



**Minutes of the NHS Vale of York Clinical Commissioning Group Governing Body
on 3 February 2022 on Microsoft Teams
Recorded in full and an unedited version of that recording available on the CCG's
youtube channel immediately after the meeting**

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 Helena Ebbs (HE)	North Locality GP Representative
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) - part	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)

Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Fiona Phillips (FP)	Assistant Director of Public Health, City of York Council
Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Nigel Wells (NW)	CCG Clinical Chair
Sharon Stoltz (SS)	Director of Public Health, City of York Council

There were no questions from members of the public.

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
- RW as Mental Health Lead for Selby Town Primary Care Network

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. Minutes of the Meeting held on 2 December 2021

The minutes of the 2 December meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 2 December 2021.

4. Matters Arising from the Minutes

Safeguarding: MC reported that a transition lead for safeguarding had been agreed for Humber, Coast and Vale Integrated Care System until September 2022 who was undertaking work to ensure readiness in terms of safeguarding governance. This would provide assurance in respect of the CCG's statutory and governance requirements and also NHS England and NHS Improvement's requirements. MC emphasised that in practice this would provide assurance of health input to safeguarding partnership boards. She advised that a report was being circulated for input from safeguarding children and adults boards and, subject to sign off by the incoming Director of Nursing, would be presented at the next Governing Body meeting.

The Governing Body:

Noted the update.

5. Accountable Officer's Report

PM referred to the legislative delay to the closedown of CCGs, currently to the end of June 2022. He explained that work taking place in this regard included continued support

to staff with the aim of finalising redeployment into the new arrangements later in the month, the locus being on 'place' across North Yorkshire and York. PM noted these arrangements would be subject to agreement across the new wider NHS infrastructure.

PM explained that the due diligence work in preparation for the CCG's closedown was progressing via the CCG Deputies group; the Governing Body would be kept updated. He noted the context of the CCG's current governance arrangements and committee structure advising that the Humber, Coast and Vale Integrated Care Board was in the process of finalising governance proposals; these would inform further CCG Governing Body meetings in public. The draft proposals would be discussed in the private Governing Body meeting later in the day.

The Lay Members sought clarification and assurance with regard to staff and progress in terms of establishment of 'place'.

PM explained that the CCG planned to share proposals for redeployment of staff by the end of the month. These would take account of resource requirements in 'place', the newly established provider collaboratives, the Integrated Care Board structures and also on a North Yorkshire and York level where this was of strategic benefit. PM reiterated that the arrangements would be subject to agreement across the system advising that discussions would continue through March with a view to implementation from April. A three phase consultation process had begun the previous week starting with Accountable Officers; this would be followed by a consultation with the Directors who did not have an employment guarantee and thereafter with the remaining staff all of whom did have an employment guarantee. The process was being managed by the Integrated Care System and an appeals procedure was still to be established.

With regard to staff leaving the CCG MC reported that, although numbers were not large, many of those leaving were in key roles which impacted on the CCG's capacity for business as usual. She also noted the context of pressures and demand across the system, staff secondments and the Humber, Coast and Vale Integrated Care System recruitment process.

SB explained that the Finance Team had been stable throughout and had a plan in place to manage staff departures for the 2021/22 accounts process. While this plan was still in place, the three month extension would affect the quarter one accounts as two people in key roles were leaving. All other areas of the team's work would also need to be managed with fewer people.

SP highlighted in relation to secondments that, as this was a time of transition, staff were undertaking dual roles and providing increasing support without clarity of the new arrangements. She emphasised this was not only having impact on CCG capacity but on the staff at a personal level and commended their tenacity and commitment.

In respect of 'place' PM explained that he was as assured as was possible at the present time about the emergent York Health and Care Alliance. He noted that the Designate Chair and Designate Chief Executive of Humber, Coast and Vale Integrated Care Board had attended a recent Time Out and been reassured on the progress. Governance arrangements for joint working were now being considered, potentially through a joint committee.

PM explained that 'place' arrangements in North Yorkshire was less advanced and more complex due to the many constituent parts. He emphasised that, although the CCG did not have direct control there, support and advice was being offered, including a number of staff working directly in North Yorkshire. PM noted the same timescale applied across the system.

The Governing Body:

Noted the update and implications.

6. Quality and Patient Experience Report and Item 7. Coronavirus COVID-19 Update

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

MC emphasised the key message of unremitting pressure in all parts of the system which had increased since the version of this report presented at the Quality and Patient Experience Committee on 9 December. She commended staff across health, social care and the voluntary sector for their continuing work.

MC described unprecedented demand and pressures including: examples of trolley waits up to 30 hours; c460 12 hour trolley waits in January at York and Scarborough Teaching Hospitals NHS Foundation Trust; significant staff absences, much of which was COVID-related; and isolation rules in terms of return to work but also closure of care homes for 28 days, now reduced to 14 days, in the event of an outbreak. MC also reported greater acuity of patients being seen as a direct result of COVID and waiting for treatment of other conditions.

MC highlighted improved working relationships in response to the challenges with significant efforts to increase capacity. She noted a number of meetings to discuss discharges and support from the Emergency Care Intensive Support Team at York and Scarborough Teaching Hospitals NHS Foundation Trust.

MC referred to the introduction in November 2021 of mandatory COVID-19 vaccination for care home staff, the impact on staff leaving their jobs as a result of this many of whom moved to an NHS setting, and the subsequent requirement, now revoked, for NHS staff to be vaccinated too. She explained that organisations had undertaken detailed work to apply these regulations and that in so doing had adversely affected relationships with some staff.

MC explained there were many different aspects to support across the system. She noted temporary arrangements would only be used as a last resort but an approach of "no idea is off the table" was being adopted in face of the current pressures.

MC noted the recent first anniversary of the vaccination programme commending the work of primary care in this regard. She emphasised that, although it had reduced the number of deaths and harm, COVID was still a concern. The booster programme continued to progress and vaccination of children aged 5 to 11 who were deemed vulnerable was just beginning.

SP illustrated numbers of first and second doses of vaccine and boosters delivered, highlighting significant increase in December when on one day 8,000 doses had been administered. She commended providers for their work on the programme but noted that take up had significantly reduced emphasising, in the context of the pressures across the system, the need to consolidate the vaccination offer and continue to try and reach the unvaccinated in the population. SP also explained that the vaccine clinics were unsustainable at the current unpredictable and reducing attendance levels but noted focused work would continue in the three wards where take up was comparatively low. Additionally, the vaccine was being offered in a variety of specific areas, including pharmacies and "pop up clinics". Although the vaccine programme continued to be a success, work was still needed to extend the offer further.

FP reported that Local Authorities had been given a Contain Outbreak Management Fund to support local outbreak management until the end of March 2022. Unless further resource was provided changes would be required to current provision, including in respect of the local contact tracing service, which may result in staff contracts being terminated, and an end to access to symptom free testing sites. FB advised that alternative support would be provided such as through increased outreach work; this would include providing information on vaccination sites.

MC returned to the report and highlighted a number of mitigations and initiatives. She commended the progress on dementia, including the work of the dementia care coordinators and the initiative with Dementia Forward, which was reiterated by HE who emphasised the importance of support for vulnerable adults and people with a learning disability. HE also noted concern about mild cognitive deconditioning progressing to dementia due to the delays experienced through the pandemic and re-emphasised the role of the dementia coordinators.

MC highlighted the commencement of a new adult autism and attention deficit hyperactivity assessment and diagnostic service at The Retreat, York, from 1 April 2022.

MC commended Practices for the improved performance in quarter three in respect of physical health checks for people with severe mental illness. She also noted that, due to their high performance, South Hambleton and Ryedale (North) Primary Care Network had been invited by Humber, Coast and Vale Integrated Care System to participate in a service user engagement project focusing on a population health approach for people with serious mental illness and comorbidities.

MC referred to the Safe and Wellbeing Review programme, an action arising from the Cawston Park, Norfolk, Safeguarding Adults Review. A one off additional review had been required between 31 October 2021 and 31 January 2022 for anyone with a learning disability and autism being cared for in an inpatient hospital setting. MC explained that for the CCG there were eight people, with c70 across the system, who required this additional review, also noting that the CCG already undertook a six to eight week review of these people. She highlighted the time commitment required to complete the additional review and undertake the preparation for presenting the report, a further pressure on the busy workforce. MC advised that the reports presented to date by the CCG's case managers had been highly commended for the assurance they provided.

MC referred to the update on Special Educational Needs and Disabilities (SEND) in City of York noting the commissioning in June 2021 of a Transition Coordination Lead Nurse,

a new post, into York and Scarborough Teaching Hospitals NHS Foundation Trust. MC explained that SEND provision was up to the age of 25 and highlighted the improvements achieved as a result of this appointment.

MC reported that, following Internal Audit's Community Paediatrics Commissioning audit in 2019/20, which had concluded with an opinion of 'Limited Assurance', significant work had taken place led by the CCG's Senior Quality Lead Children and Young People. A follow up audit in October 2021 had resulted in an opinion of 'Significant Assurance'.

MC highlighted the 'Good' overall rating by the Care Quality Commission for City of York Council's Healthy Child Service 0-19 years following the planned inspection in September 2021. MC commended the progress achieved since the in-housing of commissioning of this service.

MC noted that many of the risks detailed in the report had been covered through the discussion. She advised that the Quality and Patient Experience Committee's March meeting would focus on maternity services to gain a more detailed understanding of the current position.

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

8. Board Assurance Framework

PG explained that due to staff capacity Abigail Combes, Head of Legal and Governance, had been unable to update the Board Assurance Framework. She had, however, assured him that there were no new issues that required reporting and that an updated version would be circulated the following week following the meeting of the Deputies group.

The Governing Body:

Noted the update.

ASSURANCE

9. NHS People Plan

MC referred to the report that provided an update on the actions for employers, national bodies and systems in terms of achieving the ambitions of the NHS People Plan within six specific areas: Responding to new challenges and opportunities; Belonging in the NHS; Growing for the future; Looking after our people; New ways of working and delivering care; and Supporting our people now and for the long term.

The Governing Body:

Received the updated NHS People Plan Action Plan.

10. NHS North Yorkshire and NHS Vale of York CCGs Safeguarding Adults Annual Report 2020/21

In presenting this report from the Designated Professionals employed by the CCG MC noted that it was the first since NHS North Yorkshire CCG had become the employing organisation for the safeguarding team for both NHS North Yorkshire and NHS Vale of York CCGs. The report, which provided assurance to the Governing Body that the CCG was fulfilling its statutory responsibilities relating to safeguarding adults, described the work undertaken and changes made during the pandemic and included key challenges and opportunities for 2021/22.

In response to DB seeking assurance in the context of the transition, MC confirmed that the safeguarding teams would be maintained and also noted a new appointment during the year within the Safeguarding Adults Team.

The Governing Body:

Received the NHS North Yorkshire and NHS Vale of York CCGs Safeguarding Adults Annual Report 2020/21.

FINANCE

11. Financial Performance Report 2021/22 Month 9

SB reported that the CCG's position at the end of December 2021 was an underspend of £350k year to date. The forecast to achieve breakeven was in line with plan but dependent on the retrospective reimbursement of national monies, including the Hospital Discharge Programme and the Elective Recovery Fund. While noting this was low risk SB explained that the amount outstanding was £6.8m.

SB referred to inclusion of a number of allocations highlighting the £1.5m regional discharge funding to support frontline recruitment and retention within care providers as a means of trying to stabilise the workforce. This was being co-ordinated by the local authorities across the North East and Yorkshire.

SB explained that the CCG continued to exercise good financial discipline noting there were no concerns regarding the balance sheet and other financial considerations. He also advised there were no specific concerns relating to the 2021/22 accounts which he would be discussing with external audit the following day.

SB referred to the discussion at item 5 above regarding awaited quarter one planning information but anticipated an approach of joint planning across partner organisations. He noted the potential for 2022/23 CCG accounts to be audited at the end of the financial year along with the Integrated Care Board accounts, highlighting that he had no concerns in this regard despite staff moving on due to the CCG's historic good practice for producing working papers and associated audit requirements.

PG wished to place on record recognition and appreciation of the achievements, skill and dedication of the Finance Team and teams across the CCG for their work in such challenging times.

The Governing Body:

Received the Financial Performance Report 2021/22 as at month 9.

RECEIVED ITEMS

The Governing Body noted the following items as received:

- 12.** Executive Committee chair's report and minutes of 10, and 17 November, 1, 8 and 15 December 2021.
- 13.** Finance and Performance Committee chair's report and minutes of 25 November and 16 December 2021.
- 14.** Primary Care Commissioning Committee chair's report and minutes of 25 November 2021.
- 15.** Quality and Patient Experience Committee chair's report and minutes of 11 November and 9 December 2021.
- 16.** North Yorkshire and York Area Prescribing Committee recommendations: November and December 2021.
- 17. Next Meeting**

The Governing Body:

Noted the date of the next meeting would be confirmed.

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/>