

NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

Thursday, 24 June 2021 at 10:15 – 12:00

Virtual Meeting – Microsoft Teams

Present	
Dr Charles Parker	Clinical Chair (Chair)
Amanda Bloor	Accountable Officer
Wendy Balmain	Director of Strategy and Integration
Simon Cox	Director of Acute Commissioning
Sue Peckitt	Chief Nurse
Julie Warren	Director of Corporate Services, Governance & Performance
Dr Ian Woods	Secondary Care Doctor
Kate Kennady	Lay Member for Patient and Public Engagement
Sheenagh Powell	Lay Member for Financial Performance (Deputy Chair)
Ken Readshaw	Lay Member for Audit and Governance
Dr Peter Billingsley	GP Governing Body Member
Dr Mark Hodgson	GP Governing Body Member
Dr Chris Ives	GP Governing Body Member
Dr Bruce Willoughby	GP Governing Body Member

Apologies	
Jane Hawkard	Chief Finance Officer

In Attendance	
Dilani Gamble	Deputy Chief Finance Officer deputising for Jane Hawkard
Sasha Sencier	Board Secretary and Senior Governance Manager
Tanja Entwistle	Corporate and Governance Support Officer (Minutes)

1.0 Apologies for Absence and Quorum

Apologies were received from Jane Hawkard, Chief Finance Officer. It was noted that Dilani Gamble, Deputy Chief Finance Officer attended to deputise for Jane Hawkard and to present agenda items 6.1, 7.3 and 8.2 but would not be able to vote or count towards quorum.

The NHS North Yorkshire CCG Governing Body: Noted attendance and that the NY CCG Governing Body meeting is quorate.

2.0 Declarations of Interest in Relation to the Business of the Meeting

The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Governing Body.

It was noted that the following Governing Body have dual roles as detailed below and are included within their Declaration of Interest forms:

Name	Role at NY CCG	Other Role	Interest Type
Amanda Bloor	Accountable Officer	Partnership Director for the North Yorkshire and York Partnership for the Humber, Coast and Vale Health and Care Partnership (Integrated Care System)	Non-Financial Professional
Wendy Balmain	Director of Strategy and Integration	Director of Integration & Primary Care Transformation for the North Yorkshire and York Partnership for the Humber, Coast and Vale Health and Care Partnership (Integrated Care System)	Non-Financial Professional
Jane Hawkard	Chief Finance Officer	Director of Finance and Planning for the North Yorkshire and York Partnership for the Humber, Coast and Vale Health and Care Partnership (Integrated Care System)	Non-Financial Professional
Simon Cox	Director of Acute Commissioning	Appointed to joint role for NYCCG and York Teaching Hospital NHS FT on secondment as Executive Programme Director for the East Coast Acute Services Review transformation programme.	Financial Professional

Amanda Bloor

No Governing Body members declared any interest in relation to the business of the meeting.

The NHS North Yorkshire CCG Governing Body: Noted that no declarations of interest made in relation to the business of the meeting.

3.0 Governing Body Minutes and Matters Arising

3.1 Governing Body Minutes – 22 April 2021

The Chair presented the Governing Body minutes from the meeting on 22 April 2021 noting that minor amendments had been made by members. The Governing Body members noted no further changes and approved the minutes as a true and accurate record of the meeting.

The NHS North Yorkshire CCG Governing Body: Approved the minutes of the meeting on 22 April 2021 as a true and accurate record.

3.2 Matters Arising from the Meeting – 22 April 2021

All matters arising had been completed since the last meeting with no further additional matters noted. The waiting list trajectories agreed at the last meeting are included at item 7.1 on the agenda.

The NHS North Yorkshire CCG Governing Body: Accepted the matters arising as complete from the meeting on 22 April 2021.

4.0 Reports from North Yorkshire Clinical Commissioning Group

4.1 Clinical Chair

Dr Charles Parker presented the Clinical Chair's Report and took the paper as read. No questions were raised.

The NHS North Yorkshire CCG Governing Body: Accepted the report from the Clinical Chair as assurance.

4.2 Accountable Officer

Amanda Bloor presented the Accountable Officer Report and took the paper as read. No questions were raised.

The NHS North Yorkshire CCG Governing Body: Accepted the report from the Accountable Officer as assurance.

4.3 Communications and Engagement Update

The Director of Corporate Services, Governance and Performance presented the Communications and Engagement update and took the paper as read. It was highlighted that the team were now working closely with Vale of York CCG and Humber, Coast and Vale colleagues across the ICS. Positive feedback has been received on the new North Yorkshire CCG website, which went live in May 2021. Work continues on the vaccination programme and recovery post pandemic with an upturn in engagement activities. It was agreed to include a section within the report on how the CCG reaches the public, with progress on those initiatives. This section of report should include the number of Facebook, Twitter and Instagram views for the next report.

The NHS North Yorkshire CCG Governing Body: Noted the Communications and Engagement Update as assurance.

5.0 Quality and Performance

5.1 Quality and Performance Report

The Director of Corporate Services, Governance and Performance and the Chief Nurse presented the Quality and Performance Report, which provides an integrated overview and assurance of quality and performance issues and took the paper as read.

The Chief Nurse highlighted quality issues including Serious Incidents (SIs), which continue to be reviewed, with a thematic review of investigations carried out throughout the pandemic. Significant work is being undertaken by the team to support Tees, Esk and Wear Valleys NHS FT on their improvement action plan and the Care Quality Commission are currently working with the Trust to reassess their inpatient services.

Internal Audit has completed an audit on the area of Safeguarding Adults and gave an opinion of Significant Assurance

Accident & Emergency (A&E)

It was noted that increased attendances in Emergency Departments (EDs) and higher patient acuity combined with the requirement to follow COVID-19 infection control requirements has resulted in greater challenges for hospitals to manage 12 hour trolley waits. Due to the pandemic, Trusts are not required to report against the 12 hour standard but continue to do so and the CCG continues to work with them to manage patient flow. The Chief Nurse confirmed that each of the EDs have processes and guidance in place to manage long waiting patients in ED and is assured that standards are being maintained. The issues in A&E are creating pressure across the system and all hospitals are working together to address these, work is also ongoing throughout the Humber, Coast and Vale system to provide solutions.

The Director of Acute Commissioning confirmed that a new set of standards will be introduced later in the year, which will better monitor the time patients spend in EDs. A list of the new standards can be found on page 3 of the document at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2021/05/B0546-clinically-led-review-of-urgent-and-emergency-care-standards.pdf>.

It was confirmed that Yorkshire Ambulance Service (YAS) call handlers conduct 'Hear and Treat' triage of calls to ensure the most appropriate response. If there is concern regarding a potentially inappropriate response the CCG can liaise with YAS via the Quality Board and request a transcript of the call.

Referral to Treatment (RTT)

The Chief Nurse confirmed that Trusts continue to conduct clinical validation of waiting lists against the priorities list set out by the Royal College of Surgeons/Federation of Specialty Surgical Associations (FSSA). It was noted that there will be patients waiting who contact their GP more frequently and where there is concern the GP can expedite those referrals. The Waiting Well Programme (<https://humbercoastandvale.org.uk/2021/06/14/the-waiting-well-programme/>) seeks to address some of the issues encountered by patients but it was recognised that as a result of the pandemic a wider review on patient outcomes may have to be carried out retrospectively. The Chief Nurse gave assurance that where adverse outcomes are being identified, these are considered in line with the Serious Incidents policy and are investigated accordingly.

The NHS North Yorkshire CCG Governing Body: Noted the Quality and Performance Report as assurance.

5.2 Learning Disability Mortality Review Annual Report

The Chief Nurse presented the Learning Disability Mortality Review Annual Report 2020/21 and noted that the review has been in place since 2015 to drive improvements in quality and reduce premature mortality and health inequalities for people with a learning disability. Sincere condolences were expressed to the families who have been bereaved with thanks to everyone who has contributed to the review.

It was reported that this programme will be extended to those who have died with a diagnosis of autism next year, which is an important first step in expanding this programme. The implications on resources are currently being mapped with further guidance awaited from NHS England and Improvement.

It was noted that the reduction on recorded deaths from aspiration pneumonias was as a direct result of the change in practice due to the issue having been highlighted and due to the increased number of people having received an annual health assessment.

It was agreed to feedback to NHS England and Improvement that screening is usually conducted in longer cycles than the 12 months currently referred to on the NHSE template. The Governing Body praised the amount of work that had gone into the report and approved it for publication on the CCG website.

The NHS North Yorkshire CCG Governing Body: Approved the publication of the Learning Disability Mortality Review Annual Report 2020/21 on the CCG website.

6.0 Finance

6.1 Financial Report

The Deputy Chief Finance Officer presented the Financial Report and took the paper as read. It was highlighted that 2020/21 ended with a small surplus and the 2021/22 first half year (H1) plan was submitted for the North Yorkshire York sub-system on 15 June 2021 showing that the Mental Health Investment Standard will be met and forecasting a break-even position.

A significant amount of work is being carried out on Elective Recovery Funding and meeting trajectories. The risk share agreement was finalised in the Director of Finance Group and will be going through the Humber, Coast and Vale ICS governance processes next week. This is to ensure that the Humber, Coast and Vale funds will be received at an ICS level and that no organisation will be disproportionately affected if they are unable to meet their baseline activity levels.

The Hospital Discharge Programme has changed from 6 weeks to 4 weeks funding, and it was reported that there will be a finite budget for 6 months, which will be allocated at ICS level. A gap of approximately £1.7m is indicated and work carried out with the local authority on the North Yorkshire share suggests that it is possible to operate within a reduced allocation, but this will need close monitoring on a monthly basis.

The NHS North Yorkshire CCG Governing Body:

- Noted financial performance for the year 2020/21
- Noted the financial plan for the first 6 months of 2021/22 (H1) including the mental health investment plan which meets the mental health investment standard
- Noted the Elective Recovery Fund and emerging risk share agreement across the ICS

- Noted the change in hospital discharge programme funding and rules.

7.0 Strategy and Planning

7.1 Operational Plan H1

The Director of Strategy and Integration presented the Operational Plan H1 and confirmed that the trajectories are included in the plan which was submitted to NHS England and Improvement at the end of May 2021.

It was reported that every part of the health system is experiencing increased demand, however services are still operating under infection control limitations due to COVID-19, which has resulted in reduced capacity and increased waiting lists. Cancer Alliances are working together and by October 2021 all Trusts will be required to meet a faster diagnostic standard of 28 days rather than the current 31 days. Significant work is being undertaken in primary care via Primary Care Networks with Cancer Research. Primary care is delivering significantly more appointments with an increase of 50,000 a month compared to during or before the pandemic but with a range of appointment options, 60% being face-to-face. A number of assessment sites for Long Covid have been established which will develop into the second half of the year.

The NHS North Yorkshire CCG Governing Body: Noted the final North Yorkshire & York Operational Plan, which was submitted into the HCV ICS and consolidated with the Humber system into one single plan submission, for assurance.

7.2 Continuing Healthcare Choice and Equity Policy

The Director of Corporate Services, Governance and Performance who is the Director Lead for Continuing Healthcare (CHC) presented the CHC Choice and Equity Policy, which includes a completed Quality and Equality Impact Assessment. It was reported that the policy has been through a number of iterations and committees, working closely with the Head of Continuing Care, the Chief Nurse, the Chief Finance Officer and the local authority. The CCG has consulted with NHS England and Improvement and has considered policies approved by other CCGs that have undergone legal scrutiny. From this, the CHC Choice and Equity Policy has been developed that is in line with good practice that supports the requirements of the CCG and the local population. The policy describes the way in which the CHC team will procure care in a timely manner which reflects the choice and preferences of individuals, but balances these with the CCGs responsibility to commission care that is safe, effective and makes best use of available resources across the system.

The CCG will support the Choice and Equity Policy by working with the local authority to develop a pricing and care home provision strategy. This will build on the cost of care review conducted in 2020/21 which provided a guide to costs of care provision across North Yorkshire and the prices paid by the local authority and the CCG. The cost of care report demonstrated that the CCG paid much higher rates than the cost of CHC care. This intelligence supports the contents of the Choice and Equality Policy. The work we will

conduct with the local authority will assist the CCG in setting a future pricing strategy to improve quality of care, ensuring adequate care provision, choice, and value for money in future years. A short piece of work is being commissioned over the summer to further understand the pricing for healthcare needs across North Yorkshire and this will also feed into the joint work with North Yorkshire County Council on market development.

It was proposed that the policy be approved from 1 August 2021 and that leading up to this date staff will be provided with training and will work through cases to assess the potential impact. A three month pilot would then be implemented where the policy would be applied and reviewed in order to make any final amendments, by which time the market development review would be concluded.

As per the guidance from NHSE on patient and public statutory guidance, there is no legal duty to involve patients or members of the public in this decision. However, the CCG has made a judgement that some form of engagement from key stakeholders would be beneficial during the pilot stage. It is planned to work with the communications and engagement team to consider engagement with appropriate groups so that improvements can be made in the early stages of the implementation of this policy where possible or required. The CCG plans to monitor the effectiveness of this policy through staff meetings and working with NYCC Brokerage team/providers.

The policy and proposed implementation period was supported by the Governing Body and it was noted that the policy would only be applied from the date it goes public on 1 August 2021. It was further noted that and patients on an existing package will stay on that package until their review date.

The NHS North Yorkshire CCG Governing Body:

- Reviewed and discussed the proposed new CHC Choice & Equity Policy
- Noted that work will be undertaken with the local authority to assist the CCG in setting a future pricing strategy to improve quality of care, ensuring adequate care provision, choice and value for money in future years
- Noted that the Equality and Quality Impact Assessment will be reviewed as developments progress
- Approved the CHC Choice & Equity Policy.

7.3 Better Care Fund Section 75 Agreement

The Deputy Chief Finance Officer presented the Better Care Fund Section 75 Agreement and confirmed that the CCG has met the Better Care Fund for 2020/21 which highlights improved integrated working.

No questions were raised by Governing Body Members.

The NHS North Yorkshire CCG Governing Body:

- Noted the report for assurance that the Better Care Fund plans were met in 2020/21

- Approved the Better Care Fund Section 75 Agreement
- Approved for the Accountable Officer to sign the agreement.

7.4 North Yorkshire and York: Medicines Formulary Decision Making Processes

The Chief Nurse presented the North Yorkshire and York Medicines Formulary Decision Making Processes outlining the merger of the Harrogate and Rural District Area Prescribing Committee and the York & Scarborough Medicines Commissioning Committee to form the new North Yorkshire and York Area Prescribing Committee. The Chief Nurse requested a change to the Operational Scheme of Delegation (as detailed at Item 8.2) from the Head of Medicines Management to the new North Yorkshire and York Area Prescribing Committee. The delegated amount to a maximum financial threshold of £10k per annum per decision per 100,000 population with any decision above this value escalated to the North Yorkshire CCG Finance, Performance, Contracting and Commissioning Committee for approval would remain the same.

The NHS North Yorkshire CCG Governing Body:

- Noted the merger of Harrogate and Rural District APC and York & Scarborough Medicines Commissioning Committee to form a new North Yorkshire and York Area Prescribing Committee
- Approved the delegated decision-making authority to a maximum financial threshold of £10k per annum per decision per 100,000 population. Any decision above this value will be escalated to the North Yorkshire CCG Finance, Performance, Contracting and Commissioning Committee for approval.

8.0 Governance

8.1 Governing Body NY CCG Statutory Committee Terms of Reference

The Director of Corporate Services, Governance and Performance presented the Statutory Committee terms of reference and reported that the Audit Committee and Primary Care Commissioning Committee terms of reference have been agreed by those committees and now require ratification by the Governing Body.

The Remuneration Committee has made a minor amendment to their terms of reference to the Membership section. The suggested change is for the removal of the Clinical Chair and Vice Clinical Chair as Members due to a change in circumstances of both Members. The Clinical Chair post would now be a conflict of interest as they now claim a significant proportion of their income from the CCG and the Vice Clinical Chair stepped down from the Governing Body in December 2020 and has not been replaced. As such it was agreed the most pragmatic solution would be to include 2 GP Governing Body Members on the Membership. It was however noted that only GP Governing Body Member that do not claim a significant proportion of their income would be permitted to be part of the Remuneration Committee.

The Governing Body were reminded that the Remuneration Committee terms of reference are part of the Constitution and as such would normally be required to be approved by the Council of Members. However, Clause 1.4.4 of the Constitution states that the Accountable Officer may periodically propose amendments to the constitution which shall be considered and approved by the Governing Body, unless:

- Changes are thought to have a material impact;
- Changes are proposed to the reserved powers of the Members; or
- At least half (50%) of all the Governing Body Members formally request that the amendments to be put before the Council of Members for approval.

A recommendation is therefore being made by the Director of Corporate Services, Governance and Performance to utilise these powers to approve any suggested changes outlined in this paper

The NHS North Yorkshire CCG Governing Body:

- Agreed that, in accordance with Clause 1.4.4 of the Constitution, the changes to the Remuneration Committee terms of reference are minor and that the Accountable Officer may propose amendments to the constitution in which the Remuneration Committee terms of reference are held
- Approved the minor changes to the Remuneration Committee terms of reference, which form part of the Constitution
- Ratified the terms of reference for:
 - Audit Committee
 - Primary Care Commissioning Committee
 - Remuneration Committee.

8.2 Operational Scheme of Delegation

The Deputy Chief Finance Officer presented the amendments to the Operational Scheme of Delegation..

Several amendments were presented to the Governing Body. These changes are to improve the day to day working of the CCG and recognises changes in the wider system in terms of:

- the creation of a local Area Prescribing Committee,
- the need to increase delegated limits of the Executive Directors Group in recognition of the larger North Yorkshire CCH budgets through the merger. This will also ensure that decisions are not unnecessarily delayed.
- the recognition of the management of Personal Health Budgets
- the recognition that District Valuer revaluations of GP premises requires CCGs to recognise changes in rental values

The amendments to the Operational Scheme of Delegation and subsequent update to the Governance Handbook were approved.

The NHS North Yorkshire CCG Governing Body:

- Approved the amendments to the CCG's Operational Scheme of Delegation

- Approved the Governance Handbook be updated with the new version of the Operational Scheme of Delegation.

8.3 CCG Annual Report and Accounts 2020/21 (includes the Annual Governance Statement)

The Director of Corporate Services, Governance and Performance presented the CCG Annual Report and Accounts 2020/21 including the Annual Governance Statement and highlighted that it is a statutory requirement to publish the Annual Report and Accounts each year. Members were reminded that approval had been delegated to the Audit Committee due to timing of the submission requirement to NHS England and Improvement and that Audit Committee had approved the Annual Report and Accounts (and Annual Governance Statement) at the meeting on 8 June 2021. The Chair stated that this was a detailed piece of work demonstrating the scope of work carried out in spite of the pandemic and wished to thank everyone for their input.

The NHS North Yorkshire CCG Governing Body: Noted the NHS North Yorkshire CCG Annual Report and Accounts for 2020/21 (which includes the Annual Governance Statement).

9.0 Minutes and Key Messages of Governing Body Committees

9.1 Audit Committee

The Chair of the Audit Committee confirmed that there was nothing further to add and no questions were raised on the minutes and key messages of the Audit Committee.

9.2 Primary Care Commissioning Committee

The Chair of the Primary Care Commissioning Committee confirmed that there was nothing further to add and no questions were raised on the minutes and key messages of the Primary Care Commissioning Committee.

9.3 Quality and Clinical Governance Committee

The Chair of the Quality and Clinical Governance Committee confirmed that there was nothing further to add and no questions were raised on the minutes and key messages of the Quality and Clinical Governance Committee.

9.4 Finance, Performance, Contracting and Commissioning Committee

The Chair of the Finance, Performance, Contracting and Commissioning Committee confirmed that confirmed that there was nothing further to add and no questions were raised on the minutes and key messages of the Finance, Performance, Contracting and Commissioning Committee.

The NHS North Yorkshire CCG Governing Body: Noted the key messages and minutes from the statutory and non-statutory committees of the Governing Body.

10.0 Any Other Business

No other business was discussed.

The NHS North Yorkshire CCG Governing Body: Noted that there was no other business to discuss.

11.0 Next Meeting

The Governing Body is next due to meet on Thursday 23 September 2021. It is currently expected that this meeting will take place virtually as social distancing rules are in place. All papers will be published on the CCG website and members of the public will have the opportunity to send any questions in advance of the meeting in line with usual processes. Key decisions will be published within 24 hours of the meeting taking place.

The NHS North Yorkshire CCG Governing Body: Noted the date of the next meeting.

12.0 Close of the Meeting in Public

Follow up actions

The actions required as detailed in these minutes are attached at Appendix A.

Appendix A

NHS North Yorkshire Clinical Commissioning Group Actions from the Governing Body Meeting in Public on 24 June 2021

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
24 June 2021	4.3 Communications and Engagement Update	It was agreed to include a section on how the CCG reaches the public, with progress on those initiatives, and to include the number of Facebook, Twitter and Instagram views for the next report.	Julie Warren	
24 June 2021	5.2 Learning Disability Mortality Review Annual Report 2020/21	It was agreed to feedback to NHS England and Improvement that screening is usually conducted in longer cycles than the 12 months currently referred to on the NHSE template.	Sue Peckitt	