

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

### Governing Body

2 August 2018 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
Sheenagh Powell	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
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
Kathy Clark	North Yorkshire County Council

#### Apologies

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

#### In Attendance

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

### Questions to the Governing Body

#### Question 1 from Anne Veart:

As you know, I attended your meeting of the Governing Body previously to campaign for the approval of a continuous glucose monitoring system for patients in the Harrogate area. This morning there was a headline news item in newspapers stating that there is a 'postcode' lottery for the approval of the system and I am so very happy and grateful that Harrogate has agreed to fund this invaluable glucose monitoring system as many people will benefit from this. Is there any idea of how long it will take to put this in place now it has been approved?

#### CCG Response from Dr Bruce Willoughby:

The CCG is currently working on a roll-out and is also developing an education programme with HDFT to align with this.

The CCG has worked with the Harrogate and District NHS Foundation Trust to prescribe the device for a specific cohort of patients that we think will benefit. A commissioning statement with (HDFT) has been agreed and has been posted on the CCG website. The CCG is working with

other CCGs across the Sustainability Transformation Partnership to try and harmonise this policy area so that there is no postcode lottery.

### **Patient Story**

Joanne Crewe introduced the Harrogate and District NHS Foundation Trust (HDFT) Youth Forum; a sub-group of the HDFT Governor working group for Membership Development and Communications. The Youth Forum provides young people with the opportunity to contribute their ideas, engage with decision makers and contribute to improving the lives of young people within their communities. The Trust actively engages young people in decision making and gives them the opportunity to influence service development.

Emily Reid who facilitates the Youth Forum was joined by two of its members, Robin and Tom who gave a presentation on the Youth Forum. The Youth Forum is run by the members, with support from HDFT staff. Members have a lot to offer from their experiences and can make a big difference to existing and future healthcare services for young people. The Youth Forum contributes their ideas in a variety of ways and has a valid voice that is freely expressed to senior management, helping to shape healthcare.

The HDFT Youth Forum has developed the Hopes for Healthcare as they are passionate about making healthcare services accessible and relevant to children, young people and their families/carers. The seven hopes cover different areas and were developed from a consultation in May 2018 with over 100 people. The seven hopes are:

1. Making children and young people feel welcome
2. Understanding healthcare rights
3. Confident two way communication
4. Feedback and shaping services
5. Transition to adult services
6. Involving Children and Young People in their care
7. Starting early with health information

Amanda Bloor thanked Emily, Robin and Tom for their excellent presentation and said it was really helpful and demonstrates how important it is to get services right for everyone. Amanda asked whether the Forum were also looking at prevention and promoting health and wellbeing, as peer support can be a powerful way to positively motivate children and young people.

Emily said that the Forum mostly tries to ensure that children and young people understand the services that are available to them and how to gain access to them, however there is a North Yorkshire Healthy Child Team that promotes and protects the health and wellbeing of all children and young people aged 5 to 19. They work with children, young people and families to empower and enable them to make informed decisions about health, and to support them in transitioning safely and happily into adult life.

Dr Rick Sweeney asked whether the Forum had any influence on services outside of the hospital as most healthcare is not in a hospital setting.

Tom responded that the Forum is in contact with schools and youth centres, providing them with information and support to teachers around issues such as mental health.

Joanne Crewe commented how important it is to connect with children and young people regarding their health and wellbeing and that if we can engage with people from a young age we are more likely to be successful at prevention.

Sheenagh Powell expressed that the presentation was very powerful in a straight forward and informative way. Sheenagh asked how children and people want to be communicated with.

Robin responded that unfortunately there is no simple answer. Social media is the main way to communicate but it needs to be directed specifically to children and young people otherwise the engagement is not there.

Sarah Hay asked if the Forum had been in touch with GP Practices as this could be a good way to get messages out there to children and young people.

Emily responded that the Forum would welcome partnership working but that more members would be required as there is already a lot of work to be done. The Forum is looking for volunteers currently and details can be found on the HDFT website: <https://www.hdft.nhs.uk/about/education-liaison/youth-forum/>

The Governing Body thanked Emily, Tom and Robin again for joining the meeting and presenting.

### **1.0 Apologies for Absence**

Apologies were received from Dilani Gamble and Dr Angela O'Donoghue. It was noted that Alec Cowell is in attendance in the absence of Dilani Gamble, Chief Finance Officer.

#### **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 7 June 2018**

The Governing Body reviewed the minutes of the 7 June 2018.

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

Approved the minutes of the meeting on 7 June 2018 as a true and accurate record.

### **4.0 Matters Arising from the Minutes**

All matters arising were noted as complete with the exception of the action relating to the Performance Report which is due to be completed by the next Governing Body meeting in October 2018.

#### **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 noted that in addition to operational duties he attended a Board to Board meeting with Harrogate and District NHS Foundation Trust (HDFT) on 25 June 2018. The meeting went very well and demonstrated positive partnership working. Another Board to Board is being planned for October 2018.

Alistair noted that from the Board to Board a key piece of work is a joint approach to quality and quality impact assessments, which has been called 'Healthy Harrogate'.

### **5.2 Chief Officer**

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

The CCG received its formal letter regarding the outcome of the Improvement Assessment Framework (IAF). There is recognition of strong leadership however in light of the challenging financial position the overall rating is still 'requires improvement'. There has been progress in the delivery of the operational plan and NHS England has given a formal response rating of 'green' for the CCG's financial recovery plan. These plans have been shared with staff and embedding this into everything the CCG does will be key.

Amanda Bloor is the co-Chair of the Crisis Care Concordat, focusing a multiagency response on stopping individuals from descending into a mental health crisis and, if they do, how this can be prevented from happening again. Positive conversations are happening and opportunities around street triage are being explored.

The Integrated Partnership Board for Mental Health and Learning Disabilities formally met for the first time and is moving forward in terms of working in a different way with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and aligning budgets and working. Colin Martin, TEWV Chief Executive was invited to do an interview with the mental health correspondent for the Health Service Journal (HSJ).

Dr Rick Sweeney clarified under Item 2.0 of the report 'Improving outcomes for people with CVD and Diabetes', that the CCG is trying to prevent cardiovascular disease in the whole population but with an emphasis on patients with diabetes.

### **5.3 Audit Committee**

Sheenagh Powell, Chair of the Audit Committee, noted that no meetings had taken place since the Governing Body last met in June 2018.

The next Audit Committee is due to take place on 21 August 2018.

### **5.4 Primary Care Commissioning Committee**

Kate Kennedy, Chair of PCCC noted that no meetings had taken place since the Governing Body last met in June 2018.

The next Audit Committee is due to take place on 6 September 2018.

## **5.5 Remuneration Committee**

Lance Gilroy, Chair of the Remuneration Committee, presented key messages from the Remuneration Committee that took place on 17 July 2018.

Lance noted that there were challenging debates making the decisions regarding remuneration and that the public can be confident in how the CCG manages its finances.

### **The Governing Body:**

Noted the reports from the CCG.

## **6.0 Quality and Operational Performance**

### **6.1 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.

The CCG has been notified by the CQC that a local day / residential college is providing aspects of personal care that it is not registered with the CQC to provide. Joanne assured the Governing Body that there are a very small number of young people affected with no evidence of harm and safeguarding is in place. Joanne also commented that because the services are within the Harrogate locality the CCG is involved in safeguarding.

Joanne Crewe noted an error in the report. The CQC Children Looked-after and Safeguarding (CLAS) Review should say it was published in August 2017.

There are a limited number of people receiving Personal Health Budgets (PHB), however there is an action plan with North Yorkshire County Council (NYCC) to encourage increased uptake from September 2018.

The Care Quality Commission (CQC) visit to TEWV took place and positive feedback was received. A report is being published in September 2018 and will be taken to the Quality and Clinical Governance Committee. HDFT are expecting a visit from the CQC in October 2018 but as yet we are not aware of what the focus of the inspections will be.

Dr Rick Sweeney referred to the Breast Symptomatic Two Week Referrals standard not being met and expressed concern that all referrals are dealt with in the same way, some of which will have a high index of suspicion. Rick queried while capacity issues are being resolved is there a way patients can be appropriately prioritised. Dr Sarah Hay informed that prioritisation is already being done and that there has been no evidence of harm to patients.

Dr Rick Sweeney queried the Continuing Healthcare standard and asked that once a decision has been made to support does this mean the decision has been made. Joanne responded yes, and the decision goes through a rigorous process of validation.

Amanda Bloor noted that in relation to Personal Health Budgets a piece of work is taking place across the Integrated Care Partnership. Paula Middlebrook, Head of Nursing is leading on this and it will be helpful to see if there is the resource to make progress.

Lance Gilroy noted that the CQC inspections are positive.

**The Governing Body:**

Received the Quality and Safety Report as assurance.

**6.2 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 (FPCC) prior to the paper being presented to the Governing Body for assurance.

Joanne Crewe noted a slight change to the reporting cycle in that FPCC receives a written report every two months and verbal report, by exception. The Governing Body has been received by FPCC and additional narrative added following the meeting.

There are changes in the NHS Constitution Gateway. The CCG will be monitoring these standards through current contractual arrangements with HDFT.

The CCG is monitored on a number of indicators in relation to adult mental health and Improving Access to Psychological Therapies (IAPT). There is a challenging trajectory in relation to access to IAPT. Performance in relation to recovery rates are reasonably good but when stretch targets are introduced this will be challenging. However the Governing Body can be assured that progress is being made in relation to targets.

The CCG is just above the trajectory for C Difficile (C-Diff) infections. There are number of root cause analyses requiring a level of scrutiny to determine any lapses in care, however early indications show no cause for concern.

Wendy Balmain noted that the Referral to Treatment Target is being reported as in the red category and queried whether this is because of criteria that push us into this category as it does not feel on the whole that this should be considered a red rating. Dr Ian Woods also feels this is misleading and suggested that the definition of a red rating may need redefining.

**The Governing Body:**

Received the Performance Report as assurance.

**7.0 Finance, Activity and Delivery**

**7.1 Finance and Activity Report**

Alec Cowell, Head of Finance presented the Finance and Activity Report that summarises the CCG's reported financial position for the 2018/19 financial year based on information available to 30 June 2018.

The position remains in line with the planned £10m deficit. Assuming that the CCG receives £10m from the commissioner sustainability fund, the CCG is forecasting an in-year breakeven position overall. The key risk to achieving this position is the Quality, Innovation, Productivity and Prevention (QIPP) requirement and controlling increased expenditure relating to Continuing Healthcare (CHC). These risks are being mitigated by looking at additional QIPP opportunities and by utilising the CCG's contingency reserves for unforeseen pressures not known at planning stage.

Kathy Clark asked if there were any concerns around the Aligned Incentive Contract and what has been agreed with HDFT. The CCG needs to ensure it monitors demand and works within the agreed financial envelope.

Amanda Bloor agreed that the CCG needs to ensure demand is being managed effectively. There are joint incentives to ensure demand is managed and the CCG is working in partnership with HDFT to secure and develop new pathways.

### **The Governing Body:**

Received the Finance and Activity report as assurance.

## **7.2 Transformation and Delivery Report**

Wendy Balmain presented the Transformation and Delivery Report which sets out the Quality, Innovation, Productivity and Prevention (QIPP) plan for 2018/19.

There has been no change to the QIPP plan with a savings requirement of £5.6m and a risk of £1.4m for increased expenditure relating to Continuing Healthcare (CHC).

Transactional savings around the Aligned Incentive Contract have not been reported in this paper for the first quarter of the year, including July 2018.

The CCG has started to refocus as nationally we are underplan. A significant piece of work will take place to look at the data and gain a true picture of the position, which is a key part of working through the Aligned Incentive Contract.

The CCG has developed an urgent care strategy which is being agreed with stakeholders and then will come to the Governing Body in October for comment. Amanda Bloor noted that although the strategy is in draft it is a really good paper and aligns well with "Your community, your care: developing Harrogate and Rural District together". Amanda is confident it will be developed with system partners and can see the synergies between the two strategies trying to develop a seamless package of care.

A submission was made to NHS England as part of the QIPP programme to secure additional resource to support the CCG demand management programme. The CCG has secured 20 days and will be using this resource to focus on demand management.

Dr Ian Woods believes there is a disparity in what the CCG thinks is happening and what NHS England are viewing for referrals and asked whether there are any suspicions as to what these differences are. Wendy Balmain informed that the CCG has commissioned a deep dive with analytical expertise to understand the data. A report is due on Monday and the CCG will know more then.

Amanda Bloor feeds it is really helpful that NHS England is looking at referrals and that we are in the right ballpark, however they will act on their own data. The increase in referrals is disproportionate and we will work together to understand the data better. Timing may also be an issue as the CCG saw an increase in referrals this time last year. It may even itself out but the CCG is not in the position to wait and see due to the financial position.

Dr Bruce Willoughby thinks that targeting practices where there are particular increases in speciality referrals might be of benefit.

Dr Alistair Ingram queried CHC and whether there were concerns over the increasing expenditure and achieving QIPP savings in this area. Joanne Crewe informed that Deloitte LLP previously completed a piece of work, alongside Scarborough and Ryedale CCG, and figures were presented. Following this, the CCG commissioned PriceWaterhouseCooper to relook at this work and a draft report is being presented to the CHC Board. The report speaks positively about the work being done to achieve QIPP targets however it does say that the work Deloitte completed should not be used as it is an old piece of work. The report gave a significant level of assurance around the work the CCG is doing and what is already in place is good. The CCG should expect to see QIPP savings in Quarter 2. There are concerns as the report from Deloitte told the CCG that there were much greater opportunities for savings than there are. The report states that the CCG is on track from a CHC perspective but the focus is around how the financial gap is filled.

**The Governing Body:**

Received the report as assurance.

**8.0 Strategy and Planning**

**8.1 Operational Plan 2018/19**

Wendy Balmain presented the Operational Plan 2018/19.

In 2017, the Governing Body approved a two year Operational Plan, which was submitted to, and agreed by, NHS England (NHSE).

In June 2018, the Governing Body received a report which set out progress delivering against the nine must dos and other areas of delivery and transformation completed against the Harrogate and Rural Districts Operational Plan during 2017/18.

As a result of changed expectations from NHSE and our own regular review of CCG strategy and priorities, the CCG has taken the opportunity to refresh the format and content of the Operational Plan for 2018/2019.

Wendy Balmain informed that this focuses on more individual areas with a core theme of quality and engaging with our public to share healthcare. Individual areas will be easier to monitor.

Amanda Bloor felt the updated plan is really powerful, setting out clearly what the CCG is aiming to do for the population. It provides a good framework to report back and helps to articulate the scale of our ambition.

Sheenagh Powell agreed that it's a very clear document and it is great to have clear timescales and processes in place to monitor.

The Governing Body agreed it would be useful to have a session on the Operational Plan at a future Governing Body workshop session.

**The Governing Body:**

Received the Operational Plan 2018-19 as assurance.

## **9.0 Governance**

### **9.1 North Yorkshire CCGs**

Amanda Bloor presented the North Yorkshire CCG's paper that sets out the need for transformational change. Currently each of the individual North Yorkshire CCGs (Hambleton, Richmondshire and Whitby, Harrogate and Rural District and Scarborough and Ryedale) are not big enough or strategic enough to work on the scale of challenge now facing CCGs.

The proposal therefore is for one senior leadership team that allows us all to focus on continuing the developments that have made such a difference in each CCG over the last five years, particularly the local clinical leadership on patient pathways, whilst capitalising on the capacity and expertise across the County where this make sense for our populations.

Amanda Bloor noted that the CCG Council of Members have been involved in the discussions regarding the proposals and are in support of this approach.

Sheenagh Powell understands that a great deal of conversation has taken place to get to this stage already but if mindful that it would be useful to have a governance timetable.

Amanda Bloor informed that some targeted governance work had already been shared with NHS England and that it would be shared with Governing Body Members when details were firmed up.

**The Governing Body:**

- Endorsed the recommendation of the leadership of the CCG being moved to a single shared senior leadership team across Hambleton, Richmondshire and Whitby CCG, Harrogate and Rural District CCG and Scarborough and Ryedale CCG.
- Agreed that the three Clinical Chairs commence discussion with NHS England on the proposal to appoint a single Accountable Officer to lead the development of the shared team.
- Agreed to support the programme of work to agree the design of the shared arrangements, the governance which underpins them and to work together to develop a shared culture and behaviours.

### **9.2 Governing Body Assurance Framework**

Joanne Crewe presented the Governing Body Assurance Framework (GBAF) that aims to identify the main risks to the delivery of the CCGs strategic objectives and its statutory obligations, as defined by the CCG Assurance Domains. The GBAF sets out the controls that have been put in place to manage the risks and the assurances that have been received and shows if the controls are having the desired impact. It includes an action plan to further reduce the risks.

Risks that are aligned to the CCG's strategic objectives are included in the GBAF. All other risks scored 12 and above are included in the CCG's Corporate Risk Register.

The GBAF is the key source of evidence that links strategic risks, controls and assurances and the main tool that the Governing Body should use in discharging its overall responsibility for internal control.

Joanne Crewe noted the principle risks and informed that there are systems and processes in place to mitigate against these risks. The CCG also holds a monthly Corporate Risk Review Group (CRRG) where all risks are rigorously scrutinised and monitored.

Sheenagh Powell noted that the Audit Committee also reviews the GBAF, twice yearly. Sheenagh recently attended the CRRG and was very assured and impressed that members of the organisation have a deep understanding of risk management. Sheenagh further noted it is the best process she has seen for risk management.

**The Governing Body:**

Approved the Governing Body Assurance Framework.

**9.3 CCG Risk Registers**

Joanne Crewe presented the CCG Risk Registers which includes the Directorate Risk Register (DRR) and the Corporate Risk Register (CRR).

A monthly report is presented to the Senior Management Team to provide assurance on risks that are considered significant and score 12 and above.

The CCG's Risk Management Strategy states that all Risk Registers of the CCG will be submitted in their entirety twice per year to the Governing Body for assurance.

**The Governing Body:**

Received the Risk Registers as assurance that risks are being managed effectively.

**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.

One Committee meeting has taken place since the Governing Body met last in June 2018.

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

There was a discussion around safeguarding and how a police led committee on domestic abuse could link with health services. This would provide better communication whilst protecting the confidentiality of victims of domestic abuse.

Further work still needs to be done to update the Complaints, Comments and Compliments Policy. Once completed this policy will be presented to the Governing Body for approval.

**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, undertakes analysis and makes recommendations to the Governing Body.

Two Committee meetings have taken place since the Governing Body last met in June 2018.

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

Members have reviewed the content of committee meetings, how governance is adhered to and how best to receive reports. This is so that the Committee can maintain an overview as set out in the terms of reference but sometimes exception reporting feels more appropriate.

The Terms of Reference for the Committee will be reviewed in September 2018.

### **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**

None to receive.

### **The Governing Body:**

Noted the above.

## **11.0 Any Other Business**

Dr Alistair Ingram thanked Kathy Clark from North Yorkshire County Council for her support as the co-opted Governing Body Member over the last few years and wished Kathy all the best in the future. Kathy thanked the Governing Body for all their support and said what a pleasure it had been to be part of many conversations.

## **12.0 Next Meeting**

Thursday, 4 October 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 2 August 2018**

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
No Actions from 2 August 2018				
7 June 2018	6.3 Performance Report	Impact on outcome to be included alongside the mental health out of area placements indicator in the next Performance Report.	Joanne Crewe	COMPLETE