



**Vale of York**  
**Clinical Commissioning Group**

**Minutes of the Final Meeting of NHS Vale of York Clinical Commissioning Group  
Governing Body held on 30 June 2022 at West Offices, Station Rise, York**

**Present (Voting Members)**

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

**In Attendance (Non Voting)**

Abigail Combes (AC) – for item 7	Head of Legal and Governance
Sheila Fletcher (SF) – for item 12	Commissioning Manager, Mental Health and Vulnerable Adults
Dr Charles Parker (CP)	Clinical Chair, NHS North Yorkshire CCG
Michèle Saidman (MS)	Executive Assistant

**Apologies**

Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Sharon Stoltz (SS)	Director of Public Health, City of York Council

A member of the Linton on Ouse Action Group attended to present their question.

**STANDING ITEMS**

**1. Apologies**

As noted above.

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## **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.

## **3. Minutes of the Meeting held on 31 March 2022**

The minutes of the 31 March meeting were agreed.

### **The Governing Body:**

Approved the minutes of the meeting held on 31 March 2022.

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

*Local system approach to pertussis vaccination in pregnancy:* MC reported that the Quality and Patient Experience Committee had agreed the risk pertaining to pertussis vaccination for expectant mothers be archived as it had been mitigated locally as far as possible. MC advised that, while this was not still without risk, work was taking place at a national level in this regard.

*Review learning from COVID-19 on the part of both teams and organisations:* MC explained that preparation for the national inquiry had begun under AC's leadership in terms of the timeline and developments in York; learning would emerge from this process.

### **The Governing Body:**

Noted the updates and agreed the actions be closed.

## **Question from the Linton on Ouse Action Group; Responses from Stephanie Porter, Interim Executive Director of Primary Care and Population Health, in italics**

In relation to today's discussion on "Commissioning to meet the needs of people seeking Asylum, which relates to the Home Office plans to open an Asylum Reception Centre in Linton on Ouse, can the CCG advise on what resources and funding the Office has been guaranteed to ensure the needs of Asylum Seekers are met and that the impact on local health services are mitigated.

*The CCG is engaged in detailed contingency planning with partners to ensure that, if a service is required to support new residents temporarily homed at the former RAF Linton on Ouse site, we'll be ready with key services which will enable us to discharge our duty of care to those requiring health services in England.*

The Home Office initially stated within its fact sheet, about the centre, that it will house no vulnerable service users. A statement which raises concerns that the Home Office has not taken seriously the needs of Asylum Seekers and the likely impact on local health services.

*The CCG has already been in a position of responding to temporary accommodation services and delivering primary health care to support Asylum Seekers in our area so we*

*have some experience to base the proposed clinical model upon as well as defined guidance documents which outline service requirements for this group. Work is progressing to define further the likely individuals who will be suitable for the site and the services we are able to offer which will develop the definitions in health terms of vulnerable service users; this is an ongoing and iterative process.*

The use of quasi detention, such as that proposed at Linton on Ouse has been widely condemned at previous, smaller sites, Napier and Pennelly barracks, as having a significant impact on Asylum Seeker physical and mental health and resultant impact on local health services, requiring humanitarian aid intervention.

To what extent is the resource and funding guaranteed by the Home Office going to ensure a service is going to be provided which is Care Quality Commission compliant, for service users with significant need, whilst protecting services for the local community.

*The CCG and successor Place based teams are working up plans with health providers to ensure that we have a good fit between known needs of this service group and what will be required in terms of health staff and wider services to support the clinical model to be commissioned. Key to that will be that the service provider and service specification is Care Quality Commission compliant. As with all newly commissioned services, we are working with NHS England and NHS Improvement and the Home Office concurrently to align the developing specification and funding stream to support any new provision. It is as a result of engagement with local service providers that we have entered into discussions with an additional provider to ensure that we have capacity to respond to this new group of residents, should the service be operationalised by the Home Office in the near future.*

Board members may find the following documents useful in considering the level of need described within the question:

<https://www.doctorsoftheworld.org.uk/wp-content/uploads/2022/04/DOTW-Access-to-healthcare-in-initial-and-contingency-accommodation-report-April-2022.pdf>

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

PM referred to his report which provided an update on the CCG's annual assessment review of 2021-22, commissioning to meet the needs of people seeking asylum and the Better Care Fund.

Further to the question and responses above, SP explained she was writing formally to the Home Office advising them that a minimum of 12 weeks' notice would be required for services, particularly IT, to be operational if the Linton on Ouse site was to be opened as proposed.

With regard to the annual assessment review letter from NHS England and NHS Improvement PM emphasised the perspective of the Governing Body's consistent focus and leadership in the CCG's overall achievements. He highlighted the respective roles of the Executive Team and the GP members expressing appreciation for their individual contributions and commitment. PM concluded with a quote from the letter:

*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.*

Members in turn expressed their appreciation to PM for his work in leading the CCG team to the significant achievement of the current position.

### **The Governing Body:**

1. Received the Accountable Officer's Report.
2. Noted the CCG's 2021/22 annual assessment by NHS England and NHS Improvement.

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

In introducing this item MC provided an update on the establishment of the Humber and North Yorkshire Integrated Care Board as a statutory body from 1 July 2022. She reported that the CCGs' Chief Nurses would handover legacy quality documents based on national due diligence and additional local information at the first meeting of the Quality Committee which was taking place on 1 July. Additionally, a separate handover document, on a Board Assurance Framework approach, would be handed over in respect of Tees, Esk and Wear Valleys NHS Foundation Trust.

MC explained the new quality structure: Place Quality Groups would report to the Quality Committee whose role was assurance; System Quality Group would replace the Quality Surveillance Group in terms of quality improvement. MC noted that primary care representation was being sought across these groups.

In terms of risk, MC advised that the CCGs had collated their respective serious quality risks which would be adopted by the Humber and North Yorkshire Integrated Care Board. She noted however that tolerance levels and scoring approaches had varied across the CCGs therefore consideration would be required regarding appropriate management of risks and also emphasised the need for "mind the gap" awareness.

MC moved on to present 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 referred to the support to independent care providers highlighting the establishment of the Quality Assurance and Improvement Team jointly with North Yorkshire County Council and Sarah Fiori's role as Principal Nurse. Care homes were responding positively to this pilot.

MC noted the continued support by the Quality and Nursing Team in terms of training and improvement work to help maintain business continuity and develop services in the

independent care sector. She also highlighted a successful collaborative application to the Queen's Nursing Institute by the Head of Nursing for Integrated Care at York and Scarborough Teaching Hospitals NHS Foundation Trust and the Head of Quality Improvement / Principal Nurse of NHS Vale of York CCG and North Yorkshire County Council. This had resulted in support being awarded to a pilot for delegated responsibility for blood glucose testing and the administration of insulin in residential care homes by trained care staff supported by robust processes and governance.

MC referred to the update regarding Selby Urgent Treatment Centre explaining the complexity emanating from the fact that Harrogate and District NHS Foundation Trust provided the services but were reliant upon diagnostics (radiology, phlebotomy and laboratory, IT systems) from York and Scarborough Teaching Hospitals NHS Foundation Trust. Following a review by the CCG, urgent discussions were now taking place to gain greater understanding of current issues, risks, mitigating actions and next steps.

With regard to COVID-19 SP explained that, although Local Vaccination Services had been paused in line with national guidance, the 'evergreen' offer for the vaccination remained for eligible people, subject to vaccine supply. She noted that the CCG had the highest number of eligible people vaccinated in Humber and North Yorkshire for the Spring booster programme. Planning was under way pending national confirmation for the Autumn booster programme; the aspiration for a potential joint 'flu and COVID-19 vaccination remained. York City Practices supported a centralised offer through Nimbuscare and would combine vaccine and staffing resources to run the two vaccination programmes concurrently.

MC noted that an action plan, being monitored by the Care Quality Commission, was in place in response to York and Scarborough Teaching Hospitals NHS Foundation Trust's Section 29A Warning Notice due to concerns about fundamental aspects of care. In terms of the current transition a new risk escalation framework included routine monitoring by Humber and North Yorkshire Integrated Care Board and NHS England and NHS Improvement. Additionally, an integrated care system urgent and emergency care workshop was being arranged as the issues at York and Scarborough Teaching Hospitals NHS Foundation Trust were recognised as a system problem.

With regard to Tees, Esk and Wear Valleys NHS Foundation Trust MC reported that, following investigation of concerns about inappropriate use of restraint on a Vale of York learning disability in-patient, assurance had still not been received, mainly in respect of safeguarding and risk assessment. She advised that the Care Quality Commission inspection was ongoing. From the local perspective an opinion of 'Limited Assurance' had been provided in Internal Audit's report on Quality of Mental Health Discharges from Foss Park Hospital. Discussions were taking place with Tees, Esk and Wear Valleys NHS Foundation Trust to achieve improvement.

MC commended the fact that the waiting time for autism assessment, currently an average of 146 days, was the shortest it had been for four years.

MC referred to the recent Ofsted Inspection of York Local Authority children's services. The 'Requires Improvement' outcome in all four domains was a deterioration from the previous inspection in 2016. MC noted that a new Director of Children's Services had been appointed by City of York Council.

In referring to the Annual Patient Experience Report, MC commended Gill Rogers, Patient Experience Lead, who was in fact "The Team" for this area of responsibility. MC highlighted that all 36 complaints had met the national response timescales, also noting the 402 concerns received and contact from a number of vexatious patients. MC additionally noted the proportion of concerns relating to primary care access, including the perspective of unacceptable behaviour and language, and suggested further promotion of public understanding of the pressures.

MC alluded to the recently published North Yorkshire Healthwatch Dentistry Report which identified lack of availability and the context of impact on children. She advised that NHS England and NHS Improvement currently commissioned dentistry but that from 2023/24 this, along with pharmacy and optometry, would become the responsibility of the integrated care system. SP added that dentistry for asylum seekers was being commissioned outwith regular commissioning.

MC referred to the risks managed by the Quality and Patient Experience Committee and the Governing Body highlighting

- QN 28 *Risk to patient safety due to increasing system pressures demonstrated by increased 12 hour Emergency Department trolley waits and delayed ambulance handovers*; assessment of this new risk by the Quality and Patient Experience Committee was supported.
- QN 25 *Maternity Services at York Hospital*; the outcome of the recent Ockenden visit was currently awaited.
- QN 27 *Lack of annual retinal screening for patients treated with hydroxychloroquine*; this risk would be reduced as confirmation had been received that this service was now available.

Discussion ensued in the context of the significant pressures across the system; areas of clarification being sought in respect of the formal establishment of Humber and North Yorkshire Health and Care Partnership the following day; concerns about 'place'; and the need for primary care representation at a number of forums.

PM commended JH's chairmanship of the Quality and Patient Experience Committee highlighting her compassionate leadership of this Committee's interface with Governing Body.

### **The Governing Body:**

Received the Quality and Patient Experience Report confirming assurance of the work being undertaken to understand and support the quality and safety of commissioned services and that risks to quality and safety for the CCG were identified with appropriate mitigations in place.

*AC joined the meeting*

## **7. Board Assurance Framework**

In presenting this item AC explained that, in line with recommendation of Internal Audit, the Governing Body Risk Appetite had been added to the Board Assurance Framework

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which she now presented in full, also as per their recommendation that this be done on a quarterly basis.

AC advised that the Deputies Group would continue to populate the risk registers and report to the York Health and Care Alliance Board until the Humber and North Yorkshire risk reporting arrangements were established. She also noted that there were no information governance risks on the CCG's Risk Register as these had either been archived or mitigated.

DB, as Chair of the Finance and Performance Committee, noted the assurance provided through the CCG's risk reporting. In contrast, as reported on the Committee's key messages to the Governing Body, the Lay Members had expressed major concerns about processes through the transition, including potential impact on future patient care and in terms of the position of the senior CCG staff team whose selfless commitment, despite absence of their personal assurance, was commended. Members also commended AC's leadership on the work relating to the Board Assurance Framework noting the clarity of the risk reporting.

### **The Governing Body:**

Approved the Board Assurance Framework.

*AC left the meeting*

## **ASSURANCE**

### **8. Accountable Officer Assurance for the Humber and North Yorkshire Integrated Care Board**

PM referred to the letter, ratified by the Audit Committee on 31 May 2022, that provided assurance that NHS Vale of York CCG had 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. PM explained that an updated version of the letter would be provided as part of the process and thanked AC for her support with the due diligence requirements.

*The final version of the Accountable Officer Assurance Letter was circulated to members later in the day.*

### **The Governing Body:**

Received the Accountable Officer Assurance for the Humber and North Yorkshire Integrated Care Board.

### **9. 2021/22 Annual Report and Accounts**

SB referred to the Annual Report and Accounts which had been approved by the Audit Committee on 31 May 2022 noting these had been prepared in line with all relevant guidance and timetables and submitted ahead of the deadline. He thanked all staff involved in preparation of the comprehensive documents.

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SB noted the CCG's £2k surplus therefore, in effect, a break-even position and highlighted that for the third consecutive year the accounts had received an Unqualified Opinion from External Audit.

PG added that External Audit had, as previously, complimented the CCG team for their work in respect of the accounts process. He expressed appreciation to SB, Michael Ash-McMahon (Deputy Chief Finance Officer) and teams across the CCG.

PM additionally highlighted the perspective of the CCG being in deficit positions at the end of 2016/17 and 2017/18 of £24m and £20m respectively. He expressed appreciation to PG in his role of Audit Chair, and more recently Lay Chair of the Governing Body, for his support.

### **The Governing Body:**

Ratified the 2021/22 Annual Report and Accounts.

## **10. Learning Disabilities Mortality Review Annual Report 2021/22**

MC referred to members' email approval of the Learning Disability Mortality Review (LeDeR) Annual Report due to the publication timescale and reported that their comments had been forwarded to the report author. Regarding concerns raised that assurance could not be sought about implementation of the recommendations as they were not specifically assigned, MC explained that North Yorkshire and York had previously commissioned an external provider who delivered value for money for the LeDeR reviews but this approach was no longer supported therefore the workforce was depleted in this regard and compliance with this first NHS England and NHS Improvement '*Learning from lives and deaths - People with a learning disability and autistic people*' policy was not being met. MC noted that the programme included autism for the first time.

MC advised that a paper describing two options for taking this work forward had been submitted to the Humber and North Yorkshire Integrated Care Board Executive Director of Nursing: one option was to establish in-housed staff who must work on this portfolio entirely and must be at least a 0.5 whole time equivalent role. This would be a team of individuals with an associated cost to the Integrated Care Board and may be met by potentially repurposing current vacancies; the other was to commission an external provider again. Consideration would take place within the emerging structures.

MC additionally noted work was taking place to resolve an information governance issue relating to access to the NHS England and NHS Improvement portal.

Discussion ensued in the context of opportunities to learn being missed through the reviews not taking place; health inequalities pertaining to people with a learning disability and/or autism; the context of advocacy to provide choice; and 'no decision about me without me'.

### **The Governing Body:**

Ratified the Learning Disabilities Mortality Review Annual Report 2021/22.

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## **11. Safeguarding Children and Children in Care Annual Report 2021/22**

MC presented the North Yorkshire and York CCGs' Safeguarding Children and Looked After Children Annual Report for 2021/22 which summarised the Designated Professional Team's key achievements and challenges over the past twelve months. The report described achievements, challenges and priorities relating to Safeguarding Children, Children in Care and Integrated Care Systems.

MC additionally reported that Safeguarding Lead would be a permanent role within the Humber and North Yorkshire Health and Care Partnership structure.

CS highlighted the sharing of access to healthcare records as key to the work of the MASH (Multi Agency Safeguarding Hub). He noted that Haxby Group Practice was part of a pilot in York supporting administrative costs and advised this had helped improvements. MC additionally noted that the CCG Executive Committee had supported increased resource for the MASH.

### **The Governing Body:**

Received the Safeguarding Children and Children in Care Annual Report 2021/22 commending the comprehensive work.

*SF joined the meeting*

## **12. Progress on a Dementia Strategy for York**

SF presented the update on the Dementia Strategy for City of York by Summer 2022, developed through significant engagement including Healthwatch and the Joseph Rowntree Foundation. The strategy, currently progressing through the requisite organisational approval processes, described the vision, the national and local context, and the Dementia Pathway/ The latter provided a framework based on the themes of Preventing Well, Living Well, Diagnosing Well, Supporting Well and Dying Well with associated challenges and recommendations based on 'what would good look like'.

SF explained that significant work was taking place to improve diagnosis, referral and support for people living with dementia and their carers, noting the CCG had commissioned three Dementia Co-ordinators and a Specialist Dementia Nurse across Primary Care in York to identify and refer people to memory services. She referred to the context of waiting times for the Memory Service, support provided by Dementia Forward to maintain people safely at home and the DiADeM (Diagnosing Advanced Dementia Mandate) Tool to support dementia diagnosis in care homes.

SF emphasised the action plan, pivotal to the strategy, was being co-produced and would reflect the voices of people with dementia and their carers. While celebrating the progress made, she noted the varied experiences and fragmented services and highlighted the context of work required via a Dementia Steering Group across the Humber and North Yorkshire integrated care system.

JH, who had chaired the Dementia Steering Group, commended SF's commitment to this work and reiterated the significant partnership working aspect.

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DN referred to the CCG's historic challenges in meeting dementia diagnosis targets and applauded SF's drive to spearhead this work. Whilst noting the context of challenges relating to Tees, Esk and Wear Valleys NHS Foundation Trust services, DN also commended SF's working across partner organisations, including Dementia Forward, City of York Council and General Practice, and noted the perspective of the role of Dementia Coordinators and Dementia Nurses working at 'place' to achieve higher diagnosis rates.

SF reported that Dementia Forward was receiving a King's Fund award in London, including for their work provided by the Dementia Care Coordinators and Dementia Support Workers during the COVID-19 pandemic.

PM commended SF's work in this area as a prime example of the CCG's leadership role in making a difference for patients.

### **The Governing Body:**

Commended the progress on a Dementia Strategy for York supporting continuation of the work to ensure a final draft strategy which set clear and achievable ambitions for the City of York to provide good support to its residents living with dementia, and their carers.

*SF left the meeting*

## **FINANCE**

### **13. Financial Performance Report 2022/23 Month 2**

SB reported, as presented at the Finance and Performance Committee the previous week, a £29k adverse variance to the CCG's financial plan at month 2 but noted break-even was forecast for month 3 in line with plan. The CCG would therefore have met its statutory responsibility at closedown.

DB explained that the financial position was considered, with appropriate challenge, at each meeting of the Finance and Performance Committee. He expressed appreciation to SB, the Finance Team and colleagues across the CCG for their contribution to the organisation's position of financial balance.

PM additionally noted the context of the CCG having been in a position of financial turnaround from 2015/16 and thanked DB for his effective chairing of the Finance and Performance Committee.

### **The Governing Body:**

Received the Financial Performance Report 2022/23 as at month 2.

## **RECEIVED ITEMS**

The Governing Body noted the following items as received:

- 14.** Audit Committee chair's report and minutes of 17 March, 25 April and 31 May 2022.

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15. Executive Committee chair's report and minutes of 23 and 30 March, 6, 13 and 20 April, 4, 11, 18 and 25 May 1 and 15 June 2022
16. Finance and Performance Committee chair's report and minutes of 24 March, 28 April, 26 May and 23 June 2022.
17. Primary Care Commissioning Committee chair's report and minutes of 7 April and 16 June 2022.
18. Quality and Patient Experience Committee chair's report and minutes of 10 March, 14 April, 12 May and 9 June 2022.
19. North Yorkshire and York Area Prescribing Committee recommendations: April and May 2022.

### **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/>