

**GOVERNING BODY MEETING**

**30 June 2022, 9.30am to 11.30am**

**Snow Room, West Offices, Station Rise, York YO1 6GA**

*Prior to the commencement of the meeting a period of up to 20 minutes, starting at 9.30am, will be set aside for questions or comments from members of the public who have registered in advance their wish to participate.*

The agenda and associated papers will be available at:  
[www.valeofyorkccg.nhs.uk](http://www.valeofyorkccg.nhs.uk)

**AGENDA**

<b>STANDING ITEMS – 9.50am</b>				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 4 to 14	Minutes of the meeting held on 31 March 2022	To Approve	Phil Goatley CCG LayChair
4.	Page 15	Matters arising from the minutes		All
5.	Pages 16 to 27	Accountable Officer Update	To Receive	Phil Mettam Accountable Officer
6.	Pages 28 to 54	Quality and Patient Experience Report	For Decision	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
7.	Pages 55 to 65	Board Assurance Framework	To Approve	Abigail Combes Head of Legal and Governance

<b>ASSURANCE – 10.40am</b>				
8.	Pages 66 to 69	Accountable Officer Assurance for the Humber and North Yorkshire Integrated Care Board	To Receive	Phil Mettam Accountable Officer
9.	Pages 70 to 71  Full Report in Separate Document	2021/22 Annual Report and Accounts	To Ratify	Simon Bell Chief Finance Officer
10.	Verbal	Learning Disabilities Mortality Review Annual Report 2021/22	To Ratify	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
11.	Pages 72 to 80	Safeguarding Children and Children in Care Annual 'Report 2021/22	To Receive	Jacqui Hourigan Designated Nurse Safeguarding Children and Children in Care
12.	Pages 81 to 97	Progress on a Dementia Strategy for York	To Receive	Sheila Fletcher Commissioning Manager, Mental Health and Vulnerable Adults
<b>FINANCE – 11.15am</b>				
13.	Pages 98 to 102	Financial Performance Report Month 2	To Receive	Simon Bell Chief Finance Officer
<b>RECEIVED ITEMS – 11.25am</b>				
<b>Committee minutes are published as separate documents</b>				
14.	Pages 103 to 106	Chair's Report Audit Committee: 17 March, 25 April and 31 May 2022		
15.	Page 107	Chair's Report Executive Committee: 23 and 30 March, 6, 13 and 20 April, 4, 11, 18 and 25 May 1 and 15 June 2022		
16.	Pages 108 to 109	Chair's Report Finance and Performance Committee: 24 March, 28 April, 26 May and 23 June 2022		

17.	Pages 110 to 111	Chair's Report Primary Care Commissioning Committee: 7 April and 16 June 2022
18.	Pages 112 to 114	Chair's Report Quality and Patient Experience Committee: 10 March, 14 April, 12 May and 9 June 2022
19.	Pages 115 to 125	North Yorkshire and York Area Prescribing Committee Recommendations: April and May 2022

**CLOSE – 11.30am**

**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.

**Minutes of the NHS Vale of York Clinical Commissioning Group Governing Body  
Meeting on 31 March 2022 at West Offices, Station Rise, York**

**Present**

Dr Nigel Wells (NW)(Chair)	CCG 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
Dr Ruth Walker (RW)	South Locality GP Representative

**In Attendance (Non Voting)**

Abigail Combes (AC) – for items 9 and 10	Head of Legal and Governance
Shamim Eimaan (SE) – for item 3	Project Support Officer
Peter Roderick (PR)	Consultant in Public Health
Michèle Saidman (MS)	Executive Assistant

**Apologies**

Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Stephanie Porter (SP)	Interim Executive Director of Primary Care and Population Health
Sharon Stoltz (SS)	Director of Public Health, City of York Council

A member of the press was in attendance.

## **Question from member of the public**

*Bill McPate*

The report, at item 11, offers a welcome explanation of the transitional arrangements for the integrated care system in respect of safeguarding. What are the plans for communicating the principles and objectives of the new arrangements to members of the public and educating them on how it may affect their care and powers of engagement?

## **Response from Michelle Carrington, Executive Director of Quality and Nursing/Chief Nurse**

MC advised that the report at item 11 was a briefing to provide assurance to Local Authorities through the transition. It was now being presented across the local Safeguarding Boards with either MC or Teresa Fenech, Humber, Coast and Vale Integrated Care Board Designate Executive Director of Quality and Nursing, in attendance.

MC explained that patients should not notice any change. In principle statutory CCG health responsibilities would be conferred on the Integrated Care System. MC also highlighted opportunities for engagement with the public at 'place' where there would be developments based on experience and skills, also noting the Designated Safeguarding Nurses would transfer to the Integrated Care System.

MC noted these were interim arrangements and would develop further with stakeholders over the coming year.

## **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
- NW as Clinical Lead and Executive Director Clinical and Professional Designate, 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.

*SE joined the meeting*

### **3. Staff Story: *Building trust and relationships with our community***

SE described her role in the context of context of healthcare provision/access for marginalised communities. This included support to the COVID-19 Vaccination Programme and leading on the Inequalities Project established through that Programme. She detailed connections and contacts made across communities and partner organisations including the Public Health Team, described barriers encountered, and noted a wide variety of customer feedback which offered learning opportunities from many perspectives, notably that of transferring the learning to all aspects of population health.

Commending SE's work, discussion included the context of understanding the individuality of each group; providing appropriate opportunities such as outreach clinics for homeless people; reiterating emphasis on the population health perspective; and the need for leadership that supported staff in an approach of freedom to act.

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

Commended SE's work and the opportunities provided through feedback.

*SE left the meeting*

### **4. Minutes of the Meeting held on 3 February 2022**

The minutes of the 3 February meeting were agreed.

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

Approved the minutes of the meeting held on 3 February 2022.

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

Matters arising were either included in agenda items or ongoing.

### **6. Accountable Officer's Report**

PM referred to the current rising case numbers of COVID-19 and highlighted that the first case in the country had been identified in York. He noted the potential for the CCG to be asked to participate in the national Public Inquiry into the pandemic and emphasised the context of added value through learning.

PM reported continuing significant pressures across all parts of the system noting that York and Scarborough Teaching Hospitals NHS Foundation Trust had had 286 COVID-19 positive patients across all sites at the start of the week and had been at the highest

escalation level for a number of weeks. This impacted on capacity to undertake regular work both from the perspective of infection prevention control requirements and staff capacity. Primary care and the system as a whole were similarly affected by workforce pressures with the associated effect on waiting times. PM additionally noted the change in the COVID-19 testing regime from 1 April emphasising that the sustained period of significant pressure was expected to continue for the foreseeable future.

PM explained that planning for 2022/23 was progressing and the CCG's first draft financial plan had been submitted as part of the overall Humber, Coast and Vale Integrated Care System financial plan. He noted significant financial and service challenge across Humber, Coast and Vale, also highlighting the context of addressing acute sector backlogs.

PM provided an update on 'place' development noting shadow arrangements for York Health and Care Alliance Board from April to June with governance arrangements from July 2022 being developed across all areas. As previously reported, PM noted that North Yorkshire 'place' development was being led by NHS North Yorkshire CCG. He also advised that leadership arrangements for the Chair and Place Director roles for both North Yorkshire and York were not yet finalised.

In terms of transition of staff to Humber, Coast and Vale Integrated Care System PM explained that the first phase of the consultation for senior staff who did not have an employment commitment, including Accountable Officers, had concluded; guidance was awaited for the next phase. The consultation on the transfer process for staff with an employment commitment was beginning the following week, on 4 April, led by the current employing organisation. A joint consultation briefing for NHS Vale of York CCG staff was taking place on 5 April. PM explained that the Integrated Care Board structures were not part of this consultation as they were still being developed.

PM highlighted that the CCG's capacity continued to diminish as staff left due to the uncertainty. He advised that discussions were taking place with partner organisations in respect of managing risk and ensuring patient safety, noting that an approach of "mind the gap" through the transition had emerged in this regard.

PM explained that due diligence work was being undertaken pertaining to the CCG's responsibilities and accountability through to the end of June 2022. The CCG's committee structure would be utilised to confirm and challenge this work and ensure a robust and transparent approach.

PM commended the CCG's remaining staff for their commitment in a time of uncertainty and suggested that a message of thanks from the Governing Body would be appreciated. He expressed personal thanks to the Lay Members for their support to staff and on a personal level thanked both Governing Body members and the Council of Representatives for their support since his appointment.

NW, on behalf of the Council of Representatives and the GP community, thanked PM for his contribution to Vale of York. The GP and Lay Members commended PM for his leadership and the progress across the patch during his time with the CCG, also commending the personal and professional commitment and integrity of the whole CCG team.

## **The Governing Body:**

1. Noted the update.
2. Expressed appreciation to PM and staff across the whole of the CCG for their commitment.

## **7. Quality and Patient Experience Report**

In presenting this item MC described future arrangements advising that quality and safety governance would be via the Humber, Coast and Vale Integrated Care System Executive. She explained that, in accordance with National Quality Board guidance, a System Quality Group would replace the current Quality Surveillance Group. Membership would comprise representation from across the system, including providers and provider collaboratives, and responsibilities would include quality improvement. As the System Quality Group was not a formal sub group of the Integrated Care Board and therefore did not have assurance within its remit, a Quality Committee would be established for this purpose.

MC also highlighted the context of quality and safety from the 'place' perspective noting that Place Boards would require a Quality Committee and a senior nurse with responsibility for quality. She explained the perspective of detailed information, such as complaints, to be passed on to the Integrated Care System, emphasised the primacy of 'place' and noted the 'lift and shift' of experienced staff.

MC referred to 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 noted that the report had not been through the Quality and Patient Experience Committee, as would be usual, due to the Committee's last meeting focusing on maternity services.

Whilst reiterating the system pressures and the "mind the gap" concerns as discussed earlier, MC highlighted areas of innovation described in the report, including quality improvement work with independent care providers; implementation of telemedicine through 'Immedicare' as additional support for care home staff and potential avoidance of hospital admission; the Peer Autism Education Pilot; and a number of aspects of collaborative working.

MC reported that York and Scarborough Teaching Hospitals NHS Foundation Trust continued to be significantly affected by the pandemic noting that the majority of patients were not being admitted due to COVID-19 but were testing positive on or during admission; 40 to 50 beds were out of use because of it. She referred to infection prevention control guidance and practice but highlighted the context of harm to patients who were consequently not accessing services. MC explained that the System Ethics Panel had provided interim advice in this regard and that a regional set of principles had been developed for organisations to assess and demonstrate balance of risk on an individual basis; national guidance around this was currently awaited.

Discussion ensued in the context of the unprecedented number of 12 hour trolley waits and subsequent waiting time, impact on staff as well as patients, aspects of care provision other than COVID-19 related, isolation requirements and patients delaying presenting at GP Practices.

MC advised that the Care Quality Commission had carried out an unannounced inspection at York and Scarborough Teaching Hospitals NHS Foundation Trust the previous day with a focus on staffing and patient safety. Work was also being progressed on recommendations from the recent Emergency Care Improvement Support Team input relating to discharge pathways.

MC additionally highlighted concerns about capacity in social care, domiciliary care and care homes.

With regard to COVID-19 MC explained that infection rates were high but, predominantly due to the success of the vaccination programme, mortality rates were not similarly raised. She also noted the Spring booster programme for the over 75s, residents in a care home for older adults and individuals aged 12 years and over who are immunosuppressed, as defined in in the COVID-19 healthcare guidance. Discussion ensued in the context of impact on the wider system, closing of COVID-19 testing centres, reduced access to lateral flow tests, risk from people no longer testing and the need for measures to be in place to manage associated risk. PR emphasised the personal responsibility perspective, such as mask wearing, and highlighted the learning which would enable a rapid response in the future if required.

MC highlighted the research and development that had continued throughout the pandemic. She commended Jorvik Gillygate Practice, in York, for their contribution to the PRINCIPLE study relating to treatment of patients with COVID-19.

MC referred to the risks managed by the Quality and Patient Experience Committee highlighting that consideration would be given at the April meeting to archiving QN 12 *Missed pertussis jab for expectant mothers posing a risk to unborn babies*. She also noted the addition of two new risks: QN 26 *Impact of reduced capacity across independent care providers commissioned by CCG for people in receipt of health funded care* for which the detail was being developed and QN 27 *Lack of annual screening service for patients treated with Hydroxychloroquine*. MC advised that members would be updated on the latter which was being considered via the Humber, Coast and Vale Integrated Care System Ophthalmology Board.

With regard to the risks managed by Governing Body MC proposed, and members agreed, that risk QN 18 *Potential changes to North Yorkshire County Council commissioned Healthy Child programme* should be stepped down and an approach of monitoring that was consistent with other providers be adopted.

MC explained that detailed work was taking place regarding QN 23 *Risk associated with the outcome of the Care Quality Commission inspection to Tees, Esk and Wear Valleys NHS Foundation Trust and regulatory notice* in the context of ensuring comprehensive handover to both the Humber, Coast and Vale Integrated Care System and also Tees Valley Integrated Care System Quality Leads.

In respect of QN 25 *Maternity Services at York Hospital* MC highlighted a level of assurance provided through the maternity services focused meeting of the March Quality and Patient Experience Committee but noted the continuing concerns, particularly in respect of staffing, and also the context of the Ockenden Report. JH additionally commended the collaborative working that had been demonstrated through the discussion at the Quality and Patient Experience Committee.

### **The Governing Body:**

1. 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.
2. Agreed that risk QN 18 *Potential changes to North Yorkshire County Council commissioned Healthy Child programme* should be stepped down and an approach of monitoring as other providers be adopted.

### **8. Coronavirus COVID-19 Update**

In addition to earlier discussion, PR referred to the changing guidance for symptomatic and asymptomatic testing, the current high rates of infection, the time lag for national information regarding COVID-19 death rates, and the perspective of moving from an emergency response to managing the infection. NW also noted the context of antiviral drugs.

Discussion included the potential for further booster jabs and the aspect of "living with" COVID-19.

### **The Governing Body:**

Noted the update.

*AC joined the meeting*

### **9. Board Assurance Framework**

In presenting this item AC referred to the absence of a Board Assurance Framework at the last Governing Body meeting due to staff capacity advising that the current iteration represented to a large degree an amalgamation of the February and March Board Assurance Frameworks. The only risk which would have been new in February 2022 was QN 26 relating to availability of care packages for fully and joint funded patients.

AC also referred to the CCG's continuing concerns about quality issues at Tees, Esk and Wear Valleys NHS Foundation Trust which had been escalated to Humber, Coast and Vale Integrated Care System. As this was a system issue the CCG's options for mitigation were restricted. However, the significant concerns, which in the CCG's view were not improving sufficiently quickly to warrant de-escalation from a very significant risk, were regularly discussed at the Executive Committee, Finance and Performance Committee and Quality and Patient Experience Committee; escalation to Governing Body was via the latter.

AC additionally noted Internal Audit assurance pertaining to risk management and governance arrangements.

### **The Governing Body:**

Approved the Board Assurance Framework.

## **ASSURANCE**

### **10. Risk and Assurance Policy and Strategy**

AC referred to the Risk and Assurance Policy and Strategy presented in accordance with governance process for approval in public following discussion at the private Governing Body meeting on 3 March 2022. Members had agreed that no change was required to the risk appetite in the current version for which their endorsement until March 2023 was now sought.

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

Approved the Risk and Assurance Policy and Strategy.

### **11. Safeguarding adults and children, transition arrangements for the Humber, Coast and Vale Integrated Care System: a briefing paper**

MC presented the report which, as per the matters arising schedule, provided an update on the transition into the Integrated Care System and outlined the future safeguarding working arrangements from health colleagues to the place-based multi-agency safeguarding arrangements. She emphasised the perspective of "business as usual" with a seamless transfer and highlighted the appointment of Julie Wilburn, an experienced Designated Professional from the Humber system, as Humber, Coast and Vale Integrated Care System Safeguarding Transitional Lead.

In response to PM referring to the significant child protection concerns raised in the recent regulatory report into North Yorkshire Police and enquiring whether the framework described in the briefing paper was sufficiently robust to avoid recurrence, MC emphasised that North Yorkshire Safeguarding Boards would review the report recommendations and seek assurance of robustness of systems. She also highlighted the context of safeguarding being the responsibility of three statutory organisations and the importance of the right people, the right skills and the right processes noting that operational delivery of safeguarding would remain at 'place'.

Detailed discussion ensued including in the context of: "mind the gap" as referred to above; pressures both across the system and pertaining to individuals or cohorts, such as Transforming Care, but noting the current absence of structures to take on arrangements; fulfilling the CCG's statutory responsibilities with a diminishing workforce; the context of safeguarding being everyone's ongoing responsibility and making every contact count; recognition of concerns identified pre-pandemic but exacerbated as a result of it and the need to maximise learning opportunities such as the report, awaiting publication, into the former Lake and Orchard Residential and Nursing Home.

From the primary care perspective the GP Governing Body members highlighted the perspective of risk prioritisation by teams, such as cancellation of safeguarding meetings due to COVID-19 impact; concerns about deskilling of staff; missed opportunities to avoid a safeguarding issue due to lack of links between services; concern emanating from the potential that people with capacity may choose to disengage from services or be lost to services through lack of follow up if removed from a GP Practice list; emphasis on sharing learning across the system and adapting communication approaches in response to feedback; and the perspective of reducing inequalities as a key part of preventing safeguarding issues.

In response to PR seeking views on support that the CCG could provide for the remaining three months prior to closedown, HE detailed a safeguarding review she had undertaken across the Practices in her Primary Care Network. This had identified opportunities for a more organised and functional approach to safeguarding processes which, once implemented, could be extended and developed in other areas. RW referred to the former role of health visitors and suggested that Primary Care Networks be encouraged to build on improving safeguarding systems, including through training and learning from established good practice. Key elements were noted as: reducing variation across Primary Care Networks; 'place' based ownership; disseminating best practice; and re-establishing relationships with schools and social workers. PR proposed, with recognition of reduced Public Health funding, that the perspective of relationship building between City of York Council's three health visitor teams and primary care be progressed outwith the meeting; account would also be taken of the Vale area in this regard.

### **The Governing Body:**

Received the safeguarding adults and children, transition arrangements for the Humber, Coast and Vale Integrated Care System briefing paper.

### **12. 2021/22 Annual Report and Accounts: Delegated Authority to Audit Committee**

SB sought delegated authority for the Audit Committee to receive and approve the Annual Report and Annual Accounts to meet the national submission dates.

### **The Governing Body:**

Delegated authority to the Audit Committee to approve the Annual Report and Accounts on its behalf.

## **FINANCE**

### **13. Financial Performance Report 2021/22 Month 11**

SB reported a £396k year to date underspend at month 11 and a continued year end forecast of breakeven in line with plan.

In response to CS seeking clarification about the underspend on the prescribing budget SB explained that some CCGs had experienced low prescribing levels in month 9 which had continued into month 10 for NHS Vale of York CCG; analysis of the data had not provided a reason. Discussion ensued in the context of GPs currently seeing record numbers of patients but levels of prescribing not increasing.

SB provided an update on Humber, Coast and Vale Integrated Care Board financial planning advising that the first draft plan with a c£140m deficit had been submitted. Work was now taking place across the constituent organisations to meet the national plan requirements for Integrated Care Boards to breakeven.

SB explained that planning was still taking place at CCG level and that NHS Vale of York CCG's first draft submission had been a £7.1m deficit, however there had been a subsequent additional allocation of £3.9m from the Integrated Care Board to the CCG

which had improved the draft plan position. SB noted investments relating to pre-commitments and savings programmes in the CCG's plan but advised that all efforts were being made to enable achievement of the Integrated Care Board's breakeven ambition.

In terms of governance for quarter one SB explained that planning guidance indicated that CCGs would breakeven with resource allocations matching expenditure; Integrated Care Boards would inherit the CCG positions in July. He also emphasised the perspective of NHS Vale of York CCG's approach of agreeing realistic and achievable financial plans but noted the context of 11 NHS organisations providing information to inform a single consolidated plan.

DB highlighted that the minutes of the Finance and Performance Committee regularly recorded appreciation of the assurance and management of financial controls provided by SB, the Finance Team and staff across the CCG. PG additionally referred to the CCG's three consecutive years of delivering financial balance and the consistent significant assurance provided by both Internal and External Audit.

### **The Governing Body:**

1. Received the Financial Performance Report 2021/22 as at month 11.
2. Noted the financial planning update.

### **RECEIVED ITEMS**

The Governing Body noted the following items as received:

14. Audit Committee chair's report and minutes of 20 January 2022.
15. Executive Committee chair's report and minutes of 5, 12, 19, 26 January, 2, 9, 16, 23 February and 9, 16, 23 March 2022.
16. Finance and Performance Committee chair's report and minutes of 27 January and 24 February 2022.
17. Primary Care Commissioning Committee chair's report and minutes of 27 January 2022.
18. Quality and Patient Experience Committee chair's report and minutes of 10 February 2022.
19. North Yorkshire and York Area Prescribing Committee recommendations: February and March 2022.
20. **Arrangements for meetings April to June 2022**

### **The Governing Body:**

Proposed, dependent on business requirements, to meet in public on 5 May and 30 June 2022 chaired by PG, in person if possible.

## **Any Other Business**

PM referred to the fact that this was the last meeting under NW's chairmanship and he wished to place on record appreciation for the continuing work of SB, MC, DN and SP.

PM also thanked the clinical members of the Governing Body for their commitment and, on behalf of Governing Body members, CCG staff and partners, expressed appreciation to NW for his work and support to the CCG during his time as Clinical Chair.

In response, NW commended PM for his leadership and focus on values, patients and communities.

## **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/>

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP**

**ACTION FROM THE GOVERNING BODY MEETING ON 3 FEBRUARY 2022 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	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
2 April 2020				Ongoing
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

<b>Item Number: 5</b>									
<b>Name of Presenter: Phil Mettam</b>									
<b>Meeting of the Governing Body</b> <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>								
<b>Report Title – Accountable Officer’s Report</b>									
<b>Purpose of Report</b> <i>(Select from list)</i> <b>To Receive</b>									
<b>Reason for Report</b> <p>To provide an update on a number of projects, initiatives and meetings that have taken place since the last Governing Body meeting along with an overview of relevant national issues.</p>									
<b>Strategic Priority Links</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Strengthening Primary Care</td> <td><input type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input type="checkbox"/> Reducing Demand on System</td> <td><input type="checkbox"/> System transformations</td> </tr> <tr> <td><input type="checkbox"/> Fully Integrated OOH Care</td> <td><input type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<input type="checkbox"/> Strengthening Primary Care	<input type="checkbox"/> Transformed MH/LD/ Complex Care	<input type="checkbox"/> Reducing Demand on System	<input type="checkbox"/> System transformations	<input type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability	<input type="checkbox"/> Sustainable acute hospital/ single acute contract	
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<b>Local Authority Area</b> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council	<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council				
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<b>Impacts/ Key Risks</b> <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>								
<b>Emerging Risks</b>									

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

**Risks/Issues identified from impact assessments:** N/A

**Recommendations**

To receive the report.

**Decision Requested (for Decision Log)****Responsible Executive Director and Title**

Phil Mettam  
Accountable Officer

**Report Author and Title**

Sharron Hegarty  
Head of Communications and Media  
Relations

## **GOVERNING BODY MEETING: 30 JUNE 2022**

### **Accountable Officer's Report**

#### **1. Our regulators assessment of the CCG's performance in 2021-22**

1.1 The CCG's annual assessment review of 2021-22, focusing on operational priorities and how well the organisation discharged its statutory duties, has been completed. I am pleased to report that CCG has received very positive feedback on six priority areas from our regulator, a copy of which is attached to this report. The six areas of focus are:

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- People
- Leadership
- Finance and use of resources
- Involve and consult with the public

#### **2. Commissioning to meet the needs of people seeking asylum**

2.1 Since meeting at the end of April 2022 with the Home Office, partners have been working to understand the services required to support the proposed Asylum Seekers accommodation plan at Linton on Ouse. Initially this was the end of May 2022 and has now been delayed whilst the Home Office consider the local views of residents and Hambleton District Council on the viability of the proposals.

2.2 Notwithstanding the delay in the project, planning work has continued in preparedness of a decision to commence operations on the site which will see up to 1500 beds become available by December 2022 for single males aged 18-40. At pace, the Director of Primary Care has been meeting with key partners, including Serco; the local GP partner; Clinical Director of the Primary Care Network (PCN) and our commissioner partners, North Yorkshire Clinical Commissioning Group (CCG) with the support of NHS England. There has also been a wider stakeholder group meeting, with the Local Authority and voluntary sector partners.

2.3 It is the intention of the CCG to commission a bespoke, stand-alone enhanced primary care service for the Asylum Seeker population of Linton on Ouse reflecting the requirements already identified by the Home Office. Essentially an enhanced primary care services provision for the Linton on Ouse Asylum Seeker population. This will utilise an Alternative Primary Medical Services contract, establishing an NHS commissioned service, which will allow onward referrals where required to secondary care services. To that end we will also

include a dental and optometry offer in this service specification, this is likely to require some additional discussion with NHS England as CCGs do not ordinarily commission these services.

- 2.4 This is specifically to avoid local primary care services being required to offer support for this service user group, which they do not have the resources to deliver now, with minimal time to enter into recruitment plans.
- 2.5 In consultation with the local practice and PCN they concluded not to offer services, due to their own workforce pressures and focus on recovery following the impact and continued effect of Covid 19. The local practice has a total registered population of 3,500 patients and supporting this cohort was not realistically achievable for them, given that over a 12-month period, with an average 6 month stay the service might also have 3000+ service users requiring registration/deregistration, a detailed health assessment and support during their stay.
- 2.6 The CCG is also in discussions with our local hospital, York Hospital, to understand the impact on secondary care services, particularly pathology, to support screening and these discussions are yet to conclude. There will inevitably be an impact, but we will be discussing additional funding, to mitigate the risk with the Home Office and this has commenced.
- 2.7 At our first multi stakeholder meeting on 4 May 2022 and then the subsequent meeting 11 May 2022 with the Home Office SRO, health partners highlighted that a service at Linton on Ouse would not be in place by the end of May 2022, the original opening date. We are aiming to be ready by the end of June 2022, and we are working with the health partner to Serco on a detailed service specification and phased implementation plan.
- 2.8 Whilst we have a proposed approach, even with willing partners we are somewhat away from commissioning a compliant service and we have few options for a short-term interim stop gap given the fragility of local services which cannot be called upon at this time. This will be a priority in our discussion with the health provider including CQC registration for the service.
- 2.9 We appreciate the site operation will be phased, and therefore we are planning on an initial cohort of circa 60 service users coming to Linton on Ouse, probably in late June. This cohort will have already been in the UK for a period of time in which they are likely to have already been registered with a GP, had an initial health assessment and where required had immediate health services. At present, we are awaiting a phasing programme of when the bed numbers will be increased on site between the go live date and the maximum offer of 1500 beds by December 2022. The availability of the beds will be materially affected by when the Home Office are scheduling the

refurbishment of the decommissioned accommodation and the health suite already on site in the former RAF base.

- 2.10 A key risk for a compliant, CQC registered facilities is the accommodation and we have requested the Home Office review contingency provision for health accommodation and we await an update on the scheduling of this should the proposals go forward.
- 2.11 We will be working with the health provider and Serco on a service plan that builds in line with the service user numbers on site, and one which needs to mitigate the risks of inappropriate use of other NHS services, particularly NHS111 / ambulance call outs and urgent care.
- 2.12 Whilst there remain risks to a compliant primary health service being completely in place for when the service commences, we are working with an alternative provider of medical services to offer a bespoke service which mitigates the impact of this new resident population in the locality.

### **3. Better Care Fund update**

- 3.1 The CCG has added the latest Better Care Fund planning requirements to the latest financial plan submission to the Humber and North Yorkshire Integrated Care Board that will consolidate and submit an overall plan. Detailed agreements for 2022-23 will then be worked through with our providers and local authority partners.

### **4. Recommendation**

- 4.1 The Governing Body is asked to note the report.

Phil Mettam, Accountable Officer  
Vale of York CCG  
West Offices  
Station Rise  
York  
YO1 6GA

Shaun Jones  
NHS England and NHS  
Improvement  
Humber and North Yorkshire  
Locality Team  
West Offices  
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YO1 6GD

07795666568  
[Shaun.jones3@nhs.net](mailto:Shaun.jones3@nhs.net)

23/06/2022

Dear Phil,

## **2021/22 Clinical Commissioning Group annual assessment**

NHS England and NHS Improvement have a legal duty to undertake an annual assessment of Clinical Commissioning Group (CCG) performance. This is the last time CCGs will be assessed, as the Health and Social Care Act 2022 will supersede this requirement due to the establishment of Integrated Care Boards and dissolution of Clinical Commissioning Groups on 1 July 2022.

The annual assessment for 2021/22 has been conducted as a narrative based assessment focussing on the operational priorities for 2021/22 and how well CCGs have discharged their statutory duties.

This letter summarises the key points of the discussion at the year-end assessment review meeting for NHS Vale of York CCG, that focussed around the following six priority areas.

- Quality of care, access and outcomes

The CCG has worked exceptionally hard during 2021/22 to ensure that patient safety and the quality of care, access to services and outcomes underpin all of its work. This has been particularly well illustrated by the proactive work across the care sector in support of care homes during the various phases of



the pandemic. The extensive work and support provided on IPC to the care homes across the Vale of York is one of a number of examples, as well as support with resident and staff vaccinations programmes, testing, visiting, outbreak management, guidance and training programmes.

Investment in mental health services has gone beyond the Mental Health Investment Standard (MHIS) and of particular note is the investment in Children's mental health which has supported a reduction in the waiting list for CAMHS, although the waiting list still remains challenging like many other areas.

In relation to adult mental health the example of 'Connecting our City' is noted which is the vision for the City of York which focuses on a whole system approach to community mental health transformation. The CCG has also engaged in a number of projects with the voluntary sector which has been seen as critical in this area of work, as part of a considerable journey of mental health provision by the CCG in the past few years.

The CCG, working closely with City of York Council, has also been making progress on the SEND agenda and work has continued at pace despite the pandemic to embed the improvements within the written statement of action with a determination to make a difference for children and their families.

In relation to Continuing Health Care (CHC), the CCG has continued to meet all of the targets and has also delivered on QIPP in this area.

The quality of care for patients has also been at the heart of the work the CCG has been undertaking with York and Scarborough Hospitals Foundation Trust (YSTHFT), its main acute provider, working alongside YSTHFT and with partners to ensure all waiting lists are reviewed and assessed against the clinical risk to the patient. The CCG also continues to work with system partners to ensure the elective recovery programme reduces waiting lists and finds ways to transform the way services are delivered in the future.



- Preventing ill health and reducing inequalities

Preventing ill health and reducing health inequalities has been a critical area for VOY CCG since its inception in 2013, with a clear recognition of both the importance of working closely with partners in this crucial area, and the need to understand and help to address the underlying socio economic inequalities across the Vale of York.

During 2021/22 this has remained an underpinning consideration that has reached across a number of priorities and programmes, notably in terms of the covid vaccination programme, where the CCG has led a programme of work along with partners to break down barriers to take up of the covid 19 vaccination programme, including arranging pop-up vaccination sites in areas of the CCG which had a lower take-up, clinics at venues serving marginalised groups such as Carecent in York, engagement with a wide variety of faith and religious groups and arranging culturally-appropriate communication, placing vaccination clinics in rural and remote areas of the CCG geography, and laying on specialist vaccination sessions aimed at providing a welcoming and supportive environment for those with a learning disability.

In addition, there has been a focus on improving the performance of the CCG in relation to Annual Health Checks for those with Learning Disabilities with a recognition that improvement has been made. There have also been significant performance improvements made across primary care in physical health checks for people with Serious Mental Illness (SMI). The approaches developed by practices include a 'digital first' approach, bespoke outreach by social prescribers and through liaison with voluntary and third sector organisations and refocusing of existing resources to establish an enhanced primary care mental health team.

- People

The CCG has taken a proactive approach towards both its own workforce and in supporting the health and well being and wider strategic development of the broader workforce across the system as a whole. Staff wellbeing initiatives



have included undertaking individual risk assessment for all staff, with a particular focus on at risk categories such as ethnic minority staff, pregnant workers and those with underlying health conditions and these were followed up with 1-1 health and wellbeing conversations. Throughout the year further individual support was provided along with regular staff briefings and innovative on-line support sessions.

The CCG have also taken a sensitive and supportive approach to its own staff amidst the uncertainty, and associated turnover of staff, in the context of the changes as a result of the Health and Care Act 2022, and in the context of the employment guarantee for all staff who will transfer from CCGs to ICBs. They have tailored this to the individual needs of their own staff, who have continued to work hard and flexibly, despite the prevailing system challenges.

- Leadership

The CCG has continued to demonstrate effective system leadership and progressed partnership working, with an ongoing focus on the place of Vale of York and its distinctive characteristics. This has been both with a focus on the here and now and responding to the immediate priorities, as well as supporting the necessary process of transition given the wider context.

There is a recognition that there is a real opportunity to build on the Place based arrangements, and optimise their value, under the new ICB arrangements from July 2022, building on the work that has been done in the past 9 years and preserving its best qualities under the new, wider system arrangements.

Clinical Leadership from the CCG has also been a constant factor throughout the past 12 months and beyond and this has been instrumental in the work with other system partners and a range of innovative schemes to improve access to health care. The work with primary care was highlighted both in relation to the schemes via the winter capacity fund including the primary care support in the UTC at York and the mutual aid programme within Primary



Care which ensured practices did not close as other practices stepped in with telephone triage and support.

We acknowledge that the CCG has a good working relationship with all three Health and Wellbeing Boards; City of York, East Riding and North Yorkshire with the CCG working effectively with the councils and other system partners on issues such as vaccination rollout, discharge from hospital and residential and domiciliary care issues. It is also recognised that the CCG has been intrinsic to the establishment of the local place based partnership (The York Health and Care Alliance) and has worked with the City of York council to enable this to happen.

- Finance and use of resources

The journey of the CCG was explicitly acknowledged in terms of the progress made, especially in relation to its financial position. The CCG has continued to provide excellent financial leadership and effectively manage its various resources to meet the necessary audit and other requirements. The CCG has delivered its break even targets, made a positive contribution to the system position and delivered the Mental Health Investment Standard.

The collective hard work of the CCG and the leadership team to achieve this position was acknowledged along with the stewardship of the Director of Finance. Control within the organisation is significant and has been borne out by internal audit reports and it was noted that over the last two years internal audit has not offered any recommendations for improvements.

The CCG has worked tirelessly to ensure delivery against running costs have been achieved and QIPP savings against CHC aspects of its financial plan have been met, ensuring that it meets the national requirements throughout.

Following the final full year of operational commissioning in 2021/22, the CCG starts the financial year 2022/23 with an underlying deficit position of £4.726m which will be carried into the new formation of the ICB.



- Involve and consult with the public

The CCG has continued to focus on involving and consulting the public throughout 2021/22, using different processes and mechanisms to do so given the pandemic. It is recognised that the biggest challenge facing the CCG has been engaging across rural and harder to reach groups within populations, though the CCG is working closely with partners to maximise the opportunity where there are already established networks to engage with the public.

In 2021-22, the CCG continued with its aim to reach those that are deemed to be digitally excluded by reaching out, where possible due to covid 19. The CCG continued with engagement work online but also, where possible, conducted interviews via phone conversations, issued hard copies of surveys and worked with the voluntary sector and public facing clinicians to gather feedback.

Dedicated communications and engagement support remains embedded within the Primary Care Networks to provide support and to help develop services around the specific needs of local patients. Through the work with Primary Care Networks, there has been a focus on the population health needs of the community, and work across health and social care and the voluntary sector to improve patient experience and outcomes for that population.

Overall, the CCG has worked hard in the past 12 months, and indeed throughout the whole of its lifetime as an organisation, to ensure that the needs of its population were central to its work and the services that were commissioned to meet these needs across a range of areas. It has provided a key role in working alongside all system partners, especially with the Local Authority at Place level, and has provided effective clinical and managerial leadership, often in a challenging context, none more so than during the Covid 19 pandemic since March 2020.



Your teams have worked professionally, diligently and flexibly throughout the past 12 months, in an uncertain environment, and have been a positive reflection of the values of the NHS as a whole. I would like to take this opportunity to thank you and your teams for their hard work and continued efforts throughout the past year and since the CCGs establishment in 2013.

Please share this letter with your staff and thank them for their hard work and commitment in meeting the health needs of the population of Vale of York during the time that they have worked for Vale of York CCG.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,

A handwritten signature in grey ink, appearing to be 'S. Jones', with a long horizontal line extending to the right.

Shaun Jones

**Interim Locality Director**

Cc: Stephen Eames, Designate ICB Chief Executive



<b>Item Number: 6</b>			
<b>Name of Presenter: Michelle Carrington</b>			
<b>Meeting of the Governing Body</b>  <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>		
<b>Report Title – Quality and Patient Experience Report</b>			
<b>Purpose of Report</b> <i>(Select from list)</i> <b>For Decision</b>			
<b>Reason for Report</b>  <p>The purpose of this report is to provide 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 summarises by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provides an update on actions to mitigate the risks aligned to the committee.</p> <p>Content of this report has been discussed at the Quality &amp; Patient Experience Committee held on the 12<sup>th</sup> May and 9<sup>th</sup> June 2022 respectively.</p>			
<b>Strategic Priority Links</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Strengthening Primary Care  <input checked="" type="checkbox"/> Reducing Demand on System  <input checked="" type="checkbox"/> Fully Integrated OOH Care  <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care  <input checked="" type="checkbox"/> System transformations  <input checked="" type="checkbox"/> Financial Sustainability </td> </tr> </table>		<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability
<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	<input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability		
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council	<input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council		
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	<b>Risk Rating</b>		

**Emerging Risks**

- Risk to safety and provision of mental health services following the outcome of the CQC inspection
- Risk to patient safety and experience due to the sustained increase in system wide pressures
- Risk to patient safety and the ability to attain the long term plan ambitions for Maternity due to midwifery workforce pressures

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

**Risks/Issues identified from impact assessments:** N/A

**Recommendations**

For Governing Body to accept this report for assurance and mitigation of key quality, safety and patient experience issues.

**Decision Requested (for Decision Log)**

Governing Body is requested to determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services and to be assured that risks to quality and safety for the CCG are identified with appropriate mitigations in place.

**Responsible Executive Director and Title**

Michelle Carrington, Executive Director of Quality & Nursing

**Report Author and Title**

Michelle Carrington, Executive Director of Quality & Nursing  
Paula Middlebrook, Deputy Chief Nurse

## **1. PURPOSE OF THE REPORT**

The purpose of this report is to provide the Quality and Patient Experience Committee with an exception report on the quality and safety of our commissioned services and a full update regarding risks aligned to the committee.

The exception report will focus upon:

- Support to Independent Care Providers
- Primary Care – Selby UTC
- York and Scarborough Teaching Hospitals NHS FT (YSTHFT)
- Tees Esk and Wear Valleys NHS FT (TEWV)
- Child and Adult Mental Health Services
- Children's Services
- Abortion Services
- Serious Incidents
- Patient Experience
- Communications and Engagement
- Research
- Risks to Quality and Safety

## **2. SUPPORT TO INDEPENDENT CARE PROVIDERS**

The Nursing Team continues to support Independent Care Providers across North Yorkshire and York both proactively and in timely response to reported challenges/provider failure.

### **Quality Assurance and Improvement Team - Working with North Yorkshire County Council (NYCC)**

The Head of Quality Improvement for VOY CCG is now formally in post as Principal Nurse for North Yorkshire County Council (NYCC). The Nursing Team and Quality Improvement Team are now joined and referred to as the 'Quality Assurance and Improvement Team' (QAIT). The team are also joined by the social care Pharmacist who will be aligned to the team to enhance the offer and skill set. This team sits under 'Quality & Service Continuity' in the NYCC structure.

This approach will extend and develop the current offer of support to care homes across York and North Yorkshire for the upcoming year as a pilot. The team are looking forward to developing further an integrated health and social care approach to ensure providers are supported in the delivery of high quality care for residents.

Support to the City of York Council (CYC) geography continues as usual.

The development of the quality pathway as a structure for supporting the care market provides a framework for the way in which the QAIT will work and provides robust assurance ensuring quality, resident safety and business continuity is at the heart of high quality delivery of care.

Various pieces of work are coming together starting from the procurement of services through to support in development/ dealing with provider failure and the journey to achieving outstanding ratings. This places residents/ clients at the heart of what the teams do. Development of a health and social care integrated approach is a real achievement particularly the addition of quality ratings and conversations at the start of the process for recruiting to the approved providers list.

## **Quality Improvement**

### **➤ Training:**

The Nursing team continue to support independent care providers with a suite of training and improvement work to help maintain business continuity and develop services. Training currently under development includes Dementia and Mouthcare.

The delivery of training in relation to hydration as part of the programme aimed at reducing E.coli bacteraemia has commenced and is being received well with positive engagement across providers and nomination for support by the national team. The care home who are involved as the case study home has already demonstrated impact from the work. Other care settings are eager to join the programme when possible after observing the success in the initial home.

### **➤ Post Covid Inter-Care Home and Supported Living Summer Olympics 2022**

The Nursing Team are leading on the organisation of a 'Post Covid Inter-Care Home and Supported Living Summer Olympics 2022'. This is the care providers opportunity to host their own Olympic Games Event on any day between Monday 13 June and Friday 24 July, with activities and events of their choice, for residents, families, and staff to participate in. The team have suggested a list of set events to spark imagination, and this will be their chance to compete with other providers in these events. The provider with most medals overall will be presented with a prestigious trophy, as well as overall gold, silver, and bronze medals to celebrate achievements.

This is seen as a fun way of promoting health and wellbeing. The Olympics are open to all providers across North Yorkshire and York and has been met with enthusiasm with providers signing up on the first day it was communicated out.

➤ **Quality Improvement Training**

Quality Improvement training for the care sector in collaboration with the Improvement Academy (IA) is now being finalised and anticipated that the first cohort to undertake training will be in June 2022. It is anticipated the training will be made widely available through the IA networks across region and nationally.

**Collaboration**

➤ **Dressing boxes to support wound care in residential homes**

The Nursing Team are working with the District Nursing Team in York to progress the provision of dressing boxes to support wound care in residential homes. This would enable care staff to act on advice with clinical supervision in the first instance if using the Immedicare service for advice on minor skin injury.

➤ **Delegated responsibility for blood glucose monitoring and Insulin administration**

Work continues with the DN Team developing a pilot of delegated responsibility for blood glucose testing and the administration of insulin in residential care homes by care staff who are trained and competent, supported by robust processes and governance.

The Queens Nursing Institute (QNI) have awarded support for the project over the next year following a collaborative application by the Head of Nursing for Integrated Care at YSTHFT and the Head of Quality Improvement / Principal Nurse (VOYCCG/NYCC) both of whom are Queens Nurses. This will ensure that the project is given national support and recognition of its findings to inform on further service development.

➤ **Continence Assessments in Care Homes**

This project similarly has been approved by the QNI and again this will enable the development of more timely assessment, intervention and provision of continence products to those who are in need.

The Nursing Team continue to communicate key messages to the GP Leads for care homes and Practice managers and as the ICB develops it is hoped these links can be built upon to support partners in their work with homes.

➤ **Telemedicine; Immedicare**

The Immedicare service is now live across all 48 homes and feedback continues to be positive. There are plans for prescribing to be provided via Immedicare which will further reduce calls to GP services. It is aimed this will be available later this year.

➤ **Health & Social care; Achieving Excellence Together Conference 2022**

Planning is now underway for a conference ' Health & Social Care; Achieving Excellence Together'. This builds upon the success of previous events hosted by the VOY CCG Nursing Team and is aimed at Health & Social Care staff across Yorkshire and the Humber on Friday 2nd December 2022.

The aim of day is to share current work across our homes, to share expertise and network. The agenda has a wide variety of topics with speakers from across the system. There was an overwhelmingly positive response from stakeholders interested in attending to share work.

The Chief Nurse for Adult Social Care England has agreed to attend and speak alongside timing a visit to a home in the area the day before. This is welcome recognition of the impact of both the work our teams do in supporting the sector and the importance of staff working in social care.

### **3. PRIMARY CARE**

#### **Selby Urgent Treatment Centre**

In Selby, the previous Minor Injury Unit (MIU) delivered in the community hospital became a designated urgent treatment centre (UTC) in August 2019. The UTC currently sees patients from across the whole of the Selby District. With an estimated population of 89,106 Selby District is broadly covered by 2 PCNs: Selby Town PCN and Tadcaster and Rural Selby PCN.

The service is provided by Harrogate and District NHS FT against the national specification for designated UTCs for cover 12 hours a day (8am to 8pm), 7 days a week. The contract includes delivery of care for both minor illness and minor injuries as outlined in the national specification through a nurse led unit

Following a review of urgent care for Selby by the CCG the service appears under-staffed in relation to the consistently increased level of demand, impacting on service resilience, potential patient safety, and the health and wellbeing of staff.

Provision of the service is more complex whilst provided by HDFT, the service is reliant upon diagnostics (radiology, phlebotomy and laboratory, IT systems) from YSTHFT.

During the pandemic a 'light touch' approach was taken to contract management and therefore limited in terms of depth of understanding regarding performance, quality and safety.

An urgent meeting between the CCG including Chief Nurse is being scheduled in order to gain greater understanding of current issues, risks, mitigating actions and next steps.

## Covid Vaccination Programme

### ➤ Older Adult Care Homes Spring Booster Vaccination Reporting

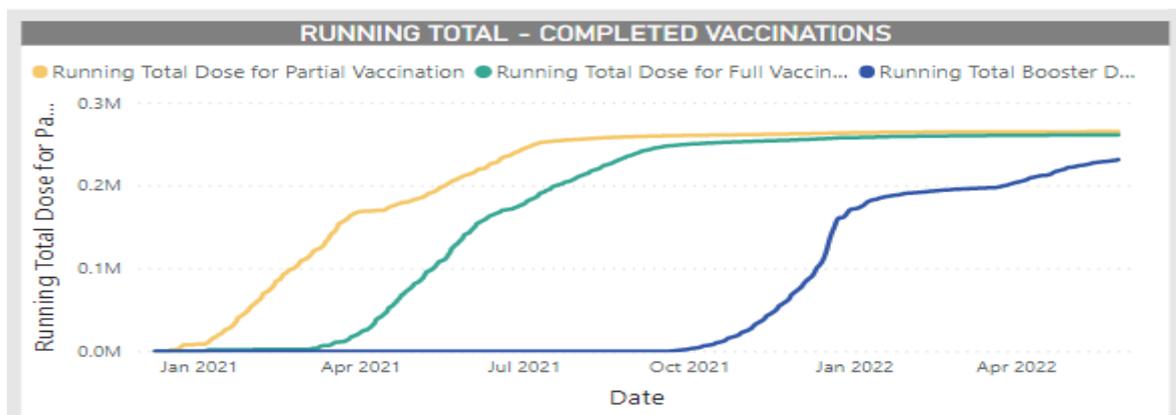
Across the North East and Yorkshire region, progress with Spring Boosters has been delayed at the start of the year due to Omicron outbreaks in Care Homes - but at 15 June, 93.5% of Care Homes have been visited across NEY.

Locally, as of the 15th June, Vale of York CCG has achieved a **91.9%** Older Adult Care Homes Spring Booster visit rate (HCV average is 86.4%). The low number of Care Homes requiring vaccinations will be completed over the next 2 weeks.

Headline figures for Covid vaccination uptake for adults aged 18 years and over are as follows:



### ➤ Covid Vaccination Programme - Overall Performance to Date for Vale of York Ages 18 and Over



## ➤ Covid Vaccination Programme - Future Planning

From the end of May 2022, Local Vaccination Service (LVS) sites across Vale of York will be 'paused' for the summer period in accordance with national guidance - and a combination of national Vaccination Centres (including York Askham Bar) and Community Pharmacies will continue with an 'evergreen offer' to maintain access to Covid vaccinations for eligible people throughout the summer months.

On 19 May 2022 the Joint Committee on Vaccination and Immunisation (JCVI) provided interim advice to Government regarding Coronavirus (Covid-19) Booster doses this autumn. As in autumn 2021, the primary objective of the 2022 autumn booster programme will be to increase population immunity and protection against severe COVID-19 disease, specifically hospitalisation and death, over the winter period.

The JCVI's current view is that in autumn 2022, a COVID-19 vaccine should be offered to:

- residents in a care home for older adults and staff
- frontline health and social care workers
- all those 65 years of age and over
- adults aged 16 to 64 years who are in a clinical risk group

Last year's autumn booster vaccination programme provided excellent protection against severe COVID-19, including against the Omicron variant.

This is interim advice on an autumn booster programme for 2022 so that the NHS and care homes are able to start the necessary operational planning, to enable high levels of protection for more vulnerable individuals and frontline healthcare staff over next winter.

As the JCVI continues to review the scientific data, further updates to this advice will follow.

Local planning for this autumn 2022 Booster campaign will begin as soon as we have final confirmation of eligible cohorts and clarity around the contractual mechanisms for delivery.

## 4. YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FT (YSTHFT)

The CQC carried out an unannounced focused inspection of The York Hospital in March 2022 to follow up on significant safety concerns received about the standard of care patients were receiving. Following the inspection, CQC issued the trust with a warning notice in response to its ineffective systems for managing patient risk assessments, nutrition and hydration, pressure area care and falls prevention.

The service was not rated at this inspection and its rating has been suspended. The overall rating for YSTHFT remains requires improvement.

Short and medium term actions have either been undertaken or are in progress in order to address the concerns raised.

An urgent and emergency workshop across the ICS is being convened in order for the system to support YSTHFT improvement. This would include responding to the CQC report, 12 hour trolley waits and the pressure ambulance services are under.

## **Annual Quality Report**

The CCG has provided feedback to the Trust's Quality Account.

## **5. TEES ESK AND WEAR VALLEYS NHS FT**

### **Inappropriate use of Restraint**

Concerns have been raised with the CCG regarding use of inappropriate restraint for a Vale of York person in a Learning Disability in patient.hospital resulting in serious harm.

This has culminated in an independent Psychiatrist review of the patient's care. The independent Psychiatrist's view is that the patient is not safe and there are a number of actions which are being followed up.

CQC has undertaken an unannounced inspection, covering all of the CQC domains, to Lanchester Road and Bankfields Court (in patient facilities for people with learning Disabilities and autism) The trust has received initial feedback which they have shared with the CCG in addition to their initial response back to the CQC.

Conversations are ongoing with NHSE regarding the management and governance of risks and concerns in addition to the Quality Board which has been in place for a number of months following the previous CQC inspection.

The CCG continue to manage the concerns for our patient via a separate meeting with the provider, NHSE, host commissioner (Durham CCG), safeguarding leads and the CQC.

The trust has been supported by the CCG commissioning the involvement of the HOPEs team from Merseyside and a Senior Intervener to support our patient and his imminent discharge into the community.

Further information regarding the HOPE(S) model can be found via the following link:

[www.merseycare.nhs.uk/hopes-model](http://www.merseycare.nhs.uk/hopes-model)

## **Internal Audit Report - Quality of Mental Health Discharges**

The CCG commissioned internal audit to undertake a review to provide assurance on the arrangements in place to manage the quality of discharge of mental health patients from our Mental Health provider.

The audit focused on the older people cohort of mental health patients, and the quality of their discharge from the main Mental Health provider Tees, Esk and Wear Valleys NHS Trust, from the Elderly Care wards at Foss Park.

The audit opinion is that not all aspects of service delivery in this key area are able to be effectively managed, as the full expectations of the CCG for oversight of the service and monitoring of quality of Mental Health discharges are not formally or explicitly addressed as part of the commissioning process. The key areas that should have been considered as part of the commissioning process but are absent from the contract in place are a definition of what constitutes a good discharge, and the related quality measures.

Key risks associated with the findings of the audit are identified as:

- Standards and processes are not set resulting in unsatisfactory service quality and inability to hold the provider to account for effective delivery.
- Failure to receive assurance on adequate consideration of patient needs for effective discharge resulting in potentially unsuitable discharge arrangements with risk of readmission.
- Ineffective partnership working and communication between all relevant parties involved in the planned discharge pathway, impacting on ability to resolve issues of re-entry after discharge or sub-optimal discharge.
- The CCG is not properly sighted on the quality of provider services commissioned from the perspective of the patient, increasing the risk of patient complaints leading to reputational damage.

The main recommendation arising from the audit is to work together with TEWV to establish a more detailed set of quality standards for mental health discharge, which are in line with national guidance, along with appropriate monitoring and reporting arrangements, to ensure that the CCG has suitably in-depth oversight of their commissioned services.

QPEC has reviewed the outcome of the audit findings and determined that a new risk for the local Quality committee should be articulate.

### **Quality Account**

The CCG has provided feedback to the Trust's Quality Account.

## **6. MENTAL HEALTH**

### **Dementia**

Performance decreased slightly in April to 54% from 54.2% in March. The service is impacted by capacity issues and an increase in referrals. There are long waits in York for CT scans resulting in the delays in the assessment pathway. There continues to be high DNA rates in the memory service due to long waits. The service has reset the trajectory to significantly reduce the number of older people waiting for assessment by the end of June. This is being closely monitored by the CCG. In mitigation, work is ongoing with the Dementia Coordinators to ensure appropriate referrals by obtaining all relevant background information and undertaking relevant checks prior to referral.

The ICS is exploring options for training on the use of the DiADeM (**Diagnosing Advanced Dementia Mandate**) diagnostic tool.

NHSE has offered funding via an Expression of Interest for a band 6 and a band 5 to undertake case funding and DiADeM assessments in care homes. The CCG submitted a bid with TEWV and if successful this will be for a 12 month pilot.

### **Children and young people's mental health**

#### **➤ CAMHS**

The pandemic has seen a significant increase in numbers of referrals to specialist CAMHS services. The targeted/universal services such as the school well-being service, Compass Phoenix and the Mental Health Support Teams have also experienced significantly increased pressure.

Specialist CAMHS services have declined fewer referrals, indicating an increased level of acuity.

Waiting times for some therapies and assessments, particularly ADHD assessments and medication initiation have increased, although the development of group work for low mood and anxiety has substantially reduced the numbers of children and young people requiring one to one support for these conditions and has worked to reduce waiting times: these groups are delivered online and are now the standard offer for the conditions. The position continues to be closely monitored.

#### **➤ Waiting Times for Autism Assessments**

Despite a sustained increase in levels of referral for autism assessments, the waiting time for assessments is currently, at an average of 146 days, the shortest it has been for four years. This may increase in the next 3-6 months in light of a significant increase in referrals in December 2021.

TEWV is appointing a project manager for two years to support a redesign of the whole neurological pathway, building on pilot work in Selby. This work has enabled testing of a school-led referral approach with an MDT assessing referrals before onward referral for an initial comprehensive assessment; this has reduced by 70% the number of autism and ADHD referrals going forward for assessment which in turn will enable more rapid decision making regarding neurological condition referrals and support an earlier reduction on the numbers awaiting assessment. Currently around 70% of autism assessments are given a positive diagnosis, and we anticipate that number increasing to around 90-95% in future. TEWV is also undertaking a training programme of its single point of access staff to enable them to ask more relevant questions about neurological referrals and enable more focused, accurate triage decisions.

➤ **Children's Eating Disorder Service**

The eating disorders service remains under significant pressure: additional investment in 2022/23 will enable a home feeding and support service to be set up to offer more intensive therapy and enable children and young people to be safely supported at home.

The Humber and North Yorkshire provider collaborative is supporting a bid by Mill Lodge inpatient unit to develop a day care offer for eating disorders: this will also enable more patients to avoid a 'full' inpatient admission, similar programmes have been shown to support earlier and more sustained recovery. This will enable closer collaboration with the community eating disorder service.

**7. CHILDREN AND YOUNG PEOPLE**

**Inspection of York local authority children’s services (ILACS)**

City of York services were inspected 7 March to 18 March 2022. This inspection was the first using the new framework since the last Single Inspection Framework in 2016.

The judgement from the inspection is summarised as :

<b>Judgement</b>	<b>Grade</b>
The impact of leaders on social work practice with children and families	Requires improvement to be good
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care and care leavers	Requires improvement to be good
Overall effectiveness	Requires improvement to be good

Since the last inspection in 2016, there has been a decline in the quality of children’s services in the City of York. There is significant variation in the quality of services

and social work practice provided to children and families. Note however this is a more intense inspection process and did undertake visits with social workers and subsequently reviewed documentation and child records. Therefore a more thorough robust process. The full report can be accessed via the following link.

<https://reports.ofsted.gov.uk/provider/44/80453>

It is anticipated that SEND re-inspections follow shortly onwards following ILACS inspections.

### **Palliative and End of Life Care- Children and Young People (PEoLC)**

In March 2022, a multi-agency and multi-disciplinary away day was held at the Principal Hotel, York. This away day was held to engage partners from statutory and third sector agencies, in the palliative and end of life care work stream for children and young people, within Vale of York and North Yorkshire. A follow up day was held in May to establish the current pathway and services available and gaps in order to inform the development of an integrated pathway. The day provided immediate opportunities to connect services for mutual aid and sharing of knowledge / expertise. Outputs from this will inform the development of an operational plan for North Yorkshire and York.

## **8. ABORTION SERVICES**

Following improved oversight of abortion services, the CCG is working with both providers (Marie Stopes and BPAS) and safeguarding colleagues to explore how the Information and process for consent for sharing information with Primary care and multi-agency information sharing agreements can be reviewed to enable increased sharing of information, particularly when this may be important from a wellbeing and safeguarding perspective.

### **➤ Informing GP of abortion**

A fundamental principle of abortion care is confidentiality. Abortion is treated like sexual health - where patients have the right to confidentiality and a separate record, so that their family doctor does not have to be informed. Clients are asked whether they want the provider to send a letter to their doctor notifying them of the procedure and it is up to the individual patient. The only exceptions to this are where there are health or safeguarding concerns.

## **9. SERIOUS INCIDENTS (SIs)**

SIs continue to be reported in line with the SI Framework, with providers continuing to report workforce challenges because of COVID-19 and pressures on services, some of which can directly correlate to incidents.

### **York and Scarborough NHSFT**

Across both hospital sites 9 Falls SIs causing harm have been reported and 8 Pressure ulcers during the two month period of April and May. Recurrent contributory factors identified include the impact of staffing and ward moves as a result of COVID-19 along with increased activity.

The Trust report a number of initiatives to support Quality Improvement. The HUSH programme (Huddle Up for Safer Healthcare) is being introduced with the Improvement Academy supporting coaches in Safety huddle methodology. Safety huddles allow teams to reflect on how they work together, enhance team working and communication and in turn see the impact huddles have had by seeing a reduction in harms. This will commence initially on 7 wards with a focus on Falls, Pressure Ulcers and Nutrition and Hydration and will support the spread of the methodology across the Trust.

There is acknowledgement that staff shortages may make it more difficult to undertake SI investigations and organisations do not have to meet the 60-day timeframe for investigations, however, to note 14 reports are currently outside this timescale.

### **Tees Esk and Wear Valleys NHS FT**

Seven SIs have been reported to date for Vale of York CCG

Recurrent contributory factors have been identified. A significant program of work to improve the pathway for Incidents and Serious Incident investigations is underway with the support of NHSE/I with engagement and co-production with service users and families affected by suicide.

TEVV continue to report pressures within the service which is also affecting the patient safety team who complete the SI investigations. There are 12 SIs currently outside the 60-day timeframe with all allocated to a reviewer. These delays result in lost opportunities for timely identification of learning to help prevent reoccurrence and importantly answers for families.

The CCG remains concerned regarding the themes arising from SIs and the processes for undertaking investigations to ensure appropriate organisational learning, involvement of families and actions to prevent recurrence where possible are embedded. Following the previous CQC inspection and involvement of NHSE

Intensive Support Team, the Trust has an action plan focussed upon the improvement needed.

The CCG has been directly supporting the trust and the CCG Chief Nurses across the 2 ICSs have been involved in streamlining the closure process. There is some way to go yet as few SI's have been closed and NHSE are formulating a further process to support further progress.

## 10. ANNUAL PATIENT EXPERIENCE REPORT (2021-2022)

### Vale of York CCG Complaints

36 complaints were received in the period 1 April 2021 to 31 March 2022 (26 in the previous year – reduced activity due to emergency period of the pandemic)

- 100% of the complaints were acknowledged within 3 days (in accordance with the NHS complaint procedure).
- 100% were responded to within the original or extended timescale (majority of CCG complaints are allocated an initial target of 25 or 35 days, depending on number of issues, complexity etc.)
- Average number of days taken to respond was 23 days

In line with the Parliamentary and Health Service Ombudsman’s (PHSO) approach to categorising the outcome of complaints, the CCG records complaints as either ‘upheld’, ‘partially upheld’ or ‘not upheld’. The PHSO’s definitions of these are as follows:

**Upheld-** this could mean we found that the organisation made mistakes or provided a poor service that amounted to maladministration or service failure and this has had a negative impact on an individual which has not yet been put right.

**Partially upheld-** we might partly uphold a complaint if we found that the organisation got some things wrong, but not all the issues that were complained about or the mistakes made did not have a negative effect on anyone.

**Not upheld-** this could mean we found the organisation acted correctly in the first place or the organisation made mistakes but has already taken action to put things right for the person or people affected

- **Subject of complaint:**

Subject	No. of complaints	Outcome after investigation
Continuing Healthcare (CHC)	26	7 upheld 10 partially upheld 9 Not upheld
Commissioning	3	3 not upheld

Individual Funding Request – Mental Health	2	1 partially upheld 1 not upheld
Individual Funding Request – Physical Health	1	1 partially upheld
Patient Transport Service (PTS)	1	1 not upheld
Referral Support Service (RSS)	1	1 not upheld
Community Equipment	1	1 upheld
Covid-19 Vaccination	1	1 partially upheld

Three of the CHC complainants were dissatisfied with the initial response and were closed after further discussion at virtual local resolution meetings (2 cases) and/or further written responses.

- **Complaint themes:**

Subject		Themes	No.
Continuing Healthcare	26	Care package/provider	6
		Handling of assessment	5
		PHB (Personal Health Budget)	5
		Communication/information	3
		Staff attitude	3
		Fast Track Funding	2
		Delay in review	1
		Reimbursement process	1
Commissioning	3	Health optimisation policy	1
		Pathway for genetic conditions	1
		Communication/information	1
Individual Funding Requests	3	Communication/information	2
		Delay	1
Vaccination	1	Communication/information	1
Patient Transport Service	1	Eligibility criteria	1
Referral Support Service	1	Process	1
Community Equipment	1	Access to review	1

## Continuing Healthcare

Continuing Healthcare continues to generate the highest number of complaints, but this is perhaps to be expected as it can be a sensitive and emotive subject which often takes place at the most difficult time in clients and their family's lives.

Continuing Healthcare complaints are often complex and we are clear at the beginning with complainants on what can be investigated as part of the complaints process (eg. administration issues, staff attitude/conduct, communication, delays etc.) but that a complaint cannot overturn a clinical decision made as part of a CHC assessment/review – this is handled as an appeal within the CHC process.

A meeting takes place every two weeks between CHC managers and the Patient Experience Lead where complaints are reviewed, investigations initiated and

responses drafted by the Patient Experience Lead for quality checking and sign off by the Executive Director of Transformation.

The CHC Team Leaders (Clinical and Administration) have also implemented robust supervision for staff, which involves highlighting both good practice and areas for improvement, assessing competency of verbal and written communications, identifying where training is needed and/or individual expertise is put to best use. Issues and themes arising from complaints and concerns are discussed and includes reflection of the impact of these on clients and families.

### **Learning from feedback**

The CCG values all types of feedback about its business and where possible will use it to good effect. Improvements this year include:

- amending the CCGs website to reposition the information on how to make a complaint about the CCG at the top of the page so that it is easier to see
- feedback from a GP led to a review of one of the CCGs commissioning statements (management of benign growths) to make the commissioning policy clearer
- CHC - improvements to the CHC review process to provide additional information up front and explain the purpose of the review more clearly to the client/relative.
- CHC - ensuring that the patient's representative is informed and invited to contribute to assessments where appropriate (the CHC computer system has been updated with a reminder, however, should this not be indicated on the documentation, the CHC clinical team leaders will pick this up as part of their verification process).
- updates to workflows on CHC computer system to act as prompts to staff to complete processes/pathways

### **Parliamentary & Health Service Ombudsman (PHSO)**

The PHSO is the second and final stage of the NHS complaints procedure for complainants who remain unhappy with the NHS organisation's attempts to resolve their complaint.

The CCG was notified of one complaint (regarding CHC) referred to the PHSO. The case was closed by the PHSO as the CCG agreed to review the case again, with additional information, at a Clinical Considerations Panel.

### **Vale of York CCG Compliments**

Eleven people expressed satisfaction and thanks for concerns or complaints handled by the CCGs Patient Experience Lead.

Three people contacted the CHC team to thank them for their positive experience of the service.

### Vale of York CCG Concerns

402 concerns/enquiries were managed by the Patient Experience Lead. These cover a wide-ranging variety of topics, some contacts were complex cases requiring informal investigation.

Contacts where straightforward information and advice was given are not recorded.

The CCG saw an increasing number of contacts from patients regarding access to primary care (107 which is 24% of all contacts). Whilst we understand the frustration felt as a result of the pressures across the health system, the aggressive tone and language used from a minority of contacts has been unacceptable and at a level not seen before.

Concerns and enquiries regarding the Covid-19 vaccination programme amounted to 22% of contacts (96) and Continuing Healthcare 17% (74).

Recorded contacts (including complaints) by month:

Subject	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
ADHD	0	0	0	0	0	0	0	3	0	0	0	0	3
Adult Mental Health	0	1	1	2	1	2	0	2	2	0	0	3	15
BMI/ Smoking criteria	0	0	2	2	3	0	3	1	1	0	0	1	13
CAMHS Children & Young People	0	0	0	2	0	0	0	0	1	0	2	2	7
Continuing Healthcare	11	5	6	16	5	6	11	2	2	5	0	5	74
Equipment	0	0	0	0	0	1	0	0	1	0	0	0	2
GP Practice	6	9	10	13	7	17	14	7	5	4	9	6	107
IFR	0	0	0	2	1	0	3	0	0	0	0	1	7
IFR-MH	0	0	0	0	2	0	0	0	0	0	0	0	2
IVF	1	0	1	0	1	0	2	1	0	0	0	0	6
Medicines Management	1	3	0	0	2	0	3	1	0	0	0	0	10
NHSE	0	0	3	1	1	1	0	2	1	1	1	0	11
NHS 111	0	0	0	0	0	0	0	0	1	0	0	2	3
Other	1	1	2	2	3	3	1	3	4	1	3	1	25
Patient Transport Service	0	1	0	1	0	2	2	0	0	1	0	0	7
Referral Issue	3	0	1	1	0	4	0	0	0	1	0	1	11
RSS	1	0	1	0	2	0	0	0	0	1	0	0	5
Vaccination	13	14	2	1	7	2	8	30	7	2	2	8	96
Wheelchair	0	1	0	0	0	0	0	0	0	0	0	0	1
YSTHFT	0	0	4	4	9	2	3	3	3	0	1	4	33
Total	37	35	33	47	44	40	50	55	28	17	18	34	438

## 11. RESEARCH

Interim arrangements have been agreed with NECS for an initial six months to ensure continuity of support to our research responsibilities and supporting our practices whilst we transition to the ICS.

Annual recruitment across VoY CCG last year was 502 participants across 24 studies.

There were 32 participants recruited to trials in April 2022.

• Genetic Links to Anxiety and Depression (GLAD)	1
• First Contact Physiotherapy in Primary Care (FRONTIER)	4
• REDUCE Work Stream 5 (WS5) Randomised Control Trial	8
• PAM trial	1
• CANAssess 2	5
• PRINCIPLE	1
• Santé-AF feasibility study	8
• 4734 STEP10 semaglutide s.c.in subjects with obesity and prediabetes	4

The [Research & Evidence Bulletin - April 2022 \(govdelivery.com\)](https://govdelivery.com) will be circulated to VoY contacts (and individuals can sign up directly for future editions). This bulletin contains information regarding Journey To Primary Care Research event and research training opportunities available.

## 12. COMMUNICATIONS AND ENGAGEMENT

### Autism assessment service

The team is supporting the CCG's children's mental health commissioning specialist on engagement work for the local autism assessment service. This work has just begun and developments will be provided to committee when completed.

### Selby Urgent Treatment Centre

Selby's MIU recently transitioned to Urgent Treatment Centre (UTC) status, with the capability of offering an enhanced range of services to the local population.

To ensure that local stakeholders, particularly patients, the public, general practice, service staff etc., (the list of all known stakeholders is much wider), the CCG is working with local partners to deliver a localised engagement plan that will raise awareness of the new UTC service and the types of illnesses / ailments that can be appropriately treated there. Alongside this message will be an educational piece that aims to remind / re-educate the public of when to access the right care at the right time (pharmacy, NHS111, primary care, UTC, A&E).

- Engagement, communication and marketing planning and design – underway

- Implementation – expected to be late Summer 2022.

### **Wheelchair Service Use Forum**

The Wheelchair Service User Forum met on May 29<sup>th</sup>. Key areas of engagement focused upon :

- informing the development of Nottingham Rehabilitation Services (provider) digital strategy – where possible reducing carbon / paper utilisation and increasing digital communication options, however ensuring principal balance maintained of inclusion for those service users where traditional communications and human interaction is core to meeting needs.
- Informing the development of patient information for increasing exercise
- Feedback form service users present also focussed upon the need for improved approaches to teaching new wheelchair users how to use their wheelchair i.e. techniques to self propelling to avoid upper body injury/strain and how to approach curbs / ramps etc.

### **Maternity Voice Partnership**

Recruitment is underway for a new York and District MVP Lay Chair with interviews scheduled for the 28<sup>th</sup> June.

The next meeting of the partnership is scheduled for Monday 6<sup>th</sup> June at York Sports Club, Clifton. Focus will be upon providing partners with an update regarding maternity services and refocussing upon how to engage with wider community groups/ stakeholders.

### **For information – Healthwatch Dentistry Report**

Healthwatch North Yorkshire has just published its latest report. This looks at the impact of not being able to see a dentist on people's wider health and wellbeing.

The report is available at: <https://www.healthwatchnorthyorkshire.co.uk/report/2022-05-24/oral-health-crisis-impact-peoples-health-and-well-being>.

### 13. RISKS TO QUALITY AND SAFETY

The following section provides an update to the identified risks to quality and safety for the CCG commissioned services.

#### Update upon risks being managed by QPEC

Risk No	Risk Description
<b>QN07</b>	<b>Referral for initial health checks – timeliness of CYC referrals</b>
	Designated Nurse for Safeguarding Children and Children in Care continues to work with the LA and the Trust on this issue and reports to the LA improvement board on this so they are also well sighted.
<b>QN08</b>	<b>Risks associated with Growing waiting lists</b>
	Internal audit has undertaken an audit to review how well the Trust, CCG and partners are working together to effectively manage the backlog. Findings of the report are summarised below: - The audit has confirmed that the CCG is assured that the York and Scarborough Teaching Hospital Foundation Trust has assessed patients on the waiting list using the surgical prioritisation tool produced by the Federation of Surgery Speciality Associations for use during the Covid-19 Pandemic. Discussions with the CCG's Clinical Chair indicated satisfaction on the process in place to manage the backlog.
<b>QN09</b>	<b>SEND Inspection and failure to comply with National Regulations</b>
	Work continues to progress the work program aligned to the WSOA and prepare for the revisit anticipated in during 2022.
<b>QN 12</b>	<b>Missed pertussis jab for expectant mothers posing a risk to unborn babies</b>
	QPEC determined that all reasonable mitigation is in place with high levels of vaccination uptake, therefore the threshold of tolerating the risk is accepted. This risk has therefore been archived.
<b>QN 18</b>	<b>Potential changes to NYCC commissioned Healthy Child program</b>
	In March 2022 Governing Body approved this risk to be re-aligned with QPEC. One concern has been identified by a VoY practice regarding weighing of babies. Clarification is being sought from the 0-19 service.
<b>QN 20</b>	<b>Risk to patient safety due to increased rates of nosocomial infections</b>
	To ensure continued oversight by commissioners - the Chief Nurse for NYCCG who is also the ICS Lead for IPC is to attend the newly established IPC Oversight and Governance committee...the first meeting is to be held in July. Within the community work has begun to take forward further training within care homes regarding IPC, hydration and antibiotic stewardship in order to reduce the number of community acquired infections.

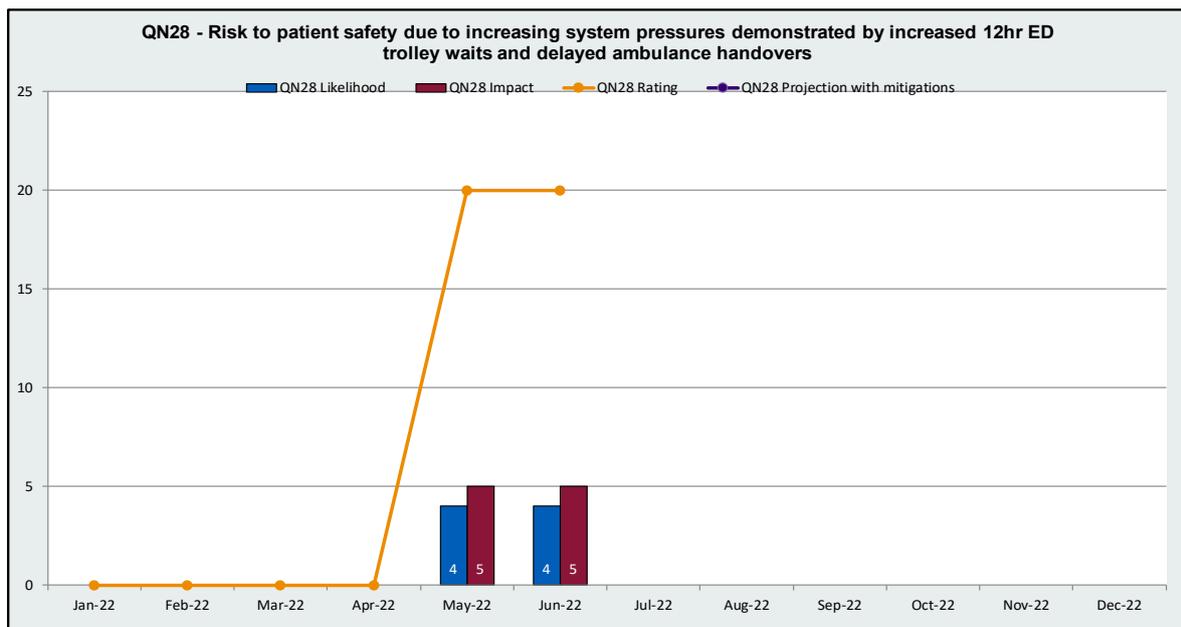
<b>QN 21</b>	<b>Children and Young people's therapy waiting times at York and Scarborough Teaching Hospitals NHS FT</b>
	<p>The SaLT transformation project at York Hospital is continuing: this proposes a new model of assessment and delivery, involving a supported online/telephone offer prior to a formal referral being accepted; the aim is to empower families and community professionals to use standard approaches to speech and communication which do not require preliminary assessment by a SaLT. The service expects to reduce the number of children requiring professional assessment, based on the experience of similar models elsewhere. The SaLT waiting list remains large, with around 820 children in York and Selby: the service is developing a waiting list initiative to run in tandem with the new service model. The SaLT waiting list remains a risk for the CCG and the local health system and will continue to be closely monitored.</p> <ul style="list-style-type: none"> <li>• Occupational therapy: as with SaLT, there are high demands on the OT waiting list, with over 40% requiring a sensory assessment, as with speech and language, many of these children have a diagnosis of autism, or are awaiting an assessment or investigation around autism. The transformation programme for OT is currently mapping provision and undertaking a time and efficiency assessment to better understand the workflow for staff.</li> </ul>
<b>QN 22</b>	<b>Quality and safety of acute hospital discharges following the introduction of new discharge standards during the pandemic.</b>
	Progress to align the discharge standards work with the discharge programme as a whole.
<b>QN 26</b>	<b>Impact of reduced capacity across independent care providers commissioned by CCG for people in receipt of health funded care.</b>
	<p>At the time of identifying this risk, there were a number of high risk packages of care which had been extremely challenging to source providers to meet individual need. In April all such high risk packages appear stable, however this remains subject to fragility in the provider market and the impact of any staff sickness due to fluctuating covid related illness.</p> <p>Wider work is underway in order to strengthen system resilience and where possible prevent 'over prescribing' of care where this may not be required i.e. development of more community skilled assessments for people being discharged from hospital with a 'home first' approach. Whilst our CCG residents are in receipt of packages of care, the risk is advised to remain the same due to the current fragility in the system and level of vulnerability of this patient group. CHC team will continue to monitor.</p>

## New risk for consideration by Governing Body

- **QN 28 – Risk to patient safety due to increasing system pressures demonstrated by increased 12hr ED trolley waits and delayed ambulance handovers.**

The following new risk was discussed at QPEC. The committee considered that the threshold for escalation and management by Governing body is reached. Governing Body is requested to review the risk and consider whether the committee is assured of mitigating actions.

<b>Risk Ref</b>	<b>QN28</b>
<b>Title</b>	<b>Risk to patient safety due to increasing system pressures demonstrated by increased 12hr ED trolley waits and delayed ambulance handovers</b>
<b>Operational Lead</b>	
<b>Lead Director</b>	Executive Director for Nursing and Quality
<b>Description and Impact on Care</b>	Throughout 2022 there have been successive months increase in the number of 12 hr trolley waits and ambulance handovers. This causes a delay in urgent care being provided for patients at each stage. Delayed ambulance handovers cause risk to patients within the ambulance not accessing full medical assessment - risk for ill patients in community as ambulance response times are delayed - risk to patients waiting in ED for appropriate in patient bed as they do not receive appropriate holistic care by specialty.

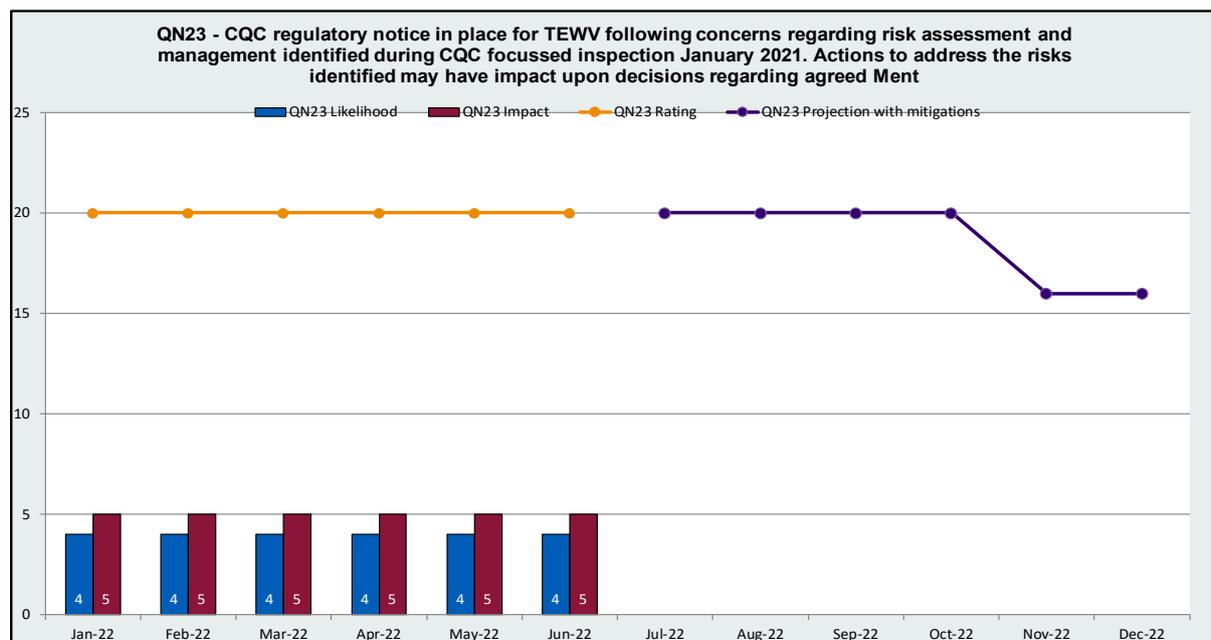


<b>Mitigating Actions and Comments</b>
<p><b>01-Jun-22</b></p> <p>There is weekly reporting to the CCG regarding Emergency Department standards. Audits of key aspects of care are undertaken for the longest 10 waits over the 7 days period. These audits identify aspects of care such as risk assessments, medication prescribing/administration, fluid/nutritional intake, NEWS score etc. These aim to identify areas of focus for the forthcoming week. Ambulance cohorting where possible takes place to enable ambulance staff to monitor more than one patient whilst awaiting handover. Consideration of actions across the wider system are required in order to free up ambulance crews to attend people in need. Where there is evidence of harm - these are declared as a Serious Incident and considered most appropriate way of investigation for maximum learning.</p> <p>Ways to improve in patient flow through discharge workstreams are underway, however progress is slow.</p> <p>An urgent and emergency workshop across the ICS is being convened in order for the system to support YSTHFT improvement. This would include responding to the CQC report, 12 hour trolley waits and the pressure ambulance services are under.</p> <p><b>QPEC has requested Governing Body to review this risk as the risk scoring meets the threshold for managing by Governing Body.</b></p>

## RISKS MANAGED BY GOVERNING BODY

### QN 23: Risk associated with the outcome of the CQC inspection to TEWV and regulatory notice.

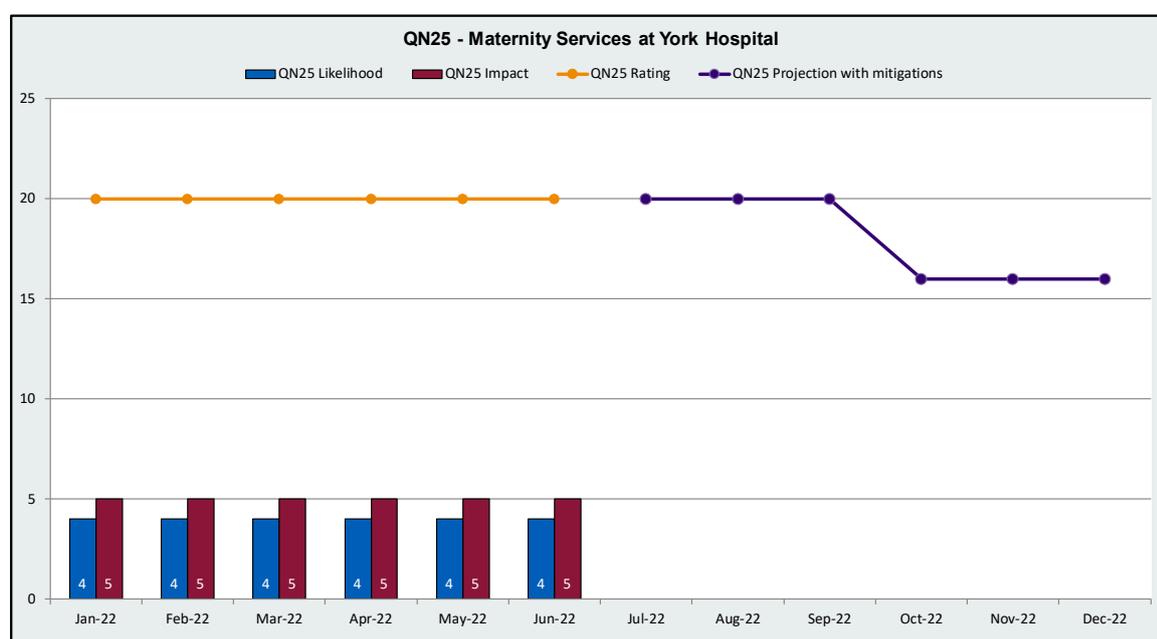
<b>Risk Ref</b>	<b>QN23</b>
<b>Title</b>	CQC regulatory notice in place for TEWV following concerns regarding risk assessment and management identified during CQC focussed inspection January 2021. Actions to address the risks identified may have impact upon decisions regarding agreed Mental Health Investment priorities which have been agreed due to population need and attainment of MH Long Term Plan requirements and therefore the quality, safety and performance impact of that investment on services.
<b>Operational Lead</b>	Paula Middlebrook
<b>Lead Director</b>	Denise Nightingale
<b>Description and Impact on Care</b>	In January 2021 the CQC undertook an unannounced focussed inspection to Adults of Working Age in patient areas and PICU within TEWV. Concerns were identified regarding identification of individual patient risk and underpinning systems to ensure risks are effectively managed alongside trustide learning from incidents and serious incidents. This has led to a regulatory notice. Whilst immediate actions have been put into place to change risk processes, further investment has been identified as a need for in patient areas which may compromise the ability to invest in previously identified and agreed priorities associated with population health need and attainment of the MHIS associated with the Long Term Plan.



<b>Mitigating Actions and Comments</b>
<p><b>01-Jun-22</b></p> <p>Risk remains unchanged as Quality Board monitoring and Quality Improvement programs continue.</p> <p>Handover arrangements in place between CCG and ICB regarding quality concerns</p> <p>Improved dash board reporting (integrated performance) from TEWV received</p> <p>Escalation of lack of assurance regarding safeguarding through NY &amp; Y Quality Board</p> <p>Safe and wellbeing checks undertaken as required by NHSE for transforming care patients-reviewed through MDT approach at ICS.</p> <p>Concerns escalated to CQC where appropriate by lead CCG</p> <p>Serious concern escalated to NHSE &amp; CQC relating to care (LD) VOYCCG</p>

## QN 25: Maternity Services at York Hospital

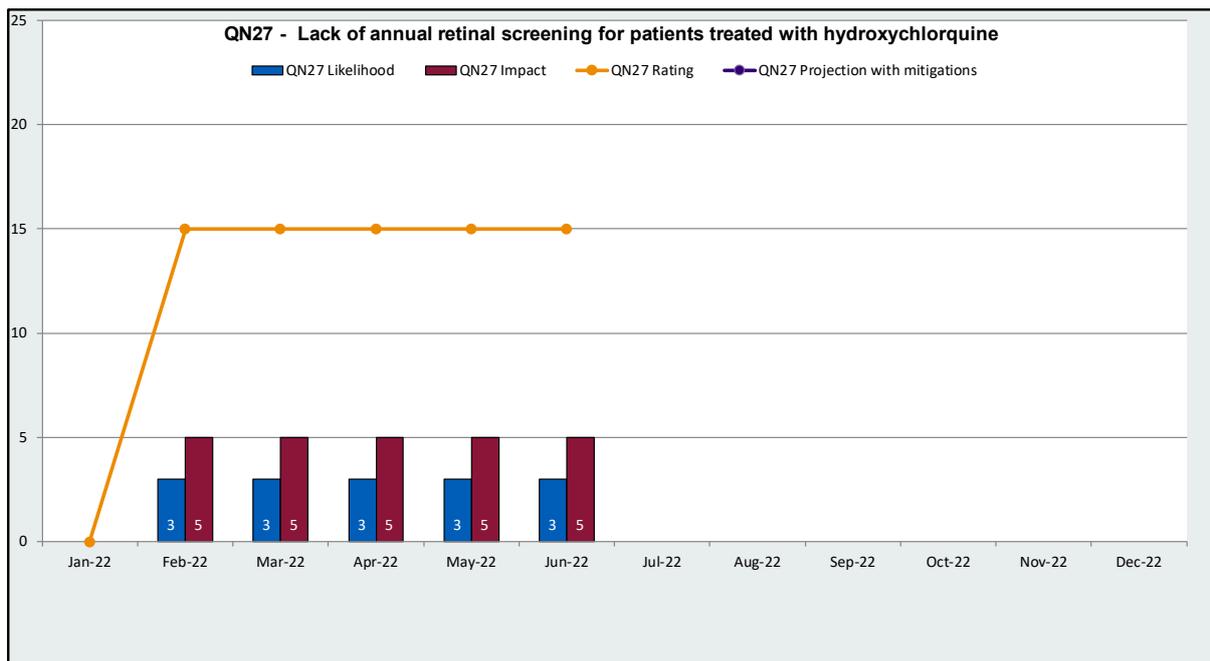
Risk Ref+B3:N10B39B3:N9B3:N11B39B3:N9B3:QN25	
Title	Maternity Services at York Hospital
Operational Lead	Paula Middlebrook
Lead Director	Michelle Carrington
Description and Impact on Care	YSTHFT has undertaken self assessment against both the Ockenden requirements and CNST standards. Following more detailed assessment and subsequent assessment of evidence by NHSE there is current lack of assurance of compliance against some core standards. A core factor has been assessment of midwifery capacity against the nationally approved workforce tool Birthrate Plus. This demonstrates approx a further 14 midwives required at York site. The workforce gap is impacting upon the Trust being able to deliver against core transformation standards i.e. continuity of carer, delivery of 'choice' as home births may be suspended due to staffing levels, risk of closure of delivery suite and need for diversion, and potential impact upon quality / standards, risks etc.



Mitigating Actions and Comments	
<b>01-Jun-22</b>	<p>Ockenden Quality Assurance visit is scheduled for Thursday 23rd June. The Trust has submitted a range of evidence of compliance with all Ockenden recommendations. The visit is being led by the Regional team with LMS and CCG representative in attendance.</p> <p>In line with the recommendations, the Trust has decided to pause all Continuity of Carer models to ensure safe infrastructure to core teams. This has been communicated out to all patients and rationale shared.</p> <p>The Trust has succession plans in place following notification that the Head of Midwifery will leave late June and Deputy Head of Midwifery will be leaving in September. Opportunity to strengthen leadership with internal development of an Interim Director of Midwifery (which is in line with Ockenden recommendations) and Associate Director / Head of Midwifery followed by a strengthened matron structure are in development.</p>

## QN 27 Lack of annual retinal screening for patients treated with Hydroxychloroquine

<b>Risk Ref</b>	<b>QN27</b>
<b>Title</b>	<b>Lack of annual retinal screening for patients treated with hydroxychloroquine</b>
<b>Operational Lead</b>	Ken Latta (Deputy Director Medicines Management NYCCG) and Laura Angus (VoY CCG)
<b>Lead Director</b>	Michelle Carrington
<b>Description and Impact on Care</b>	Hydroxychloroquine (and Chloroquine) treatment now require annual retinal screening (Y1 on CQ, Y5 on HCQ, Y1 on HCQ with risk factors), plus early baseline records in all cases. As a shared care drug, this monitoring is seen as an essential function of secondary care. Most Trusts are well advanced in embedding but a number of providers' ophthalmology do not have capacity. YSTHFT does not currently have capacity.



<b>Mitigating Actions and Comments</b>
<b>01-Jun-22</b>
Discussions have been taking place with YSTHFT. Internal investment has been required in order to provide capacity. The Trust is currently progressing with recruitment to the posts required. Risk to remain unchanged until assurance that screening model has been implemented.

## **14. RECOMMENDATIONS**

Governing Body is requested to determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services.

<b>Item Number: 7</b>	
<b>Name of Presenter: Abigail Combes</b>	
<b>Meeting of the Governing Body</b> <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title – Board Assurance Framework</b>	
<b>Purpose of Report</b> <i>(Select from list)</i> <b>To Receive</b>	
<b>Reason for Report</b> The Governing Body should receive the Board Assurance Framework for review and comment. The updates are provided in red and the risk appetite is on the final slide.	
<b>Strategic Priority Links</b> <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b> <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b> <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>  N/a
<b>Emerging Risks</b>  N/A	

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

**Risks/Issues identified from impact assessments:**

N/A

**Recommendations**

The Governing Body is asked to review and receive the Board Assurance Framework

**Decision Requested (for Decision Log)**

The Governing Body is asked to review and receive the Board Assurance Framework

**Responsible Executive Director and Title**

Phil Mettam – Accountable Officer

**Report Author and Title**

Abigail Combes – Head of Legal and Governance

# NHS Vale of York CCG

## Strategic Objectives

Support General Practice and wider primary care system to maintain a level of resilience to deliver safe and sustainable services.

Support innovation and transformation in the development of sustainable mental health and complex care services

Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care

Achieving and supporting system financial sustainability

Work with system partners to ensure provision of high quality, safe services.  
Work as partners to safeguard the vulnerable in our communities to prevent harm

Support the wellbeing of our staff and manage and develop the talent of those staff

Work with partners to tackle health inequalities and improve population health in the Vale of York

Support primary care to deliver services in a sustainable way whilst developing strong system partnership

Impact

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4		PRC.15; PRC.16	PRC.17	
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Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Continued support to Practices to work in a safe way whilst responding to restoration of services and managing backlog	Steph Porter	<p>The CCG is continuing to invest in IT solutions (laptops and remote access to clinical and business systems) to support Practice staff to work flexibly and remotely to improve resilience and service continuity. Although Covid infection rates are falling, the ability for staff to work flexibly and remotely helps to maintain appointment numbers and good access for patients.</p> <p>Several Practices are scheduled to move from EMIS to SystmOne during 22/23 – by the end of the year, every PCN will be 'fully SystmOne' with the exception of York East who remain all EMIS. This is a strategic enabler for better clinical record sharing to support service integration and transformation – and mutual resilience.</p> <p>These migration projects do place additional stress on busy Practices, so CCG and NECS staff are closely involved to support Practices as much as possible.</p> <p>latest mask/IPC guidance comes just as infection rates have increased.</p>	Stable but risk remains. Current incident levels reducing
OPEL escalation reporting framework	Steph Porter	<ul style="list-style-type: none"> <li>- System recognition of capacity restraints in primary care on a daily basis</li> <li>- Engagement with DoS to limit 111 access to support response to short term capacity issues</li> <li>- Consistency of understanding of mutual aid at different levels of OPEL practice and PCN level has improved considerably and practices are reporting appropriately</li> <li>- reduced risk with Opel 2.5 seeming to embed in York</li> </ul>	Stable and agreement reached for escalation response
'SUPPORTING GENERAL PRACTICE: ADDITIONAL Winter Access Funding	Steph Porter	<ul style="list-style-type: none"> <li>- Funding of circa £1.1m confirmed for Practices/PCN to run hubs to manage triage with the aim of pulling out same day urgent care where continuity of care via the same clinician deemed lower priority</li> <li>- All winter access schemes fragile due to limited workforce capacity to respond</li> <li>- Campaign to increase/offer choice for face to face, may in fact reduce overall offer as face to face in hot clinics reduces appointment numbers</li> <li>- Pressure to continue to deliver the vaccination programme continues to utilise space staffing capacity, thereby meaning workforce not choosing to take up other areas of need</li> </ul>	Stable- Plans in place to increase capacity but remains dependent on workforce

# Support innovation and transformation in the development of sustainable mental health and complex care services

Impact

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Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
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Mental Health Recovery	Denise Nightingale	<ul style="list-style-type: none"> <li>Accelerating preventative programmes to address inequalities such as health checks for people with Learning Disabilities (LD) or Serious Mental Illness (SMI)</li> <li>Focus on recovery due to the expected surge in demand in mental health and crisis services which includes acute liaison and the resilience hubs and a review of the all age crisis line.</li> <li>Continue to support integration between community and primary care under the 'Right Care Right Place' programme and key link workers reaching into primary care.</li> <li>Co-development of a dementia strategy in York and continue to establish and deliver an improvement programme to address dementia diagnosis and dementia care</li> <li>Re-procurement of adult ADHD and Autism diagnostic and treatment services</li> <li>CQC regulatory notice in place for TEWV following concerns regarding risk assessment and management identified during CQC focussed inspection January 2021. Actions to address the risks identified may have impact upon decisions regarding agreed Mental Health Investment priorities which have been agreed due to population need and attainment of MH Long Term Plan requirements and therefore the quality, safety and performance impact of that investment on services.</li> <li>MHIS priorities for investment remain as planned and being scoped for 22/23</li> <li>Increased challenge with CAMHS and CQC leading to a NY&amp;Y summit in February. Workforce challenges continue to affect service</li> <li>Community Mental Health Transformation progressing well for VOY year1</li> <li>21.6.22</li> <li>Priorities for investment agreed for 22/23</li> <li>Improving position for SMI health checks and LD health checks in primary care</li> <li>Dementia strategy developed with partners along with dementia coordinators</li> <li>Connecting our City transformation developing well</li> <li>CQC regulatory notice action plan for TEWV still overseen by Regional Chief Nurse through Quality Board</li> <li>Workforce challenges in Tewv have prevented outturn of some planned delivery targets in 21/22 and some waiting times are growing. <u>Likelihood increasing to 4 re unsustainable MH services</u></li> </ul>	Increasing due to potential surge in demand
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Hospital discharge requirements	Denise Nightingale	<ul style="list-style-type: none"> <li>Continue to facilitate hospital discharge policies through extended discharge to assess models in collaboration with system partners and care providers</li> <li>Continue to provide CHC support to multidisciplinary discharge hub teams.</li> <li>Nationally revised discharge to assess policy and funding arrangements are expected (scheme 4) which are intended to support people through a period of rehabilitation or recovery before CHC eligibility assessments take place. Continue to revise</li> </ul>	Stable
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Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care

Current Priority	Exec Lead	Actions	Direction of risk travel
To optimise all elective capacity available to reduce long waits and minimise risk to patients	Phil Mettam	<ul style="list-style-type: none"> <li>There is a risk that patients will come to harm owing to long delays between referral and the commencement of treatment for cancer</li> </ul>	Static
Opiate addiction	Phil Mettam	<ul style="list-style-type: none"> <li>There is a risk that patients will come to harm owing to addiction to pain killers during the, currently, very long waits for treatment from the Musculoskeletal Service</li> </ul>	New
Trolley waits	Phil Mettam	<ul style="list-style-type: none"> <li>There is a risk that patients will come to harm owing to long waits in the Emergency Department before admission, transfer or discharge</li> </ul>	Not improving

Impact

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Likelihood

## Achieving and supporting system financial sustainability

Impact

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Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Maintaining financial planning, management and reporting approach	Simon Bell	<ul style="list-style-type: none"> <li>- Organisational and system financial plans submitted in line with ICB and national guidance and national planning timetable.</li> <li>- The CCG has submitted a final draft financial plan for next year to the ICB on the 10<sup>th</sup> June. Following a series of additional actions and smoothing adjustments across the ICB the CCG and the ICB in totality have now achieved a balanced plan. CCGs will receive funding from the ICB at the end of Q1 to effectively adjust to a breakeven delivery. Whilst this does not take away the requirement to continue our sound financial management it does mean there is some certainty about what the CCG will deliver for the remainder of its time. This is reflected in the risk rating</li> <li>- Ensure appropriate financial governance arrangements are in place and complied with.</li> </ul>	Stable
Optimising financial flows and access to funds across the sub-system and ICS	Simon Bell	<ul style="list-style-type: none"> <li>- Monitor and manage funding tracker to ensure there is a clear understanding of funding streams and ownership of them across the CCG.</li> <li>- Triangulate funding requirements and transactions across the ICS.</li> <li>- Ensure outside of envelope funding such as SDF and ERF is maximised including collective and regular review.</li> <li>- The CCG does not anticipate any material risks to the cash position over the remainder of the year and a detailed cash plan has been developed to ensure the year end cash holding target is met.</li> </ul>	Stable
Contribute effective support to place, integration, and public health management development programme	Simon Bell	<ul style="list-style-type: none"> <li>- Contribute to the development financial framework for place, CYC integration, and PHM programme of work.</li> <li>- Ensure the balancing of risk and progressive development of place.</li> </ul>	Stable

Work with system partners to ensure provision of high quality, safe services.  
 Work as partners to safeguard the vulnerable in our communities to prevent harm

Impact

5		QN.07	QN.23; QN.25	
4	QN.12	QN.09; QN.18; QN.20; QN.26	QN.08; QN.22;	
3			QN.21	
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Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Supporting providers to ensure provision of high quality, safe services	Michelle Carrington	<ul style="list-style-type: none"> <li>To establish proportionate approaches to seeking assurance regarding quality and safety, and supporting providers in quality improvement.</li> <li>Work with TEWV and with the NHSE Led Quality Board to ensure CQC compliant actions are undertaken to ensure safe care.</li> <li>Work with TEWV to improve patient safety systems and processes,</li> <li>Transition to new NHSE/I governance arrangements and review of QSGs</li> <li>Continue to work with YSTHFT to improve patient safety systems and processes, including IPC, building upon collaborative approach established between CCG and Trust Patient safety / Governance Team.</li> <li>Build connections with CCG Primary Care Team to strengthen approaches to quality &amp; safety particularly around Enhanced offer to Care Homes and review of Local Enhanced Services</li> <li>Working collaboratively with LA and health partners to improve and sustain services for children and young people with Special Educational Needs / Disabilities. (SEND) and ensure we meet our statutory responsibilities.</li> </ul>	Increased
Supporting independent providers /Care Homes through covid to prevent suffering and deaths	Michelle Carrington	<ul style="list-style-type: none"> <li>Working alongside Local Authorities provide direct support to care homes, independent providers and supported living to ensure homes are up to date with current IPC / covid procedures to maintain safety of residents and staff.</li> <li><b>Regular</b> calls with LA, Public Health as part of the Care Home Resilience Gold Call for strategic overview and decision making to ascertain any care homes requiring testing and any priority areas for delivery of training, support and assurance visits.</li> <li>Facilitate root cause analysis of any Covid outbreaks/ cases to understand weak areas or lessons learned to inform changes to practice and future prevention.</li> <li>Work with system partners to build upon the enhanced offer to care homes including from primary care and community services</li> <li>Support primary care to deliver the covid vaccination booster program and seasonal flu vaccination program to care home residents and social care staff.</li> <li><b>Collaboration with NYCC Quality Improvement &amp; Assurance Team to strengthen offer/ sustain independent care</b></li> </ul>	Increased
To protect vulnerable people and health and care services from the impacts of flu and COVID	Michelle Carrington	<ul style="list-style-type: none"> <li><b>Delivery of Spring covid booster to vulnerable / care homes in final stages.</b></li> <li><b>Continue to work with Public Health and local system partners to plan for Autumn Flu and Covid vaccination program to cohorts in line with JCVI guidance and ensure any disadvantaged / highly vulnerable groups are enabled to be vaccinated</b></li> </ul>	Stable

Support the wellbeing of our staff and manage and develop the talent of those staff

Current Priority	Exec Lead	Actions	Direction of risk travel
NHS People Plan actions	Michelle Carrington	NHS People Plan has been released and the CCG has identified & <b>completed</b> actions that it needed to undertake which have been approved by the Remuneration Committee and the Governing Body.	Stable
Staff welfare conversations and new approach to talent management appraisals	Michelle Carrington	Well-being conversations have been undertaken and progression underway for Talent Management Appraisals.  Roll out of REACT MH conversation training <b>completed</b> in line with the new Organisational Development Offer	Stable
Ensure staff are supported through transition to new ICS arrangements	Michelle Carrington	Very regular dialogue with staff at Time to Talk sessions Actively connect with Staff Engagement Group to ensure the voice of staff is heard and acted on. Joint SEG between NY & VoY CCG to ensure consistency of communications & joint ideas. Ensure staff have regular 1:1s which are documented and focussed on providing support and enabling confidence during the transition Ensure staff have annual appraisals in the next 6 months to determine support and development during transition and beyond into the new arrangements Ensure any opportunities for functions and roles in place, geographical partnership and ICS are transparent and open to our existing people in line with the people principles <b>Detailed functional analysis being undertaken to progress ambition and associated resources for York Health and Care Alliance</b> <b>ICS consultation starting for Board members affected by the changes and there are significant concerns over the way in which the process is having a detrimental affect on the wellbeing of those staff.</b>	<b>Stable</b>

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	Likelihood				

Work with partners to tackle health inequalities and improve population health in the Vale of York

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Likelihood

Impact

Current Priority	Exec Lead	Actions	Direction of risk travel
Support the embedding of a prevention agenda across all areas of the CCG's work in line with the national focus on CORE20PLUS5	Steph Porter (Peter Roderick leading)	<p>Key areas of work include:</p> <ul style="list-style-type: none"> <li>- BP@Home programme to tackle unmanaged hypertension, delivered 1000 monitors to practices in VOY area</li> <li>- Pulse oximeters for COVID +ve patients</li> <li>- Supporting work of YHCC including prevention workstream focussing on alcohol, smoking and obesity</li> <li>- Supporting work of Vale System Partners including population health approaches to hypertension and obesity</li> <li>- Work on tackling vaccine inequalities including outreach clinics through YMG, engagement with marginalised communities and faith groups</li> <li>- SHaR PCN completion of the inclusion health tool</li> <li>- Continued promotion of the primary care prevention services: Digital Weight Management Programme, Cardiovascular Disease Prevention</li> <li>- Supporting YSTHFT in implementing the NHS LTP commitment on Tobacco treatment in acute settings</li> </ul>	Stable
Develop a population health management approach across the CCG area	Steph Porter (Peter Roderick leading)	<ul style="list-style-type: none"> <li>- Through the York Health and Care Alliance, a Population Health Hub has been launched, focussing population health management tools on priorities for the York system including Diabetes/Obesity, Learning disabilities and autism, and complex packages of care</li> <li>- In North Yorkshire area, a similar approach to PHM is being taken through NYCCG and NYCC</li> <li>- Developing with HCV partners a 'Waiting well programme' including the prioritisation of P4 patients waiting for procedure and the provision of a care and support offer while waiting for surgery. RAIDR dashboard launched and pilot in York partnering with Nimbuscare and the Community SPA</li> </ul>	Stable
		<ul style="list-style-type: none"> <li>- In North Yorkshire area, a similar approach to PHM is being taken through NYCCG and NYCC</li> <li>- Developing with HCV partners a 'Waiting well programme' including the prioritisation of P4 patients waiting for procedure and the provision of a care and support offer while waiting for surgery</li> </ul>	

# Risk Appetite

## **Safety Risks**

The CCG has a moderate appetite for risk relating to safety. This will cut across a number of areas including where constitutional targets not being met puts patient safety at risk as well as the commissioning of safe services. The CCG must understand the impact of decisions on patients and the safe delivery of services must be the paramount consideration of the organisation.

## **Compliance Risks**

The CCG has an open appetite for compliance risks except where these risk the safety of patients. The CCG understands that it is required to comply with its duties and obligations under legislation and the NHS constitution however the CCG is content that necessary plans are in place to address these as far as this is within the CCGs control. For this reason the CCG is content to accept a level of risk which is associated with a failure to comply with these requirements as steps are taken to address these.

Whilst this is the case the CCG is keen to ensure that where a failure to comply with a requirement directly impacts on patient safety, the CCG has a low appetite for these risks.

Information Governance Risks also fall under this heading.

## **Finance Risks**

Based on the last known pre-Covid-19 allocation the CCG would still be in a recurrent deficit position. The CCG therefore has an open risk appetite for financial risks. Broadly speaking this means that the CCG will tolerate a risk of financial loss of between £100,001 and £1,000,000 however this is dependent upon the circumstances. For example where this is unplanned expenditure that ought to have been anticipated had proper horizon scanning or risk management been undertaken this is less tolerable than a change in system position etc.

The Governing Body also views loss as a situation where a projected saving is not going to be delivered and this should be assessed in the same way.

## **Service Delivery Risks**

The CCG is moderate to risk to service delivery. This is the case whether service delivery is put at risk as a result of financial challenges, recruitment challenges or planned staffing changes. The impact of the failure to deliver a service should also be described.

Whilst the CCG has a moderate to open tolerance of risk generally where there are risks which cut across a number of categories and may fall into a more tolerant category (for example compliance risks); where these are also related to patient safety they should be reported through the relevant committee; a safety risk will take priority over a compliance risk.

<b>Item Number: 8</b>	
<b>Name of Presenter: Phil Mettam</b>	
<b>Meeting of the Governing Body</b>  <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title: Accountable Officer Assurance for the Humber and North Yorkshire Integrated Care Board</b>	
<b>Purpose of Report To Receive</b>	
<b>Reason for Report</b>  The attached letter, ratified by the Audit Committee on 31 May 2022, provides assurance that NHS Vale of York CCG has followed a robust due diligence process to prepare for close down and for the safe transfer of staff and property (in its widest sense) to Humber and North Yorkshire Integrated Care Board on 1 July 2022.	
<b>Strategic Priority Links</b>  <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>  Not Applicable
<b>Emerging Risks</b>  Not Applicable	

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified. Not applicable

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

**Risks/Issues identified from impact assessments:** Not applicable

**Recommendations**

Governing Body is asked to receive the Accountable Officer assurance for the Humber and North Yorkshire Integrated Care Board.

**Decision Requested (for Decision Log)**

Accountable Officer assurance for the Humber and North Yorkshire Integrated Care Board received.

**Responsible Executive Director and Title**

Phil Mettam  
Accountable Officer

**Report Author and Title**

Phil Mettam  
Accountable Officer

Ref: PM/AC-ms

West Offices  
Station Rise  
York  
Y01 6GA

Stephen Eames  
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*By email*

31 May 2022

Dear Stephen

I am writing to provide assurance that NHS Vale of York CCG has followed a robust due diligence process to prepare for close down and for the safe transfer of staff and property (in its widest sense) to Humber and North Yorkshire ICB on 1 July 2022.

This confirmation is based on my review of relevant documentation and the assurances that I have received from my senior team, internal auditors and audit committees via their audit chairs. Specifically, I have drawn suitable assurance from the following actions:

- Humber And North Yorkshire Transition Programme due diligence baseline assessment and subsequent updates
- Cross-CCG workstream programmes focussed on delivering collaborative due diligence activities
- Appraisal of the remaining due diligence outstanding actions that have a legitimate basis for not being completed at the time of writing but will be completed by 1 July 2022
- Audit committee oversight and receipt, via audit chairs, of suitable assurance on programme management processes, key risks and evidence
- Positive assurance from the internal auditor's review of the due diligence processes undertaken by the CCGs

Our preparations have taken account of the NHSEI ICS implementation guidance: *'Due diligence, transfer of people and property from CCGs to ICBs and CCG close down'* and the accompanying due diligence checklist which covers all aspects of current operations including people, quality, finance, governance and commissioning.

The CCG has undertaken all the essential actions necessary prior to close down. Where there are other outstanding matters which cannot legitimately be actioned prior to 1 July 2022, for example, the closure of legacy bank accounts, these are clearly documented and form a central part of the ongoing readiness to operate and "future state" programmes of work being undertaken in conjunction with the ICB.

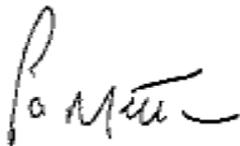
I would also highlight the following specific actions in particular:

- A final version of the CCG's risk registers will be updated prior to 1 July 2022 to enable these to be clearly articulated to the ICB as the successor body.
- Staff lists have been prepared in line with tab 2.2 of the NHSEI due diligence checklist and have been appropriately processed in accordance with information governance requirements. They will be kept up to date for 1 July 2022.
- Records of CCG property (tangible and intangible assets, including contracts, rights and liabilities) are in good order and will provide the relevant teams in the ICB with a clear baseline position for 1 July 2022.

It is understood that the Staff, Property, Rights and Liabilities Transfer Scheme to be made by the NHS Commissioning Board (NHS England) will give legal effect to the transfer of staff and property from the CCGs to the ICB on 1 July 2022.

To conclude, I trust that the above provides suitable assurance with regards to the completion of the due diligence actions required of the CCG however please do not hesitate to contact me should you have any queries.

Yours sincerely,



**Phil Mettam**  
Accountable Officer  
NHS Vale of York CCG

cc: Richard Barker

<b>Item Number: 9</b>	
<b>Name of Presenter: Simon Bell</b>	
<b>Meeting of the Governing Body</b> <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title: Annual Report and Accounts 2021/22</b>	
<b>Purpose of Report To Ratify</b>	
<b>Reason for Report</b>  The Annual Report and Accounts (circulated separately) have been approved by the Audit Committee on 31 May 2022.  The CCG's external auditors' Annual Audit Letter is also circulated separately.	
<b>Strategic Priority Links</b>  <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>  Not Applicable
<b>Emerging Risks</b>  Not Applicable	

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified. Not applicable

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

**Risks/Issues identified from impact assessments:** Not applicable

**Recommendations**

Not applicable.

**Decision Requested (for Decision Log)**

The Governing Body is asked to ratify the Annual Report and Accounts 2021/22.

**Responsible Executive Director and Title**

Simon Bell, Chief Finance Officer

**Report Author and Title**

Caroline Goldsmith, Acting Head of Finance  
Chris Park, Financial Accountant  
Helena Nowell, Planning and Assurance Manager

<b>Item Number: 11</b>	
<b>Name of Presenter: Jacqui Hourigan</b>	
<b>Meeting of the Governing Body</b>  <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title: Safeguarding Children and Children in Care Annual Report 2021/22</b>	
<b>Purpose of Report To Receive</b>	
<b>Reason for Report</b>  The North Yorkshire and York CCGs Safeguarding Children and Looked After Children Annual Report for 2021 / 22 summarises the Designated Professional Team's key achievements and challenges over the past twelve months.	
<b>Strategic Priority Links</b>  <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>  Not Applicable
<b>Emerging Risks</b>  Not Applicable	

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified. Not applicable

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

**Risks/Issues identified from impact assessments:** Not applicable

**Recommendations**

Governing Body is asked to receive the Safeguarding Children and Children in Care Annual Report 2021/22.

**Decision Requested (for Decision Log)**

Governing Body received the Safeguarding Children and Children in Care Annual Report 2021/22.

**Responsible Executive Director and Title**

Michelle Carrington  
Executive Director of Quality and Nursing / Chief Nurse

**Report Author and Title**

Designated Professionals Team

# SAFEGUARDING CHILDREN AND CHILDREN IN CARE ANNUAL REPORT 2021 - 2022



North Yorkshire CCG and Vale of York CCG

# Contents

1. Introduction
2. Safeguarding Children: Achievements, Challenges and Priorities
3. Children in Care: Achievements, Challenges and Priorities
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5. Summary and References

Welcome to the North Yorkshire and York CCGs Safeguarding and Looked After Children Annual Report for 2021 – 22 – our tenth report to CCGs and partners, and our final report as a CCG Safeguarding Children Team. This report summarises the team's key achievements and challenges over the past twelve months.

The significant challenges of Covid and its impact on children and young people remained with us, and the year was characterised by a gradual re-setting of some – but not all - safeguarding processes. The change to virtual working during the pandemic has been found to be beneficial in supporting attendance at multi-agency meetings, reducing the time and cost of travelling across the county, and has now been adopted as a mainstream approach for child protection strategy meetings, some conferences, Partnership Executives and various task and finish groups. At the same time, direct face-to-face working with children and families by health and partner agencies has increased, providing much needed support for families dealing with challenging circumstances.

We continue to see children and young people experiencing emotional and mental health problems, and the numbers of very complex young people in need of support and additional services is significant, requiring joined-up, creative responses across agencies. Thankfully, over the past year, the number of serious physical abuse cases has dropped to pre-pandemic levels.

Along with Designated Nurse colleagues in Humber and East Riding, we have developed proposals for safeguarding structures and governance processes in preparation for transition to the new NHS architecture in July. These proposals have been accepted by the ICB and a transitional lead appointed to support and lead this process.

There is much change on the horizon – the move to an Integrated Health System, changes in local government arrangements in North Yorkshire, changes in senior leadership roles across both local authorities, major changes proposed in the Care Review<sup>1</sup>, and learning to be absorbed in the aftermath of the deaths of Arthur Lebinjo-Hughes and Star Hobson. Legislative and practice reform will shape the safeguarding and children in care agendas over the next few years, meaning that the system leadership role of the Designated Professionals will be increasingly pivotal to ensuring our children and young people enjoy a safe and happy childhood.

The Designated Professionals Team



# SAFEGUARDING CHILDREN

*'All child protection practice requires confidence, capability and the use of expert authority to make decisions about children's lives, recognising that these will have enduring and life shaping consequences.'* (Child Safeguarding Review Panel, 2022; p.8)<sup>2</sup>

## Achievements

Development of multi-agency safe sleeping campaign in response to national report 'Out of Routine: a Review of SUDI in Families with Children at Risk'<sup>3</sup>, local child safeguarding practice reviews and findings from NY and CoY CDOP audit

Delivery of first Safeguarding Conference for Defence Primary Healthcare staff in North of England and Scotland

Contributed to revised practice guidance around FGM, Perplexing Presentations, Child Protection Medical Assessments

Led on development of escalation pathway for management of young people awaiting specialist CAMHS in-patient resource

Establishment of new Specialist Safeguarding Children role specifically in relation to health representation at Initial Child Protection Conferences

Led on LSCP sub-group work, including case reviews, audit, and practice development

Contribution to National Referral Mechanism pilot across NYY for young people who are victims of modern slavery

Development of Primary Care Domestic Abuse Policy

## Challenges

Significant increase in activity around MARACs – additional pressure on admin support team

Significant increase in numbers of children and young people considered to be at risk of exploitation and subsequent activity around case management and flagging on electronic records

More young people presenting to services with highly complex behaviours and mental health issues requiring specialist in-patient CAMHS provision at time when demand for this provision is under increased pressure nationally

Operational pressures within provider organisations and the need to keep safeguarding children and the needs of children in care as priorities

Health system contribution to CoY Multi-Agency Safeguarding Hub (MASH) and NY Multi-Agency Screening Team (MAST)

Supporting wider safeguarding system to understand and mitigate against the potential risks associated with the revised Healthy Child Service offer in NY

Working to establish robust multi-agency relationships following interim changes in strategic

## Priorities

Revision of local single and multi-agency procedures in line with expected new statutory guidance when published

Preparation for anticipated single and multi-agency inspections

Securing adequate health resource in the NY MAST and support for information sharing in CoY MASH

Continuing to support safeguarding practitioners to minimise the impact of vicarious trauma and burnout through supervision processes and system leadership

Delivery of Level 4 Safeguarding Conference for provider specialist safeguarding practitioners

Development of effective working arrangements with new strategic partners in City of York

Revision of multi-agency arrangements for children and young people considered to be at risk of exploitation

Work with strategic partners to strengthen engagement with fathers

Management of patient access to GP records from a safeguarding perspective

# CHILDREN IN CARE

*Five ambitious missions are needed so that care experienced people secure: loving relationships; quality education; a decent home; fulfilling work and good health as the foundations for a good life.' (Care Review, 2022 p:1)<sup>1</sup>*

## Achievements

Re-establishing processes for ensuring that health summaries are provided to children and young people leaving care in NY and City of York

Revision of arrangements for children and young people in care in NY to receive a health passport for the duration of their care experience

Supporting establishment of flexible dental commissioning arrangements such that children and young people can have their dental health needs appropriately assessed and met

Agreement secured in respect of revised Service Specification for Specialist Nursing Team for LAC

Review and agreement of NYY commissioning arrangements for children in care health assessments in accordance with statutory guidance

Mapping of arrangements for children placed in NYY from other local authority areas and children from NYY placed in out of area placements

Working with providers to strengthen local arrangements for reporting against children in care KPIs

## Challenges

Ensuring that children and young people in care receive Initial Health Assessments in line with timescales described in statutory guidance

Supporting the establishment of the new Safeguarding/LAC Pillar of the Healthy Child Service in NY

Strengthening multi-agency oversight of arrangements for children who are looked after

Multi-agency support for young people with highly complex mental and emotional health needs

## Priorities

Work with local authorities to improve timeliness of requests for health assessments for children who have been received into care in accordance with statutory guidance

Work with relevant health providers to drive improvement in timeliness of Initial Health Assessments for children in care, particularly in Scarborough locality

Agreeing new pathways for health assessments for children attending Friarage Hospital in Northallerton

Supporting quality of statutory Initial and Review Health Assessments to ensure that children and young people have their health plans implemented and reviewed

Reviewing arrangements for delivery of health passports in City of York

Agreed processes across the ICB for payment of health assessments for children placed in NYY, and children from NYY placed out of area

Work with partners to consider implementation of the recommendations for children in care and care leavers arising from the Care Review 2022<sup>1</sup>



# HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

*'ICBs should support joint working around responsibilities such as safeguarding through new and existing partnership arrangements; and health and care strategies and governance should account for the needs of children and young people' (NHS E & NHS I, 2021)<sup>4</sup>*

## Achievements

Proposals for safeguarding arrangements in ICB agreed by Board

Establishment of transitional safeguarding lead role across the ICB

Regular ICB Designated Professionals Network meetings and development of associated strategic plan

Implementation of external restorative supervision offer for all Designated Professionals

Agreement of nominated leads for specific subject areas

Delivery of assurance report to all Safeguarding Children Partnerships across the ICB area

Mapping of MASH/MAST arrangements across the ICB following publication of Solihull JTAI report<sup>5</sup>

Establishment of ICB Looked After Children Designated Professionals Group

## Challenges

Continuing to work across multiple systems (Humber and North Yorkshire, West Yorkshire and Harrogate, North East and North Cumbria, Lancashire and South Cumbria) to support and influence developments critical to safeguarding and Children in Care practice

Fully integrating safeguarding and children in care to the North Yorkshire and Humber ICB governance structures in accordance with anticipated statutory guidance revision

Aligning safeguarding systems and processes across the ICB whilst retaining primacy of place for safeguarding and children in care strategic and operational activity

## Priorities

Implementation of project to share relevant safeguarding information about fathers of unborn infants (the 'SIRS' project)

Engaging with new provider collaboratives

Establishing clear lines of accountability and escalation within the ICB for safeguarding and children in care

Delivery of ICB Designated Professionals Strategic Plan



**Humber and  
North Yorkshire  
Integrated Care Board (ICB)**

## Summary and moving forward

Throughout the past ten years during which this team has served the CCGs of North Yorkshire and Vale of York, the work of safeguarding vulnerable children and supporting children in care has grown, developed, and responded to many new challenges.

The Designated Professionals Team has been consistently well-supported by CCG leadership, which reflects the organisational commitment to the safety and welfare of children and young people in our communities.

Working with colleagues across the ICB and our partner agencies, the team will continue to ensure that safeguarding children and children in care remains a priority as we move to a new NHS architecture and respond to the significant challenges emerging from the Care Review<sup>1</sup> and the report by the National Panel<sup>2</sup>.

**If you would like any additional information or detail in relation to this report, please email the team at:**

[nyccg.safeguarding-adminteam@nhs.net](mailto:nyccg.safeguarding-adminteam@nhs.net)

## References

<sup>1</sup>**MacAlister J.** 'The Independent Review of Children's Social Care (May 2022) Accessible at:  
<https://www.gov.uk/government/groups/independent-review-of-childrens-social-care>

<sup>2</sup>**The Child Safeguarding Review Panel** 'Child Protection in England' (May 2022) Accessible at:  
<https://www.gov.uk/government/publications/national-review-into-the-murders-of-arthur-labinjo-hughes-and-star-hobson>

<sup>3</sup>**The Child Safeguarding Review Panel** ' Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm' (July 2020) Accessible at:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/901091/DfE\\_Death\\_in\\_infancy\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf)

<sup>4</sup>**NHS England and NHS Improvement** ' Integrated Care Systems: design framework' (2021) accessible at:  
<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>

## Report authors

Designated Professionals for Safeguarding Children, Children in Care, Child Deaths, and Safeguarding in Primary Care

<b>Item Number: 12</b>	
<b>Name of Presenter: Sheila Fletcher</b>	
<b>Meeting of the Governing Body</b>  <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title – Progress on a Dementia Strategy for York</b>	
<b>Purpose of Report</b> <i>(Select from list)</i> <b>For Information</b>	
<b>Reason for Report</b>  This report aims to brief members of the Governing Body on progress being made towards the publication of a Dementia Strategy for the City of York by Summer 2022.  The draft strategy framework is appended for information.	
<b>Strategic Priority Links</b> <input type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b> <input type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>
<b>Emerging Risks</b>  There is potential reputational risk to delays in the publication of a Dementia Strategy, as there has been significant public commitment to this for a significant length of time.	

## Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

## Risks/Issues identified from impact assessments:

An Equalities Impact Assessment is being undertaken to ensure that that the strategy complies with the law, by taking account of equality, human rights and socioeconomic disadvantage implications in the decisions made.

## Recommendations

It is recommended that work continues to ensure a final draft strategy which sets clear and achievable ambitions for the City of York to provide good support to its residents living with dementia, and their carers.

## Decision Requested (for Decision Log)

The Governing Body is asked to note the progress made and indicate their support for this recommendation.

Responsible Executive Director and Title	Report Author and Title
Denise Nightingale Executive Director of Mental Health Transformation and Complex Care	Sheila Fletcher Commissioning Manager, Mental Health and Vulnerable Adults

## Annexes

### Annex A: Draft York Dementia Strategy Framework

## **1. PURPOSE OF THE REPORT**

This report aims to brief members of the Governing Body on the progress being made towards the publication of a Dementia Strategy for the City of York by Summer 2022. The draft strategy framework is appended for information.

## **2. BACKGROUND**

The Health and Wellbeing Strategy 2017-2022 and the All- Age Mental Health Strategy 2018-2023 both confirm a commitment to being a Dementia Friendly City, with the latter specifically stipulating the need to develop a joint strategy for improving dementia diagnosis and support services.

Work has been underway prior to 2017 to develop a dementia strategy for the City of York and there has been significant engagement with people with both lived experience, carers, and families of people with dementia to understand the current environment and the ambition for dementia support in the future.

Engagement exercises have identified areas of practice in which more immediate solutions have either been identified or warranted, and thus over this period significant work has been, and continues to be undertaken, to develop the support on offer to people with dementia and their carers.

Recent examples of such developments include the commissioning of dementia coordinators and a specialist dementia nurse in primary care, and a dementia support service from Dementia Forward (including a Helpline, Dementia Support Advisors, wellbeing activities and young onset dementia support).

## **3. Main/Key Issues to be Considered**

A draft framework for the York Dementia Strategy 2022-2027 is available at Annex A. It follows a conventional format and focusses the ambitions for dementia support over the next five years within the stages of the National Dementia Well Pathway. Within each stage, the strategy highlights the current challenges and opportunities, as well as an agreement between stakeholders of what we believe good to look like for dementia support in the city.

The detailed information which will sit under the five pathway stages is not here for consideration. This content is currently under consultation with the key partners contributing to the Strategy, with a view to then consult with the York Dementia Collaborative before formal approvals are sought in the next 2 months.

## **4. Consultation**

The draft dementia strategy has been produced through a number of engagement events over the last few years. Most recently, the draft has been positioned within the annexed framework, and this version was shared with key stakeholders in the Dementia Strategy working group on 23 May 2022.

A briefing paper went to the Health and Well Being Board on 18 May 2022 and the Board approved the framework and intended timeframe for delivery.

## **5. STRATEGIC/OPERATIONAL PLANS**

The proposal for a York Dementia Strategy is a response to the Health and Wellbeing strategy 2017-2022 and the All-Age Mental Health Strategy 2018-2023. Ageing well and caring for people with dementia are both key priorities in The NHS Long Term Plan.

It is anticipated that the dementia strategy will be reflected in the refreshed Health and Wellbeing Strategy and within the Health and Care Alliance prospectus.

A dementia strategy is being developed by the Humber and Vale Integrated Care System's Dementia Steering Group. The intention is for this strategy to consider quality issues and associated costs within each stage of the dementia pathway, with some focus on improving dementia diagnosis rates, staffing and workforce issues, non-essential hospital admissions and appropriateness of current residential care provision for people with complex needs relating to dementia. The main purpose of the ICS Strategy is to bring a commitment to consistency of support services across the ICS footprint. It is suggested that such a strategy will dovetail with the dementia strategy for York.

## **6. DELIVERY PLAN**

The strategy will be a 'living document,' and will be complimented by a detailed delivery plan. Each partners' organisation will formally agree to supporting the commitments outlined in the strategy and to defining clear outcomes against which the success of the strategy can be measured. The existing workstreams and projects will be reviewed to ensure they have dedicated leadership to drive through the delivery plan.

We will continue to involve and engage people living with dementia and their families throughout the life of the strategy to ensure that the voice of lived experience remains central, helps measure the impact of the strategy, provides transparency on progress, and continues to listen to and meet their needs.

## **7. RECOMMENDATIONS**

It is recommended that work continues to ensure a final draft strategy which sets clear and achievable ambitions for the City of York to provide good support to its residents living with dementia, and their carers.

The Governing Body is asked to note the progress made and indicate their support for this recommendation.

# York Dementia Strategy

2022-2027



## Foreword

To be written by Denise Nightingale and Jamaila Hussain. To reference:

- Priorities determined by the former Dementia Action Alliance – now the York Dementia Collaborative
- The York Minds and Voices strategy
- Our aspirations as a City to be Dementia Friendly, with a clear focus on tackling inequality and making sure no-one is left behind following the disproportionate impact the Covid-19 pandemic has had on people with dementia and their carers (identified in the Alzheimer's Society [report](#), September 2020).
- The priorities of the new York Health and Care Alliance
- The key role that people living with dementia have played in drafting the strategy, with acknowledgment of the contributions from:
  - Age UK and the Alzheimer's Society
  - The Ways to Wellbeing Service Social prescribers
  - York Hospital
  - New Earswick Folk Hall
  - Local support groups for people with dementia and their carers, including Deans Garden Centre Carers Group, Clements' Hall, York Minds and Voices and Beetle Bank Farm
  - Dementia Forward
- Gratitude to the Alzheimer's Society for their 2021 profile report which is referenced throughout
- The pivotal role of the Action Plan in demonstrating our progress towards our aspirations

**Jamaila Hussain,**  
Dementia Lead,  
Corporate Director of Adult Social Care and Integration,  
City of York Council

**Denise Nightingale,**  
Director of Mental Health Transformation, and complex care  
Vale of York CCG

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About the strategy

Our Vision

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The Dementia Pathway in York

Preventing Well: The risk of dementia is minimised

Living Well: I can live normally in a safe and accepting community, with post diagnostic support available when I need it

Diagnosing Well: timely, accurate diagnosis, care plan and review within the first year

Supporting Well: Safe high-quality health & social care for people with dementia and carers

Dying Well: To die with dignity in the place of your choosing

## About the Strategy

This is a Dementia Strategy for the City of York, and a priority of the [York Health and Well Being Board](#). Its intended audience is the citizens of York, people leading local health and social care organisations and the health and care workforce, and community, voluntary and social enterprise organisations – in short everyone involved in the experience of both drawing on and offering support for people with dementia.

We recognise that the participation and contribution from people with dementia and their families and carers is vital in designing and improving dementia care and support. The York Dementia Collaborative has had a key role in ensuring voices are heard, and through their knowledge and experience, they will continue to actively influence service development and provision, particularly highlighting gaps in services which lead to poor outcomes for people.

There are different levels of accountability for the Strategy's delivery, but it provides the framework within which local services can deliver quality joined-up improvements to dementia services, address health inequalities, and realise a shared vision for dementia support in York.

The strategy has been developed in collaboration with City of York Council, the Vale of York CCG, Healthwatch York, community and voluntary providers and the Dementia Collaborative. Through face to face conversations, online surveys and focus groups with people who have experience of living with dementia in York, and with those staff and organisations who have learned experience of the opportunities and challenges this creates, we have been able to better understand how York can become a better place to live, with better quality services for people with dementia and their carers.

This strategy is a living document, which we hope will make a real and positive impact for people in the City. It is complimented by a detailed Delivery Plan, which considers the tasks required to reach our ambitions. As the Delivery Plan is a working document, it is available for anyone to see on request.

### Our Vision

Our vision is to make sure that people with dementia, their families and carers, are supported to live life to their full potential. We want the people of York to be able to say:

- I live in a dementia friendly community
- I know who/where to turn to for information, advice and support
- I know I have access to a timely and accurate diagnosis, delivered in an appropriate way
- I can live a life of my own
- I have access to the right support that enables me to live well at home for as long as possible
- My voice is heard and makes a difference
- I know that when the time comes, I can die with dignity, in the place of my choice

## National Context

An estimated 675,000 people in England have dementia, the majority of whom are over 65 and [have underlying health conditions](#). They are supported by a similar number of carers, many of whom are older people themselves. It is estimated that a quarter of people in acute hospitals and three quarters of the residents of care homes have dementia; yet 200,000 people with moderate and severe dementia do not get any kind of funded or professional support (Health and Social Care Committee's 7<sup>th</sup> report 2021-22). The number of people living with dementia in the UK is set to rise to 1.6 million by 2040.

Dementia is not a natural part of growing old and, although dementia is more common in people over the age of 65, the condition can also be found in younger people. When a person develops dementia before the age of 65, this is known as 'young-onset dementia.'

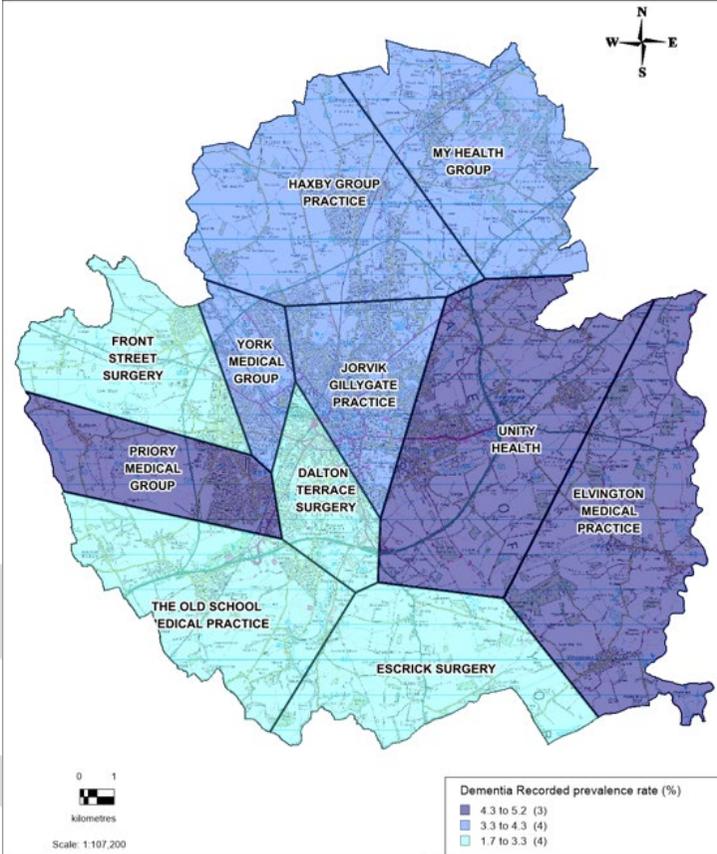
As the number of people living with dementia, and the complexity of their situation steadily increases, the government and NHS England have pledged to make improvements to dementia care a key priority. The scale and the need to prevent, diagnose, support, live and die well with dementia will only become greater (Alzheimer's Society, 2021).

[The NHS Five Year Forward View](#) and the [Prime Minister's challenge on Dementia](#) 2020 set out a clear rationale for providing a consistent standard of support for people with dementia and their family and carers. The [Well Pathway for Dementia](#) has five elements based on the themes outlined in the Prime Minister's Challenge - they reflect the breadth of the experience of people with dementia, their families, and carers, from prevention to end of life care.

Ageing well and caring for people with dementia are both key priorities in [The NHS Long Term Plan](#). The Plan focuses on the need for people to be helped to stay well and to have control over their support, using tools such as personal health budgets and assistive technology. It also calls for a transformed workforce with a more varied and richer skill mix, integration between health and social care, and the expansion of service models such as Anticipatory Care (advanced care planning), Enhanced Health in Care Homes, and Urgent Community Response Teams. The aim of these initiatives is to ensure that everyone receives the right care, in the right place, at the right time.

## Local Context

Dementia Recorded prevalence rate (%) for GP in York shown as polygon areas at Aug 2021



Produced by  
Business Intelligence Hub

Created 29/04/2022

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Ordnance Survey 100020818



There are an estimated **2,812 people over 65 living with dementia** in York<sup>2</sup>

**1 in 20 people over 60, & 1 in 5 people over 80** has a form of Dementia



The dementia **diagnosis rate for York is 54.6%** - the average for England is 61.7%<sup>1</sup>



It is estimated that **2/3 of people with dementia in York are living in the community, whilst 1/3 are living in care** <sup>2</sup>



Currently there are **15,006 people under the age of 65 living with dementia** in England<sup>7</sup>



The value of dementia support provided by **unpaid carers in York is £71.3m**<sup>3</sup>



**3,860 people will be living with dementia in York by 2030**<sup>3</sup>



By 2030, it is estimated that there will be **2,483 of people living with severe dementia** in York<sup>4</sup>



In York, **56.7% of carers** spend 100 hours or more per week providing care<sup>16</sup>



It is predicted that the cost of dementia care in York by 2030 **will be £171m**<sup>6</sup>



Currently, the annual cost of dementia care in York **is £108m**<sup>5</sup>



In York, **60% of carers reported feeling stress or anxiety**<sup>21</sup>



**34.5% of all carers** reported caring for someone living with dementia in York<sup>17</sup>

<sup>1</sup> NHS Digital Feb 2022

<sup>2</sup> NHS Digital Feb 2022

<sup>3</sup> Alzheimer's Society York Profile 2021 (NB 'severe dementia' refers to the later stages where there is a growing impact on movement and physical capabilities)

## Age Friendly, Dementia Friendly City

We recognise that it is important to support people living with dementia to live the life they choose and to feel included in the community. Through the dementia-friendly communities programme, organisations in York have agreed to try to make the city 'dementia friendly', making it a good place to live for people with dementia and their carers. York's Dementia Friendly Communities programme is working to improve four key areas in the City:

- **Improving our place:** Making York as easy as possible to move around and enjoy, with uncluttered and clear signage, and making public transport and facilities comfortable, easy to use and accessible. York already has many assets in terms of leisure, cultural and spiritual resources, which we can enable and encourage people with dementia to enjoy.
- **Improving our people:** With training for staff who provide key services in the wider community, such as in banks, libraries and shops, we can improve customer service and 'understanding of needs', and remove stigma.
- **Improving resources:** Using the 'dementia friendly' forget-me-not symbol to denote dementia-friendly services and venues (theatres, cinemas, cafes) we can support businesses to become dementia-friendly and recognise such credentials. We can consider the needs of people with dementia when developing all services, not just health and care services.
- **Improving networks:** By encouraging people with dementia and carers to network and share experience and creating a York Dementia Action Alliance, partners can commit to action within their own organisations and support this movement, building a sense of corporate responsibility across all sectors.

## The Dementia Pathway in York

A dementia pathway will begin at the point that someone becomes aware of changes to their memory, or other symptoms associated with dementia, and will progress through diagnosis, post-diagnosis support, living well with dementia, and eventually end of life care (Alzheimer's Society, 2021). The national Dementia Pathway describes how support should 'wrap around' a person when they need it and is dependent upon how much they need at each point in time- sometimes close and intense, and sometimes more distant, but there if and when required.

In York, we recognise that we have work to do in each section of the pathway, and we have used the 5 recognised steps to illustrate our strategy to provide better support for those living with Dementia in the City.



## Preventing Well

“The risk of people developing dementia is minimised”

### Current Challenges & Opportunities

- York has a larger than national average gap between actual and expected prevalence of dementia. Primary care have a challenge to proactively seek and assess people who may be at risk, and identify the condition as early as possible to ensure the right people get the right support at the right time.
- 10% of the York population has two or more long term health conditions and has a larger than national average between actual and expected prevalence in three big disease areas, diabetes, hypertension, and dementia.

### What ‘Good’ Would Look Like

- People live, work, and play in communities that promote health and wellbeing, and reduce social isolation
- Campaigns, such as ‘What’s good for your heart is good for your head’, are visible in the city to reduce the risk factors which can contribute to a third of dementia case (such as smoking, lack of physical activity, alcohol, and poor diet). Some campaigns are targeted on the basis of local public health data.
- We have a good uptake of NHS health checks for over 40/65s, and for people with learning disabilities (>75%), where dementia is discussed
- Information, advice, and guidance is available to enable people to make informed choices and potentially prevent, delay, or reduce the impact of dementia on their lives.
- People are connected to their community and to support through the Council’s Talking Points, Local Area Coordinators and Social Prescribing
- City of York Council and the CCG have a clear recovery plan to help people living with dementia and their carers to recover from the adverse effects of Covid-19

### Key Actions & Priorities



## Diagnosing Well

Timely accurate diagnosis, support plan and review within first year

## Current Challenges & Opportunities

- Our diagnosis rate (54.6%) is below the national average (61.7%) and the national target (66%). This means that there are significant numbers of people living in York with undiagnosed dementia
- There are significant numbers of people living in York with undiagnosed dementia and many people who feel unsupported following diagnosis. Many described having unanswered questions about the diagnosis, what will happen, the help available, the future, and relationships

## What 'Good' Would Look Like

- People receive a personalised diagnosis and pathway which is appropriate to their age and stage
- People know what to expect of the diagnostic process, and diagnoses are delivered in a compassionate way, using positive language and a message of hope.
- Organisations involved generally in care and support, are skilled in identifying the symptoms of dementia, and know what steps to take to support people to receive a diagnosis.
- Support is offered to people who have been discharged from hospital with delirium, to monitor their cognition and prevent deterioration

## Key Actions & Priorities



## Supporting Well

“Access to safe high-quality health and social care for people with dementia and carers”

### Current Challenges & Opportunities

- There is some fragmentation between services and support organisations
- Challenges within the care market around recruiting and retaining health and social care staff (particularly nurses)
- Limited availability of long-term specialist dementia care;
- Gaps in provision generally for people with young onset or alcohol related dementia

### What ‘Good’ Would Look Like

- Post- diagnostic support is provided to the person and they have choice in how they meet their outcomes.
- People are enabled to live at home through dementia friendly communities and tailored home support. Community spaces and formal building-based care and support is accessible and dementia-friendly.

### Key Actions & Priorities



# Living Well

“People with dementia can live normally in safe and accepting communities”

## Current Challenges

- The Alzheimer’s Society’s 2021 survey found that 13.9% of carers in York reported feeling socially isolated. Loneliness associated with social isolation can link with cognitive decline.
- York citizens have reported a need for improved way finding and signage in some public buildings
- There is a challenge to address the stigma associated with dementia and reduce the fear of diagnosis and social exclusion
- There can be a challenge to support people at home with dementia as their condition progresses; but equally a challenge for a person to leave their home and their familiar environment

## What ‘good’ would look like

- There are ongoing opportunities for people with dementia and carers to access support interventions, information and education following diagnosis, to help them to live in the way that is important to them for longer.
- The Council has a Market Position Statement which promotes collaborative approaches to delivery of services
- Our Carers’ strategy includes a specific focus on carers of people with dementia, detailing the support available to them, including access to evidence based interventions, psychological support, practical training, bereavement support, and vital breaks where needed.
- York is dementia friendly and safe for those living with dementia to live well and remain part of their community.

## Key Actions & Priorities



# Dying Well

“People with dementia die with dignity in the place of their choosing”

## Current Challenges & Opportunities

- Dementia is a terminal disability. The standardised rate of mortality for people living with dementia over age 65 in York is lower than the national average
- There is a challenge to ensure that people from all parts of society, and the most vulnerable, have the same opportunities to receive high quality care at the end of their life. This includes giving care home staff and carers the knowledge, skills and behaviours to deliver co-ordinated, compassionate and person-centred end of life care for people with dementia
- A lack of common discussion of matters around death and dying among the public means that the wishes of people with dementia, even on basic matters, are often unknown as they reach the end of their life. There is a challenge to increase the use of anticipatory care and the consideration of spiritual and emotional needs by the health and social care workforce

## What ‘good’ would look like

- Everyone has the chance to have the right support and setting at the end of life, and to be as comfortable as possible.
- All people living with dementia have the opportunity to discuss advance care plans at each stage of their pathway.
- There is support for people to die with dignity in a place of their choice
- Families and carers are provided with timely coordinated support before death, at the time of death and bereavement
- We have appropriate information, advice and guidance to enable people to make early and informed decisions around mental capacity, planning for the future and end of life care

## Key Actions & Priorities

<b>Item Number: 13</b>	
<b>Name of Presenter: Simon Bell</b>	
<b>Meeting of the Governing Body</b>  <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title – Financial Performance Report Month 2</b>	
<b>Purpose of Report For Information</b>	
<b>Reason for Report</b>	
To update members on the financial performance of the CCG as at the end of May 2022.	
<b>Strategic Priority Links</b>	
<input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
<b>Local Authority Area</b>	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>	<b>Risk Rating</b>
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
<b>Emerging Risks</b>	

### Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- |  |  |
|--|--|
| <input type="checkbox"/> Quality Impact Assessment         | <input checked="" type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment      |

### Risks/Issues identified from impact assessments:

### Recommendations

The Governing Body is asked to note the financial performance to date and the associated actions.

### Decision Requested (for Decision Log)

The Governing Body noted the report.

### Responsible Executive Director and Title

Simon Bell, Chief Finance Officer

### Report Author and Title

Matthew Bingham, Acting Deputy Head of Finance  
Caroline Goldsmith, Acting Head of Finance

# NHS Vale of York Clinical Commissioning Group Financial Performance Report

## ***Detailed Narrative***

Report produced: June 2022

Financial Period: April 2022 to May 2022 (Month 1-2)

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### **1. Summary of reported financial position**

At the end of May 2022, the CCG is reporting a £29k YTD overspend against plan. Allocations have been received for the first quarter of the year including the central ICB support to individual organisations including the Vale of York. However, as at Month 2 funding for investment in SDF transformational schemes has not yet been received. It is expected that this will be received in Month 3 in line with June's plan submission.

- The Independent Sector Providers (ISP) saw some increases due to old year pressures for example Nuffield old year adjustment came in above expectation pushing the YTD position (£108k) overspent against plan. While also seeing a benefit from Ramsey's old year adjustment resulting in a £44k underspend against Ramsey's plan.
- Continuing Health Care overall YTD position is (£72k) overspent against plan. Much of that overspend relates to an increase in demand on Fast Track and D2A. The CCG is now seeing a higher number of requests for night care which is over and above the capacity that our universal services can meet.
- Prescribing's YTD spend results in an £88k underspend against plan. 98k relates to an old year benefit, however Other Prescribing saw a (£10k) overspend driven by Anticoagulant drug old year costs.
- Running cost at the end of Month 2 is £98k underspent against plan. £62k of which relates to Pay and £35k relates to Non Pay. Due to a large number of vacancies, the CCG's running cost trajectory is forecasted to continue to underspend throughout the year.

## 2. Reported position

The position in the table below covers April (Month 1) and May (Month 2)

	2021-22 Position (£000)			Comments
	Ledger Position			
	Plan	Actual	Variance	
Acute Services	48,235	48,305	(70)	Old year pressure within Nuffield contract (£103k) and £44k old year benefit on Ramsay. (£34k) overspend on Spa Medica offset by 22k YTD underspend within RSS.
Mental Health Services	10,514	10,504	10	£10k underspend on Out of Contract Placements.
Community Services	5,651	5,699	(48)	(£34k) Overspend on Other Community IP due to Peppermill costs with no budget set. (£14k) overspend on LTCs.
Continuing Healthcare	5,963	6,035	(72)	(£90k) overspend in CHC due to increased demand on Fast Track and D2A. 14k underspend in CHC Clinical Team mostly due to leavers.
Other Services	3,166	3,223	(58)	(£60k) overspend within Other Services due to ICS recharge. £8k underspend on BFC due to St Leonards Hospice billing at old year value.
Prescribing	9,518	9,429	88	£98k underspend due to old year benefit. (£10) overspend YTD within other prescribing due to old year pressure on Anti-coag drug costs.
Primary Care	1,299	1,351	(52)	Overspend due to PMS premium budget sitting within delegated.
Primary Care Delegated Commissioning	9,219	9,137	82	Underspend on PMS premium £52k due to cost sitting in above line. £12k on reserves.
Running Costs	1,040	942	98	Pay - £62k underspend mostly down to vacancies within the CCG. Non Pay - £35k.
Unidentified QIPP	(65)	0	(65)	Q1 unidentified QIPP budget in plan off-set by underspends elsewhere.
Reserves	59	0	59	General reserves.
<b>2021-22 Financial Position</b>	<b>94,597</b>	<b>94,626</b>	<b>(29)</b>	

### 3. Forecast

At the end of May (Month 2) the CCG saw some old year pressures and some benefits within its position, this means that the CCG is forecasting a break-even position in line with plan for the first quarter.

### 4. Allocation

The table below shows the total allocation that has been received for the first quarter.

Qrt 1 Allocation Received	
Description	
ICB Programme Allocation	£125.423m
Primary Medical Care Services	£13.898m
Running costs	£1.574m
Health Inequalities Funding	£0.136m
COVID funding	£0.295m
Service Development Fund (SDF)	£0.568m
<b>Total Qrt 1 Allocation Received</b>	<b>£141.894m</b>

### 5. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as of 31<sup>st</sup> May 2022.

The CCG achieved the Better Payment Practice Code (BPPC) for NHS and non-NHS creditors for volume and value of invoices in April (Month 1) and in May (Month 2).

The CCG achieved its cash holding target in April (Month 1) and in May (Month 2).

**Chair's Report: Audit Committee**

Date of Meeting	17 March, 25 April and 31 May 2022
Chair	Phil Goatley

**Areas of note from the Committee Discussion**

*17 March*

- *Violence Prevention and Reduction Policy:* Audit Committee Members acknowledged that the risk to CCG staff was relatively low but nevertheless there were some front facing and/or community based staff for which it was real. Members approved the policy (subject to the acknowledged updating needed) and, in doing so, were keen to signal their strong support for the zero tolerance approach in the CCG on violence, aggression and discrimination towards all and any CCG staff.
- *Internal Audit Progress Report:* Audit Committee Members were very pleased to see in the report a picture of excellent levels of assurance being found in the CCG across Internal Audit's investigatory work. In particular the consistently high levels of assurance with systems for budgetary control and other key financial controls reflected very positively on the Director of Finance and his teams. Audit Committee Members agreed with the Internal Audit Plan for the last three months of the CCG being particularly focused on financial governance and corporate risk management arrangements and look forward to seeing the plan itself at the next meeting.
- *Internal Audit Recommendations Status Report:* Audit Committee Members gained significant assurance from a very positive across the board report about implementation of agreed audit recommendations. The Internal Audit Manager reported no concerns at all to the Committee.
- *Financial Year End Update:* Audit Committee Members ratified the 2021/22 year end approach and were very pleased that the CCG's own team will prepare the statutory accounts. In doing this, Audit Committee Members in particular:
  - Noted the multiple tight national submission deadlines
  - Accepted the draft accounting policies
  - Approved that the statutory accounts should be prepared on a "going concern" basis
  - Applauded the collaborative approach across all local CCG financial teams to support each other in the face of staff losses so that all sets of statutory accounts can still be produced

- *Month 10 2021/22 Financial Report:* Audit Committee Members in particular wanted the excellent turnaround of the inherited position to achieve a third year of predicted financial breakeven to be noted. This bears witness to the sustained high quality of financial and operational leadership and management in the CCG. This picture is also supported by the independent reporting by Internal Audit of excellent budgetary control being implemented across the CCG.
- *Board Assurance Framework:* Audit Committee Members noted that no changes had been necessary to the Board Assurance Framework and that this would be reported to the meeting of the CCG Governing Body on 31 March 2022.
- *Whistleblowing Arrangements:* The Committee was advised about the whistleblowing arrangements for the CCG with a helpful reminder of the overlap between HR processes and whistleblowing. The Governing Body needed to be reminded that lay members and GP representatives for the CCG should be familiar with CCG policies and where issues are raised these should be immediately highlighted through HR with legal support sought if required. This will avoid risk to the organisation through failure to follow policy and also ensure that staff are supported appropriately.

*25 April*

- Audit Committee Members were pleased to receive a very positive report from our internal auditors on the continuing high standards of governance and risk management found to be in place across the CCG. The Governing Body can take significant assurance from the fact that our internal auditors have issued for another year no audit reports that found limited assurance in any areas of the CCG examined.
- The Committee was also very encouraged to see that only a small number of audit recommendations and no significant recommendations remain outstanding or overdue. Further, whilst the number of overdue recommendations is small, the majority of these are also dependent on actions from other organisations, particularly North of England Commissioning Support (NECS) and NHS North Yorkshire CCG.
- The Internal Audit and Counter Fraud Plans covering the first quarter of the 2022/23 financial year were thought to be both reasonable and realistic and were approved by the Audit Committee. These plans provide continuing independent oversight and scrutiny of the CCG and its activities for its remaining life until 30 June 2022. The Governing Body and the incoming Integrated Care System (ICS) will be able to draw significant assurance from this work.
- Audit Committee Members discussed and approved the draft 2021/22 Annual Report and Accounts for the CCG. In doing so, the Audit Committee congratulated the Chief Finance Officer and his teams on maintaining their professional diligence and commitment to the CCG during what must be challenging and uncertain times. In particular, Audit Committee Members wished to extend their thanks and congratulations to Chris Park for his excellent work both in the production of the CCG's statutory Accounts and as the CCG's appointed Counter Fraud Champion as well as for his contribution across the CCG. In all of these areas, the results speak for themselves.

31 May

- Audit Committee Members were pleased to receive the Audit Yorkshire Annual Counter Fraud Report for 2021/22. This assessed the CCG against 13 NHS Counter Fraud Authority (NHSCFA) functional standards for Commissioners. In 2020/21 the CCG was rated overall as Amber with only half of the functional standards being fully met, though this was primarily due to the late publication of standards and supporting key documents by the NHSCFA themselves. In 2021/22 there has been a very significant improvement with an overall rating of 'Green' and all but one of the functional standards being fully met by the CCG. The one standard that has not been met focuses on the use of a new risk assessment methodology which is highly resource intensive and where the NHSCFA believe that it will take all NHS organisations between three and five years to achieve full compliance. A risk assessment has been completed however as in previous years. The key roles of Chris Park, CCG Counter Fraud Champion, and Rosie Dickinson in this must be acknowledged.
- The Committee was very encouraged to see that a high level of audit assurance had been gained when looking at the effectiveness of the CCG's clinical partnership working with the York and Scarborough Teaching Hospitals NHS Foundation Trust to review and reduce the backlog of patients that has resulted from the COVID-19 pandemic. Committee Members were also assured that Audit Yorkshire is working diligently and effectively to support the transition from current organisational structures to those under the new Integrated Care Board.
- Audit Committee was very pleased to receive the Internal Audit Annual Report and Head of Audit Opinion for 2021/22. This confirmed that the Internal Audit Plan comprising 120 days of audit activity across the CCG had been delivered as expected. Audit work was designed and delivered to comply with Public Sector Internal Audit Standards. It was very pleasing to see that the Head of Internal Audit Opinion based on the completed work was that significant assurance could be given that there are good systems of governance, risk management and internal control in place and applied consistently across the CCG. The highest level of assurance was awarded to the CCG's budgetary and financial control systems. One area, that of the quality of mental health discharges, was found to provide only limited assurance and this will be followed up during the current year with the incoming Integrated Care System.
- Audit Committee Members agreed to approve the sign off of the Accountable Officer Assurance Letter to the Integrated Care Board. This confirms that the CCG has been working through a due diligence process to hand over to the Integrated Care Board matters of concern and statutory practice.
- Audit Committee approved the final Annual Report and Accounts for 2021/22, having reviewed the draft documents and financial statements at the last Committee meeting. A relatively small number of minor, mainly presentational, changes had occurred. Committee Members received the external auditor's Audit Completion Report with the 2021/22 audit of the CCG having been substantially completed. The external auditor anticipated giving the CCG unqualified opinions on the statutory financial statements and regularity of the CCG's expenditure. The external auditor also did not think that any significant weaknesses in the CCG's arrangements to secure economy, efficiency and effectiveness in the use of resources had been

identified. The Chief Financial Officer and his team were congratulated on producing this critical suite of accountability documents to such a high standard during particularly challenging personal and professional times. The wider CCG team are also congratulated on achieving such a positive set of audit outcomes from a demonstrably independent scrutineer.

**Areas of escalation**

N/A

**Urgent Decisions Required/ Changes to the Forward Plan**

N/A



**Chair's Report: Executive Committee**

Date of Meeting	23 and 30 March, 6, 13 and 20 April, 4, 11, 18 and 25 May, 1 and 15 June 2022
Chair	Phil Mettam

**Areas of note from the Committee Discussion**

The Committee continues to balance a focus on the delivery of CCG statutory duties and the shaping of the transition to the emerging NHS structures in preparation for and following the Health and Care Bill's Royal Assent. This has included continuing the preparing of issues for discussion at CCG statutory committees, and also developing thinking on how to align CCG functions with the developing role of the Integrated Care System, the geographic partnerships across North Yorkshire and York, and at 'place'.

**Areas of escalation**

N/A

**Urgent Decisions Required/ Changes to the Forward Plan**

N/A



**Chair's Report: Finance and Performance Committee**

Date of Meeting	24 March, 28 April, 26 May and 23 June 2022
Chair	David Booker

**Areas of note from the Committee Discussion**

*24 March*

- The Committee commends all members of staff of Vale of York CCG for maintaining the highest standard of control and commitment despite the challenges of the transition to Integrated Care System status.
- The Committee reported that the Continuing Health Care team has exceeded the required standards of service, with consequent financial benefits, which is a notable achievement.

*28 April*

- The Lay Members reported that their approach to the Designate Chair of the Humber and North Yorkshire Integrated Care Board regarding staff support and transitional issues had, in their view, received a tardy and disappointing response.
- The Committee noted a serious level of anxiety regarding the lack of a clear operating model for contracting, procurement and a focus on the ongoing quality of clinical services, as it affects patients.
- The Humber and North Yorkshire Integrated Care Partnership Board needs to prioritise the collaborative provision of health services, alongside reorganisational issues, to ensure that the visible signs of risk of harm to the public are addressed. These include unacceptable waiting lists, trolley waits, ambulance handovers and the unprecedented pressures on primary care.

*26 May*

- The Committee is pleased to report the achievement of a balanced financial position, as evidenced by exemplary Audit opinion, to be inherited by the Integrated Care Board.
- The commitment and professionalism of the staff of the CCG, at all levels, is acknowledged and appreciated.

*23 June (minutes not available due to timing of meeting)*

- The Committee confirms that, within the usual parameters, the final business of the CCG is balanced, complete and as forecast.
- Strong Audit reporting also gives assurance that the CCG is regarded as a 'Going Concern' and is ready to be passed to Humber and North Yorkshire Integrated Care Board.

**Areas of escalation**

As described above.

**Urgent Decisions Required/ Changes to the Forward Plan**

N/A



**Chair's Report: Primary Care Commissioning Committee**

Date of Meeting	7 April and 16 June 2022
Chair	Julie Hastings

**Areas of note from the Committee Discussion**

*7 April*

- Concerns were raised around detrimental reports regarding the number of GP appointments being delivered despite our GP colleagues reporting increasing numbers of patients receiving medical advice and support utilising a mixture of appointment mediums (including face to face, telephone and online contacts). Currently NHS Digital is using the numbers logged in appointment books at the surgeries to monitor figures and produce their dashboard, however this is not capturing the full extent of patients receiving help as not all patient contacts are recorded in these appointment books. Colleagues at NECS (North of England Commissioning Support) are currently developing a dashboard using more sophisticated analysis to provide detailed information to help us map the type of appointment through to the clinician type, and a range of common presenting conditions, which will have the potential to enable us to have more insight into the work that is managed by our Practices, and current capacity and demand across the system.
- Vale of York CCG colleagues shared their complete presentation reflecting on how the Winter Access Fund monies were received by localities, echoing their own words described the process which enabled its success. Heartfelt thanks were expressed to NHS England and NHS Improvement for their substantial funding which PCNs and GPs reported had aided their survival through the winter months. An excellent piece of joint working, proof of the high trust and strong relationships across the system a successful initiative that will be shared across Humber, Coast and Vale. Historically the amount of money allocated towards alleviating winter pressures is never known in advance; it was suggested that it would be helpful to think about a "menu of options" for future Winter Access Funds going forward.
- The Committee discussed the OPEL reporting process which had initially taken a while to be seen as a positive. The Local Medical Committee were instrumental in working with us to make this work. Consequently, this reporting system has developed across the CCG over the past four years and despite initial concerns is recognised as a positive, maturing into a tool that has true value to the Practices that use it. Evidence has proved that it enables Practices and PCNs to share staff,

address patient safety issues and enables an agile response previously not available within Practices.

- Askham Bar continue to operate but at a reduced rate, vaccinations boosters are currently available for adults aged 75 years and over, residents in a care home for older adults, individuals aged 12 years and over who are immunosuppressed. There have been some issues within the vaccine supply chain which continues to cause a slight concern. Locally re-infection rates are 10% above the national rates. Workforce is still significantly affected impacting on services; to reassure additional resources are being put into place for the Easter Holidays and forthcoming Bank Holidays. We would ask all patients to please be reassured and aware of the continued use of infection control PPE in place in surgeries. Local figures indicate that around 45,000 people have still not taken up the offer of their first vaccination, but we continue to reassure that this offer is "evergreen".

*16 June*

- The Committee received the updated NHS Vale of York Primary Care Network report. All agreed that it made inspirational reading. The progress that has been achieved within the three years since commencement has hugely exceeded initial expectations -communication, collaboration and trust have been the building blocks of the strong relationships which have enabled innovation and inspired positive change. PCNs are now firmly embedded in the wider system, working closely with health, care and voluntary sector partners to focus on the needs of their respective populations. With additional roles well embedded in every PCN, patients across the diverse geography of Vale of York have been able to access a range of new services. We look forward to the journey continuing in the new integrated care system landscape.
- We were informed of the increase in prevalence of COVID-19 infections. The seven-day rates indicated cases were at 62 per cent for one hundred thousand last week and are up to 102 per hundred thousand this week with both York and North Yorkshire being above that rate. This raises concerns as we see a return to hospital visiting and how they are using PPE. We should be mindful of the implications on our services, remain vigilant, remember that vaccination is our first line of protection, and that the vaccine offer is evergreen.

### **Areas of escalation**

N/A

### **Urgent Decisions Required/ Changes to the Forward Plan**

N/A



**Chair's Report: Quality and Patient Experience Committee**

Date of Meeting	10 March, 14 April, 12 May and 9 June 2022
Chair	Julie Hastings

**Areas of note from the Committee Discussion**

*10 March*

This focused Committee session was for Maternity Services where the team shared a realistic oversight of what is happening locally, including celebrations and challenges. An invaluable morning, of information sharing, constructive questions, partnership building and a passion to continue this journey together to ensure the very best experience for our women, families, and staff. Several colleagues have committed to contacting each other outside of the meeting to progress their work and we are informed that the Ethics Group have already begun discussing how they might support maternity services in their decision making.

*14 April*

- We discussed the need to share risk across the system as ambulance handover times increase and figures for long trolley rates increase, having a direct impact upon the ability for ambulances to respond appropriately to ill patients in the community.
- Following our recent focused meeting around maternity services, and the reassurance that the team provided as they work towards achieving Ockenden One standard, we now learn that the Head of Midwifery, a pivotal member is to be seconded to help another Trust, her Deputy will step up although we have been informed that she too is moving on.
- We heard of the work the CCG Designated Professionals have been undertaking over the last five months to seek assurance regarding safeguarding practices within Tees, Esk and Wear Valleys NHS Foundation Trust. Further assurance work is underway and will be brought back to a forthcoming Quality and Performance sub contract meeting.

*12 May*

An overview of the progress made collectively between City of York Council and Vale of York CCG against the SEND written Statement of Action was provided. We heard about the significant progress that has been made collectively across all areas, and of

particular importance progress made with children, young people and families to 'co-produce' improvements. We heard and understood that whilst progress has been made, there is much more work to do outside of SEND statutory duties in order to ensure children and young people get the best start in life to prepare for healthy adulthood. Discussion progressed to consider the needs of primary care in understanding services available and how best to support and adapt for children and young people with complex needs. Opportunities were identified to take this forward outside of the meeting.

The Committee has maintained a focus upon local maternity services. The overview of the findings from the final Ockenden Report were shared alongside the progress being made by York and Scarborough Teaching Hospitals NHS Foundation Trust maternity services against the recommendations. We also heard about the wider system learning outside of maternity that needs to be taken forward such as listening to patients, learning from incidents / serious incidents, culture and behaviours, multidisciplinary training 'teams who work together should train together', a continued need to promote 'Freedom to Speak up' and ensuring workforce is able to meet needs but also has the time invested to enable leadership functions and training.

### 9 June

- The Committee welcomed Hazel Moore, Head of Nursing at North Lincolnshire CCG. Hazel produced the *Learning from lives and deaths - People with a learning disability and autistic people (LeDeR) report*. This document was produced on behalf of the six CCGs within the Humber and North Yorkshire Health and Care Partnership. During this very interactive session the group raised several queries and asked for clarification all of which were answered fully and with the highest level of assurance.
- We heard about the ongoing innovative and collaborative work taking place between Nursing Teams across North Yorkshire County Council, York and Scarborough Teaching Hospitals NHS Foundation Trust and the Queens Nursing Institute to further improve quality, safety and people's experience when cared for through the independent care sector.
- The CCG had reviewed Selby Urgent Treatment Centre, open 12 hours daily providing care for those presenting with minor illness and minor injuries. Provision of the service is more complex as it is provided by Harrogate and District NHS Foundation Trust but is reliant upon diagnostics (radiology, phlebotomy and laboratory, IT systems) from York and Scarborough Teaching Hospital NHS Foundation Trust. We heard that the service appears understaffed in relation to the consistently increasing level of demand, impacting on service resilience, potential patient safety, and the health and wellbeing of staff. We are assured that this is already in hand and a meeting between the CCG, including Chief Nurse, will gain greater understanding of current issues, risks, mitigating actions and next steps.
- The Committee were informed about the findings of the recent Inspection of Local Authority Children's Services (ILACS) which used the new, more thorough, robust inspection process. The outcome of 'Requires Improvement to be Good' in all four domains was considered fair by City of York Council. However, we are assured that the Multi-Agency Safeguarding Hub received positive feedback regarding timely and appropriate responses.

- We received updated information in respect of the North Yorkshire Multi Agency Screening Team (MAST). Recognising that the current health resource is unable to meet the demands of the MAST's expanding remit, the Designated Nurses have already prepared a business case for North Yorkshire and the Vale of York CCGs with the aim of securing additional funding to meet the ongoing demand.

**Areas of escalation**

N/A

**Urgent Decisions Required/ Changes to the Forward Plan**

N/A

<b>Item Number: 19</b>	
<b>Name of Presenter: Stephanie Porter</b>	
<b>Meeting of the Governing Body</b> <b>Date of meeting: 30 June 2022</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title – North Yorkshire and York Area Prescribing Committee Recommendations</b>	
<b>Purpose of Report</b> <i>(Select from list)</i> <b>For Information</b>	
<b>Reason for Report</b>  These are the latest recommendations from the North Yorkshire and York Area Prescribing Committee – April and May 2022.	
<b>Strategic Priority Links</b>  <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>
<b>Emerging Risks</b>	

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

**Risks/Issues identified from impact assessments:**

**Recommendations**

For information only

CCG Executive Committee have approved these recommendations.

**Decision Requested (for Decision Log)**

Recommendations noted.

<b>Responsible Executive Director and Title</b> Stephanie Porter Interim Executive Director of Primary Care and Population Health	<b>Report Author and Title</b> Faisal Majothi Senior Pharmacist
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## Recommendations from North Yorkshire & York Area Prescribing Committee April 2022

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
<b>CCG commissioned Technology Appraisals</b>					
1.	<a href="#">TA764: Fremanezumab for preventing migraine</a> <b>Commissioner: ICS/CCG, tariff-excluded</b>		<p>Fremanezumab is recommended as an option for preventing migraine in adults, only if:</p> <ul style="list-style-type: none"> <li>they have 4 or more migraine days a month</li> <li>at least 3 preventive drug treatments have failed and</li> <li>the company provides it according to the commercial arrangement.</li> </ul> <p>Stop fremanezumab after 12 weeks of treatment if:</p> <ul style="list-style-type: none"> <li>in episodic migraine (fewer than 15 headache days a month), the frequency does not reduce by at least 50%</li> <li>in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine), the frequency does not reduce by at least 30%.</li> </ul> <p>This is a rapid review of TA631 has resulted in fremanezumab being recommended for the episodic migraine population. It was only recommended for the chronic migraine population in TA631</p>	RED	<p>NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than approximately £9,000 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment will be similar.</p> <p>The resource impact assumptions made are unchanged for both chronic and episodic migraine, further details on how these were arrived at were in the previous resource impact report for this topic. The population assumptions for episodic migraine are different. These are set out clearly in the assumptions input sheet of the resource impact template. The rapid review of TA631, which has now published as TA764, has resulted in fremanezumab being recommended for the episodic migraine population. It was only recommended for the chronic migraine population in TA631.</p>
2.	<a href="#">TA768: Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs</a> <b>Commissioner: ICS/CCG, tariff-excluded</b>		<p>Upadacitinib, alone or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them. It is recommended only if they have peripheral arthritis with 3 or more tender joints and 3 or more swollen joints and:</p> <ul style="list-style-type: none"> <li>they have had 2 conventional DMARDs and at least 1 biological DMARD or</li> <li>TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis).</li> </ul> <p>Upadacitinib is recommended only if the company provides it according to the commercial arrangement.</p>	RED	<p>NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £9,000 per 100,000 population.</p> <p>This is because the technology is a further treatment option and is available at a similar price to the current treatment options.</p> <p>Upadacitinib has a commercial arrangement. This makes upadacitinib available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount</p>
3.	<a href="#">TA769: Palforzia for treating peanut allergy in children and young people</a> <b>Commissioner: ICS/CCG, tariff</b>		<p>Palforzia is recommended, within its marketing authorisation, as an option for treating peanut allergy in children aged 4 to 17. It can be continued in people who turn 18 while on treatment. Palforzia should be used with a</p>	RED	<p>Agreed that the formulary will reflect the TAG – CCGs are the responsible commissioner.</p>

	<p><b>included</b></p>	<p>peanut-avoidant diet.</p>		<p>Expected to prescribe by Trusts with commissioned specialist food allergy clinics only. To be confirmed with commissioners where these clinics are and if any within North Yorkshire &amp; York.</p> <p>Issue of commissioning as service that can provide this drug to be escalated within HCV ICS.</p> <p>NICE estimate that:</p> <ul style="list-style-type: none"> <li>• Around 141,000 children in England with peanut allergy are eligible for treatment with Palforzia.</li> <li>• Around 3,000 children in England will start treatment with Palforzia in year 2026/27 once uptake has reached around 2%.</li> <li>• This equates to around 12 children per 100,000 population, at a cost equivalent to around £57,000 per 100,000 population.</li> <li>• For every 1,000 children treated with Palforzia the cumulative resource impact is expected to be around £13m.</li> </ul> <p>It is anticipated that the uptake of Palforzia will be impacted by its contraindications, regimen requirements, self-injection prerequisite, potential issues around taste aversion for children who switch to dietary peanut and the long-term commitment required to maintain peanut tolerance. Uptake of Palforzia is also expected to be affected by capacity within food allergy clinics.</p> <p>Palforzia needs to be delivered under the care of a specialist qualified in the diagnosis and treatment of allergic diseases and therefore the capacity to offer Palforzia treatment in England is likely to be restricted to a small number of specialist secondary and tertiary paediatric allergy services. Not all specialist allergy clinics are expected to be able to deliver Palforzia treatment. There are expected to be around 20 clinic providers in England during each of the first 5 years of Palforzia being available that can offer the treatment.</p>
<p>4.</p>	<p><a href="#">TA773 Empagliflozin for treating chronic heart failure with reduced ejection fraction</a> <b>Commissioner: CCG/ICS</b></p>	<p>Empagliflozin is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with:</p>	<p>AMBER SR</p>	<p>No significant resource impact is anticipated</p> <p>NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the</p>

		<ul style="list-style-type: none"> <li>an angiotensin-converting enzyme (ACE) inhibitor or angiotensin 2 receptor blocker (ARB), with a beta blocker and, if tolerated, a mineralocorticoid receptor antagonist (MRA), or</li> <li>sacubitril valsartan with a beta blocker and, if tolerated, an MRA.</li> </ul>		<p>recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).</p> <p>This is because the technology is a further treatment option and the overall cost of treatment will be similar.</p> <p>A resource impact template is provided for completion at a local level. The template has been updated to include empagliflozin and includes all other treatment options for treating chronic heart failure with reduced ejection fraction.</p>
5.	<p><a href="#">TA775 Dapagliflozin for treating chronic kidney disease</a> <b>Commissioner: CCG/ICS</b></p>	<p>Dapagliflozin is recommended as an option for treating chronic kidney disease (CKD) in adults. It is recommended only if:</p> <ul style="list-style-type: none"> <li>it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), unless these are contraindicated, and</li> <li>people have an estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m<sup>2</sup> to 75 ml/min/1.73 m<sup>2</sup> at the start of treatment and: <ul style="list-style-type: none"> <li>have type 2 diabetes or</li> <li>have a urine albumin-to-creatinine ratio (uACR) of 22.6 mg/mmol or more.</li> </ul> </li> </ul>	GREEN	<p>The additional drug cost per 100,000 population is around £68,000. Potential resources released are around £45,000 per 100,000 population.</p> <p>If using in Type 2 Diabetes – please advise patients to discontinue temporarily if there is a risk of dehydration (eg, vomiting, diarrhoea or on holiday in a hot climate and there is limited access to water).</p> <p>SGLT2i should NOT be prescribed to people with type 1 diabetes unless under the direction of a diabetologist.</p>
<b>NHSE commissioned Technology Appraisals – for noting</b>				
6.	<p><a href="#">TA762: Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy</a> (terminated appraisal) <b>Commissioner: NHSE</b></p>	<p>NICE is unable to make a recommendation on olaparib (Lynparza) for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy. This is because AstraZeneca has confirmed that it does not intend to make a submission for the appraisal. AstraZeneca considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.</p>	BLACK for this indication.	<p>No cost impact to CCGs as NHSE commissioned.</p>

7.	<p><a href="#">TA763: Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable</a></p> <p><b>Commissioner: NHSE</b></p>	<p>Daratumumab plus bortezomib, thalidomide and dexamethasone is recommended, within its marketing authorisation, as induction and consolidation treatment for untreated multiple myeloma in adults, when an autologous stem cell transplant is suitable. It is recommended only if the company provides daratumumab according to the commercial arrangement</p>	RED	No cost impact to CCGs as NHSE commissioned.
8.	<p><a href="#">TA765: Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable</a></p> <p><b>Commissioner: NHSE</b></p>	<p>Venetoclax with azacitidine is recommended, within its marketing authorisation, as an option for untreated acute myeloid leukaemia in adults when intensive chemotherapy is unsuitable. It is recommended only if the company provides venetoclax according to the commercial arrangement.</p>	RED	No cost impact to CCGs as NHSE commissioned.
9.	<p><a href="#">TA766: Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma</a></p> <p><b>Commissioner: NHSE</b></p>	<p>Pembrolizumab is recommended, within its marketing authorisation, as an option for the adjuvant treatment of completely resected stage 3 melanoma with lymph node involvement in adults. It is recommended only if the company provides pembrolizumab according to the commercial arrangement</p>	RED	No cost impact to CCGs as NHSE commissioned.
10.	<p><a href="#">TA767: Ponesimod for treating relapsing–remitting multiple sclerosis</a></p> <p><b>Commissioner: NHSE</b></p>	<p>Ponesimod is recommended for treating relapsing–remitting multiple sclerosis with active disease defined by clinical or imaging features in adults, only if the company provides ponesimod according to the commercial arrangement.</p>	RED	No cost impact to CCGs as NHSE commissioned.
11.	<p><a href="#">TA770: Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer</a></p> <p><b>Commissioner: NHSE</b></p>	<p>Pembrolizumab with carboplatin and paclitaxel is recommended as an option for untreated metastatic squamous non-small-cell lung cancer (NSCLC) in adults, only if</p> <ul style="list-style-type: none"> <li>• their tumours express PD-L1 with a tumour proportion score of 0% to 49%</li> <li>• their tumours express PD-L1 with a tumour proportion score of 50% or more and they need urgent clinical intervention</li> <li>• it is stopped at 2 years of uninterrupted treatment or earlier if their disease progresses and</li> <li>• the company provides pembrolizumab according to the commercial arrangement.</li> </ul>	RED	No cost impact to CCGs as NHSE commissioned.

12.	<a href="#">TA771: Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (terminated appraisal)</a> <b>Commissioner: NHSE</b>	NICE is unable to make a recommendation about the use in the NHS of daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma when stem cell transplant is unsuitable. This is because Janssen has confirmed that it does not intend to make an evidence submission for the appraisal. Janssen considers that the technology is unlikely to be a cost-effective use of NHS resources.	BLACK for this indication.	No cost impact to CCGs as NHSE commissioned.																								
13.	<a href="#">TA772: Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies</a> <b>Commissioner: NHSE</b>	Pembrolizumab is recommended as an option for treating relapsed or refractory classical Hodgkin lymphoma in people aged 3 and older. It is recommended if they have had an autologous stem cell transplant that has not worked or they have had at least 2 previous therapies and an autologous stem cell transplant is not an option, and only if: <ul style="list-style-type: none"> <li>they have not had brentuximab vedotin and</li> <li>the company provides pembrolizumab according to the commercial arrangement.</li> </ul>	RED	No cost impact to CCGs as NHSE commissioned.																								
14.	<a href="#">HST17: Odevixibat for treating progressive familial intrahepatic cholestasis</a> <b>Commissioner: NHSE, tariff excluded</b>	Odevixibat is recommended, within its marketing authorisation, as an option for treating progressive familial intrahepatic cholestasis (PFIC) in people 6 months and older. It is recommended only if the company provides odevixibat according to the commercial	RED	No cost impact to CCGs as NHSE commissioned.																								
<b>Formulary applications or amendments/pathways/guidelines</b>																												
15.	<b>Liothyronine 5, 10 and 20 microgram capsules</b>	Approved to add to the formulary with a note to use in preference to tablets on the basis of cost.	AMBER SR	Cost saving. <table border="1"> <thead> <tr> <th></th> <th>Cost per pack (28)</th> <th>Cost per tablet</th> </tr> </thead> <tbody> <tr> <td>Liothyronine 10microgram tablets</td> <td>£148.00</td> <td>£5.29</td> </tr> <tr> <td>Liothyronine 20microgram tablets</td> <td>£71.90</td> <td>£2.57</td> </tr> <tr> <td>Liothyronine 5microgram tablets</td> <td>£99.47</td> <td>£3.55</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Liothyronine 10microgram capsules</td> <td>£65.00</td> <td>£2.32</td> </tr> <tr> <td>Liothyronine 20microgram capsules</td> <td>£55.00</td> <td>£1.96</td> </tr> <tr> <td>Liothyronine 5microgram capsules</td> <td>£55.00</td> <td>£1.96</td> </tr> </tbody> </table>		Cost per pack (28)	Cost per tablet	Liothyronine 10microgram tablets	£148.00	£5.29	Liothyronine 20microgram tablets	£71.90	£2.57	Liothyronine 5microgram tablets	£99.47	£3.55				Liothyronine 10microgram capsules	£65.00	£2.32	Liothyronine 20microgram capsules	£55.00	£1.96	Liothyronine 5microgram capsules	£55.00	£1.96
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16.	<b>Glaucoma Pathway</b>	Updated to include Simbrinza® eye drops as an additional treatment option. Also added reference to NICE pathway and use of selective laser trabeculoplasty as a non drug treatment offered 1st in clinic as per NICE.	-	No significant cost impact. There is some cost pressure using Simbrinza instead of separate constituent but this is some way down the treatment pathway and there is a similar cost pressure with using the combination drops “ Ganfort” which is used earlier in the pathway.  Simbrinza = £119 per patient pa																								

				As separate constituents = £63 per patient pa  Ganfort = £184 per patient pa As separate constituents = £83 per patient pa
17.	<b>Migraine Pathway:</b>	Updated to reflect NICE TA764 – fremanezumab now also recommended form episodic migraine.	-	No cost impact expected. This is because the technology is a further treatment option and the overall cost of treatment will be similar.
18.	<b>NY&amp;Y APC Terms of Reference</b>	Updated to make reference to Free of Charge Schemes.	-	-
19.	<b>RMOC Free of Charge Schemes Policy</b>	Approved for local adoption.	-	-
20.	<b>Lurasidone 18.5 mg, 37 mg and 74 mg tablets</b>  For the treatment of schizophrenia in adults and adolescents aged 13 years and over	Approved as an option only for the treatment of schizophrenia in adults and adolescents aged 13 years and older meeting the following criteria: <ul style="list-style-type: none"> <li>• require antipsychotic treatment, and</li> <li>• have not responded to or not tolerated aripiprazole, and</li> <li>• where the patient does not fulfil the treatment resistance criteria as outlined in NICE Clinical Guideline 178 for the initiation of prescribing of clozapine, and</li> <li>• who fulfil one of the following criteria: <ul style="list-style-type: none"> <li>○ Clinically significant weight gain on other antipsychotics (defined as greater than or equal to 5% gain in weight from baseline after a month of treatment)</li> <li>○ Presence of a clinical condition that make avoidance of weight gain and metabolic adverse effects of particular importance, e.g. diabetes, cardiovascular disease</li> <li>○ Patients with a prolonged QTc interval</li> </ul> </li> </ul>	AMBER SI	It is anticipated that the number of patients commenced on lurasidone in the first year post approval will not exceed 20.  Estimated number of patients per year = 20  Annual cost of max.dose current treatment (aripiprazole 30 mg daily) = £173.16 per patient  Annual cost of max.dose substitute treatment (lurasidone 148 mg daily) = £2,358.72 per patient  Additional annual cost for 20 patients = [£2,358.72 - £173.16] x 20 = <b>£43.7k</b>  The potential number of patients that NTAGs criteria would apply to is difficult to estimate because there is no published data directly comparing lurasidone with aripiprazole. The key NTAG criteria that supports a switch to lurasidone in patients who have experienced or are at risk of metabolic adverse effects (notably weight gain) is “not responded to or not tolerated aripiprazole”, because such patients must have been treated with aripiprazole before lurasidone can be considered. Anecdotally, the most common reason for aripiprazole not being tolerated is akathisia, with a reported incidence in the product information for Abilify of 1-10% (common). Based on primary care prescribing data for July-September 2021, it is estimated that 750 patients are currently prescribed aripiprazole across the two CCGs. Therefore, it may be estimated that between 7 and 75 patients will be switched to lurasidone due to intolerance of aripiprazole. However, based on the very low rate of lurasidone prescribing in the Trust currently, it is anticipated that the number of patients commenced on lurasidone in the first year post approval will not exceed 20.

## Recommendations from North Yorkshire & York Area Prescribing Committee May 2022

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
<b>CCG commissioned Technology Appraisals</b>					
1.	<a href="#">TA776: Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea</a>  Commissioner: CCG/ICS, tariff-excluded		Pitolisant hydrochloride is not recommended, within its marketing authorisation, to improve wakefulness and reduce excessive daytime sleepiness in adults with obstructive sleep apnoea whose sleepiness has not been satisfactorily treated by primary obstructive sleep apnoea therapy such as continuous positive airway pressure (CPAP), or who cannot tolerate it.	Add to formulary as NOT APPROVED in this indication, with link to TA776.	None anticipated.
2.	<a href="#">TA777: Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea</a>  Commissioner: CCG/ICS, tariff-excluded		Solriamfetol is not recommended, within its marketing authorisation, to improve wakefulness and reduce excessive daytime sleepiness in adults with obstructive sleep apnoea whose sleepiness has not been satisfactorily treated by primary obstructive sleep apnoea therapy, such as continuous positive airway pressure (CPAP).	Add to formulary as NOT APPROVED in this indication, with link to TA777.	None anticipated.
<b>NHSE commissioned Technology Appraisals – for noting</b>					
3.	<a href="#">TA774: Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)</a>  Commissioner: NHSE		NICE is unable to make a recommendation on lenalidomide (Revlimid) for treating relapsed or refractory mantle cell lymphoma. This is because Celgene has confirmed that it does not intend to make an evidence submission for the appraisal. Celgene considers that the technology is unlikely to be used at this point in the treatment pathway.	BLACK for this indication.	No cost impact to CCGs as NHSE commissioned.
4.	<a href="#">TA778: Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria</a>  Commissioner: NHSE		Pegcetacoplan is recommended, within its marketing authorisation, as an option for treating paroxysmal nocturnal haemoglobinuria (PNH) in adults who have anaemia after at least 3 months of treatment with a C5 inhibitor. It is recommended only if the company provides pegcetacoplan according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
5.	<a href="#">TA779: Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency</a>  Commissioner: NHSE		Dostarlimab is recommended for use within the Cancer Drugs Fund as an option for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency in adults who have had platinum-based chemotherapy. It is recommended only if the conditions in the managed access agreement are followed.	RED	No cost impact to CCGs as NHSE commissioned.

6.	<a href="#">TA780: Nivolumab with ipilimumab for untreated advanced renal cell carcinoma</a> <b>Commissioner: NHSE</b>	Nivolumab with ipilimumab is recommended, within its marketing authorisation, as an option for untreated advanced renal cell carcinoma in adults: <ul style="list-style-type: none"> <li>whose disease is intermediate or poor risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria and</li> <li>only if the company provides nivolumab with ipilimumab according to the commercial arrangement</li> </ul>	RED	No cost impact to CCGs as NHSE commissioned.
7.	<a href="#">TA781: Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer</a> <b>Commissioner: NHSE</b>	Sotorasib is recommended for use within the Cancer Drugs Fund as an option for treating KRAS G12C mutation-positive locally advanced or metastatic non-small-cell lung cancer in adults whose disease has progressed on, or who cannot tolerate, platinum-based chemotherapy or anti-PD-1/PD-L1 immunotherapy. It is recommended only if the conditions in the managed access agreement for sotorasib are followed.	RED	No cost impact to CCGs as NHSE commissioned.
8.	<a href="#">TA782: Tagraxofusp for treating blastic plasmacytoid dendritic cell neoplasm (terminated appraisal)</a> <b>Commissioner: NHSE</b>	NICE is unable to make a recommendation on tagraxofusp (Elzonris) for treating blastic plasmacytoid dendritic cell neoplasm. This is because Stemline Therapeutics has confirmed that it does not intend to make an evidence submission for the appraisal. The company considers that there is not enough evidence to provide a submission for this appraisal.	BLACK for this indication.	No cost impact to CCGs as NHSE commissioned.
9.	<a href="#">HST18: Atidarsagene autotemcel for treating metachromatic leukodystrophy</a> <b>Commissioner: NHSE</b>	Atidarsagene autotemcel is recommended, within its marketing authorisation, as an option for treating metachromatic leukodystrophy with mutations in the arylsulphatase A (ARSA) gene: <ul style="list-style-type: none"> <li>for children who have late infantile or early juvenile types, with no clinical signs or symptoms</li> <li>for children who have the early juvenile type, with early clinical signs or symptoms, and who can still walk independently and have no cognitive decline</li> </ul> It is recommended only if the company provides atidarsagene autotemcel according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
<b>Formulary applications or amendments/pathways/guidelines</b>				
10.	<b>Oestriol 0.03mg pessary (Imvaggis®)</b>	A more cost-effective alternative to Vagifem® for local treatment of vaginal symptoms of estrogen deficiency in postmenopausal women. Confirmed all stakeholders are happy to add to formulary. Ovestin cream remains 1 <sup>st</sup> line.	GREEN	Imvaggis 24 pessaries 1 daily for 3 weeks then twice a week £13.38 Vagifem 24 pessaries as for Imvaggis £16.72 Ovestin cream 15g 1 applicatorful daily for up to 4 weeks then twice a week £4.45

11.	<b>TEWV Bipolar disorder under 18s prescribing tips</b>	New guideline largely intended for internal use within TEWV	-	No cost impact expected.
12.	<b>TEWV Dementia Care Pathway AChEI decision aid (updated)</b>	No significant changes	-	No cost impact expected.
13.	<b>NY&amp;Y APC Dosulepin Position Statement</b>	APC position statement to support deprescribing of dosulepin as per NHSE guidance on items of low clinical value.	-	No cost impact expected.
14.	<b>Clinically Assisted Hydration In Palliative Care Policy V5</b>	Combined policy from YFT and HDFT approved.	-	No cost impact expected.