

**Harrogate and Rural District Clinical Commissioning Group
Governing Body**

**3 April 2014, 10:00 – 12:00
Dower House Hotel, Bond End,
Knaresborough, North Yorkshire, HG5 9AL.**

Present

Dr Alistair Ingram	Clinical Chair (Chair)
Amanda Bloor	Chief Officer
Rachel Mann	Vice-Chair/Lay Member
Bernard Chalk	Chief Financial Officer
Dr Gareth Roberts	GP Member
Dr Chris Preece	GP Member
Dr Sarah Hay	GP Member
Dr Rick Sweeney	GP Member
Dr Rob Penman	GP Member
Prof. Jane Metcalf	Secondary Care Consultant
David Hall	Lay Member
Mike Webster	North Yorkshire County Council

Apologies

John Pattinson	Director of Quality / Executive Nurse
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In Attendance

Sasha Sencier	Board Secretary / Executive Assistant (Secretariat)
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1. Apologies for Absence

Apologies were received from John Pattinson.

The Governing Body:

Noted the above.

2. Declarations of Members' Interest in Relation to the Business of the Meeting

Dr Gareth Roberts informed that, in relation to Item 8.4 Business Cases, he currently works half a day per week with TEWV.

No other declarations of interest were received.

The Governing Body:

Noted the above.

3. Minutes of the meeting held on 6 February 2014

The minutes for the meeting held on 6 February 2014 were reviewed by the Governing Body for accuracy and no amendments were made.

The Governing Body:

Accepted the above.

4. Matters Arising from the Minutes

The action log was reviewed by the Governing Body and the following was noted:

Item 4.0 Matters Arising from the Minutes

A Governing Body workshop is planned for the afternoon to carry out further work on the Board Assurance Framework (BAF). The BAF will next be approved at the Governing Body meeting in June 2014.

Item 4.0 Matters Arising from the Minutes

Dave Hall informed that work continues on looking into how other CCGs present qualitative information to their Governing Bodies. Progress will be updated in the Lay member update.

Item 6.1 Commissioning for Quality and Outcomes

The Dashboard is being presented to the Quality and Clinical Governance Committee and the Finance, Performance and Commissioning Committee (FPCC) before being submitted for discussion at the Governing Body meetings.

Item 8.1 Review of Governance Arrangements

Amendments have been made to the Schedule of Matters Delegated to Officers.

Item 9.2 Business Cases Review

Business Cases are on the agenda for today's meeting.

The Governing Body:

Accepted the above

5. Reports from Harrogate and Rural District CCG

5.1 Report from Clinical Chair

The Governing Body received a verbal update from the Clinical Chair, Dr Alistair Ingram.

Dr Alistair Ingram attended the NHS Clinical Leaders Conference on 11 February in Manchester. Jeremy Hunt, Sir Bruce Keogh and Andy Burnham gave presentations on the challenges faced, these included an aging population, economic climate, the importance of integration, and the importance of personalising care.

5.2 Report from Chief Officer

The Governing Body received a verbal update from Amanda Bloor, Chief Officer.

The CCG had their Quarter 3 Checkpoint meeting with the NHS England Area Team. The level of assurance for the CCG is assured. The Quarter 4 Checkpoint meeting will take place early June 2014.

The CCGs latest public engagement event took place on 11 March 2014 and a positive response was received.

The Integrated Care Board and Health and Wellbeing Board have been progressing with the Better Care Fund plans.

Collaborative work continues with West Yorkshire and North Yorkshire at monthly collaborative meetings.

The Commissioning Support Unit (CSU) has appointed Annie MacLeod as the new Relationship Manager for HaRD CCG.

5.3 Report from Lay Member – Patient and Public Engagement

The Governing Body received a verbal update from Dave Hall, Lay Member.

Dave Hall was involved in a number of meetings, including: the second Quality Engagement Group at Harrogate and District NHS Foundation Trust (HDFT); the National PPI working Group; the third regional PPI meeting; and the Transforming Participation in Health and Care – Field Force Programme launch.

The Public Engagement Event took place on 11 March 2014. It was attended by members of the public, the voluntary sector, and colleagues from NHS and North Yorkshire County Council. The main focus of the evening was to capture feedback from people through interactive breakout sessions, based on four strategic priorities of the CCG. Feedback from the event has been very positive. Once all the feedback has been collated a report will be produced and submitted to the Governing Body.

HaRD Net has approximately 200 members, with 80 new members following a recent promotional campaign. The CCG now has 1338 followers on Twitter. The spring edition of HaRD News is currently in production.

5.4 Report from Chair of the Quality and Clinical Governance Committee

The Governing Body received a verbal update from the Chair, Dr Sarah Hay.

Dr Sarah Hay informed that there had been two Committee meetings since the last time the Governing Body met.

Dr Sarah Hay informed that there had been ongoing discussions around Looked After Children (LAC) and the lack of services for 16 year plus, which is currently being

addressed Yorkshire wide. An education event for GPs was held regarding child protection and the perceived gap has been added to the CCGs risk register.

The Information Governance (IG) policies were received and approved by the Committee.

The Committee carried out a detailed review of cases of Clostridium difficile (C-Diff) infection which had been acquired from hospital or community. The Committee remains concerned about the increase and noted a planned education event to increase awareness of best practice for the use of antibiotics to limit cases.

The Committee received an update from the Partnership Commissioning Unit (PCU) regarding the planned restructure to the team. The Committee will receive a monthly update report from the PCU and plan to work closely with them to provide assurance regarding operational delivery.

5.5 Report from Chair of the Audit Committee

The Governing Body received a verbal update from the Chair, Rachel Mann.

The Committee has met once since the last Governing Body meeting.

The submission date for final audited accounts on 6 June and as the Governing Body will meet on 5 June the accounts will be formally approved then. The Audit Committee will meet in both April and May to assure this work is ready for final submission to the Governing Body.

The Audit Committee approved the 3-year Audit Plan, which is based on risks from the BAF. Once the Governing Body workshop has taken place today, the Committee will cross-check the Audit Plan with the final BAF to ensure all areas are covered.

The Committee received an Audit Report on Payroll. Limited assurance was received. There is a procurement process for the new payroll supplier for the Yorkshire and Humber CCGs as there have been significant issues with the current supplier.

The private meeting with the External Auditors was held and was satisfactory. The meeting is to ensure that audit is able to take place in a way that is not influenced by management.

The Audit Committee had been seeking external assurance regarding the transparency of the auditing of Commissioning Support Unit (CSU). There is now an understanding that a service auditor report will be provided to the CCG to give assurance.

Janet Probert, Director of PCU attended the Audit Committee and provided assurance around PCU commissioning activity. The Quality and Clinical Governance Committee will receive assurance from the PCU on operational delivery from PCU.

5.6 Report from Chair of the Finance, Performance and Commissioning Committee

The Governing Body received a verbal update from the Chair, Bernard Chalk.

The Committee reviewed the financial activity position, the Quality Dashboard and the financial plan, which are all on the agenda today. The Committee also had a detailed discussion with CSU.

The Committee recognised that there is the need for a more in-depth review of performance around individual contract lines and new processes moving forward.

The Committee also raised concerns regarding the Dashboard and agreed that it would be useful to bring this discussion to a future Governing Body workshop.

The Governing Body:

Noted the above.

6. Quality and Performance

6.1 Commissioning Quality and Outcomes

The purpose of the paper is to highlight progress, and summarise the evidence being used to provide assurance of the quality and outcomes of services at Harrogate District NHS Foundation Trust (HDFT) and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV). It also picks out performance issues by exception.

There was an underperformance on Ambulance Red 1 & 2 (8mins) in February 2014; however CCG level performance is above target at 85% for Red 1 and 76.2% for Red 2.

There were two mixed sex accommodation breaches in February 2014. These occurred in exceptional circumstances and the CCG has been assured this was an isolated incident relating to an outbreak of Norovirus.

The Friends and Family test show a downward trend for York, however they do still remain above the national average. HDFT A&E data shows an improved position from last month and is also above the national average.

The Governing Body agreed that, under the Domain for Preventing People from Dying Prematurely, it would be beneficial to have the national average to understand better the red indicators. John Pattinson to be asked to follow this up.

Clostridium difficile (C.Diff) as of January 2014 totals 36, with a target of 23. Of the total number attributed to HaRD CCG, 26 are HDFT of which 12 are attributable to the hospital and 14 to the community. These are small numbers compared to other Trusts. An action plan is in place and is supported by the District Committee for Infection Control and Health Care Acquired Infections North Yorkshire Forum. In addition the CCG has asked that more work is done in educating GPs with regard to prescribing antibiotics.

There is a reduction in emergency admissions for children with lower respiratory tract infections (LRTIs). This relates to a pathway issue and partnership work is underway with Asthma UK, coordinated by the PCU.

According to January 2014 figures, there has been an increase in short stay admissions when compared to the same period last year. This equates to a further 815 patients this year compared to 679 in 2012/13. On this basis it is unlikely that this target is recoverable by year end.

Performance for Adult Mental Health Services (9 week wait for first appointment) is showing a downward trend from 81.9% to 71.4%. Staffing levels remain an issue although vacant posts have been appointed but yet to commence. The Governing Body agreed that there had been concern in Practices regarding this and agreed that Dr Sarah Hay and John Pattinson should ask the PCU to do a focussed piece of work around this issue.

Choose and Book performance has declined this month from 73.8% to 62.0%, which is being investigated further by the CCG.

The Governing Body was informed that there had been 8 Serious Incidents in February 2014, none of which were relating to HDFT.

The Governing Body discussed the percentage of people who have depression and/or anxiety disorders who receive psychological therapies. It was agreed that the dashboard needed amending. It was noted that the target for next year will be 15%.

The Governing Body agreed that a future workshop around indicators would be useful, and also a Dashboard summary sheet. John Pattinson to arrange for a summary sheet to be produced as part of the dashboard, and in time for the next Governing Body meeting in June 2014.

The Governing Body:

Accepted the above.

7 Finance and Activity

7.1 CCG Finance and Activity Report

Bernard Chalk presented the paper, Finance and Activity Report – period ended 28 February 2014.

The CCG is reporting a year to date surplus of £1.16m, which is slightly ahead of plan (£1.12m). The forecast outturn remains consistent at a 1% surplus.

The acute provider contracts continue to be the main cause for concern, in particular the activity delivered by HDFT. Year-end positions are currently being negotiated with providers to give clarity and final agreement on 2013/14 outturn position.

The overspending on acute service contracts is currently being offset by a projected underspending on other contracts, running costs and by using reserves.

There are a number of areas that require monitoring as the CCG approaches year-end:

Other Acute Contracts

The contracts with York Teaching Hospital FT and South Tees FT continue to trade at levels below plan, helping to offset the overspend at HDFT. The Leeds Teaching Hospital contract continues to overtrade but at a rate consistent to previous months.

Non-Contracted Activity (NCA)

The situation this year surrounding NCA activity has been difficult to assess (Section 251). A considerable amount of work has been undertaken with colleagues at the CSU to validate the backlog of invoices and to gain a deeper understanding of the financial consequences. Further work has also been undertaken across the four North Yorkshire & York CCGs to understand the overall position and to work through the risk-share to gain greater clarity on the year to date & forecast outturn.

Yorkshire Ambulance Service (YAS) Blue Light

The CCG is now reporting a year-end overtrading position of £200,000. Overall, the activity levels for category red 1 & category red 2, after earlier in the year overtrading significantly, have returned to contracted levels. The main area of concern is with the category green 4 activity which continues to trade at levels significantly above plan. Again, this contract is managed on a risk share basis and we need to be aware of the regional position to fully understand the impact on this CCG's position.

Running Costs

The CCG continues to under-spend against budget on running costs. To date this underspend is £465,000 with a forecast outturn underspend now of £487,000. This position continues in line with plan. This underspend is already committed to supporting the overspend occurring within programme costs.

The Governing Body:

Accepted the above.

7.2 Annual Accounts 2013/14

Bernard Chalk presented the paper, Annual Account 2013/14. NHS England has issued details of the timetable and a Manual of Accounts to work to for the production and audit of CCG Annual Accounts and Report. The detail of the process and timelines are set out in the report, along with a proposed process for agreeing the draft accounts, receipt and acceptance of the Report to those charged with Governance and any audit amendments, and adoption of the accounts and report.

The Governing Body was asked to approve the process, which gives the Audit Committee delegated authority to agree the draft accounts and Annual Governance

report, receive the Report to those Charged with Governance, and adopt the accounts, subject to their being no significant variance from the forecast position, and no significant issues raised either from the draft accounts and report, or by the auditors in the Report to those Charged with Governance.

In the event that the Audit Committee believes there are issues beyond the delegated powers given to them, they will request an extraordinary governing body meeting, or defer approvals to the May Governing body meeting, as deemed appropriate.

The process assumes that the financial outcome for the year is in line with the forecast, that the accounts are prepared within the prescribed timescales, and that there are no significant issues raised by our auditors in their report to those charged with governance of the organisation.

The Governing Body:

Approved the process and noted the above, for assurance.

8. Strategy

8.1 2-Year Operational Plan

Amanda Bloor presented the paper, 2-Year Operational Plan, as an internal working document that provides detail of what is to be expected for the first two years of operational delivery so that the Governing Body can be satisfied that progress is being made in the delivery what the CCG has set out to achieve. The plan also takes into account the longer term goals as outlined in the five-year draft strategy.

The Governing Body:

Approved the above.

8.2 Strategic Plan 2014/15 – 2018/19

Amanda Bloor presented the paper, Strategic Plan 2014/15 – 2018/19. HaRD CCG is required to submit its draft strategic plan to NHS England on 4 April 2014. The final version is then to be submitted on 20 June 2014.

Since the publication of the planning guidance 'Everyone Counts: Planning for Patients 2014/15 to 2018/19', the CCG has been working to refresh its 5-year Ambition, developed as part of the Authorisation process, into a compelling strategic narrative of service transformation and delivery of outcomes.

The CCGs strategy sets out how we will transform health care for the people of Harrogate and Rural District.

It was noted that the development of the strategy is an iterative process and final version will include further detail, including: response to patient and public engagement; further stakeholder feedback; updated primary care strategy; further detail on the West Yorkshire strategic pathway reviews; and specialist commissioning plans.

The Governing Body agreed that that both plans are strong and ambitious and take into account health and social needs alike. The need for education and workforce development was recognised as being a potential barrier and Amanda Bloor agreed that this was recognised and partners are working closely to strengthen workforce planning through meetings such as the Transformation Committee, the Integrated Commissioning Board and the Health and Wellbeing Board.

The Governing Body were asked to contribute further to the development of the strategy as appropriate and it was noted that the draft strategy provides assurance that the CCG will deliver on the outcome measures required in 'Everyone Counts' planning guidance.

The Governing Body:

Noted assurance on the above.

8.3 Financial Plan 2014/15 – 2015/16

Bernard Chalk presented the paper, Financial Plan 2014/15 – 2015/16, which sets out the current financial planning assumptions together with the resultant draft revenue budget for 2014/15. These are based on the financial plans which have been prepared in line with the 'Everyone Counts' planning guidance, published in December 2013.

Draft financial plans were submitted as per the national timetable on 14 February 2014. Detailed budgets will be finalised and circulated once all contract have been agreed.

The Governing Body was informed that the CCG has not yet signed a contract with the main provider but that this should be resolved earlier than last year. A number of other risks were noted, including non-contract activity which needs to be managed.

The Governing Body was asked to note the current issues with finalising the contract with our main provider (HDFT).

The Governing Body was also asked to approve the financial plan, as set out, subject to there being no material changes.

The Governing Body noted that there has been a slight reduction in running costs for 2014/15 but agreed that there is the need to invest in staff capacity due to the workload in the CCG.

The Governing Body:

Approved and noted the above.

8.4 Business Cases

Bernard Chalk presented the paper, Business Cases, which identifies the need to invest in additional resources in the financial year 2014/15 to deliver improvements in: Autism Assessment Services; Urgent Mental Health Care (including Section 136 suite); and Improving Access to Psychological Therapies (IAPT).

Autism Assessment Services

The Governing Body was asked to consider an increase to the recurrent funding for Autism Assessment by £179,000 to provide a fit for purpose autism assessment service able to meet annual demand. The Governing Body was also asked to consider the allocation of non-recurrent funding of £280,000 for the financial year 2014/15 to clear the existing waiting list.

The Governing Body discussed the above and it was noted that the CCG has discussed the issues with the local provider who will clear the existing waiting list. The CCG has also asked the PCU to provide regular data on patient levels and to monitor the level of referrals. The Governing Body has received assurance from the FPCC, who has already agreed to the funding, pending Governing Body approval.

The Governing Body:

1. Approved the increase in recurrent funding by £179,000.
2. Approved the allocation of non-recurrent funding of £280,000 for the financial year of 2014/15 to clear the existing waiting list.

Urgent Mental Health Care

The Governing Body was asked to consider a recurrent investment of £450,000 to improve the urgent mental health care pathway. This resource includes an estimate of the capital charge implications of the additional capital investment.

The Governing Body discussed the above and it was noted that the CCG is currently in discussions with our current contracted mental health provider to provide this service and to ensure a range of outcomes are agreed by the commissioner. It was further noted that there will be more than £1m investment in mental health through money from the Better Care Fund. The Governing Body has received assurance from the FPCC, who has already agreed to the funding, pending Governing Body approval.

The Governing Body:

1. Approved the recurrent investment of £450,000 to improve the urgent mental health care pathway.

Improving Access to Psychological Therapies (IAPT)

The Governing Body was asked to consider an additional recurrent investment in IAPT services of £250,000. This resource will only be released once details of the service transfer and service redesign have been finalised with the new service provider.

The Governing Body discussed the above and agreed to the additional recurrent investment based on the agreement of a new service model with a new provider that ensures the delivery of a 15% access rate.

The Governing Body:

Approved the above.

Rachel Mann, with agreement from the Governing Body, recognised that the above business cases have been able to be approved due to the robust financial management in place, in particular in light of the inherited deficit.

The Governing Body:

Approved the above.

8.5 Better Care Fund

Amanda Bloor presented the paper, Better Care Fund (BCF), which highlights how the BCF, totalling £3.8 billion in 2015/16, will be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers.

In preparation for the full BCF, £200 million will be transferred from the NHS to social care in 2014/15, in addition to the £900 million transfer already planned. The pooled budget must be used to support adult social care services that have a health benefit, based on agreement between local authorities and CCGs, which are signed off by both parties and the local Health and Wellbeing Boards.

The final BCF for North Yorkshire, titled 'The Better Care Fund – A New Era for Health and Social Care in North Yorkshire', has been refreshed since its initial submission and reflects the significant ambition of health and social care partners to transform the health and social care landscape to be locally responsive and sustainable into the future.

The Governing Body discussed the BCF paper and recognised the significant amount of work undertaken in partnership to develop and refine the plans. The North Yorkshire Health and Wellbeing Board have signed off the plans and the Governing Body is now required to approve the plans.

The Governing Body:

Approved the above.

8.6 Commissioning IVF

Dr Gareth Roberts presented the paper, Commissioning IVF. In November 2013, the Governing Body reviewed its current commissioning policy for assisted conception and decided the CCG was unable to change its policy in 2013/14, but that it wished to review the situation and if possible relax commissioning restrictions from 2014/15. This would depend on the CCGs developing financial position and a recently updated regional IVF commissioning policy.

As part of the 2014/15 planning, the CCG has revisited its commissioning approach for a number of services, including IVF, and the paper provides the Governing Body with an update from this work.

In making a recommendation, the following options for IVF commissioning were assessed:

- Option 1: Continue commissioning by exception only;
- Option 2: Commission one cycle of IVF up to age 42;
- Option 3: Commission two cycles of IVF up to age 39, & one cycle for age 40-42;
- Option 4: Commission three cycles of IVF up to age 39, & one cycle for age 40-42

The Governing Body noted that there will remain significant uncertainty regarding the number of couples who may seek and be eligible for treatment under whichever option we select. To minimise the financial risk to the CCG, a budget limit on the amount we will commit to invest on IVF in each year will be agreed by the Governing Body and managed through the Individual Funding Request (IFR) process, administered by the Commissioning Support Unit on the CCG's behalf. If eligibility criteria are met and resources remain available, the application would be approved.

The FPCC met to discuss, in advance, the business case. The Governing Body is now asked to consider the proposal that if the CCG is in a position to commission assisted conception for its population that Option 2 (one cycle) is chosen with a fixed budget of £120,000 allocated in 2014/15.

The Governing Body discussed the proposal and agreed that there is a considerable financial risk to the CCG as there is no evidence available to suggest the size of the group ready for IVF referral, from either HDFT or the CSU. The CCG has a statutory duty to meet strict financial controls and therefore cannot allow for an unlimited fund. The Governing Body therefore approved Option 2: Commissioning one cycle of IVF up to age 42, which would allow the CCG to start making treatment available, but would reduce the financial risk associated with fully implementing NICE recommendations at this stage.

The Governing Body agreed that the Individual Funding Request (IFR) panel will maintain a record of referrals made in order to inform IVF Commissioning planning for future years. Activity would be reviewed by the FPCC on a quarterly basis and if the financial position is stable it was agreed that there may be an opportunity to add some additional resource later in the year.

The Governing Body discussed eligibility and agreed to adopt the Yorkshire and Humber guidelines with the exception of IUI and embryo transfer strategy, which will follow NICE guidance.

The Governing Body agreed that criteria needs to be set very quickly and guidance on eligibility needs to be communicated with Practices and providers as a matter of urgency. The Governing Body agreed that the new IVF CCG policy should commence on 1 May 2014.

The Governing Body recognised that IVF does not work for everyone and agreed that information on adoption should be made available in collaboration with North Yorkshire County Council. Mike Webster will discuss further with Gareth Roberts

The Governing Body:

Approved the above.

9.0 Minutes of the Governing Body Committees – to be discussed by exception

**9.1 Confirmed Minutes of the Quality and Clinical Governance Committee
10 December 2013**

Received with no comments.

**9.2 Confirmed Minutes of the Quality and Clinical Governance Committee
11 February 2014**

Received with no comments.

**9.3 Confirmed Minutes of the Audit Committee
21 November 2013**

Received with no comments.

**9.4 Confirmed Minutes of the Finance, Performance and Commissioning Committee
27 February 2014**

Received with no comments.

The Governing Body:

Received the above.

10.0 Any Other Business

Dr Alistair Ingram announced that Bernard Chalk, Chief Finance Officer would be retiring and therefore this would be the last Governing Body meeting that he would attend. The Governing Body thanked Bernard for his hard work and commitment to the CCG and NHS.

Dr Alistair Ingram also thanked the CCG staff, embedded CSU staff, and General Practices for their hard work over the past 12 months since being fully authorised.

11.0 Next Meeting

The Governing Body:

Notes that the next meeting will take place on 5 June 2014 from 10:00 – 12:30 at Ripon Community House, Sharow View, Allhallowgate, Ripon, HG4 1LE.

Follow Up Action

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

HARROGATE AND RURAL DISTRICT CLINICAL COMMISSIONING GROUP
Actions from the Governing Body meeting on 3 April 2014 and Carried Forwards from Previous Meetings

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
3 April 2014	4. Matters Arising from the Minutes	BAF next to be approved at the Governing Body meeting in June 2014	Amanda Bloor	5 June 2014
3 April 2014	6.1 Commissioning Quality and Outcomes	Under the Domain for <i>Preventing People from Dying Prematurely</i> , it would be beneficial to have the national average to understand better the red indicators.	John Pattinson	5 June 2014
3 April 2014	6.1 Commissioning Quality and Outcomes	Dashboard summary briefing to be produced which includes a summary of the red and amber indicators.	John Pattinson	5 June 2014
3 April 2014	8.6 Commissioning IVF	<p>Criteria need to be set and guidance on eligibility needs to be communicated with Practices and providers as a matter of urgency.</p> <p>Mike Webster and Dr Gareth Roberts discuss including adoption information with IVF referrals.</p>	Dr Gareth Roberts	5 June 2014

Unconfirmed