

Minutes of the 'Virtual' Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 4 March 2021

Present

Dr Nigel Wells (NW)(Chair)	Clinical Chair
David Booker (DB)	Lay Member and Chair of Finance and Performance Committee
Michelle Carrington (MC)	Executive Director of Quality and Nursing / Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Phil Goatley (PG)	Lay Member, Chair of Audit Committee and Remuneration Committee
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Stephanie Porter (SP)	Interim Executive Director of Primary Care and Population Health
Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Jenny Brandom (JB) – item 3	Clinical Director, St Leonard's Hospice
Abigail Combes (AC) – part	Head of Legal and Governance
Charlotte Hoban (CB) – item 3	Complex Care Coordinator, St Leonard's Hospice
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Representative
Christine Pearson (CP) – items 11,12	Designated Nurse Safeguarding Adults
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Simon Bell (SB)	Chief Finance Officer
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Thirteen members of the public watched the "live stream".

The agenda was discussed in the following order.

STANDING ITEMS

1. Apologies

As noted above.

Unconfirmed Minutes

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.

The following declarations were made in respect of members' additional roles:

- MC as Interim Director of Quality and Nursing for Humber, Coast and Vale Health and Care Partnership two days per week
- CS as a member of the Humber, Coast and Vale Strategic Digital Board
- RW as GP Clinical Lead for Humber, Coast and Vale Mental Health Collaborative half a day per week
- NW as Clinical Lead for Humber, Coast and Vale Health and Care Partnership

No pre-emptive action was required by the Chair as a result of those conflicts declared and the nature of the business planned in the meeting. If a conflict of interest arose during the meeting mitigation would be agreed with the Chair on a case by case basis.

3. Patient Story: End of Life Care for the Homeless

In introducing this item MC explained that JB and CH had presented this story at the February Quality and Patient Experience Committee where it had had significant impact. She also noted that further discussion about homelessness had continued, notably in the context of COVID-19 vaccination.

CH referred to the Homeless Palliative Care Service presentation which described the St Leonard's Hospice and Changing Lives project working to address the challenges and complexities of care for the homeless in York. She had taken up post in November 2020 for this one year project.

CH detailed the complex history of 34 year old 'Karen' over 17 years in terms of street homelessness, resettlement, addiction, mental health problems, numerous A&E attendances, liver disease, relationships with health care professionals, and family relationships including her children. CH emphasised the perspective of advance care planning, collaborative working with all professionals involved in 'Karen's' care to support her to have quality of life and a dignified death, and the best outcomes being achieved without dictation or judgement. CH highlighted this work as 'a hospice without walls' built on relationships offering hospice care in the community on the basis of need.

CH explained that 'Karen' had recently had a relapse and work was taking place to provide appropriate support both for her and her mother. 'Karen's' advance care plan was also being reviewed.

CH welcomed the opportunity to represent the voice of the homeless and to progress work to reduce inequalities for this vulnerable group.

JB commended CH's leadership of this collaborative service and emphasised that funding was being sought to continue this hospice provision in the community beyond the original one year project timescale.

Members highlighted the impact of CH's presentation. Discussion ensued in the context of:

- The person centred approach to engaging with the homeless population.
- The impact of trauma and the need for a trauma informed approach to underpin work to address health inequalities.
- The potential for future health and care services to be offered through a 'without walls' approach.
- Opportunities for street outreach services - such as clinics run by GPs, nurses and volunteers - to provide holistic support to the homeless population at an earlier stage in their lives.
- The need to embed CH's work in primary care.
- Recognition of the homeless population's trust in terms of health and care services but also the aspect of interface with the police and criminal justice system. In this regard CH advised that an assertive outreach model based on kindness appeared to be the most effective.

In conclusion NW noted the potential for CH's work to contribute to the current system change and emphasised that the CCG would continue discussions with her.

The Governing Body:

Commended the partnership working to address the end of life care needs of the homeless through a 'hospice without walls' approach.

JB and CH left the meeting

4. Minutes of the Meeting held on 7 January 2021

The minutes of the 7 January meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 7 January 2021.

5. Matters Arising from the Minutes

Matters arising were either covered within agenda items or had not yet reached their scheduled date.

Unconfirmed Minutes

NW reported that the following question, to which MC would respond during the agenda discussion, had been received from Bill McPate:

Item 11 Changes to North Yorkshire County Council Healthy Child Programme

The Vale of York response to the above accurately envisages a deterioration in provision for children, particularly the reduction in surveillance for emerging health concerns. If these are not identified and addressed at an early stage they will impact on NHS care at a later stage of a child's development impacting on demand for services, already stretched, and avoidable damage to children. As the new model to be operated by NYCC is intended to be introduced in April 2022 it is rightly identified in the Board Assurance Framework. That discussions are taking place at an executive level is noted but will the board please indicate how it intends to manage oversight of this risk given it is a service commissioned and delivered by a third party.

6. Accountable Officer Update

PM referred to the report which provided updates on the local and system financial position; system restoration and recovery in the era of COVID; governance update; primary care protected learning time; local government reform; and 'place'.

In respect of the financial position for 2020/21 PM noted the forecast break-even for the CCG highlighting this was reviewed monthly by the Finance and Performance Committee and also noting partner organisations across North Yorkshire and York were forecasting similar low risk positions. PM emphasised, however, that this was in the context of absence of information about financial planning policy in the early part of 2021/22 and the expectation that the national Hospital Discharge Programme reimbursement would cease on 31 March 2021. He noted that work was taking place with Local Authority partners to develop options to mitigate this risk which was also kept under review by the Finance and Performance Committee. PM additionally highlighted positive aspects emanating from the current financial position, including securing supplementary funding on top of the CCG's own commitment to replace all the dermatoscopes currently in use in Practices.

In terms of system and recovery PM commended Practices for their achievements in implementing the COVID-19 Vaccination Programme, also noting support provided by members of the CCG staff. He expressed particular appreciation to MC and SP and their teams for their continuing efforts in this regard. PM also highlighted appreciation of support from the Referral Support Service in the call and re-call of patients for vaccination emphasising that this was not part of their core role and that it had played a major part in the system's achievement.

PM explained that recovery in the acute sector was focusing on cancer services noting that, although progress was being made, there would be considerable challenge and impact both in terms of patients known and those yet to be identified. He also reported that the York MPs had been in contact seeking information about organisations' plans to address increased demand for mental health support; a

meeting later in the month had been arranged in direct response to this. PM would discuss with HE and RW a similar response for the Vale with inclusion of other NHS organisations in the wider North Yorkshire geography.

PM referred to approval by the CCG's Council of Representatives for the continuation in post of the Governing Body Members - Executive Directors, Lay Members and GP representatives including the Chair of the Governing Body - until 30 April 2022 to allow for a consistent transition to the new operating models in the NHS. PM also explained that the Lay Members would provide support to staff as well as their role in ensuring statutory governance through the transition.

In respect of the consultation on the two proposals for local government reform PM noted previous discussion, both with the Humber, Coast and Vale Integrated Care System and locally, in the context of support for the North Yorkshire and York option. He proposed this as the CCG's response to the consultation.

NW referred to the success to date of the primary care protected learning time. He noted that the January date had been cancelled due to the pandemic and advised that the April event would be locality based. Subject to restrictions being lifted as scheduled, a face to face event was being planned for July at York Race Course.

SS, on behalf of City of York Council and North Yorkshire County Council, expressed appreciation for the involvement and support of the CCG in respect of the local government proposals. From the City of York perspective SS referred to joint working for models of future planning and delivery of care at 'place' level and emphasised the continuing commitment to work across organisational boundaries, also noting the context of addressing health inequalities.

In response to DB expressing concern about positive elements of the CCG's work being maintained and ensuring continuation of the patient focused commitment through the transition to the Integrated Care System, PM agreed that this required consideration and noted potential for future discussion.

The Governing Body:

1. Received the Accountable Officer report.
2. Noted the risk relating to the expected cessation of the national Hospital Discharge Programme reimbursement at 31 March 2021.
3. Expressed appreciation for the work of everyone who had contributed to the local success of the COVID-19 Vaccination Programme.

AC joined the meeting

7. Quality and Patient Experience Report

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.

MC reiterated the achievement of the COVID-19 Vaccination Programme, approximately three hundred thousand administered to date. In addition to commending the contribution from primary care, she expressed appreciation for support from Public Health colleagues noting the collaborative work to identify cohorts, respond to queries from the public and ensure corporate messaging. MC advised that the Joint Committee on Vaccination and Immunisation (JCVI) Cohorts 1 to 4 had been invited for vaccination, noting that work was taking place to encourage health and social care staff who had not yet taken up the vaccine offer to do so. She commended Dr Jocelyn Patel from Sherburn Group Practice, who had supported 100% vaccination in a care home, as an example of taking a personal responsibility approach. .

MC explained that JCVI Cohorts 5 to 6, people aged 65 and over, were now nationally being invited to vaccination centres. Primary care was being asked to focus on people with underlying health conditions, unpaid carers and the recently included cohort of people with a learning disability. In respect of the latter MC noted the complexity of ensuring correct coding and also highlighted a potential increase in the number of people who had not received regular health checks.

MC advised that JCVI Cohort 7, people over 60, were starting to be invited for vaccination nationally although Cohorts 5 and 6 were not yet complete. She also noted that areas such as North Yorkshire and York, where good progress had been achieved with the vaccination programme, were receiving reduced supplies but emphasised this in the context of vaccinating the population. MC additionally advised that administering the second dose of vaccine had commenced alongside the continuing first dose programme.

MC highlighted that work was taking place to invite for vaccination seldom heard and disadvantaged groups, the gypsy and traveller community, the homeless and Eastern European residents, as examples. She noted this work included ensuring a positive experience for people who may not feel able to attend a vaccination clinic. MC also reported that the North Yorkshire County Council Director of Public Health had established a Strategic Assurance Group to support both this work and wider work going forward.

MC emphasised the need to maintain social distancing and mask wearing noting both the context of population vaccination but also the fact that the vaccine did not provide full immunity from COVID-19.

SP reiterated commending the achievement of the vaccination programme to date noting that c97% of Cohorts 1 to 4 had been vaccinated. She highlighted the context of patient choice to accept the vaccine noting that 100% take up was unlikely to be achieved.. SP cited the example of the CCG adopting a flexible approach in terms of working with two mosques due the commencement of Ramadan on 12 April which coincided with second doses of the vaccination programme. Collaborative work was taking place to ensure people were aware of the ability to rebook. Work to understand if there were any groups not taking up the vaccine had commenced and would progress into the next phase to ensure a range of delivery styles was adopted that would also ensure continued high levels of take up.

RW expressed appreciation to CCG colleagues for their support on the vaccination programme. She also welcomed the inclusion of people with a learning disability. Detailed discussion ensued in the context of the complexities of the Learning Disability Register including the aspects of autism and diagnosis of a learning disability or learning difficulty. MC responded that GPs should take a pragmatic approach and vaccinate on the basis of vulnerability, noting the JCVI cohorts were based on risk of harm and mortality.

MC referred to the mental health update in the report noting the unannounced inspection to six of Tees, Esk and Wear Valleys NHS Foundation Trust's adult acute wards on three sites, including two in North Yorkshire. Concerns had been raised about aspects of risk management processes and urgent action was required in response to a Section 29A Letter. MC reported that good progress was being made, monitored by an NHS England and NHS Improvement led Quality Board.

With regard to maternity services MC highlighted the progress on development of Maternal Medicine Centres and associated networks in response to the recommendations of the Interim Ockendon findings. She noted that a model was being developed for Yorkshire and Humber. MC also referred to the update on the role of the Humber, Coast and Vale Local Maternity System referring in particular to the role of the Safety Working Group in reviewing Serious Incidents. She noted that CCGs were also required to be sighted on such areas advising that the Quality Surveillance Group was considering the practicalities of these arrangements to ensure there was still system oversight and to ensure CCGs were still sighted on quality issues in maternity services.

MC advised that the Quality and Patient Experience Committee had agreed that the risk relating to 12 hour trolley waits in the Emergency Department be archived as it was now only such waits that met the criteria for a Serious Incident that required declaring.

MC noted the patient experience update themes relating to the vaccination programme.

With regard to the communication and engagement information MC highlighted the engagement to inform evaluation of the Parkinson Nurse Specialist, a post established between 12 December 2020 and 15 January 2021. The CCG Executive Committee had supported in principle its continuation. MC emphasised the impact achieved from one person providing essential care for people diagnosed with Parkinson's and their families and carers, across South Hambleton and Ryedale, Tadcaster and Rural Selby, and Selby Town areas. She noted however that consideration of a model for the City was required from the perspective of equity.

MC also highlighted the Northern Quarter Project – Connecting our City focusing on development of a community approach to mental health and wellbeing and commended the development of a communications and engagement dashboard.

MC advised that the risks managed by the Quality and Patient Experience Committee had been discussed in detail at the February meeting. In respect of risks escalated to the Governing Body MC referred to the work taking place in

respect of York Teaching Hospital NHS Foundation Trust taking over the specialist commissioning service for Hepatitis B vaccination of renal patients from April 2021. She referred to the fact that this service was currently provided in primary care noting that GPs would provide support through the transition. SP added that the work with York Teaching Hospital NHS Foundation Trust in this regard had been impacted by COVID-19. She noted the CCG had requested they complete an equality impact assessment to provide assurance that the risk was being managed through the transition to year end.

In respect of the risk pertaining to potential changes to the North Yorkshire County Council commissioned Healthy Child programme MC highlighted the joint response to the consultation from NHS North Yorkshire and NHS Vale of York CCGs, included as appendices to the report. She also referred to the question raised in this regard, as reported earlier, noting that the proposed changes were being considered in the context of comments received and impact from COVID-19 relating to safeguarding. Although the final plans would not be known until the end of March 2021, MC emphasised that the CCG continued to have concerns about potential gaps in services which it would need to address, notably emergency contraception, continence and safeguarding. She emphasised that the CCG was monitoring developments closely and explained that North Yorkshire County Council had been asked to attend one of the regular joint meetings of the NHS North Yorkshire and NHS Vale of York CCGs Executive Teams to discuss the plans.

HE referred to the service provided by the Parkinson Nurse Specialist and explained that lessons learnt from Macmillan's evaluation of care coordination had been utilised. She highlighted qualitative evidence from patient and clinician feedback to identify levels of unmet need as key to improving care and emphasised the importance of population health data informing planning and innovation to enable evaluation of a new service.

Members expressed appreciation to colleagues whose work was detailed in the Quality and Patient Experience report.

The Governing Body:

Received the Quality and Patient Experience Report confirming assurance of the work being undertaken to understand and support the quality and safety of commissioned services.

8. Coronavirus COVID-19 Update

MC reported that nationally reduced hospital admissions and severity of illness was being seen as linked with numbers of people vaccinated, particularly the elderly population.

MC noted that testing was going well highlighting the context of schools returning the following week and the requirement for twice weekly lateral flow tests. Schools would be supported by Public Health and volunteers in this regard.

PCR testing was also continuing and access was no longer an issue.

Wards at York Teaching Hospital NHS Foundation Trust were starting to return to normal and there was a reduction in COVID-19 beds in the Intensive Care Unit.

Infection rates in care homes were reducing but outbreaks of COVID-19 were still occurring despite the vaccination programme.

SS reiterated that infection rates were reducing advising that as at 26 February North Yorkshire and York were respectively the two lowest infection rates across the region. She noted confidence in the falling rates of infection but emphasised the need to continually reinforce the messages about infection prevention control, social distancing and masks, also noting it was the younger age groups - the 20s, 30s and 40s who were not yet eligible for vaccination - where the infection was being driven.

SS highlighted availability and importance of regular testing for people who were free of COVID-19 symptoms and of engaging with local contact tracing. She also noted the context of the national roadmap for the lifting of restrictions but the need for messaging to be in the context of the pandemic still being present.

MC reported that discussions were taking place with primary care regarding future implications for workforce in terms of the continuing vaccination programme and the return to routine business. There was also the potential for a COVID-19 booster alongside the annual 'flu vaccination programme later in the year.

Discussion ensued in the context of impact on Practice staff, particularly in areas that did not have access to mass vaccination sites; inequity for vulnerable groups; establishment of services for people with long COVID; ensuring patients were supported whilst waiting for restoration and recovery of services; and concern about the wellbeing of staff, particularly those on the front line.

The Governing Body:

Noted the update.

9. Board Assurance Framework

AC presented the updated Board Assurance Framework which, as requested by members, now included an additional strategic objective and information regarding 'Work with partners to tackle health inequalities and improve population health in the Vale of York'. AC noted a reduction in the number of 'red' risks and advised that there were no additional risks to report since circulation of the meeting papers.

DB commended the clarity of the document and PG also highlighted the detailed work to refine the many iterations. PG additionally noted that the Audit Committee had the previous week received the Board Assurance Framework and supported the underpinning risk management arrangements.

The Governing Body:

Received the Board Assurance Framework.

Unconfirmed Minutes

AC left the meeting

FINANCE

10. Financial Performance Report 2020-21 Month 10

NW noted that the Financial Performance Report had been discussed in detail at both the Finance and Performance Committee and Audit Committee on 25 February.

In response to RW seeking clarification about the apparent underspend on Primary Care Additional Roles, SP explained that this was reimbursement based on recruitment by the Primary Care Networks. SP noted that the report did not reflect the year end position in this regard, also that the CCG had created additionally flexibility within the guidance reminding Primary Care Networks of the ability to utilising agency staff but there were minimum standards to achieve as the funding was a drawdown from NHS England and NHS Improvement. There was a need for lessons learnt to be undertaken to ensure Primary Care Networks were supported to maximise recruitment and reimbursement available in future years.

AM detailed a query regarding recruitment of mental health workers by Primary Care Networks in the current financial year and sought assurance about associated funding as these additional roles were scheduled for 2021/22 recruitment. SP responded that further national guidance was awaited but the CCG had received late notification from the mental health providers of a change in the scheme, namely that the providers would be part of the recruitment with 50/50 recruitment and funding. At a high level this meant that there would be a specialist mental health unit which would include cover for training and supervision. The CCG would support a level of flexibility across the footprint as had been previously demonstrated but this was subject to the further guidance awaited. SP offered assurance that the implications would be considered in appropriate forums, including meetings with the Primary Care Network Clinical Directors and the Local Medical Committee.

The Governing Body:

1. Received the Month 10 Financial Performance Report.
2. Noted the updates regarding the primary care additional roles reimbursement and the mental health workers.

ASSURANCE

CP joined the meeting

12. MAPPA (Multi Agency Public Protection Arrangements) Annual Report 2019/20

CP presented the report which detailed MAPPA's significant progress over the past two years emphasising its increasing importance in the safeguarding agenda and the fact that the arrangements had become embedded in primary care. She also highlighted the role of the Third Sector, explained that information-sharing included

secondary care where appropriate, and referred to the case studies which provided information on the critical nature of this work. CP commended the continuation of the service delivery through the challenges of COVID-19.

DB commended the comprehensive report but commented on the absence of information on future challenges, areas that had not been achieved or lessons learnt. CP responded that an area of challenge may be the backlog of court proceedings as a result of the pandemic and emphasised the perspective of safely managing re-opening of face to face services. She also clarified that use of polygraphs was one of the 'tools' that informed the multi-faceted MAPPA decision making processes.

The Governing Body:

Received the MAPPA Annual Report 2019/20.

11. Safeguarding Adults Annual Report 2019/20

CP presented the report which provided a summary of the work undertaken by the Safeguarding Adults team in delivery of the strategy for adult safeguarding in 2019/20. The report, which provided assurance that the North Yorkshire and York CCGs had fulfilled their statutory responsibilities to safeguard and promote the welfare of adults, included information on the Safeguarding Adults Team, key achievements against the 2019/20 strategic priorities and an overview of delivery of the Safeguarding Adults Strategy.

CP highlighted the significant work required relating to implementation from April 2022 of the new arrangements for authorising deprivation of liberty, 'Liberty Protection Safeguards'. She also noted the local impact emanating from changes to health and social care.

In conclusion CP expressed appreciation to the CCG teams for their support, noting in particular NW and MC in their safeguarding lead roles.

NW thanked CP and the Safeguarding Team for their work commending the improved relationships with both primary and community care over the last five years.

In response to JH enquiring about whistleblowing themes, CP emphasised the importance of listening and responding. The main areas of concern related to staff shortages, following correct infection prevention control procedures and providing support to improve environments, particularly in care homes. CP also noted the context of potential concerns being raised by families about perceived deterioration of care home residents on the return to visiting on the lifting of the pandemic restrictions. JH expressed assurance in light of CP's regular reporting to the Quality and Patient Experience Committee.

The Governing Body:

Received the Safeguarding Adults Annual Report 2019/20.

CP left the meeting

RECEIVED ITEMS

The Governing Body noted the following items as received:

- 13.** Executive Committee chair's report and minutes of 16, 23 December 2020
6, 13, 20 January, 3 February 2021.
- 14.** Finance and Performance Committee chair's report and minutes of
17 December 2020 and 28 January 2021.
- 15.** Primary Care Commissioning Committee chair's report and minutes of
28 January 2021.
- 16.** Quality and Patient Experience Committee chair's report and minutes of
10 December 2020 and 14 January 2021.

17. Next Meeting

The Governing Body:

Noted that the next meeting would take place at 9.30am on 1 April 2021.

In concluding the meeting NW emphasised that, although COVID-19 infection rates were reducing, the importance of adhering to the restrictions remained.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 4 MARCH 2021 AND CARRIED FORWARD FROM PREVIOUS MEETING

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 January 2020 2 April 2020	Patient Story	<ul style="list-style-type: none"> Update on establishing a local system approach for pertussis vaccination in pregnancy Ongoing in context of the Coronavirus COVID-19 pandemic 	MC	5 March 2020 Ongoing
2 January 2020 2 April 2020 7 January 2021	Board Assurance Framework and Risk Management Policy and Strategy	<ul style="list-style-type: none"> Risk Management Policy and Strategy to be presented for ratification 	AC	2 April 2020 Deferred until "business as usual" resumed Deferred to post April 2021
2 April 2020	COVID-19 update	<ul style="list-style-type: none"> Review learning on the part of both teams and organisations 	All	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 January 2021	Quality and Patient Experience Report	<ul style="list-style-type: none"> Feedback session to be arranged for clinical leads for care homes 	MC	