NHS
Vale of York
Clinical Commissioning Group

Minutes of the 'Virtual' Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 1 July 2021

Present

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

In Attendance (Non Voting)

Abigail Combes (AC) – item 8	Head of Legal and Governance
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Michèle Saidman (MS)	Executive Assistant

Apologies

Stephanie Porter (SP)	Interim Executive Director of Primary Care and Population Health
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Dr Ruth Walker (RW)	South Locality GP Representative

Eleven members of the public watched the "live stream".

In welcoming everyone to the meeting NW explained that, although the CCG's constitution stated six meetings a year would be held in public, there was an agreement this number may be reduced in view of the transition. Future dates would therefore be confirmed in due course. NW additionally advised that the CCG's AGM would be on the afternoon of Thursday 16 September 2021; the format would be confirmed.

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.
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
- 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.

4. Minutes of the Meeting held on 6 May 2021

The minutes of the 6 May meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 6 May 2021.

5. Matters Arising from the Minutes

Matters arising were either ongoing or would be included in discussion of agenda items.

6. Accountable Officer's Report

PM referred to the report which provided updates on the local and system financial position; recovery and transformation***;*** primary care protected learning time; and emergency preparedness, resilience and response.

PM highlighted that a number of financial risks were emerging in respect of the financial position for the first half of 2021/22. Clarity was awaited regarding national resources for the second half of the year. PM emphasised that the robust monitoring via the Finance and Performance Committee continued.

In respect of recovery and transformation PM advised that work was taking place to transform service delivery to meet the increased demand. He referred to the

unprecedented demand in many service areas which was in excess of national, regional and local forecasts. In the acute sector demand was particularly high in urgent and emergency care, notably for children and young people with respiratory concerns. For primary care the significant pressures continued to increase with such as social distancing and infection prevention control measures impacting on ability to accommodate demand.

PM noted the national transition to Integrated Care Systems and explained that Humber, Coast and Vale Integrated Care System intended to have shadow governance arrangements in place from November 2021 in preparation for April 2022. In this context PM referred to NW's introductory remarks about reducing the number of Governing Body meetings in public for the remainder of the year emphasising that the committee structure would continue to ensure governance relating to financial controls, monitoring quality and safety of services and the CCG's statutory duties.

With regard to the transition PM highlighted that the Talent Framework to manage HR processes was still awaited. He assured members that the CCG was working to provide reassurance to staff in the meantime and that reporting in this regard would continue through the committee structure.

NW referred to the protected learning time on 6 July advising that the focus would be on Practice and personal resilience for practitioners and use of IT solutions for patient access. This was a welcome opportunity to share best practice.

With regard to the reduction in the number of Governing Body meetings, PG sought clarification about how committees would escalate concerns. PM responded that as part of the new operating model a protocol would be agreed to ensure appropriate escalation and, if required, an exceptional Governing Body meeting would be arranged.

In response to DB referring to the External and Internal Audit arrangements through the transition PG noted the expectation that the former would focus on the CCG's statutory accounts perspective and the latter would continue to provide assurance, though may adopt a more flexible approach, and would also have a separate role both within the transition and the Integrated Care System. SB additionally noted, although he was not a member of the Audit Committee, he would expect a balanced approach to risk reporting. He also noted that from the national Integrated Care System Operating Framework, which would be transcribed to local guidance, and emerging information, financial arrangements were not expected to be in place before 1 April 2022 and there would be a further year of transition for finance.

In response to the Lay Members enquiring further about availability of information relating to staff, MC advised that employment commitment guidance for below Board level had been issued the previous week, including clarification that roles and job descriptions were not likely to change in the short term, and, a letter from Stephen Eames, Chief Executive and System Lead, Humber, Coast and Vale Health and Care Partnership, had been circulated to staff the previous day. MC confirmed that staff would TUPE to the Integrated Care System with the associated protection rights.

The Governing Body:

Received the Accountable Officer report.

6. Quality and Patient Experience Report

In presenting this report MC highlighted that the June Quality and Patient Experience Committee had been a focused meeting on quality in primary care and medicines management. The presentations, appended to the Governing Body report, had comprised Primary Care Engagement and Feedback, Primary Care Networks End of Year Report and Medicines Management Team Workstreams.

MC explained that the CCG did not have the same contractual arrangements for assurance with primary care as with other commissioned services but was reliant on relationships, voluntary sharing of information, regulatory reports and patient feedback. She expressed appreciation to primary care colleagues for progress within the areas of quality and safety assurance.

In respect of the focused Quality and Patient Experience Committee MC noted Healthwatch representation had welcomed the positive patient feedback discussion following their recent report on access to primary care. She highlighted the achievements of the Primary Care Networks, commending such as the exceeding of targets for health checks for people with a learning disability, the new roles to meet patient needs in different ways and the response to COVID-19. MC also noted that the Medicines Management Team was now giving consideration to quality and safety assurance and associated risk following the presentation of their projects. As with all services, discussion was taking place as to where Medicines Management should sit to ensure best value for this specialist area.

MC referred to the risks monitored by the Quality and Patient Experience Committee which were currently stable. She noted for example that, following the Statement of Action, progress was being made with QN 09 *SEND Inspection and failure to comply with National Regulations*.

MC provided updates on the risks managed by the Governing Body:

- QN 13 *Hepatitis B vaccine in renal patients*: Patients were still being looked after safely in primary care pending a date for the transfer of this service from primary to secondary care, as previously reported. The CCG had agreed to cover the increased cost.
- QN 18 *Potential Changes to North Yorkshire County Council commissioned Healthy Child Programme*: Publication of the outcome of the consultation was awaited. This had been delayed due to both the pandemic and to respond to feedback. The CCG had mitigated part of this risk by employing someone to represent primary care at Child Protection Conferences.
- QN 23 *Care Quality Commission Regulatory Notice in place for Tees, Esk and Wear Valleys NHS Foundation Trust*: The Care Quality Commission had identified areas of concern around risk assessment and were undertaking

further assessments including community and forensic units in advance of a Well Led inspection later in the month. The CCG continued to support the Trust and had identified no further concerns.

MC explained from the Humber, Coast and Vale Health and Care Partnership perspective that the national Quality Board had provided an interim statement; quality metrics and toolkits were now expected to support the system. The Quality Surveillance Group, the top tier forum for raising concerns, was being replaced by system quality groups which would be led by the Integrated Care System instead of NHS England and NHS Improvement. As these new groups would also be responsible for quality improvement their membership would be required to include provider collaborative and improvement resource representation. MC noted that locally the Quality Surveillance Group had held a number of workshops in preparation for this change.

With regard to transition arrangements MC explained that NHS England and NHS Improvement was establishing programmes of work on the developing Integrated Care Systems. She and NW were respectively members of the Quality and the Clinical Leadership programmes but were ensuring close collaboration in the context of "quality is everybody's business" being the golden thread. MC also referred to publication of the Design Framework which described the roles required in the Integrated Care System: statutory roles of Chair and Chief Executive and required roles of Director of Nursing, Medical Director and Director of Finance. Any further appointments would be locally determined.

Detailed discussion ensued in response to DB expressing concern about the negative receptionist feedback on the engagement presentation and emphasising the need to support frontline staff. Whilst recognising the negative impact on patients from the current significant pressure on appointments, HE stressed that rudeness and verbal abuse was unacceptable under any circumstances emphasising that GPs understand the patient perspective and were working tirelessly to meet demand as safely as possible. She also noted the context of media and social media rhetoric, highlighted the perspective of health professionals feeling compromised at not being able to provide the service they would wish to and recognition that safety may also become compromised as a result of pressure across the system. However primary care was trying to manage as well as possible in the present challenging circumstances.

AM concurred with HE's description additionally emphasising capacity as the issue and the public perception that this was limitless. He regretted that it was not possible to meet patient expectations at this time, also emphasising that the Local Medical Committee understood the patient perspective. With regard to the issue of abuse AM commended the CCG's support to Practices and the public messaging campaigns.

NW additionally noted that demand was outstripping capacity in many sectors of the NHS. From the long term perspective consideration was required about such as self care, IT literacy, linked in health education and schooling.

JH reiterated that abuse of staff was unacceptable. She highlighted the need for

messaging to the public emphasising that care was being delivered but in a number of different ways, including face to face when it was considered to be required.

Discussion from the perspective of the CCG legacy and the transition to the Integrated Care System included: the need to refocus on population health and address inequalities; the importance of digital literacy including in terms of management of long term conditions; clear communication with the public; the context of working at 'place'; and emphasis on the continuing importance of and integral role of organisations across the voluntary sector and social enterprise whose support to such as the Primary Care Networks' vaccination programme had been invaluable.

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.

In relation to the risk register:

- Confirmed assurance that risks to quality and safety for the CCG were identified with appropriate mitigations in place.

7. Coronavirus COVID-19 Update

In view of SP's apologies to the meeting an update, Appendix A, is attached to the minutes.

MC additionally reported a local increase in case numbers, higher than the national average and mainly the Delta variant. Although not necessarily converting to serious illness, this was contributing to the increase in A&E attendance.

MC additionally reported a local increase in case numbers, twice the national average and mainly the Delta variant. Although not necessarily converting to serious illness, this was contributing to the increase in A&E attendance.

With regard to the vaccination programme MC highlighted: the vaccine was now being offered to anyone over 18, the national 'Grab a Jab' opportunity, and the commitment that all over 18s will be offered at least one dose by 19 July. She referred to the end of year Primary Care Network reports that illustrated the work undertaken in this regard but also emphasised that, dependent on vaccine supply, work was continuing with Council colleagues in terms of ensuring everyone, including harder to reach groups, was offered the vaccination.

MC reported that there had been an outbreak of COVID-19 in a care home where, despite having had both their vaccinations, two members of staff, who were not specifically connected, had been identified through routine testing.

MC noted a rise in respiratory illness, not COVID-19, in children and advised that national surge plans were required for the expected surge at different times of the

year than usual. MC noted that work was taking place locally in this regard, including opportunities to work with primary care to look after particularly the under fives. NW additionally noted that regional and local discussions were taking place regarding paediatric attendances at A&E and the potential surge in RSVs (Respiratory Syncytial Virus)

In response to areas of clarification sought by AM, MC confirmed that the CCG was working with Public Health on clearer local messaging about the need for PCR tests for anyone with symptoms, also noting the recently added symptoms. With regard to evidence that personal protective equipment, namely masks, was not as effective against the Delta variant MC advised there had been no further information. In respect of the apparent perception by some members of the public that the pandemic was over MC emphasised that the CCG would maintain a cautious approach to the lifting of restrictions and continue to be guided by advice from Public Health and infection and vaccination rates.

The Governing Body:

Noted the update

AC joined the meeting

8. Board Assurance Framework

In referring to the Board Assurance Framework AC highlighted that the risk relating to the Care Quality Commission regulatory notice in place for Tees, Esk and Wear Valleys NHS Foundation Trust was included in DN's slide as it was specific to mental health but could equally have been reported under MC's quality slide. AC noted that new information was colour coded and there were significantly fewer risks than historically.

AC advised that NECS (North of England Commissioning Support) had provided a new risk relating to cyber security which had just been added to the Finance and Performance Committee Risk Register as directed by Internal Audit for the CCG's Information Governance Toolkit. This risk had scored eight which was regarded as tolerable risk for NECS and had only been added for purposes of passing the Data Protection Toolkit.

The Governing Body:

Received the Board Assurance Framework.

AC left the meeting

ASSURANCE

9. 2020/21 Annual Report and Accounts

SB referred to the Annual Report and Accounts which had been approved by the Audit Committee on 28 May 2021 noting these had been prepared in line with all

relevant guidance and timetables. All audit findings were unqualified with no matters to report or concerns to highlight.

PG advised that the Audit Committee had commended SB, the Finance Team and colleagues involved in producing the documents, particularly in the context of the current remote working. He also noted the consistently positive commentary from both External and Internal Audit throughout the year highlighting the latter had awarded the two highest levels of assurance for all audits. PG additionally highlighted that he, DB and JH had written a letter of appreciation to all staff congratulating them on their unprecedented efforts.

PM wished to record thanks to the Audit Committee and Finance Team for the clean bill of health, and to everyone who contributed to the Annual Report.

The Governing Body:

Ratified the 2020/21 Annual Report and Accounts.

FINANCE

10. Financial Performance Report 2021/22 Month 2

In presenting this report SB emphasised that the CCG's realistic and transparent approach to managing the financial position would continue. He advised that, although there was a small year to date overspend, a break-even position was forecast in line with the H1, i.e. April to September 2021, plan. SB explained that an increase in continuing healthcare costs was a particular concern with a potential c£2m overspend in the first six months. This was due in the main to increased numbers of fast track and fully funded packages of care as a result of support to maintain acute sector capacity both in response to COVID-19 and to help manage the backlog of people waiting.

SB advised that, except for Funded Nursing Care which was underspent, other budgets were forecast to be largely in line with plan. He emphasised there was no plan to change the CCG's approach to forecast, control and management of the spend. An operational action plan was being implemented in respect of the continuing healthcare overspend with due regard to the overall system position not only in terms of elective activity and emergency capacity but also the overall financial position.

SB reported that given this forecast position, and after including a review of balance sheet, there remained a risk to the break-even plan and forecast of c£1.5m. He noted the advantage of awareness early in the year but also referred to the context of the funding allocation and the expectation that this would be further reduced in the second half of the year. SB highlighted the risk share agreement in place across the Humber, Coast and Vale Integrated Care System to manage the overall system position.

In respect of significant areas outwith the CCG's allocation SB referred to two areas that were subject to reimbursement. He advised that the Hospital Discharge

Programme, managed across Health and Wellbeing Board areas, was expected to be manageable within budget, but the national Elective Recovery Fund of £1bn was currently thought to be oversubscribed by 2:1. Work was taking place in respect of the latter in terms of impact on local financial plans and flexibility.

SB noted that, due to guidance being issued late and developmentally, there was no certainty yet about material elements including the Hospital Discharge Programme and the Elective Recovery Fund. He emphasised that the position would become more challenging in the second half of the financial year with a requirement for increased levels of efficiency and spending control.

The Governing Body:

Received the month 2 Financial Performance Report.

RECEIVED ITEMS

The Governing Body noted the following items as received:

11. Audit Committee chair's report and minutes of 22 April and 28 May 2021.

12. Executive Committee chair's report and minutes of 28 April, 5, 12, 19, 26 May, and 2, 9 and 16 June 2021.

13. Finance and Performance Committee chair's report and minutes of 22 April and 27 May 2021.

14. Primary Care Commissioning Committee chair's report and minutes of 27 May 2021.

15. Quality and Patient Experience Committee chair's report and minutes of 13 May 2021.

16. Medicines Commissioning Committee Recommendations of March, April and May 2021.

17. Next Meeting

Date to be confirmed.

PM reiterated appreciation to everyone who had contributed to the CCG's 2020/21 end of year position. NW both added his appreciation and also thanked all health and social care staff for their work.

Close of Meeting and Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was 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.

A glossary of commonly used terms is available at:

https://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/

Appendix A

Covid-19 vaccination programme update

The vaccination programme continues to work well in York and North Yorkshire. With all citizens over the age of 18 now eligible. Colleagues will be aware that nationally the availability of vaccines is being managed to move resources to support areas with greatest needs and this changes frequently based on transmission and infection rates.

As of 01 July, at the time of writing this report the vaccination rates for the Vale of York CCG were as follows:

CCG population	Total Population covered	Eligible population	First doses undertaken	Second Doses undertaken	% First Doses delivered	% Second Doses delivered
Vale of York	366,268	303,354	244,925	178,162	80.7%	74.2%
City of York	213,885	179,926	137,968	95,965	76.7%	53.3%

COVID vaccination programme – work on inclusivity

Together with system partners, most notably Primary Care Networks/Public Health/CYC Contract Tracers/Nimbuscare we have been working to identify any barriers which impact on the the uptake of the vaccine and members of the Governing Body have heard already about initiatives such as:

- Myth busting comms via social media
- Multi language and accessible information
- Face book live events
- Print media campaigns, nationally and locally.

We have been working in line with the JVCI priorities to ensure that those most vulnerable to serious harm and/or inpatient admission with Covid 19, have achieved the highest levels of uptake of first and second doses.

As part of specific work looking at areas of inequality, we have addressed queries and implemented changes for example:

- Accessibility to our primary sites, creating transport hardship funds, voluntary transport drivers and public transport information. Increasing the utilisation of bus companies, Age UK and York Wheels drivers to assist patients in getting to Local Vaccination Service

- Engagement with local leaders of different groups, including faith leaders
- Bespoke offers for groups to reflect different needs ie campaign to support vaccinations during Ramadan; specialist learning disability clinics; homeless and asylums seeker service and campaigns to highlight the offer to carers
- In our highest outbreak areas, we've also been working with key employers to ensure increased workforce vaccination rates
- Our contract tracers at both CYC and Nimbuscare have called 1500 individuals not yet vaccinated and eligible to understand reasons for non-take up and this data is influencing changes in our approach to vaccination service delivery.

Data on differential take up in York Ward areas

Recently we have been working with public health colleagues at local and regional level to analyse the take up data to understand where we might want to flex our approaches to allow taking up a vaccine to be as easy and straight forward as possible.

A key element to understand is the way in which the NHS has been rolling out eligibility to be vaccinated and the release of vaccines to support the roll out has impacted those wards which have been identified as low uptake. For example:

Those citizens aged 30-31 were eligible for a covid vaccination on 26 May 21.

Those citizens aged 25-29 were eligible for a covid vaccination on 7 June 21.

Those citizens aged 21-22 were eligible for a covid vaccination on 16 June 21.

Those citizens aged over 18 were eligible for a covid vaccination on 18 June 21.

This means that those wards with higher numbers of young people, identified here as 18-30 years of age have only become eligible relatively recently. That’s not the case in every ward, and we know we have more to do, but it has impacted on the reported take up figures by ward.

It remains the case that the supply of vaccines influences our volume of service delivery, and under 40s are predominantly offered Pfizer or Moderna, so when we have a surplus of Astra Zeneca in the system there are some restrictions on the offer but supplies for all approved vaccines are now in line with the government initiate of the 'Big Weekend' and beyond as we approach the next key milestone of 19 July in the government roadmap to release restrictions.

Vaccination Services over the weekend of Friday 25 June to Monday 28 June

Nationally, vaccination teams and supplies have been planned for a 'super

weekend' of vaccinations with more pop-up clinics and walk in services for first and second doses and this was to align with a communications campaign to encourage citizens to come and take up the offer. The 'Grab a Jab' campaign aimed to make it easier and more convenient than ever for eligible people who haven't had their vaccine yet to come forward – crucially boosting the numbers of people receiving their first and second dose jabs. In the city of York there were a series of walk-in, pop-up Covid vaccination clinics at venues across the city for the 'Grab a Jab' weekend but the model of walk-in services is now continuing and is seeing good take up.

York City Centre vaccination services to support wards with low take up

Partners have been adapting approaches to encourage and increase the vaccination take up in wards where to date there has been lower take up, and we are now seeing increased percentage take up, particularly in wards with more younger people increase now all over 18s are eligible. Its improving, but there is still more to do. We've been monitoring vaccination rates in any ward with less than an 80% take up over the last 2 weeks specifically and can show the following progress:

Ward	Eligible population	% 1st dose vaccinated as at 23 June	% 1st dose vaccinated as at 1 July		% 2nd dose vaccinated as at 23 June	% 2nd dose vaccinated as at 1 July
Fishergate	9,033	54.54%	59.58%		34.68%	36.39%
Fulford & Heslington	3,390	76.90%	79.76%		55.99%	58.29%
Guildhall	14,564	52.86%	58.47%		31.63%	32.76%
Heworth	11,219	70.41%	74.72%		47.84%	49.52%
Holgate	10,505	76.81%	79.77%		49.78%	52.01%
Hull Road	15,142	39.66%	48.80%		39.66%	23.91%
Micklegate	11,616	71.97%	75.22%		46.38%	48.87%
Westfield	11,805	74.81%	77.09%		51.42%	52.76%

We are aware that Fishergate; Guildhall and Hull Road in particular remain at lower levels of vaccination rates but are showing increases week on week in line with eligibility and accessibility of the services.

We remain focused on increasing uptake rates across all cohorts.