertussis vaccination in pregnancy. She commended the work undertaken by York Teaching Hospital NHS Foundation Trust to reconfigure the midwifery service noting particular progress on the Scarborough Hospital site. However, clarification was currently being sought following Trade Union advice that midwifery health care assistants should not give the pertussis vaccination. MC emphasised York Teaching Hospital Foundation Trust's commitment to progressing the local approach, noting the relevant documentation was being developed in the meantime.

#### **The Governing Body**

Noted the updates and ongoing work.

### **5. Accountable Officer Update**

PM wished to record thanks to the CCG's staff on behalf of the Governing Body for their adaptability and discretionary effort in response to the Coronavirus COVID-19 pandemic. He explained that the approach of remote working continued to predominate but the position would be reassessed in the context of infection levels of both COVID-19 and 'flu in the coming weeks.

Unconfirmed Minutes

PM also wished to acknowledge the contribution of the CCG's Practices, acknowledge the pressures experienced and commend the provision of services in different ways to that prior to the pandemic.

PM described a number of areas of change relating to local government and the NHS both regionally and nationally. In respect of the former two devolution approaches were being developed: North Yorkshire County Council's proposals were across North Yorkshire and York with two unitary councils; the current District Councils were proposing devolution on the basis of an East / West split. PM noted the potential for a decision in early 2021 with implementation of the new model from April 2022.

PM explained that statutory organisations would prepare to respond as required to forthcoming change but noted NHS alignment would be influenced by national decisions on NHS financial flows and allocations. In this regard indications since month 7 had been that allocations would start to flow through Integrated Care Systems rather than CCGs with this model potentially being beyond 2021/22. In this event the CCG would need to consider governance arrangements and operating models working with partner CCGs and providers to deliver services, quality and outcomes differently. This had potential for the CCG to no longer control its allocation and for establishment of joint committees with other CCGs and Local Authorities.

### **The Governing Body:**

Noted the potential for organisational change at pace and the associated consequences for statutory responsibilities.

## **ASSURANCE**

### **6. Quality and Patient Experience Report including Risk**

MC presented the report which provided an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across the CCG's commissioned services. It summarised by exception, progress and updates on quality, safety and patient experience not related to existing risks and provided an update on actions to mitigate the risks aligned to Governing Body.

MC highlighted the forecast capacity for Phase 3 'recovery' of acute services compared to 2020/21 planned levels pre COVID-19 but noted that this did not account for a potential second wave of the pandemic, winter pressures, the reduced capacity due to social distancing requirements and that the current backlogs in some specialties were very large. She explained that York Teaching Hospital NHS Foundation Trust had systems and processes in place for clinical prioritisation but noted the expectation for primary care to be impacted by enquiries from patients about delays and also the context of deteriorating patients. MC assured members that the CCG, and NW in particular, was involved in this work.

MC referred to the review of childhood vaccinations during the pandemic following discussion at the Quality and Patient Experience Committee. The outcome of the review had been assurance that vaccinations during the pandemic appeared to be in line with delivery in 2019.

MC reported on the continuing work to increase support to care homes. As per the Local Enhanced Service a clinical lead had been identified for each care home, patient registrations were moving across to their new Practices and each care home had a named Community Nurse. Additionally, Tees, Esk and Wear Valleys NHS Foundation Trust had identified leads for homes for people with learning disability. MC also highlighted the key trends and themes identified from initial use in seven care homes of an exploratory tool to understand contributory factors to a COVID-19 outbreak. Good practice and lessons learnt from this were being shared.

MC referred to the significant quality concerns in a Vale of York care home which she had reported verbally to the August Quality and Patient Experience Committee. She explained that the CCG had worked with partners to provide a collaborative response to the issues in an attempt to support the provider. However, this had been unsuccessful and the Care Quality Commission had now placed a Notice of Decision to Remove Location on the home from which all 47 residents had been moved. The provider had 28 days to appeal the decision after which time the Care Quality Commission would publish contemporaneous reports. MC noted that once the Care Quality Commission had issued the Notice of Decision the Local Authority became responsible for the care of the individuals.

MC commended Sarah Fiori, Head of Quality Improvement and Research, for her clinical expertise in supporting the work with both the care home and the Care Quality Commission and also advised that a multi disciplinary review would be undertaken. She confirmed the December 2020 timescale for this risk to be removed from the risk register noting that further discussion would take place at the private Governing Body meeting later in the day. JH expressed appreciation to MC and her team for the rapid response to the concerns emphasising the aspect of progressing lessons learnt.

MC referred to the adult mental health services information. In respect of perinatal mental health during the pandemic, a continuing area of concern in terms of impact from COVID-19, she highlighted the priorities of resuming face to face consultation and home visits as far as possible and resuming integration and training to ensure early recognition and appropriate referral. In respect of Garrow House in York, commissioned by NHS England and NHS Improvement, MC reported that the significant quality and safety concerns had been multi-factorial advising that the women had all been moved and the unit had been closed since publication of the meeting papers. She noted there had been no CCG residents there at the time.

MC highlighted the 'flu planning both at a local and regional level noting that, with the exception of school children, vaccination of eligible groups was the responsibility of GPs. She also noted the need for innovative ways to deliver the programme. In respect of personal protective equipment MC explained that

national guidance was for use of masks only, not routine use of gloves and gowns, when administering the vaccination but adherence to good hand washing techniques was critical.

*SS joined the meeting.*

In response to concerns about availability of the vaccine for the 50 to 64 age group and the expectation that they would be required to travel to a drive through 'flu vaccination facility, SS advised that she was not aware of any supply issues. She noted that Directors of Public Health had sought and received assurance at a regional level in this regard and that if she was informed of any issues this would be where they were raised.

AM referred to the "light touch" personal protective equipment guidance for 'flu vaccination expressing concern about providing confidence and assurance to nursing teams. MC responded that this was for individual determination but emphasised the context of potential supply issues, noted that it did not replace handwashing and that vaccination was not akin to a blood taking procedure or a procedure where skin may not be intact such as a wound dressing.

MC advised that York Teaching Hospital NHS Foundation Trust had made significant progress in response to the Care Quality Commission involvement and potential for further regulatory action. She noted that the Care Quality Commission had been invited them to request removal of these notices but that they were undertaking final assurance, including in relation to estate and the model of paediatric services, prior to doing so.

MC reported that since publication of the papers the CCG had been notified of the requirement to identify a Patient Safety Specialist as part of the NHS Patient Safety Strategy. The Executive Team had identified Sarah Fiori as the most appropriate nomination and consideration was being given to her Head of Quality Improvement and Research role prior to putting her name forward.

MC provided an update on the Tees, Esk and Wear Valleys NHS Foundation Trust outstanding Serious Incident investigations. The Quality Group had received a report that this was due to capacity but progress was now being made with the timescales. MC explained that the Chief Nurse, the Director of Governance and the Serious Incident Lead were now involved in addressing the backlog and had additionally requested an independent review of their processes. The CCG had requested receipt of the outcome of this review. DN added that Tees, Esk and Wear Valley NHS Foundation Trust were looking to national models to prioritise incidents which had the most opportunity for learning from both the patient and system perspectives.

MC referred to the Patient Experience section of the report and noted that a question had been received from a member of the public about the GP Patient Survey 2020:

*Overall the satisfaction of experience reported for the "GP practice associated with York University" was a rating of 50% good. This is a significant outlier in the chart showing a much better performance amongst all other York practices. It is noted that the survey outcomes will be shared with the Primary Care Team. However, given previous failures in performances and previous failures in CCG actions to improve the situation, will the Governing Body please treat this specific problem with urgency and report back on findings and solutions.*

MC explained that IPSOS MORI was commissioned nationally to undertake the GP Patient Survey. In the local context 7,053 questionnaires were sent out to Vale of York patients and 3,206 were returned completed, a response rate of 45%. MC noted that a regular criticism of this survey by Practices was the sample size, which this year represented approximately 3,200 returns from a registered population of 360,000, i.e. less than 1% of the total Vale of York registered population; 70 of Unity Health's registered patient list was represented in these returns.

MC advised that discussions had been taking place with Unity Health about the survey results. Prior to this the CCG had been working with the Practice since their assessment by the Care Quality Commission and resulting 'Special Measures' from which they had progressed to an assessment of 'Good' within six months. MC also noted: the Practice had invested in key posts to address staffing issues; the Care Quality Commission was of the view that they were making good progress; and the CCG would continue to meet with Unity Health to seek assurance. With specific reference to the survey results the CCG would be following up with all Practices any concerns raised.

AL added that, in response to poor results in the 2019 GP Patient Survey, Unity Health had undertaken their own survey. This had been completed by almost 900 patients and had received better results. The Practice had engaged actively with patients and had attended the York Health Overview and Scrutiny Committee which had resulted in an offer from a local councillor to support their engagement.

AL also referred to the fact that Unity Health's telephone system had previously been an issue. This had been updated and, although the work had been delayed due to COVID-19, like all the CCG Practices, Unity Health had successfully implemented a telephone triage first model.

AL reported that the CCG was in regular discussion with the Care Quality Commission about Unity Health and that there had been no issues that would trigger performance monitoring or management. He emphasised that the CCG was actively engaged with the Practice and this would continue behind closed doors as such work was not undertaken in public.

AL referred to negative publicity which resulted in the perception that General Practice was closed. Discussion ensued on the mismatch between this and the reality, including emphasis that face to face contact was taking place if appropriate and the impact on primary care from the backlogs in secondary care. SH advised that the CCG Communications Team was taking a proactive

approach including working with the Primary Care Networks and local radio. PM added that the Primary Care Network Clinical Directors were contacting their local MPs in this regard and AL noted the need to manage patient expectations in the context of the ongoing restrictions and challenges.

MC referred to the two new risks in the report: Significant quality and safety concerns at a care home in Vale of York boundary and Potential changes to the North Yorkshire County Council commissioned Healthy Child Programme These would be discussed in detail at the private meeting later in the day.

In response to PG enquiring about the urgent care review MC noted the engagement activities in this regard. She also highlighted that demand for urgent care had reduced during the pandemic and that learning from this was being taken into account in the service reconfiguration. AL added that the urgent care review was at an advanced stage highlighting achievement of progress through clinical workshops. Further work, including patient engagement, was now taking place. AL advised that the Finance and Performance Committee and Governing Body would receive progress reports.

### **The Governing Body:**

Received the Quality and Patient Experience Report confirming, in the context of the separate strategic and operational work streams which manage the response and risks associated with Coronavirus COVID-19, that it:

- provided assurance of the work being undertaken to understand and support the quality and safety of commissioned services;
- provided assurance of the actions to manage the risks aligned to Governing Body;
- cited members on the new risks identified which should be aligned to Governing Body, namely:
  - QN 17 - Significant quality and safety concerns at a care home in Vale of York boundary
  - QN 18 - Potential changes to the North Yorkshire County Council commissioned Healthy Child Programme

## **7. Audit Committee Annual Report 2019/20**

PG highlighted the positive messages from both Internal and External Audit in the Audit Committee Annual Report. He commended the fact that all areas of work undertaken by Internal Audit had received either of its two highest levels of assurance.

PG expressed appreciation to SB and the Finance Team and to Abigail Combes, Head of Legal and Governance, for their work.

### **The Governing Body:**

Ratified the Audit Committee Annual Report 2019/20.

Unconfirmed Minutes

*SS left the meeting*

## **8. External Auditors' Annual Audit Letter 2019/20**

SB referred to the Annual Audit Letter which had not been available for inclusion with the Annual Accounts presented at the July Governing Body meeting. He noted the unqualified opinion of the audit of financial statements and explained that the qualified opinion for the Value for Money conclusion was due to the fact that the CCG did not have a plan to return to financial balance over the five year period although the position was as anticipated by NHS England and NHS Improvement recovery trajectories.

### **The Governing Body**

Received the External Auditors' Annual Audit Letter 2019/20.

*CP joined the meeting*

## **9. Learning Disability Mortality Review Programme Annual Report 2019/20**

CP gave a presentation highlighting aspects of the Annual Report circulated with the meeting papers. This included background and purpose of the programme; key achievements; information on age at and place of death; reported deaths per CCG area across North Yorkshire and York; causes of death; quality of care; local learning of best practice; reasonable adjustments; family and carer involvement; STOMP (Stop Over Medicating People); recommendations made by reviewers; key performance indicators from the NHS Operational Planning and Contracting Guidance 2019/20; challenges for 2020/21; and reference sources for further information.

Members sought and received clarification on aspects of the presentation including in relation to STOMP which DN explained was part of the North Yorkshire and York Transforming Care Programme. CP noted she would request information relating to review of people on antipsychotic drugs via this route.

### **The Governing Body**

Received the Learning Disability Mortality Review Programme Annual Report 2019/20.

*CP left the meeting*

## **10. Proposal for a North Yorkshire and York Medicines Commissioning and Formulary Committee**

AL presented the report which sought ratification, following approval in principle by the Executive Committee on 8 July 2020, to maintain the current three Area Prescribing Committees but to introduce a North Yorkshire and York Medicines Commissioning and Formulary Committee as a joint sub-committee of NHS North Yorkshire and NHS Vale of York CCGs. He highlighted the delegation decision levels noting the potential efficiencies through a standardised approach.

Unconfirmed Minutes



PM referred to the earlier discussion about organisational change and proposed support in principle in the context of the requirement for further changes to the CCG's Constitution. MC additionally explained that this would be a decision for the Council of Representatives, not the Governing Body, but in any event the CCG's Constitution did not currently permit any delegation of powers. The arrangements could however be implemented in Shadow Form without any delegated powers.

### **The Governing Body**

Supported in principle the proposal for a North Yorkshire and York Medicines Commissioning and Formulary Committee noting that at the present time implementation could only be in Shadow Form without any delegated powers.

### **11. Medicines Commissioning Committee Recommendations**

AL noted that the recommendations presented had no projected impact on the CCG at the present time.

### **The Governing Body:**

Received the Medicines Commissioning Committee Recommendations of March and May 2020.

## **FINANCE**

### **12. Financial Performance Report 2020/21 Month 4**

In presenting this report SB noted that it had been discussed in detail at the August meeting of the Finance and Performance Committee. He explained that, in line with the current COVID-19 financial arrangements, the CCG expected to break-even to month 4 and to continue to receive allocations to offset overspends and reasonable expenditure associated with the pandemic to month 6. The forecast financial position remained achievement of the £16.3m deficit plan based on the expectation of return to normal operational arrangements from October.

SB reported that national discussions were still taking place with HM Treasury therefore allocations from October were not yet known for the second planning phase. However, a number of changes to the interim financial arrangements had been notified, including: change to arrangements for continuing healthcare assessments from 1 September; hospices no longer receiving additional support from 1 August; changes to funding for GP Practices from 1 August; and significantly the return to fixed budgets from October.

SB additionally referred to PM's update at item 5 regarding system change noting that one CCG would receive the allocation on behalf of Humber, Coast and Vale partner organisations. He explained that work was taking place on the detail currently available but the move to a system approach for all CCG and NHS England and NHS Improvement monies, including for winter, was expected to be implemented at pace.

DB and PG referred to discussion at the Finance and Performance Committee where it had been noted that the focus on integrity and maintaining oversight would continue.

RW declared a conflict of interest as a member of Selby Town Primary Care Network prior to seeking clarification about the CCG's commitment to funding the Primary Care Network Additional Roles as per the GP Contract. SB confirmed this was the national position but noted the context of the Integrated Care System approach.

### **The Governing Body:**

Received the 2020/21 month 4 Financial Performance Report.

## **COVID-19 UPDATE**

### **12. Update**

AL explained that, although levels of COVID-19 infection were currently comparatively low across the CCG area, there were sporadic outbreaks in both City of York Council and North Yorkshire County Council areas. He noted increasing concern around the re-opening of schools, universities and colleges but advised that outbreak management arrangements were in place.

AL also reported concern in the context of potential mass testing both in terms of implications for primary care to be able to support this and in respect of infrastructure and laboratory processing.

AL emphasised that recovery planning was taking place but highlighted potential impact from both 'flu and a COVID-19 surge. He noted that the Finance and Performance Committee would receive winter planning updates. Additionally work was taking place on the North Yorkshire and York footprint via the Health and Care Resilience Board and a number of interface groups. The frequency of Silver Command calls had been reduced but could be increased again if required.

MC reported that the CCG was working with City of York Council in respect of the pseudo-satellite unit in York for both symptomatic and surveillance testing. She explained that the site run by the CCG in Easingwold for testing NHS GP Practice and York Teaching Hospital NHS Foundation Trust staff had been closed due to low numbers making it no longer viable. These staff could now be tested at the Poppleton site or a ward identified on the York Hospital site. Additionally, discussions were taking place with the University of York to establish a local testing facility.

MC explained that antibody testing for NHS staff and contractors, which remained unfunded, was generally not taking place but GP Practices had agreed to test their own staff and use the laboratory facilities at York Teaching Hospital NHS Foundation Trust. Antibody testing for social care staff was funded from 22 July and acute trusts had been asked to lead on this. MC noted that locally additional phlebotomists had been recruited due to capacity concerns and agreement had

been reached that other NHS staff could also be tested for antibodies. This service was due to commence on 8 September at Peppermill Court. MC emphasised that an antibody test result did not change the need for vigilance and hand hygiene.

MC reported that the only change relating to personal protective equipment was in respect of 'flu. She noted concern about differential practice in this regard by Practice Nurses and Community Nurses and also differences between organisations in respect of aerosol generated procedures; work was taking place with the Local Authority regarding the latter for special schools. AL added that the Local Authority had established a cell for school related matters. MC noted she had requested guidance from the Local Authority for GPs on where to direct concerns of schools and parents.

Members discussed a number of aspects of testing and interpretation of results. AL additionally noted escalation for purposes of seeking clarity about care home workers who had tested positive for COVID-19 but were well and residents who were well but continued to test positive long after their initial diagnosis.

### **The Governing Body:**

Noted the update.

### **Additional Discussion – Learning Disability Concerns**

Prior to the close of the meeting further detailed discussion ensued on concerns expressed by HE and RW in respect of people with a learning disability. This included:

- Aspects of diagnosis and accuracy of Practice learning disability coding records, especially for mild learning disability. HE suggested establishment of a methodology to improve coding with a system to implement the change.
- The need to understand reasons why annual health checks for learning disability patients were not being undertaken across the CCG. DN emphasised that the national position was that anyone over 14 years of age with a learning disability should have an annual health check. Discussion in this regard included levels of funding for Practices, recognition of loss of income through not undertaking annual health checks, the need for education, opportunities through Care Coordinators for wrap around care which also supported avoiding hospital admissions, and the need to share expertise within Primary Care Networks. HE suggested development of an approach at Practice level to ensure understanding of the reasons why annual health checks did not take place for some learning disability patients.
- Concern about inequity and emphasis on the person centred care approach.

- Opportunities to learn from models in other areas.
- Recognition of the complexity and multi-factorial nature of the concerns relating to why practices found the processes for health checks with learning disability patients currently a challenge.

### **13. Next Meeting**

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

Noted that the next meeting would take place on 5 November 2020.

#### **EXCLUSION OF PRESS AND PUBLIC**

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is 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 as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP**

**ACTION FROM THE GOVERNING BODY MEETING ON 3 SEPTEMBER 2020 AND CARRIED FORWARD FROM PREVIOUS MEETING**

<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>
2 January 2020  2 April 2020	Patient Story	<ul style="list-style-type: none"> <li>Update on establishing a local system approach for pertussis vaccination in pregnancy</li> <li>Ongoing in context of the Coronavirus COVID-19 pandemic</li> </ul>	MC	5 March 2020  Ongoing
2 January 2020  2 April 2020	Board Assurance Framework and Risk Management Policy and Strategy	<ul style="list-style-type: none"> <li>Risk Management Policy and Strategy to be presented for ratification</li> </ul>	AC	2 April 2020  Deferred until "business as usual" resumed
2 April 2020	COVID-19 update	<ul style="list-style-type: none"> <li>Review learning on the part of both teams and organisations</li> </ul>	All	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 July 2020	Annual Health Checks for People with Learning Disabilities or Serious Mental Illness – Update	<ul style="list-style-type: none"> <li>Update report</li> </ul>	DN	1 October 2020 / 5 November 2020
2 July 2020	Interim Measures – Governance and Committee Meetings: First Quarterly Review	<ul style="list-style-type: none"> <li>Further review of arrangements</li> </ul>	PM	1 October 2020
2 July 2020  3 September 2020	Additional Item	<ul style="list-style-type: none"> <li>Quality and Patient Experience Committee to consider inequity and inequalities relating to Black, Asian and Minority Ethnic groups and report back to the Governing Body</li> <li>Black, Asian and Minority Ethnic groups report to be included for the next meeting</li> </ul>	JH / MC	3 September 2020  5 November 2020