

## Harrogate and Rural District Clinical Commissioning Group (HaRD CCG)

### Governing Body

7 June 2018 10:00 – 12:30

Ripon Community House, Sharow View,  
75 Allhallowgate, Ripon HG4 1LE

#### Present

Dr Alistair Ingram	Clinical Chair, HaRD CCG
Sheenagh Powell	Vice-Chair / Lay Member, HaRD CCG
Amanda Bloor	Chief Officer, HaRD CCG
Dilani Gamble	Chief Finance Officer, HaRD CCG
Wendy Balmain	Director of Transformation & Delivery, HaRD CCG
Joanne Crewe	Director of Quality & Governance/Executive Nurse, HaRD CCG
Kate Kennady	Lay Member for Patient and Public Involvement, HaRD CCG
Dr Ian Woods	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

#### Apologies

Kathy Clark	North Yorkshire County Council
Dr Angela O'Donoghue	GP Member, HaRD CCG
Lance Gilroy	Lay Member for Patient and Public Involvement, HaRD CCG

#### In Attendance

Sasha Sencier	Board Secretary / Corporate Governance Manager
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### Questions to the Governing Body

#### Question 1 from Anne Veart:

Good morning – as I cannot be present at your meeting today I ask that the following question is asked at the meeting of the Governing Body.

As you are aware I have attended the last two Governing Body meetings asking similar questions.

I ask again, now that your committee has sort further evidence from around the country - if now the Harrogate CCG will approve the Flash Glucose Monitoring system for diabetic patients on insulin.... namely the Freestyle Libre?

This is now a post code lottery as indeed if I move 8 miles to the York boundary it will be available to me as it will in the North East of England, together with very large numbers of CCG around the country.

I stress again how positive and cost effective the blood glucose scanner is to diabetics and the NHS preventing dangerous hypos and hospital admissions giving a quality of life that is unobtainable without it.... as to buy privately is £100 a month, unaffordable to many people who

will benefit.

I trust that you will approve its use by prescription today.

**Question 2 from Val Healy:**

When are HaRD CCG going to make the Abbott sensor available on prescription?

**CCG Response from Dr Bruce Willoughby:**

Following on from previous questions on this subject, we are working on it with our partners and hope to make a commissioning statement very soon.

**Patient Story**

Joanne Crewe informed that due to some technical difficulty with internet connectivity the patient story was postponed but noted that the CCG does have a library of patient stories and is fully committed to factoring them into the Governing Body meetings.

**1.0 Apologies for Absence**

Apologies were received from Kathy Clark, Dr Angela O'Donoghue and Lance Gilroy.

**The Governing Body:**

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

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

No 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 April 2018**

The Governing Body reviewed the minutes of the 5 April 2018 and the following amendments were noted.

- On page 3, under item 5.2 it should state that the MOU is signed off by each individual signatory to the MOU.
- There is a duplication of a paragraph on page 7.
- On page 9, under Item 7.4 in paragraph two should be should be £5.6m.

**The Governing Body:**

Approved the minutes of the meeting on 5 April 2018 as a true and accurate record, subject to the above amendments being made.

**4.0 Matters Arising from the Minutes**

No matters arising were noted from the meeting on 2 February 2018.

**The Governing Body:**

Accepted the matters arising.

**5.1 Reports from Harrogate and Rural District Clinical Commissioning Group**

## **5.2 Clinical Chair**

Dr Alistair Ingram thanked those involved in the arrangements for the GP/Consultant event that took place on Tuesday, 5 June 2018, and in particular Dr Bruce Willoughby who led the event.

Amanda Bloor also thanked Bruce and those that attended the event which demonstrated the importance of the clinical voice and particularly in the redesigning of services.

## **5.3 Chief Officer**

Amanda Bloor presented the Chief Officer Report and also provided a verbal update.

Positive work continues in respect of partnership working. West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) will now be invited to join the second wave of the Integrated Care Systems (ICS) development programme. Michael McDonald, Richard Barker and Lynne Simpson attended the System Leadership meeting and discussed how much progress and positive development has been made.

The CCG is the lead in North Yorkshire for Adult Mental Health and Learning Disability and Amanda Bloor is the Senior Responsible Officer for the programme delivery. The Crisis Care Concordat focuses on mental health crisis and multiagency response and has been relaunched with Julie Mulligan and Amanda Bloor as Co-Chair. Colleagues from partner organisations attended the relaunch which was a very positive event.

The CCG Annual Report, including the Annual Governance Statement and Annual Accounts 2017/18, was submitted and NHS England provided an opinion of significant assurance. Amanda Bloor thanked all staff for their hard work in producing this document, which is now available on the CCG website.

## **5.4 Audit Committee**

Sheenagh Powell, Chair of the Audit Committee, noted that two meetings had taken place since the Governing Body last met in April 2018.

Both meetings focussed on the annual report and accounts. On 22 May 2018, the Committee received the External Auditors report from Mazars and the Internal Head of Audit Opinion which gave an opinion of significant assurance. The Annual Report, including the Annual Governance Statement and Annual Accounts 2017/18, was approved by the Committee. External Auditors were complimentary of the input from CCG members to help with the audit. The report demonstrated only minimal errors and nothing significant to report.

In addition to the above, the Audit Committee:

- Approved the North Yorkshire Internal Audit Plan 2018/19
- Approved the Information Governance workplan 2018/19
- Received assurance that the CCG is fulfilling its duties in relation to General Data Protection Regulations
- Approved the Security Plan and the Counter Fraud Plan
- Approved a joint declaration of management for those charged with governance

## **5.5 Primary Care Commissioning Committee**

Sheenagh Powell, Vice-Chair of PCCC provided an update as she Chaired the last meeting and noted that one meeting had taken place since the Governing Body last met in April 2018.

The PCCC was provided with an updates from the Chair of the PCCC Steering Group and GP IT. An update on GP recruitment and Capita services was also received from NHS England.

The Primary Care Strategy was reviewed and there was a discussion around how this could be refreshed.

The Committee approved the Premises Investment Policy and also transformation funding, subject to further discussion with the Local Medical Committee (LMC).

### **The Governing Body:**

Noted the reports from the CCG

## **6.1 Quality and Operational Performance**

### **6.2 Quality and Safety Report**

Joanne Crewe presented the Quality and Safety Report and noted that a detailed discussion in relation to all the information contained in this paper had already taken place at the Quality and Clinical Governance Committee prior to the paper being presented to the Governing Body for assurance.

There is a national requirement that organisations should be on track for 85% compliance with Prevent training by the end of March 2018. At the last Governing Body meeting it was reported that Harrogate and District NHS FT (HDFT) were reporting 62% compliance. The position now, at the end of April, is 70%. The CCG is closely monitoring this and an action plan is in place with improvement expected to be delivered by August 2018.

In relation to pressure ulcers, the CCG is working with providers using Root Cause Analysis (RCA) to understand the impact of why some incidents might have happened. A new, more rigorous process aims to identify gaps in care and to prevent future pressure ulcers and falls. The Governing Body can be assured that the new process will see improved outcomes for patients.

The CCG has seen a difficult few months in meeting the performance standard for Breast Symptomatic Two Week Referrals. The position is now improving and data received is showing full compliance by the end of the quarter.

Draft Quality Accounts have been received from Tees, Esk and Wear Valleys NHS FT (TEWV) and HDFT. Both have been fully reviewed and feedback provided for consideration prior to final publication. TEWV are being visited by CQC and the CCG has been asked to provide input when required.

Dr Rick Sweeney queried the increase in child safeguarding referrals and whether this should be viewed as positive as more are being reported. Joanne Crewe informed that more detail will come in the next quarter to the Quality and Clinical Governance Committee, however it is believed that the increase is because more children are now in situations that require being referred and therefore appropriate referrals are being made.

### **The Governing Body:**

Received the Quality and Safety Report as assurance.

### **6.3 Performance Report**

Joanne Crewe presented the Performance Report and noted that a detailed discussion in relation to all the information contained in this paper had already taken place at the Finance, Performance and Commissioning Committee prior to the paper being presented to the Governing Body for assurance.

There has been a positive year end performance on cancer metrics with every indicator performing well with the exception of screening and breast 2 week wait. Performance in these areas is being scrutinised on a monthly basis by the CCG to ensure there is no harm to patients.

Reporting of ambulance response times has changed over the last 12 months and the Yorkshire Ambulance Service (YAS) should be able to give local performance data. The CCG has been waiting to receive this local data for some time and has now escalated the issue of not receiving data that is specific to our locality.

Mental health out of area placements is a new indicator included in the framework and within the performance report. The data refers to our population that receive their care within the Harrogate locality. Many patients receive very timely and responsive mental health care however some patients are not treated within the Harrogate locality.

Amanda Bloor feels the mental health out of area placements indicator is slightly misleading in that it looks like there is a significant impact on our population; however it does not quantify any impact on outcome. Amanda asked for this information to be included in the next report to Governing Body. Joanne Crewe agreed that the indicator is relatively new and further information is required to provide the Governing Body with a position that clearly shows any outcome and impact on our patients. Dr Rick Sweeney agreed that the data is misleading in that patients that go to specialist units are there for a long time and one patient could account for 365 days.

Sheenagh Powell queried whether the bed days were for the month or year and Joanne Crewe informed that this is annual and there are some trajectories around reductions.

An amended indicator showing the number of patients affected rather than the total number of days treated outside our locality would help the Governing Body understand any potential impact or issues

The Telephone Appointment Line (TAL) performance data is not improving. A significant piece of work is being done to try and understand how to improve pathways.

#### **The Governing Body:**

Received the Performance Report as assurance.

### **7.1 Finance and Activity**

#### **7.2 Annual Account 2017/18**

The Annual Accounts were approved by the Audit Committee in line with the CCG's Constitution and Scheme of Reservation and Delegation.

In line with forecast information provided in the report, the CCG's year end position was a deficit of £12.8m. The CCG also brought forward a deficit from 2016/17 of £5.8m, bringing the CCGs cumulative deficit to £18.6m.

The draft Accounts and elements of the Annual Report and Annual Governance Statement have been subject to external audit by Mazars LLP and have provided the following conclusions:

- An unqualified opinion on the CCG's financial statements.
- A qualified regulatory opinion as the CCG failed to meet its statutory financial duties.
- A qualified Value for Money Conclusion opinion in respect of the CCG's arrangements to secure economy, efficiency and effectiveness in the use of resources, as the CCG failed to meet its statutory duties.

Amanda Bloor thanked all staff involved in producing the annual accounts.

**The Governing Body:**

Accepted the Annual Accounts 2017/18.

**7.3 Finance and Contracting Report**

Dilani Gamble provided a verbal update for the Finance and Contracting report as Month 1 reporting is not carried out and not a national requirement.

The Financial Plan 2018/19 has been submitted to NHS England. As a result NHS England has confirmed access to the Commissioner Sustainability Fund. The CCG is planning to access the fund and have a breakeven position for 2018/19.

As part of the overall planning guidance, all CCGs, in a deficit position, need to submit a recovery plan to show when they will get to a 1% cumulative surplus position. This is to be submitted at the end of June 2018 and is forming part of the Governing Body workshop agenda today. The plan will then be approved at the Finance, Performance and Commissioning Committee, which was previously delegated by the Governing Body, before submission.

**The Governing Body:**

Received the update as assurance.

**7.4 Transformation and Delivery Report**

Wendy Balmain presented the Transformation and Delivery Report which sets out Quality, Innovation, Productivity and Prevention (QIPP) plan for 2018/19. The plan also contains a pipeline scheme which the CCG could utilise should additional savings be required.

Progress has been made establishing governance to support delivery of the Aligned Incentive Contract (AIC), with an executive management Board from the CCG and Harrogate District Foundation Trust (HDFT) providing leadership and assurance. There is an agreed set of principles and NHS England is complimentary of the relationship and combined effort to deliver the programme. Workstreams will be discussed at the executive meetings to try and gain an understanding of triggers and thresholds, to allow the system to respond quickly if any areas are going off track.

The impact of the demand management work during 2017/18 has seen referrals to secondary care reduced by 4.9% (1723) from 2016/17. A number of initiatives have been responsible, but predominantly the impact has been through effective clinical triage in key specialties. An internal audit report in referral management provided an opinion of significant assurance in terms of measuring impact of referral reduction.

Sheenagh Powell queried how the Medicines Management waste management project will be dealt with in terms of meeting the savings requirements. Wendy Balmain noted that there is an impact on savings identified as there has been recruitment difficulties. The Medicines Management team has been asked to review again any possible impact on the savings target this year and they are already looking at other savings opportunities. Joanne Crewe agreed that the Medicines Management Team is clear they need to look at further savings opportunities in addition to the pipeline scheme and early notification of this will be discussed at the Transformation and Delivery Group.

Amanda Bloor noted that in terms of Continuing Healthcare the CCG needs to understand on a monthly basis any elements of concern so that we can respond quickly. There are concerns around the value attached to the programme and whilst there is risk, the CCG is responding proactively.

#### **The Governing Body:**

Received the report as assurance.

### **8.1 Strategy and Planning**

#### **8.2 Operational Plan 2017/18 - 2018/19 Review and Update**

Wendy Balmain presented the Operational Plan 2017/18 - 2018/19 Review and Update that describes progress in year one against the 2017/18 – 2018/19 Operational Plan. The plan was approved by Governing Body for submission to NHS England (NHSE) in February 2017 and which received subsequent approval from NHSE.

The plan is dependent on working closely with our partners and demonstrated that if we do things together we can achieve great things.

It was noted that the Project Management Office (PMO) is not included in the report but it has done a great deal to identify, collect and measure information.

As part of the national RightCare Programme, the national team has said the CCG is exemplar in its approach and although great savings have not been released, the CCG has introduced a new way of working across primary and secondary care that is more integrated.

Sheenagh Powell noted that the review is really useful as a new member of the Governing Body.

Amanda Bloor commented that focus is more often on the financial challenge but this document recognises the things that have made a tangible difference to patients.

Joanne Crewe agreed that it is useful to have this information in one place.

The Governing Body agreed the review should be shared with staff, published on the CCG website and linked in with the Annual General Meeting.

**The Governing Body:**

Noted the progress made in year one delivering the CCG Operational Plan 2017/19.

Noted that work is in place to refresh the Operational Plan for delivery in year two 2018/1

**8.3 Ipsos Mori 360° Feedback Report**

Amanda Bloor presented the Ipsos Mori 360° Feedback Report. The 360° stakeholder survey is an annual process commissioned by NHS England. Fieldwork for our 2017/18 survey, conducted by Ipsos Mori, took place in early 2018. The results of the survey show that we continue to perform well across all key indicators, and ahead of our peers in most areas. The annual survey provides intelligence to help us develop and enhance stakeholder relationships. The results are also an input into NHSE's assessment of our performance as part of the annual assurance process.

The overall response rate was 76% which is good in comparison to other CCGs and is a good indication of engagement.

Confidence in leadership has seen a 12% rise compared to the previous year and effectiveness of working relationships has seen a 4% rise. Amanda Bloor noted that the system does not help partnership working sometimes but progress has been made and it is good to see this reflected in the report.

There has been a drop in how effective people feel the CCG is as a local system leader however the role of the CCG is being overtaken by the role of the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) partnership and rather than seeing this drop as negative it in fact demonstrates that the system is working more closely together.

There has been a drop in how much would people say they know about the CCG's plans and priorities; however priorities have not changed so perhaps the CCG needs to be clearer about its priorities. This is to be picked up by the Communications team.

Joanne Crewe feels that the questions are slightly outdated in that it is more about the effectiveness of the CCG within the partnership rather than as a local system leader.

Dr Ian Woods queried which stakeholders receive the survey to complete. Amanda Bloor informed that it is the Council of Member GP Commissioning Leads of each practice and partner organisations. The CCG receives feedback on completion rates but not who has and has not completed the survey.

**The Governing Body:**

Noted the Ipsos Mori 360° Feedback Report

**9.1 Governance**

**9.2 Capability and Capacity Review Report and Management Response**

Amanda Bloor presented the report and management response. In March 2018, NHS England requested that the CCG undertake a 'Capacity and Capability Review' of the organisation. The review was undertaken as a consequence of the CCG's financial deterioration and was completed by PricewaterhouseCoopers (PWC).

The review provided recommendations in relation to finance, QIPP, leadership and governance. A management response has been developed which sets out the actions the CCG will take and a number of which are now completed.

The CCG provided PWC with a significant amount of information and held 1:1 interviews. The CCG is required, by NHS England, to publish the report and management response.

Amanda Bloor noted that there were no issues identified with either clinical or executive leadership. There were no issues relating to financial governance, however some recommendations were given to firm up some areas. There were no issues around governance or decision making and a solid approach to risk management. Distinctly lacking in the report was any quality issues but this was not included in any review specifications. However the CCG feels that quality is at the forefront of everything it does.

The report does identify that the CCG has a significant financial challenge but does recognise the Aligned Incentive Contract (AIC) is a significant achievement.

The CCG has responded positively to the report and a number of actions are underway or have already been completed.

Amanda Bloor noted that this report has been shared with the Council of Members prior to publication.

Sheenagh Powell queried why some of the actions that are high priority are rated as amber. Amanda Bloor informed that the rating is not about the complexity but about completion.

Joanne Crewe noted that as part of the process there had been a level of rigour and quality of processes.

Amanda Bloor informed that the CCG must implement the actions contained within the management response but that it is still unclear what NHS England will ask in terms of next steps. The CCG is meeting with NHS England mid-July and any updates will be brought back to the Governing Body in August 2018.

#### **The Governing Body:**

Noted the Capacity and Capability Review report, produced by PricewaterhouseCoopers and approved the management response.

### **9.3 West Yorkshire and Harrogate Health and Care Partnership Integrated Care System**

Amanda Bloor informed the Governing Body of the announcement that West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) has been accepted to participate in the second wave of the Integrated Care Systems (ICS) development programme - initially in shadow format.

This new programme will provide the opportunity for further autonomy with regard to funding as it is not subject to a national bidding process and the partnership will have the flexibility and freedom to determine how money is spent.

#### **The Governing Body:**

Noted the announcement.

### **9.4 Quality and Clinical Governance Committee Report**

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 April 2018.

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

The Committee receives a quarterly update on the Transforming Care Partnership, following Winterbourne. The Committee was assured that the individual needs of these complex patients were being met.

The Policy for Patient or Carer Administration of Subcutaneous Medication was reviewed and feedback given to HDFT Palliative Care team

The Committee discussed delays around the Learning Disabilities Mortality Review (LeDeR) Programme and completion of reviews for those cases already referred received assurance that work is being done to resolve this.

#### **The Governing Body:**

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

#### **9.5 Finance, Performance and Commissioning Committee Report**

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 April 2018.

In addition to the detail included in the report, Dr Ian Woods provided a verbal update.

At every meeting the Committee is updated on the Transformation and Delivery Plan. At the Committee in April there was still a small QIPP unidentified.

The CCG is still struggling on some of its key performance indicators and an acute review is about to commence on Continuing Healthcare package.

The Committee discussed monitoring glucose devices.

At the meeting in May 2018, the Committee formally noted the financial plan submission.

At the meeting in May 2018, a research application was presented looking at increasing physiotherapy in frailty patients to reduce the likelihood of readmission to hospital.

A number of business cases were approved.

#### **The Governing Body:**

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

### **10.1 Minutes of the Governing Body Committees – to be Discussed by Exception**

#### **10.2 Audit Committee – 20 February 2018**

No issues were raised.

#### **10.3 Primary Care Commissioning Committee – 13 March 2018**

No issues were raised.

#### **The Governing Body:**

Noted the above.

### **11.0 Any Other Business**

No items were raised.

### **12.0 Next Meeting**

Thursday, 2 August 2018

Dowerhouse Hotel, Knaresborough

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 June 2018**

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
7 June 2018	3.0 Minutes of the Meeting held on 5 April 2018	Minutes to be amended from 5 April 2018	Sasha Sencier	COMPLETE
7 June 2018	6.2 Performance Report	Impact on outcome to be included alongside the mental health out of area placements indicator in the next Performance Report.	Joanne Crewe	October 2018
7 June 2018	8.1 Operational Plan 2017/18 - 2018/19 Review and Update	The review should be shared with staff, published on the CCG website and linked in with the Annual General Meeting.	Wendy Balmain	COMPLETE