

Harrogate and Rural District Clinical Commissioning Group (HaRD CCG)

Governing Body

7 December 2017 10:00 – 12:30

**The Nidderdale Suite,
Best Western Dower House Hotel,
Bond End, Knaresborough, HG5 9AL**

Present

Dr Alistair Ingram	Clinical Chair, HaRD CCG
Rachel Mann	Vice-Chair / Lay Member, HaRD CCG
Amanda Bloor	Chief Officer, HaRD CCG
Wendy Balmain	Director of Transformation & Delivery, HaRD CCG
Joanne Crewe	Director of Quality & Governance/Executive Nurse, HaRD CCG
David Hall	Lay Member, HaRD CCG
Professor Jane Metcalf	Secondary Care Consultant, HaRD CCG
Dr Rick Sweeney	GP Member, HaRD CCG
Dr Sarah Hay	GP Member, HaRD CCG
Dr Bruce Willoughby	GP Member, HaRD CCG
Kathy Clark	North Yorkshire County Council

Apologies

Dr Angela O'Donoghue	GP Member, HaRD CCG
Dilani Gamble	Chief Finance Officer, HaRD CCG

In Attendance

Sasha Sencier	Board Secretary / Corporate Governance Manager
Alec Cowell	Head of Finance

Questions to the Governing Body

Dr Alistair Ingram informed that two members of the public had submitted questions to the Governing Body.

Question 1 from Anne Veart:

'As you know the NHS approved the prescribing of the Flash Glucose Monitoring on 1 November 2017.

I now ask this CCG to approve the use of Flash Glucose Monitoring for those who manage their diabetes with Insulin in the Harrogate area .

At present the Abbott FreeStyle Libre is available to scan and use whenever needed, in bed, in the theatre, in the supermarket, in the car, in the classroom and at work on trains, boats and planes and whilst undertaking a variety of sports. During these activities it is difficult to use a finger pricker. I usually take up to 50 scans a day to manage my own diabetes. As we know even the Prime Minister - Mrs May uses one discreetly to manage her diabetes in Parliament and whilst on visits abroad.

Other scanners will become available but the choice will be on clinical need by the Nurse or Doctor treating the patient with diabetes as other blood glucose monitors. The overwhelming success of Flash GM to the patient and the NHS is shown in the lower HbA1c results and the lack of hypos and fear of hypos resulting in fewer hospital admissions. This will show even higher improved results when the system is available for all Type 1 diabetics and not the few who can afford £100 a month.

I find it difficult to describe how this Flash GM has changed my life having used many other products over the 40 years of being Type 1 diabetic. To take my scanner away would be like having my right arm removed - please let others who are not able to buy this product be offered this device to change and extend their lives too. It needs to be offered on prescription without expense to prevent the complications that so often go with being a diabetic like blindness, hospital admissions and expensive surgery for amputations.

I trust that this CCG will agree to this request and authorise its use without further delay.'

CCG Response from Dr Bruce Willoughby:

FreeStyle Libre has recently become available on prescription on the NHS. As with any new medicines or devices, the CCG is working with local specialists and regional diabetic networks to establish which patients are most likely to benefit from FreeStyle Libre. There has also been a recent national recommendation made by the Regional Medicines Optimisation Committee which is helping to inform the CCG's decision (the RMOC is a national committee set up by NHS England which will provide advice and make recommendations on the optimal use of medicines for the benefit of patients and the NHS). The CCG will consider FreeStyle Libre alongside other new drugs, devices or services and make a decision based on cost-effectiveness. A decision is expected in the next couple of months.

Question 2 from the MS Society:

What plans do you have to address issues and costs associated with the poor MS service and particularly no MS specialist nurse in Harrogate and Rural District?

CCG Response from Dr Rick Sweeney:

Thank you for raising this issue with the CCG. We are aware of the Right Care data and have previously investigated the apparent disparity between Harrogate and Rural District and our comparator CCGs. The data is misleading because of the different ways that services are contracted. Harrogate has a neurological rehabilitation service based on Lascelles Ward, which is funded as part of the Acute Hospital Contract and the beds on this ward are often used by people with Multiple Sclerosis. Similar treatment centres in other CCGs can be funded in different ways, for example through a Community Contract or even a Voluntary Sector contract. The different ways of contracting services significantly distort the figures for both the number of admissions and length of stay and makes genuine comparisons very difficult.

This does not imply that we are not interested in reducing unnecessary admissions and we are keen to ensure that the best possible care is provided in the community to support all long term conditions, including multiple sclerosis. We are currently working to update the specification for community services with the ambition to provide much more patient centred and integrated care. As part of this work we will be consulting widely with our population and we would be very happy to receive input from the Harrogate MS Society as part of this work.

1.0 Apologies for Absence

Apologies were received from Dr Angela O'Donoghue and Dilani Gamble.

The Governing Body:

Noted attendance and absence and that the Governing Body is quorate.

2.0 Declarations of Interests in relation to the business of the meeting

Declarations of Interest were received from Dr Alistair Ingram and Dr Sarah Hay in relation to Item 7.2 Extended Access for General Practice as they are both partners in practices that are members of the Yorkshire Health Network.

Declarations of Interest were received from Dr Bruce Willoughby and Dr Sarah Hay in relation to Item 7.2 Extended Access to General Practice as both may engage in extended access work, but it was noted that they currently do not.

No other declarations of interest were received in relation to the business of the meeting.

The Governing Body:

Noted the above.

3.0 Minutes of the Meeting held on 5 October 2017

The Governing Body reviewed the minutes of the 5 October 2017 meeting and two amendments were noted.

- P2. The minutes state that a formal consultation took place, however it was an engagement piece therefore the wording should be changed.
- P11. Change wording from "on hold" to "not progressing at pace".

The Governing Body:

Approved the minutes of the meeting on 5 October 2017 as a true and accurate record, subject to the minor amendments stated above.

4.0 Matters Arising from the Minutes

Joanne Crewe informed that work continues to explore communication methods so that members of public can more easily access the CCG. This will include updating the CCG website. A further update will be brought to the Governing Body meeting in February 2018.

Wendy Balmain informed that comments were received regarding the Winter Plan and this was fed into the report.

The Governing Body:

Accepted the matters arising.

5.0 Reports from Harrogate and Rural District Clinical Commissioning Group

5.1 Clinical Chair

Dr Alistair Ingram informed that, in addition to ongoing operational duties, he attended the Joint Committee of the West Yorkshire and Harrogate Sustainability Transformation Partnership (STP).

Alistair noted that the two lay members and the secondary care doctor are leaving the CCG at the end of the 2017. Recruitment is currently underway and once the HR process is finalised an announcement will be made as to the new Governing Body members.

Alistair thanked Professor Jane Metcalf, Rachel Mann and David Hall for their commitment and challenge over the past 4 years.

5.2 Chief Officer

Amanda Bloor presented the Chief Officer update.

In addition to the detail included in the report, Amanda provided a verbal update.

Amanda Bloor attended the third Joint Committee of West Yorkshire and Harrogate STP. The Joint Committee is starting to make progress against work plan and has been looking at improving stroke outcomes. Discussions and decision making has been clinically informed. A workshop session recently took place looking in detail about accountable care systems and this will start to move at pace in the last quarter of the year.

Harrogate and District NHS Foundation Trust (HDFT) is already experiencing pressure in the emergency department 4 hour target and within community services. Partners are working together through the A&E Delivery Board to ensure systems are in place to manage pressure effectively.

Following the meeting there was an agreement by the Chief Officer and Conflicts of Interest Guardian to clarify Section 13.8 in order to reduce bureaucracy. The Governing Body approved the change as described in the paper.

Amanda Bloor expressed her personal thanks again to Professor Jane Metcalf, Rachel Mann and David Hall for their outstanding commitment to the CCG and wished them all the best for the future.

5.3 Lay Member – Patient and Public Involvement

David Hall presented the Lay Member Patient and Public Involvement report.

In addition to the detail included in the report, David noted that it was his last Governing Body meeting and thanked all members for supporting him in his role as Lay Member of Patient and Public Involvement. David said that in all his years he has never worked for a more professional and committed organisation and wish all CCG staff the best for the future.

5.4 Audit Committee Chair

Rachel Mann noted that one meeting has taken place since the Governing Body last met. The Committee met on 28 November 2017 and key highlights included:

- Dilani Gamble, Chief Officer completed a Financial Control Environment Assessment. This assessment is not a requirement for NHS England but the CCG wanted to assess and assure itself that it had strong financial governance controls in place, which was the outcome of the assessment. All Governing Body Members are welcome to view this document.
- The Committee agreed a revised plan to review of its effectiveness. The review will take place in February 2018 with the new Audit Committee Chair.
- Four audit reports were received, each achieving an opinion of significant assurance.
- The Committee approved an addition to the audit plan which is an audit on the Partnership Commissioning Unit (PCU) transition.
- The Committee considered the first security annual report. This prompted a discussion about cyber security which is of particular national interest currently. Issues raised were passed on to Dilani Gamble.

Rachel Mann noted that it was her final Governing Body meeting and that it has been a pleasure working with colleagues in the CCG. The CCG is facing real challenges but Rachel has the utmost confidence for the future.

5.5 Primary Care Commissioning Committee

Professor Jane Metcalf noted that one meeting has taken place since the Governing Body last met. The Committee met on 2 November 2017 and key highlights included:

- The Committee was scheduled to review any significant risks (any risks scored 12 and above) aligned to the Committee. It was noted that currently there are no significant risks aligned to the PCCC.
- Dr Rick Sweeney provided an update from the Primary Care Steering Group
- The Committee approved the reinvestment of PMS Premium – Services for Homeless People following the meeting.
- The Committee approved wifi access for patients in GP Practices.
- The Committee approved its forward plan.
- NHS England provided an update on Capita Services for Primary Care.

5.6 Harrogate Health Transformation Board

Dr Bruce Willoughby presented the key messages from the Harrogate Health Transformation Board (HHTB).

There was a presentation on the role and function of the Community Safety Hub in Harrogate. The Community Safety Hub is a collaboration between North Yorkshire Police and Harrogate Borough Council and has links with mental health and ambulance services. Its aim is to work with vulnerable people who come to the attention of multiple agencies as a result of drug and alcohol misuse, mental health issues, not engaging with services and also challenging young people.

Rob Webster, Chief Executive of the West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP) attended HHTB to brief partners on the emerging role of the STP as the Accountable Care System for West Yorkshire and Harrogate.

Amanda Bloor and Wendy Balmain presented the CCG's emerging commissioning intentions to create a practice-centred, community-based integrated care model. The document sets out the case for change, the learning that has emerged from the Vanguard process and an outline route map. The Board heard views from partners which will help to inform the development of the commissioning strategy.

The Governing Body:

Noted the reports from Harrogate and Rural District Clinical Commissioning Group.

6.0 Quality Operational Performance

6.1 Quality and Safety Report

Joanne Crewe presented the Quality and Safety Report and noted that the report is positive and demonstrates good practice and important aspects of improving quality.

There is significant operational pressure within community care teams. The situation is being monitored closely by the CCG and HDFT with discussions taking place daily.

A workshop was undertaken in November with care home representatives to explore current challenges to the provision of quality care and identify ideas and opportunities for improvement. Care homes provide a significant amount of care to our population and the development of a Charter will help to encourage strong relationships with partners. Both NHS England and North Yorkshire County Council are supportive of this local Charter being developed.

Dr Rick Sweeney queried the target percentage detailed in Item 8 Continuing Health Care and felt that it would be beneficial in the next report to give an explanation of whether the percentages describe a favourable or unfavourable position. Joanne Crewe noted that more detail on this is within the Performance Report but that the Quality Report would also include this detail in future reports.

The Governing Body:

Received the Quality and Safety Report as assurance.

6.2 Performance Report

Joanne Crewe presented the Performance Report and noted that the report is positive.

The Performance Report is based on published data and therefore the information in the Quality and Safety Report often provides a more up-to-date position. Joanne reassured the Governing Body that there is no inaccuracy between reports. It was noted that the Performance Report is discussed in detail at the Finance, Performance and Commissioning Committee.

The Governing Body:

Received the Performance Report as assurance.

6.3 Transformation and Delivery Report

Wendy Balmain presented the Transformation and Delivery Report.

The paper provides updates on the Quality Innovation Productivity and Prevention (QIPP) plan for 2017/18 and progress delivering the CCG's priorities.

There is a significant gap in the delivery against the acute contract and the CCG and HDFT are working together as a system to change referral demand management.

An additional £3m in savings has been identified but this will be challenging as the CCG enters into the final quarter of the financial year.

Amanda Bloor stated that the CCG is clear on priority areas: demand management, strategy, and winter planning and integrated urgent care.

Dr Bruce Willoughby queried the QIPP plan and additional savings and whether there was likely to be duplication between the two areas. Wendy Balmain informed that work had been done to ensure duplication was not happening however it is not always possible to say 100% that this is the case. However, when new projects are started there are measures in place to ensure this does not happen.

Amanda Bloor commented that when savings are being made in one area we often see impacts in other areas.

Dr Alistair Ingram commented that one issue relating to Primary Care is that patients can be ready to leave hospital but as the packages of care are not available they cannot be discharged. Kathy Clark agreed that it can be difficult to find a bed in the right place for people and that there is also additional pressure at care homes in Harrogate with the recruitment of carers.

Wendy Balmain noted patient choice is often the cause of delayed transfers of care and that the CCG is working hard with social care partners to resolve issues.

The Governing Body:

Received the Transformation and Delivery Report as assurance.

7.0 Finance and Activity

7.1 Finance and Contracting Report

In the absence of Dilani Gamble, Chief Finance Officer, Alec Cowell, Head of Finance presented the Finance and Contracting Report and noted that the CCG is reporting a forecast position that it will end the current financial year in a deficit position of £14.063million.

This is an in year deterioration of £7.584m from the CCG's planned deficit position and incorporates the impact of the significant level of risk previously reported mainly relating to delivery of Joint Recovery Plan savings with the main acute provider and increased Continuing Healthcare costs.

There still remains a level of residual risk to the CCG in delivering this revised position, quantified at £3m. Mitigating actions to address this residual risk are at implementation stage and scheme details are contained within the Transformation and Delivery Report (Item 6.3).

Amanda Bloor noted that due to the position, which has been discussed in detail with the Governing Body over the last few months, the CCG is now formally reporting to NHS England. The actions to mitigate against the £3m needs to happen as any further deficit will not be accepted. Whilst this is significant HaRD CCG is not the only CCG in Yorkshire and the Humber to be in this position. Furthermore the CCG has always been open which demonstrates that there is a firm grip on the situation.

Professor Jane Metcalf questioned whether NHS England is accepting that part of the issue is that there is not enough money in the system. Amanda Bloor noted that the CCG has a statutory responsibility to stay within its financial remit however two elements are detrimental in that the CCG loses some funding by not meeting the statutory requirement and there is also a reduction in potential purchasing power.

The Governing Body:

Received the Finance and Contracting Report as assurance.

7.2 Extended Access to GP Practice

Dr Alistair Ingram has a conflict of interest in relation to this item therefore it was agreed that Alistair would step down as Chair for this item and the Vice-Chair would take over as Chair for this item only.

Rachel Mann took the Chair and it was agreed that as the Governing Body are not being asked to consider the provision of the service no conflicted members would need to leave the meeting.

Alec Cowell, Head of Finance presented the paper and informed that HaRD CCG will deliver GP Extended Access, as part of the NHS England - General Practice Forward View requirements, from December 2017. NHS England has provided ring-fenced funding to CCGs at £6 per head of population to deliver an additional 30 minutes per 1,000 patients.

This is an extension to current GP services and will be most beneficial to patients if delivered from GP premises as it will be easily accessible to our population. It is felt that the most beneficial way forward is to test the model of delivery by commissioning a 20 month pilot.

The decision was previously taken to the Finance, Performance and Commissioning Committee (FPCC) to approve as the amount was under £1million. Due to the contract now being paid over the entire 20month period, this has increased the value of the contract to £1.5m and therefore is over the limit that the FPCC is allowed to approve. The Governing Body cannot make this decision as they will be conflicted and not quorate, thus the Governing Body is asked to approve delegation of this decision to a Committee of the Governing Body which is quorate when conflicted members are removed from the decision. The FPCC would be the most appropriate committee of the Governing Body to make this decision.

It was noted that the CCG had followed all the procurement rules and regulations and that the technicality was due to financial limits and delegated decision making.

The Governing Body:

Approved for the FPCC to make a decision regarding the contract for the Extended Access pilot.

Dr Alistair Ingram took the Chair.

8.0 Strategy and Delivery

8.1 Your Community, Your Care: Developing Harrogate and Rural District Together

Wendy Balmain presented the paper and noted that the Governing Body had talked on previous occasions at workshops about the contents of this paper. The CCG has been a Vanguard site for

the last 3 years and the paper has been drafted as a green paper to share with partners to provide further information. The paper pulls together learning from the last 3 years as a vanguard, where we are heading for the future and takes into account that integration is important to people receiving a good experience of care. The paper describes the overuse of hospitals and where it could be avoided to support people to live at home with an integrated approach to care. There is a lot that people can do to keep well for longer and part of that thinking is how we reduce demand on hospital care.

The paper has been shared with the partners through the Harrogate Health Transformation Board and comments are being collated.

The paper is an iterative document as we move towards the next 18 months. It is hoped to have a new integrated model in place by 2019.

Amanda Bloor commented that it is easy to look at this document and think that it is new, however it is just an amalgamation of all the conversations that the CCG has had with local people from the start. It brings together community services and primary care. There has been positive feedback from partner organisation and the plan is to engage wider in the New Year.

Joanne Crewe felt that there was still a need to recognise that some people will need to go into hospital and it is not about creating something to destabilise that. There is a need to work with hospitals to ensure that it is the right place to be when it is needed, however there are services traditionally carried out in hospital that do not need to be done there. Joanne welcomed wider engagement in the New Year and stated that patient and participation groups will be keen to get involved.

Professor Jane Metcalf noted that the paper is inspiring but feels an underdeveloped part is the recognition that hospital is not just about acute unwell people and that specialists cannot be replaced by GPs. There needs to be a plan for specialists to work in the community as even upskilled GPs cannot be expected to have the level of specialist knowledge required for some conditions. Jane also feels that there should be integration with the local workforce and the local education training board reflects where the plans are moving us to.

Amanda Bloor said that the main focus of the paper was Primary Care, however recognised that it needs to be about the wider system and workforce issues is a good example where further work needs to be done to understand any issues.

Rachel Mann commented that the paper sets out a real vision and aspiration.

Dr Sarah Hay commented that although end of life services is mentioned in the paper, we need to acknowledge that 1% of the population will die each year and the CCG needs to ensure people have the choice of where to die, whenever possible. There will come a time when people can no longer keep well and we need to help them die with dignity and comfort.

Amanda Bloor agreed the importance of recognising this and asked Wendy Balmain to work with Dr Sarah Hay to produce a form of words to include in the paper.

Amanda Bloor informed that the next step was for comments to be collated from Governing Body members and then further conversations with the public and wider partners.

The Governing Body:

Noted Your Community, Your Care: Developing Harrogate and Rural District Together.

9.0 Governance**9.1 Policy for the Development and Management of Policy, Procedures and Guidance Documents**

Joanne Crewe presented the policy which sets out a systematic and planned approach to the development of policies and their associated guidance documents.

The Governing Body:

Approved the Policy for the Development and Management of Policy, Procedures and Guidance Documents

9.2 Audit Committee Terms of Reference

Rachel Mann presented the Audit Committee Terms of Reference. The Audit Committee reviewed and approved its Terms of Reference on 28 November 2017. Minor amendments to membership are cited in the paper.

The Governing Body:

Ratified the Audit Committee Terms of Reference

9.3 Operational Scheme of Delegation

Alec Cowell, Head of Finance presented the amended Operational Scheme of Delegation.

The CCG's operational scheme of delegation has been updated to reflect the maximum value key post-holders have for authorising monthly payment runs made by Capita, on behalf of the CCG, to GP practices.

The Governing Body:

Approved the Operational Scheme of Delegation

9.4 Quality and Clinical Governance Committee Key Messages

Dr Sarah Hay presented the Quality and Clinical Governance Committee (QCGC) report. The QCGC, which is accountable to the CCG's Governing Body, provides assurance on the quality of services commissioned and promotes a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

Two Committee meetings have taken place since the Governing Body met last in October 2017.

Dr Sarah Hay informed that in relation to the Continuing Healthcare Benchmarking that the IT system is not new as stated in the report, but improved.

The Governing Body:

Noted the key messages as assurance from the Quality and Clinical Governance Committee.

9.5 Finance, Performance and Commissioning Committee Key Messages

The Finance, Performance and Commissioning Committee is accountable to the CCG's Governing Body and provides assurance on financial issues relating to the CCG. The Committee also provides assurance on the delivery of the QIPP programme, reviews the performance of the main services commissioned, receives commissioning proposals and business cases, and undertakes analysis and makes recommendations to the Governing Body.

Two Committee meetings have taken place since the Governing Body last met in October 2017.

The Governing Body:

Noted the key messages as assurance from the Finance, Performance and Commissioning Committee.

10.0 Minutes of the Governing Body Committees – to be Discussed by Exception

10.1 Audit Committee – 30 August 2017

No issues were raised.

10.2 Primary Care Commissioning Committee – 7 September 2017

No issues were raised.

The Governing Body:

Noted the above.

11.0 Any Other Business

Dr Alistair Ingram thanked Professor Jane Metcalf, Rachel Mann and David Hall for their commitment and challenge to the CCG and wished them all the best for the future.

12.0 Next Meeting

Thursday, 1 February 2018
Ripon Community House, Sharow View,
75 Allhallowgate, Ripon HG4 1LE
10:00 – 12:30

The Governing Body:

Noted the above.

**NHS Harrogate and Rural District Clinical Commissioning Group
Actions from the Governing Body meeting on 7 December 2017**

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
7 December 2017	3.0 Minutes of the Meeting held on 5 October 2017	Minor amendments to be made	Sasha Sencier	COMPLETED
7 December 2017	6.1 Quality and Safety Report	Next report to give an explanation of whether the percentages describe a favourable or unfavourable position	Joanne Crewe	
7 December 2017	8.1 Your Community, Your Care: Developing Harrogate and Rural District Together	Dr Sarah Hay to provide wording re end of life services.	Dr Sarah Hay / Wendy Balmain	