

MINUTES

NHS Scarborough & Ryedale Clinical Commissioning Group
Governing Body Committee in **PUBLIC**
Wednesday 26 September 2018, 9.30am
Downe Arms, Wykeham
Chair: Dr P Garnett

Present:

Dr Peter Billingsley	GP Member
Mr Simon Cox	Chief Officer
Dr Phil Garnett	Chair, GP Member
Dr Omnia Hefni	GP Member
Mr Philip Hewitson	Lay Member
Mr Andy Hudson	Lay Member
Mrs Carolyn Liddle	Primary Care Manager
Dr Jenni Lawrence	Associate GP Member
Mr Ken Readshaw	Lay Member
Dr Ian Woods	Secondary Care Doctor

In Attendance:

Mrs Vanessa Burns	Deputy Chief Finance Officer
Mr Alex Flowers	SBC Communications and Media
Ms Ruth Gordon	NHS Harrogate and Rural District CCG
Mr Robert Irwin	Head of Corporate Services
Mrs Sue Peckitt	Associate Director of Nursing
Ms Julia Scoles	Executive Assistant

Apologies:

Dr Greg Black	GP Member
Mrs Sally Brown	Associate Director of Corporate Affairs
Dr Kath Halloran	GP Member
Dr Chris Ives	GP Member
Mr Richard Mellor	Chief Finance Officer
Ms Louise Wallace	North Yorkshire County Council
Mrs Carrie Wollerton	Executive Nurse

Minutes		
Agenda	Item	Action
GB/18/511	<p>Welcome and Apologies</p> <p>The Chair welcomed members and non-members and noted the above apologies.</p> <p>Three members of the public were in attendance. No questions were received from members of the public.</p>	
GB/18/512	<p>Minutes of the previous meeting 25 July 2018</p> <p>The minutes were agreed as a true and accurate record of the meeting with the following amendment:</p> <p>GB/18/484 – amend to “GP Extended Access”.</p>	

GB/18/513	Matters arising There were no matters arising.	
GB/18/514	Declarations of Interest None declared or recorded.	
GB/18/515	Declarations of gifts and hospitality None declared or recorded.	
GB/18/516	Quoracy The Quoracy of the meeting is confirmed. The Chair confirmed that the meeting is quorate and therefore business can be transacted under the terms and conditions of the Constitution.	
Chief Officer and Chair's Report		
GB/18/517	Update from Joint Acute Commissioning Committee and System Transformation Board The Chief Officer gave a presentation and update on the progress to date; key items of discussion include quality and patient safety; a single leadership team across the three North Yorkshire Clinical Commissioning Groups and funding via the ETTF budget for GP IT. ACTION: the Chief Officer to circulate the slides to members as presented at the meeting. The Committee noted the update and action as detailed above.	SC
GB/18/518	HCV STP The Chief Officer gave a presentation as above and included information regarding the work of the STP. It was noted that information has been circulated regarding CQC system reviews entitled "how older and vulnerable people experience the health and social care interface". The Committee noted the update as detailed above.	
GB/18/519	North Yorkshire Reconfiguration The Chief Officer gave a presentation as above regarding progress of the North Yorkshire Reconfiguration. Further updates will follow as progress is made. The Committee noted the update as detailed above.	
Report from the Finance and Contracting Committee		
GB/18/520	Finance and QiPP Update Report The Deputy Chief Finance Officer gave an update on the financial position to day and full year spending forecast. At the end of August the CCG is	

	<p>reporting a bottom line YTD position of break-even against plan and the CCG is reporting a deficit forecast position of £3.6m; this is in line with the plan and prior to any sustainability funding. However, this position includes the receipt of £400k of sustainability funds in Quarter 1. It was noted there are a number of risks to delivery of the plan position by the end of the year and this is being reviewed now that we are nearly half way through the year.</p> <p>Discussions took place regarding QiPP expectations and areas of over-spend. It was reported that changes to behaviours had been noted with regard to the delivery of services.</p> <p>The under-spend on mental health services are being utilised to support the overall financial position of SRCCG. It was confirmed that standards are being met as required by NICE guidance.</p> <p>The Committee noted the financial report as detailed above.</p>	
Report from Communication and Engagement Committee		
GB/18/521	<p>Committee progress and Exceptions Report</p> <p>Website Update It has been recognised for some time that the SRCCG current internet site is difficult to navigate and functionality could be improved. Following a procurement exercise a new provider has been appointed and is working with the Communications team to determine the content and aesthetics of the new website.</p> <p>Commissioning Maze An event has been arranged at Malton Rugby Club on 24th October 2018 and a number of local organisations have been invited to submit teams to take part. Responses have been extremely positive and it is anticipated there will be 6 teams.</p> <p>Customer Service Excellence The CSE assessment will take place on 21st November 2018. The aim is to retain and improve on previous outcomes and the Communications and Engagement team are in the process of gathering evidence by way of preparation.</p> <p>Practice Representative Group The next meeting will take place on 3rd October 2018. Representatives from Ampleforth, Hunmanby and Eastfield surgeries will be providing practice group updates as they were not able to attend the previous meeting. A key issue identified is a lack of diversity in patient representative membership and it was agreed that alternative engagement methods will be sought and it is hoped this might increase diversity in the groups. At the December meeting a representative from Humber Foundation Trust will provide an update on the Home First Service.</p> <p>Media Dashboard</p>	

	<p>See appended document.</p> <p>The Committee noted the update as detailed above.</p>	
	Report from Primary Care Co-Commissioning Committee	
GB/18/522	<p>Committee Progress and Exceptions Report Annual Report</p> <p>As SRCCG has fully delegated authority for Primary Care there is a requirement for the Chair to submit an annual report. This information has been included in the full Annual Report in previous years. See Annex One for information.</p> <p>North Yorkshire County Council (NYCC)</p> <p>A report was received from NYCC which outlined what action they are taking in respect of their 2018 winter planning responsibilities. The report covered:</p> <ul style="list-style-type: none"> ○ NYCC Health and Wellbeing Boards Winter Health Strategy ○ Warm and Well Project ○ Falls Prevention Programme ○ NYCC/PHE Flu Vaccination Programme ○ Health Protection Assurance ○ Role of Audit Social Care. <p>A summary report is attached, Annex Two, and contains web links to the various initiatives/projects for further information.</p> <p>Terms of Reference (TORs)</p> <p>The TORs were submitted for approval; there being one minor change which reflected the title of one of the members; as detailed in the report.</p> <p>Primary Care Development Group</p> <p>Due to Practice Manager resignations the group has not met for some months. Three new members have now been recruited and the remit of the group has been reviewed. Following a refresh of the group’s remit to ensure its purpose and activities remain relevant, the group will continue to report to future meetings of the Primary Care Co-Commissioning Committee.</p> <p>ETTF</p> <p>The development proposal submitted by Eastfield medical Centre; which is to upgrade facilities and expand into the formal dental suite on the first floor; has now been approved by NHS England and will commence following completion of due diligence.</p> <p>GP Resilience Programme</p> <p>Two bids were received from Scarborough medical Group (on behalf of 6 practices) and Derwent Surgery to provide centrifuges. The bid from Derwent was rejected and NHS England has suggested they approach the budget holders for the “Business as usual fund”.</p>	

	<p>Workforce Update Overseas Recruitment – progress to date has reported some 483 contacts have been made of which we have received 328 applications. However, on 207 applicants meet the scheme criteria. The recruitment process includes the validation of qualifications and English language skills and confirmation of the right to work in the UK. Discussions took place regarding the structure of the support, learning and tests required. The first candidate is scheduled to commence work, in Scunthorpe, on 3rd September 2018.</p> <p>Procurement of Extended Access to Primary Care Services It is anticipated the service will be in place by 1st October 2018 for all patients across the Scarborough and Ryedale locality on a pilot basis whilst a full procurement process will commence in early 2019.</p> <p>Developing Primary Care as part of a system transformation The newly appointed Head of Primary Care will commence in post in November 2018. Interviews have taken place for a Programme Management Officer to support the projects as required.</p> <p>Issues of concern – the reported GP IT problems have been included in the risk register and escalated to the provider.</p> <p>LMC Representative – has not attended frequently and it is assumed that attendance will be made for specific agenda items only. It had been hoped that full attendance would be made at every meeting. A suggestion was made to write to the LMC to request an alternative representative.</p> <p>ACTION: clarity is required from the LMC whether a representative will be provided. The Chair of the Primary Care Co-Commissioning Committee to write to the Chair of the LMC regarding representation at SRCCG meetings.</p> <p>ACTION: a quality dashboard to be provided for future Governing Body Committee meetings.</p> <p>The Committee noted the comments and actions above.</p>	<p>AH</p> <p>AH</p>
GB/18/523	<p>Primary Care – Strategy Workshop Nothing further to add.</p>	
GB/18/524	<p>Digital Transformation Programme Board ACTION: report to be circulated to governing body members when available.</p>	JLS
	<p>Report from Public Health</p>	
GB/18/525	<p>Update Report from Public Health NYCC A report was received from LW of NYCC as follows:</p> <ul style="list-style-type: none"> ○ North Yorkshire Health and Wellbeing Board continue to focus on 	

	<p>mental health and digital as key themes for this year as well as considering issues relating to health and housing.</p> <ul style="list-style-type: none"> ○ The operating guidance for the Integration and Better Care Fund for 18-19 has been published. This has led to a very marginal change in the DTOC target for the Board. Joint work across the Council and the Trusts continues on a daily basis to support transfers of care, as well as refreshing jointly the transfers of care protocol. Whilst the DTOC has not been achieved, there is a lot of activity and work across partners focused on the High Impact Change Model. ○ The process for refreshing the narrative plan for the BCF will be determined over the next few months through the Commissioner Forum <p>The Committee noted the update above.</p>	
Report from Quality and Performance Committee		
GB/18/526	<p>Performance Exceptions Report</p> <p>This briefing report provides an overview of the performance for the months June and July 2018. The main narrative in regards to quality and performance continues to be contained within the Quarterly Quality and Outcomes report which Q3 report will be presented to Governing Body in May 2018. The composite position in the dashboard will continue to be provided as an appendix.</p> <p>Key issues in this period include:</p> <ul style="list-style-type: none"> ● Diagnostic waiting times ● Improving Access to Psychological Therapies ● A&E Waiting Times, including ambulance handover times and 12 hour trolley breaches ● Referral to Treatment pathways ● Diagnosis rates for people with dementia ● Treatment within 62 days of an urgent referral for suspected cancer ● Incidence of Health Care Associated Infection ● All cancer waiting times <p>The Committee notes the update as detailed above.</p>	
GB/18/527	<p>Slavery and Human Trafficking Statement</p> <p>Section 54 of the Modern Slavery Act 2015 requires certain organisations to develop a slavery and human trafficking statement each year. The slavery and human trafficking statement should set out what steps organisations have taken to ensure modern slavery is not taking place in their business or supply chains. Essentially organisations with a minimum turnover of £36 million are required to publish the statement.</p> <p>Whilst the CCG does not have an obligation to publish a Slavery and Human Trafficking Statement it is considered good practice to do so.</p> <p>As a Commissioning organisation the CCG should consider whether it gets</p>	

	<p>assurance from provider organisations that they have a Human Trafficking Statement on their website, monitor this and progress against it annually. As a minimum we would expect providers published Annual Reports to include Modern Slavery Act statement providing a summary of their work in this area during the year.</p> <p>Governing Body is asked to approve the statement before publication on the CCG website and consider whether further assurance from providers is required.</p> <p>APPROVED: The Committee approves the Slavery and Human Trafficking Statement as detailed in the report.</p> <p>The Committee noted the comments and approval above.</p>	
Service Development		
GB/18/528	<p>Business Committee – Progress and Exceptions Report</p> <p>The Committee received a report from the Chair of the Business Committee as follows:</p> <ul style="list-style-type: none"> ○ Business committee has met twice since the last Governing body meeting in July. The business committee also convened an extraordinary meeting to review progress with integrated working between Scarborough and York. ○ The committee is preparing for the re-procurement of services which are nearing the end of their contracts. ○ After the provider served notice on the contract and requested an increased investment to continue to provide the ‘enablement’ pain service a decision was taken not to increase investment to continue the service with the current provider. ○ Recommendations have been received from the York-Scarborough medicines commissioning committee and approved. This keeps us up to date with NICE technology appraisals and maintains the cost effectiveness of the medicines formulary. ○ Committee has been asked to consider a proposal for improved follow-up of patients who have had treatment for breast cancer. ○ The committee has received an update on children’s mental health services including the community eating disorders service which has struggled to recruit, and the futures in Mind Investments. ○ The Cancer alliance has failed to meet the 62day performance target and so has been defunded £700k which will have some impact on the proposed projects although this will be minimised. The most significant projects affected are the lung health check and the FIT pathway, although the latter was still under review. <p>The Committee noted the comments above.</p>	

GB/18/529	<p>Mental Health</p> <p>Ruth Gordon, NHS Harrogate and Rural District CCG, joined the meeting as representative of the three North Yorkshire CCGs, (SRCCG, HARD, HRW) and gave an updated with regard to Mental Health services. It was noted that TEWV are the mental health specialist provider. The aim is to avoid duplication and ensure that patients access the maximum service possible. An explanation was given with regard to spend and IAPT services. It was explained that the IAPT service is of poor quality in the area and it has been reported that patients have refused treatment due to the poor quality of the service. It was noted the pain clinic in Scarborough offers psychological support. Consideration is being given to the IAPT services being fit for purpose for the Scarborough and Ryedale population.</p> <p>Discussions took place regarding workforce availability in the locality and a suggestion was made for this to be rectified across the North Yorkshire footprint.</p> <p>ACTION: The Committee requires assurance that the service is robust as they are the statutory decision making authority.</p> <p>The Committee noted the comments and action above.</p>	PB/RG
Report from Corporate Services		
GB/18/530	<p>Review Assurance Framework</p> <p>RI reported that he is reviewing the Assurance Framework to ensure efficiencies and make the document more manageable; this may mean that training will be provided to Governing Body members and will require all meeting Chair's to approve the risk registers prior to inclusion in the full Corporate Risk Register. Discussions for the format of the document will be had when the new North Yorkshire Accountable Officer is in post. It is anticipated the new format will be in place by 1st January 2019.</p> <p>The Committee noted the update above.</p>	
GB/18/531	<p>Corporate Risk Register</p> <p>See appended document. It was noted the risks included in the register have already been reviewed at their respective meetings and approved for inclusion in the full register. An explanation of the definition of what constitutes a risk was given. Until such time the new North Yorkshire senior management team is in post then SRCCG will continue to undertake their usual corporate processes as business as usual.</p> <p>APPROVED: The Committee approved the Corporate Risk Register.</p>	
Papers for Ratification		
GB/18/532	<p>Complaints Policy and Procedure</p> <p>See appended document.</p> <p>APPROVED: The Committee approved the Complaints Policy and</p>	

	Procedure.	
	<p>Any other business Joint meeting of SRCCG and VoYCCG Governing Bodies on Thursday 4th October 2018. A query was raised regarding whether the meeting should take place or be deferred to a later date.</p> <p>AGREED: defer the meeting on 4th October 2018.</p>	
	<p>Date of next meeting: Wednesday 28th November 2018 Venue: Coventry University, Scarborough Campus</p>	

2018-19				
Job Title	23 May 18	25 July 18	26 Sept 18	28 Nov 18
Chair	PG	PG	PG	
Deputy Chair/Lay Member	PH	PH	PH	
Chief Officer	SC	SC	SC	
Chief Finance Officer	RM	RM	VB	
Executive Nurse	CW	SP	SP	
Governing Body GP1	GB	GB	X	
Governing Body GP2	KH	KH	X	
Governing Body GP3	CI	CI	X	
Governing Body GP4	PB	PB	PB	
Governing Body GP5	OH	OH	OH	
Secondary Care Doctor	IW	IW	IW	
Primary Care Manager	CL	CL	CL	
Lay Member	AH	AH	AH	
Lay Member	KR	KR	KR	
LMC representative	X	LW	X	
NYCC representative	X	X	X	