Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

Date: Tuesday, 23 February 2016

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

A G E N D A

1. Declarations of Interest (Pages 1 - 2)
At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 3 - 8)
To approve and sign the minutes of the meeting held on 26 January 2016.

3. Public Participation
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so.
The deadline for registering is **Monday 22 February 2016** at **5:00 pm.**

Filming, Recording or Webcasting Meetings
Please note this meeting may be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at: http://www.york.gov.uk/webcasts.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

4. **2015/16 Third Quarter Finance and Performance Monitoring Report- Health & Adult Social Care**
(Pages 9 - 22)
This report analyses the latest performance for 2015/16 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

5. **Practice Mergers: Clifton Medical Practice, Petergate and York Medical Group** (Pages 23 - 38)
This report details the patient engagement process undertaken by Clifton Medical Practice, Petergate and York Medical Group in respect of their request to merge practices.

6. **Update report on Vale of York Clinical Commissioning Group (CCG) Turnaround Plans** (Pages 39 - 56)
This report informs the Committee of the Clinical Commissioning Group's (CCG) action plan to address the deteriorating financial position and recent classification as an organisation in turnaround.

7. Co-Commissioning of Primary Care Services
(Pages 57 - 72)
The purpose of this report is to provide the Committee with a briefing on the establishment and working of the Clinical Commissioning Group's Primary Care Commissioning Committee.

8. Work Plan including verbal updates on agreed scrutiny reviews (Pages 73 - 76)
Members are asked to consider the Committee's work plan for the municipal year.

9. Urgent Business
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts
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E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

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Agenda Item 1

Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor S Barnes	Works for Leeds North Clinical Commissioning Group
Councillor Cannon	Member of Health and Wellbeing Board
Councillor Craghill	Member of Health and Wellbeing Board
Councillor Doughty	Member of York NHS Foundation Teaching Trust.
Councillor Douglas (Substitute)	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Richardson	Niece is a district nurse. Undergoing treatment at York Pain clinic and awaiting surgery for knee operation.

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City of York Council Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	26 January 2016
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

61. Declarations of Interest

Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business on the agenda.

Councillor Doughty declared a personal interest in Agenda Item 4 (Implementation of CQC Action Plan by York Teaching Hospital NHS Foundation Trust) as his father was currently an inpatient and receiving care and treatment for a broken pelvis.

Councillor Cannon declared a standing personal interest in the remit of the committee as her husband was a trustee of IDAS.

No other interests were declared.

62. Minutes

Resolved: That the minutes of the meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 22 December 2015 be signed and approved by the Chair as a correct record.

63. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

64. Implementation of CQC Action Plan by York Teaching Hospital NHS Foundation Trust

Members considered a report and annex which presented details of actions taken by York Teaching Hospital NHS Foundation Trust in response to an action plan agreed with the Care Quality Commission following their inspection in March 2015.

The Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust, Mike Proctor told Members there were still concerns over A&E waiting times but 89% of patients were treated within the 4-hour target time, however pressures still remained within admissions into A&E. Regarding staffing, thirty nurses from Spain had started since Christmas.

Discussion took place during which the following points and questions were raised;

- Those that automatically attended A&E for what might be considered minor conditions needed reassurance their conditions were minor.
- The use of telecare and Skype allowed for GPs to mitigate patients with minor conditions from using the hospital.
- It was clarified that some women in York were offered the opportunity to have an earlier appointment for gynaecology services in Hull if they so wished.
- The Hospital had spent £30 million on agency staff nurses this year, although they wanted to recruit more nurses locally they admitted this was a challenge.
- The CQC could come back and inspect the Hospital at any point as the inspection regime changed constantly.
- Triage had been improved by moving a nurse to the front desk as recommended by the CQC, although on a practical level this was not always able to be followed.

The Chair thanked the Deputy Chief Executive for presenting the report and answering Members' questions.

Resolved: (i) That the report and its annex be noted.

(ii) That hospital representatives be invited to a future meeting of the Committee to further explain progress against the Action Plan to improve services provided by the Trust.

Reason: To keep the Committee updated on the performance of York Teaching Hospital NHS Foundation Trust.

65. Healthy Child Service

Members received a report which provided them with an update on the transfer of health visiting, school nursing and the National Child Measurement Programme from York Teaching Hospital NHS Foundation Trust to City of York Council and progress with development of a new Healthy Child Service.

Officers reported that as of 1 April the Council would take on responsibility for the School Health Team from York Teaching Hospital NHS Foundation Trust.

In relation to the work undertaken by the project group as detailed in the report, there was a project board headed by a matron from York Hospital. This board reported to the YorOK Board. It was planned that it would also report to Learning and Culture Policy and Scrutiny Committee as well as the Health and Wellbeing Board. CQC registration for the service was underway.

In response to a question about why there was no existing school nursing data, this was due to the transfer of old records to the new IT system.

Resolved: That the report be noted and that the Committee receive a further update report in six months.

Reason: To provide an update on the transfer of health visiting, school nursing and National Child Measurement Programme and progress with the development of a new Healthy Child Service.

66. Safeguarding Vulnerable Adults Six Monthly Assurance Report

Members received a six monthly assurance report on safeguarding vulnerable adults.

The Head of Adult Safeguarding presented the report to the Committee.

Members asked the following questions and made the following comments;

- What steps could be taken to ensure that Councillors could have a more active role in holding the Local Authority and other partners to account, as it was felt that the mechanisms were currently not there.
- How were interventions managed in safeguarding cases where people had sufficient mental capacity to make a choice?
- What was the latest position in York on Deprivation of Liberty Safeguards assessments in regards to the Cheshire West Case?
- Had the position on DOLS been factored into financial and operating plans?
- Had a dashboard been produced for Adult Safeguarding assurance?

In response Officers stated that;

- More specific training on adult safeguarding could be offered to Members.
- For those that had sufficient mental capacity, there were often specific circumstances for intervention due to level of risk such as serious crime or domestic abuse. Officers explained that in these cases they always explained to the individual why they had intervened. In regards to coercion, the Care Act had increased the duty to support vulnerable people with their decision making.
- At the time of the Cheshire West ruling there were 318 DOLS in York which was a 10% increase on previous numbers, in this current financial year there were 918 applications.
- There would be a review into processing DOLS. DOLS themselves had become more expensive and complex and this would present financial and operating problems. However, this was also a national problem.
- Performance Indicators such as culture and practice which ran through safeguarding might not be picked up in a dashboard, adult safeguarding was currently undergoing a culture change.

Resolved: (i) That the content of the report be accepted.

(ii) That arrangements for seeking future assurance be agreed.

(iii) That the Committee considered how Officers could support Members in their role.

Reason: To keep the Committee assured of the arrangements for Adult safeguarding within the city.

67. Work Plan

Consideration was given to the Committee's work plan for the municipal year.

It was reported that;

- The Chair, Councillor Cuthbertson, Cannon and the Scrutiny Officer would be meeting with the Director of Nursing Programmes and the Former Chief Executive of North Yorkshire County Council to discuss Bootham Park.
- There would be another meeting of the Public Health Grant Task Group, the first since October. This would be held on Tuesday 16 February at 2pm.
- There would be a visit to the Tees, Esk and Wear Valleys NHS Foundation Trust facility at Roseberry Park in Middlesbrough, the date was to be determined.
- Notes from the Bootham Park Task Group could not yet be circulated as the Task Group had been given sight of a confidential document, after 5 February the notes could be made public.

In respect of the work plan it was suggested that the Vale of York CCG be invited to attend to inform Members about their financial turnaround plan. It was also added that NHS England should be asked to attend. One Member also felt that an item on the new Integrated Wellbeing Service should be added on to the work plan as consultation was currently underway on this.

Resolved: That the work plan be noted and the following amendments be made;

- The future attendance of a representative from York Hospital in regards to the CQC Action Plan.
- An item on the turnaround plan of the CCG with the attendance of NHS England.
- An item on the Integrated Wellbeing Service.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor P Doughty, Chair
[The meeting started at 5.30 pm and finished at 7.25 pm].

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Health & Adult Social Care Policy & Scrutiny Committee **23 February 2016**

Report of the Director of Adult Social Care and the Director of Public Health

2015/16 Third Quarter Finance and Performance Monitoring Report- Health & Adult Social Care

Summary

1. This report analyses the latest performance for 2015/16 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

Financial Analysis

2. A summary of the service plan variations is shown at table 1 below.

Table 1 – H&WB Financial Projections Summary 2015/16 - Monitor 7 (Quarter 3) December 2015

2015/16 Qtr 2 Variation £000		2015/16 Latest Approved Budget			2015/16 Projected Outturn	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-517	Adult Assessment & Safeguarding	41,968	15,144	26,824	-569	-2.1%
+367	Adult Commissioning, Provision & Modernisation	29,078	6,512	22,566	+328	+1.2%
+283	Director of Adult Social Care	5,121	4,753	368	+258	+70.0%
-127	Public Health	9,035	8,690	345	+230	+66.7%
+6	**Health & Wellbeing Total**	**85,202**	**35,099**	**50,103**	**+247**	**+1.4%**

+ indicates increased expenditure or reduced income / **-** indicates reduced expenditure or increased income

3. The first financial monitoring report for 2015/16 showed a projected net underspend of £236k, the second showed a £6k overspend and the latest position at table 1 shows a small overspend of £247k across all Health & Wellbeing budgets; a decline of £241k from the last monitor. Adult Social Care is projecting a minor overspend of £17k and Public Health an overspend of £230k. This is predominantly due to the Dept of Health clawing back £509k of Public Health Grant in this financial year. The following sections provide more details of the significant projected outturn variations, and any mitigating actions that are proposed.

Adult Assessment & Safeguarding (-£569k / -2.1%)

4. There is a net projected underspend of £81k on staffing budgets, due mainly to some posts being held vacant pending a review of the service and the development of a new operating model.

5. Residential and nursing care net budgets are projected to underspend by £280k. This is due to a projected increase in Continuing Health Care income being secured, and fewer Nursing Care placements for Older People and Mental Health Customers than budgeted, producing a £386k underspend. This is partially offset by additional costs being incurred in supporting a residential home classed as inadequate by the Care Quality Commission (CQC) and also delays in moving Learning Disability Customers from residential care to supported living settings.

6. A residential home in York was judged as inadequate by the CQC in April 2015, and under threat of closure. Commissioners have worked to secure the continuity of care for the 17 CYC customers placed there. The customers could only continue to be supported at the home if additional care costing £178k for the remainder of 2015/16 was provided (2016/17 full year impact = £388k). Without this intervention it would have been necessary to move customers from this home to higher cost placements elsewhere.

7. Learning Disability customers transitioning to adults have not cost as much as previously forecast and the budget is estimated to underspend by £268k. This is due to more customers staying in education (£34k), some having cheaper than forecast care packages (£104k) and the securing of additional Continual Health Care funding (£130k).

8. A number of other more minor variations contribute to a net underspend of £89k on the other Assessment and Safeguarding budgets.

Adult Commissioning, Provision & Modernisation (+£328k / +1.2%)

9. There is a projected overspend of £463k within Older People Homes' budgets.

This is mainly in respect of staffing (£300k), under recovery of income (£68k) and employment of an additional service manager costs (+£57k).

10. There is a high use of casual staff in the homes as posts are kept vacant in order to facilitate staff moves resulting from the reprovision programme. The overspend will not carry through to 2016/17 as permanent staff fill these vacancies.

11. Windsor House staffing forms a significant element of the staff overspend (£118k) as staffing had been maintained at Dementia Care Matters levels. The home is also providing short term care for those leaving hospital to ensure York's health and social care sector is resilient over winter. Rotas are being reduced as the customer group is changing from a full dementia unit to a mix of customers with dementia and short term care needs. The overspend will come down by year end with the intention of achieving a balanced staffing budget in 2016/17.

12. Small Day Service and Supported Employment budgets are projected to underspend by £98k, due mainly to staffing savings resulting from a number of vacant posts across the service.

13. Supported Living Schemes are expected to overspend by £7k. This is a significant change from the previous monitor when a net underspend of £264k was expected based on projected placement numbers and customer needs. However, costs subsequently increased due to the Whittlestone legal judgement. The judgement found that overnight (sleep in) staff must now be paid the same hourly rate as day staff, rather than a flat rate for the night as was the case in several of our schemes.

14. The Commissioning team has worked with providers to reshape services, reducing cost whilst maintaining customer safety and choice. The majority of providers have submitted their claims re the judgement and there is £141k set aside for any further submissions. This is a pressure that will continue into 2016/17 and has been recognised in the budget process.

15. A number of other more minor variations produce a net underspend of £44k.

Director of Adult Social Care and Central Budgets (+£258k / 70.1%)

16. The directorate's budget for 2015/16 includes a requirement to deliver savings totalling £1.3m from the on-going work being undertaken on service transformation. To date savings of £1,095k have been identified leaving further savings required of £205k. Other pressures within the director's staffing budget, and additional redundancy costs, account for the remaining £53k projected overspend.

Public Health (+£230k / +66.7%)

17. The Public Health team budget is projected to overspend by £230k, a £357k worse position than last reported. This is primarily due to the government reducing the Public Health Grant by £509k in year following its consultation.

18. This issue has been mitigated by projected savings in other areas. Spend on alcohol services (£184k) has been held back as the service is redesigned. Smoking and tobacco cessation services are also projected to underspend by £85k as activity in GPs and pharmacies is less than budgeted for.

19. The Council is currently aligning the Health Visiting and School Nursing services with other local authority processes in preparation for the transfer of the services to CSES from 1 April 2016. This may mean incurring one off costs relating to the IT equipment etc needed to integrate the service within the Council. The various one-off costs are currently being quantified but should any of these costs be borne by the Council it will increase the departmental overspend.

20. There are a series of minor variations in the remaining Public Health budgets which forecast a combined £10k net underspend.

Better Care Fund (BCF) Risk

21. The BCF is a £12m pooled budget between CYC and Vale of York Clinical Commissioning Group (VYCCG), and is a government initiative to transform local health and social care services so that they work together to provide better joined up care and support.

22. At Quarter 2 we reported that as a result of significant in year financial pressures NHS England required VYCCG to produce a Financial Recovery Plan and this proposed VYCCG would substantially reduce the amount they contribute to the BCF pooled budget in 2015/16. This is still the case; a significant proportion of the pooled budget is earmarked to be spent on protecting Adult Social Care services and if the proposal is implemented it could create a budget pressure of up to £3m within Adult Social Care budgets. Senior managers within both organisations continue negotiating and developing a plan to prevent or mitigate the impact of this proposal. However, it still remains a real financial risk to CYC.

Performance Analysis

Adult Social Care

23. Information is shown in Annex A. York continues to steadily improve its performance on People supported through **personal budgets** or **direct payments** receiving community-based services with the Q3 figure at 94.3% against a 14/15 year outturn of 91.2%.

24. Quarterly figures in 2015/16 for those people who experienced a **delay in their transfer of care from hospital to adult social care services** show that there remain challenges in minimising delayed transfer. As part of our approach to addressing this, we have redrafted the policy for managing delayed transfers of care and are focussing on delivering this to the new framework. Alongside this, Health and Social Care managers are reviewing areas of the whole system that produce a high impact on delayed transfers of care, and through collaboration with colleagues in North Yorkshire and regional colleagues, will produce a much wider and more holistic view of the issues that impact the figures to inform partnership working. We have utilised additional beds to bolster step down capacity and we are also seeking to ensure a robust escalation policy and practices are in place.

25. There is also a focus on ensuring the accuracy of the figures and correct categorisation. Already, we are seeing a significant reduction in the number of delays noted in daily updates, even during what would be expected to be one of the most challenging periods. This improvement is expected to be seen in Quarter 4 figures and a more positive year-end position in relation to regional and national benchmarks.

26. The latest quarter shows another reduction in the **reablement assessment** timeliness figures which has been brought about by significant staffing issues in this team. This issue was identified by management and as a result the team has received additional resource until March 2016 to create capacity for assessments within the team. Indications are that this is already having a positive impact in Q4.

27. York continues to perform strongly on **Proportion of completed safeguarding referrals** where people report that they feel safe which at Q3 has outperformed the 2014/15 year end position.

Public Health

28. Performance is monitored on a number of key indicators relating to services commissioned directly by the Public Health team (substance misuse, health checks, smoking cessation, sexual health, physical activity and health visiting).

The latest quarterly data is for the period ending 30th September 2015, apart from teenage conceptions which are reported a year in arrears. The attached scorecard (Annex B) shows the latest figures. York is benchmarked against the national average and is rated as 'better', 'similar' or 'worse' based on statistical significance.

29. **Health Visiting**: performance on all the indicators relating to milestone visits was significantly lower in York compared with the national average. Breastfeeding at 6-8 weeks is also lower in York. The data has been obtained from 'SystmOne' which has been used by the service for the first time in 2015/16. Data quality issues have been highlighted as a potential reason why the figures are so low. The service has only been commissioned by the City of York Council since October 2015. Monitoring of the service and the data quality will be easier from 1 April 2016 when the service comes across to the council.

30. **Substance Misuse**: successful completions from treatment without representation within 6 months were not significantly different from the national average for both opiate and non opiate users. Successful completions from treatment for alcohol users, however, were significantly lower than the national average.

31. **Sexual Health**: a further age breakdown of the Chlamydia detection rate for 15-24 year olds is available. The latest quarterly data shows that York has a similar detection rate for the 15-19 age range but a significantly lower detection rate for 20-24 year olds. This information will help the provider to target the right population group to improve the overall detection rate. Under 18 conceptions continue to fall in York. The latest figures are similar to the national average.

32. **NHS health checks**: a significantly higher percentage of people are invited in York but a significantly lower percentage of people take up the offer compared with the national average.

33. **Smoking**: the percentage of women smoking at the time of delivery, whilst similar to the national average, has increased very slightly in recent quarters in the Vale of York area.

34. **Physical activity**: The percentage of adults who undertake at least 30 minutes of moderate intensity sport per week in York is significantly higher than the national average for both the 14+ and 16+ population based on the latest Active Living Survey.

Council Plan

35. The information included in this report is linked to the council plan priority of "A focus on frontline services to ensure all residents, particularly the least advantaged, can access reliable services and community facilities."

Implications

36. The financial implications are covered within the main body of the report. There are no other direct implications arising from this report.

Recommendations

37. As this report is for information only there are no specific recommendations.

    Reason: To update the committee on the financial and performance position at Quarter 3 for 2015/16.

Contact Details

Authors:	**Chief Officers Responsible for the report:**
Steve Tait Principal Accountant Health and Wellbeing *Tel No. 554065*	Martin Farran Director of Adult Social Care Sharon Stoltz Interim Director of Public Health
Will Boardman Strategy & Policy Group Manager *Tel No. 553412*	**Report Approved** *Y* **Date** 12 February 2016

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all* **All** *Y*

For further information please contact the author of the report

Background Papers

2015/16 Finance & Performance Monitor 3, Executive 11th February 2016

Annex A – Adult Social Care Scorecard
Annex B – Public Health Scorecard

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Adult Social Care 2015/2016 Quarter 3

Annex A

No of Indicators = 17 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Strategic Business Intelligence Hub February 2016

			Collection Frequency	Previous Years			2015/2016					Polarity	DoT
				2012/13	2013/14	2014/15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target		
	ASCOF1E	% of adults with learning disabilities in paid employment (New definition for 2014/15)	Monthly	8.7	7.7	13.7	7.4	7.0	7.1	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	7.0	6.7	6.0	-	-	-	-	-		
		Benchmark - Regional Data	Annual	6.5	6.2	6.6	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	-	9	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	3	1	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	-	1	-	-	-	-	-		
	ASCOF1G	% of adults with learning disabilities who live in their own home or with family (New definition for 2014/15)	Monthly	63.2	82.6	91.8	81.9	81.8	81.5	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	73.5	74.9	73.3	-	-	-	-	-		
		Benchmark - Regional Data	Annual	77.9	79.2	81.4	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	-	5	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	15	5	1	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	-	1	-	-	-	-	-		
	ASCOF2A 1	Permanent admissions to residential and nursing care homes for younger adults (18-64), per 100,000 population - (YTD Cumulative)	Monthly	7.7	11.5	9.9	3.05	7.61	10.66	-	-	Neutral	Neutral
		Benchmark - National Data	Annual	15.0	14.4	14.2	-	-	-	-	-		
		Benchmark - Regional Data	Annual	15.3	11.0	11.5	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	-	50	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	7	5	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	-	11	-	-	-	-	-		
		Permanent admissions to residential and nursing care homes for younger adults (18-64), per 100,000 population - (Snapshot)	Monthly	-	-	-	3.05	4.57	3.05	-	-	Up is Bad	Neutral
	ASCOF2A 2	Permanent admissions to residential and nursing care homes for older people (65+), per 100,000 population - (YTD Cumulative)	Monthly	617.7	767.5	630.8	213.94	408.68	526.62	-	-	Neutral	Neutral
		Benchmark - National Data	Annual	697.2	650.6	668.8	-	-	-	-	-		
		Benchmark - Regional Data	Annual	680.3	644.1	726.9	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	-	72	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	13	6	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	-	8	-	-	-	-	-		
		Permanent admissions to residential and nursing care homes for older people (65+), per 100,000 population - (Snapshot)	Monthly	-	-	-	213.94	194.74	117.94	-	-	Up is Bad	Good
	ASCOF2C	Delayed transfers of care from hospital, per 100,000 population - (YTD - Average)	Monthly	18.2	17.6	11.6	10.73	11.82	12.32	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	9.4	9.6	11.1	-	-	-	-	-		
		Benchmark - Regional Data	Annual	7.8	9.1	9.6	-	-	-	-	-		

ASCOF2C 1	National Rank (Rank out of 152)	Annual	-	-	102	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	15	14	11	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	-	-	11	-	-	-	-	-		
	Delayed transfers of care from hospital, per 100,000 population - (Snapshot)	Monthly	-	-	-	10.72	12.91	13.31	-	-	Up is Bad	Bad
ASCOF2C 2	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population - (YTD - Average)	Monthly	10.7	11.1	6.3	4.77	5.86	6.16	-	-	Up is Bad	Bad
	Benchmark - National Data	Annual	3.2	3.1	3.7	-	-	-	-	-		
	Benchmark - Regional Data	Annual	2.3	2.5	3	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	-	-	133	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	15	15	14	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	-	-	5	-	-	-	-	-		
	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population - (Snapshot)	Monthly	-	-	-	4.76	6.95	6.75	-	-	Up is Bad	Bad
ASCOF3A	Overall satisfaction of people who use services with their care and support (New definition for 2014/15 - ASCS sampling frame updated)	Annual	65.8	67.4	67.1	-	-	-	-	-	Up is Good	Neutral
	Benchmark - National Data	Annual	64.1	64.8	64.7	-	-	-	-	-		
	Benchmark - Regional Data	Annual	65.4	65.8	65.9	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	-	-	44	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	7	5	7	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	-	-	5	-	-	-	-	-		
ASCOF4A	% of people who use services who feel safe (New definition for 2014/15 - ASCS sampling frame updated)	Annual	61.8	63.4	62.3	-	-	-	-	-	Up is Good	Neutral
	Benchmark - National Data	Annual	65.1	66	68.5	-	-	-	-	-		
	Benchmark - Regional Data	Annual	67.3	66.2	67.7	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	-	-	131	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	14	11	13	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	-	-	16	-	-	-	-	-		
PHOF15	% of adult social care users who have as much social contact as they would like	Annual	42.7	43.00	-	-	-	-	-	-	Up is Good	Neutral
	Benchmark - National Data	Annual	43.2	44.50	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	45.4	44.20	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	12	12	-	-	-	-	-	-		
PVP01	People supported through personal budgets or direct payments receiving community-based services (%) (ADASS Survey definition)	Monthly	-	84.13%	91.29%	92.50%	93.33%	94.32%	-	-	Up is Good	Good
PVP02	Number of permanent admissions to residential & nursing care homes for older people (65+)	Monthly	-	-	241	78	71	43	-	-	Up is Bad	Good
PVP04	Total number of Acute delayed discharges (YDH only) - (Snapshot)	Monthly	-	-	120	37	53	44	-	-	Up is Bad	Bad
PVP05	Total number of reimbursable CYC delays (attributable to CYC) (YDH Only) - (Snapshot)	Monthly	-	-	115	23	35	34	-	-	Up is Bad	Bad
PVP06	Reablement - assessments to be completed within 6 weeks of referral	Monthly	-	-	26.84%	30.46%	25.50%	14.46%	-	-	Up is Good	Bad
PVP07	OT/OTA assessments - to be completed within 28 days	Monthly	-	-	95.87%	97.01%	96.97%	96.89%	-	-	Up is Good	Neutral

PVP08	People supported to live independently through social services PACKAGES OF CARE	Monthly	1,784	1,753	1487	1774	1758	1744	-	-	Neutral	Neutral
PVP09	People supported to live independently through social services PREVENTION	Monthly	2,822	2,570	2643	2434	2422	2430	-	-	Neutral	Neutral

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Summary of Performance - Quarterly Indicators

PH Commissioning Area	Indicator		Latest qtr.	York	Eng.	Benchmark v England
Substance Misuse	% successful completion from treatment without representation	Opiates	15/16 q2	6.1%	7.2%	similar
		Non-opiates		34.8%	38.5%	similar
	% successful completions from alcohol treatment			33.9%	39.1%	worse
NHS Health Checks	Cumulative % of eligible population **offered** check		15/16 q2	57.0%	47.5%	better
	Cumulative % of eligible population **received** check			22.0%	22.9%	worse
	Cumulative % of invited people who **took up** check			38.6%	48.2%	worse
Sexual Health	Under 18 conceptions per 1000 females aged 15-17		14/15 q2	20.9	21.9	n/a
	Rate of Chlamydia diagnoses for 15-19 year olds (per 100,000 population)		15/16 q2	1,438	1,584	similar
	Rate of Chlamydia diagnoses for 20-24 year olds (per 100,000 population)			1,518	2,035	worse
Smoking	% of women known to have been smokers at time of delivery			10.3%	10.5%	similar
Health Visiting	C2: % of births that receive a face to face new birth visit within 14 days by a HV		15/16 q2	62.6%	86.7%	worse
	C8i: % of infants who received a 6-8 week review by the time they were 8 weeks			63.2%	81.8%	worse
	C8ii % of infants being breastfed at 6-8wks			25.8%	43.8%	worse
	C4: % of children who received a 12 month review by the time they turned 12 months			20.8%	74.3%	worse
	C5: % of children who received a 12 month review by the time they turned 15 months			32.2%	81.8%	worse
	C6i: Percentage of children who received a 2-2½ year review			10.8%	74.0%	worse
Sport and Active Leisure	% Adult participation in 30 minutes moderate intensity sport per week (16+)			41.2%	35.8%	better
	% Adult participation in 30 minutes moderate intensity sport per week (14+)			42.4%	36.7%	better

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Report to York Health & Adult Social Care Policy & Scrutiny Committee

January 2016

Application by Clifton Medical Practice, Petergate Surgery and York Medical Group

Report Prepared by:
Dr Paula Evans/ GP Partner
Tess Johnston/Practice Manager

1. Introduction

1.1 This document is to provide a briefing on the engagement process undertaken by the practices.

1.2 **Proposal to merge**

1.2.1 **Clifton Medical Practice, Petergate Surgery and York Medical Group,** have requested to merge their practices.

1.2.2 The surgeries currently operate across sites, namely:

Clifton Medical Practice
Clifton Health Centre, Water Lane, York

Petergate Surgery
Towercourt, York
Skelton, York

York Medical Group
32 Clifton York
35 Monkgate York
199 Acomb Road, York
St Johns University Lord Mayors Walk York
40 Moorcroft Road Woodthorpe York

1.2.3 If agreement is given by the NHSE to merge, **Clifton Medical Practice, Petergate Surgery and Skelton Surgery** will become branch sites to **York Medical Group** and the combined practices will be known as **York Medical Group.**

1.2.4 An engagement exercise has been undertaken to obtain the views of patients and their feedback on the proposals will be taken into consideration by NHS Vale of York CCG and NHSE when making the final decision on whether to allow the surgeries to merge.

1.2.5 As part of the engagement process, staff across all sites and local GP practices have been informed and offered the opportunity to provide feedback on the proposals.

2. Background

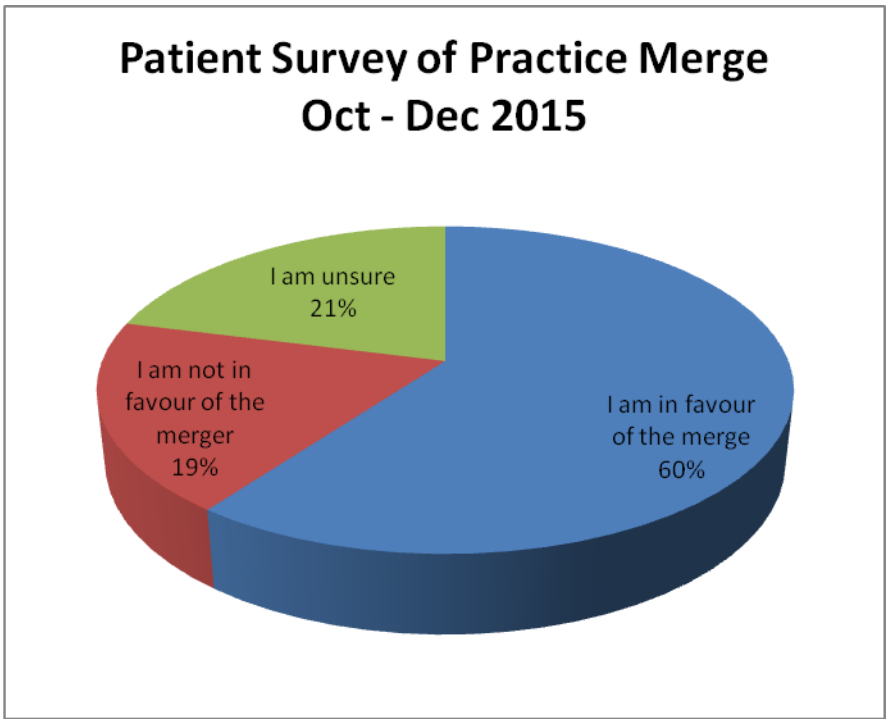
2.1 The practice demographics are as follows:

	Clifton Medical Practice	Petergate Surgery	York Medical Group
No. of Partner GPs	4	2	11
No. of Salaried GPs	1 Locums	1 salaried,1 retainer and 1 locum	7
No. of sites	1	2	5
No. of patients	5141	6384	32450

2.2 All GPs will be able to work across all sites to ensure continued service delivery, which will enable better continuity of care to patients.

2.3 The practice is optimistic patients who attend all sites will continue to visit the practices and feedback from the engagement exercise has been strongly positive and supportive to the proposals. 36% of the total practice population was targeted with a 4% response rate. A total 60% of responses were in favour of the merge with 21% were unsure or needed more information and 19% opposed to the merger.

Answer Options	Total %	Total Count		Petergate	Peterga te %	YM G	YMG %	CMP	CMP %
I am in favour of the merger	60.1%	383		105	70.47%	129	55.13%	149	58.66%
I am not in favour of the merger	18.8%	120		21	14.09%	56	23.93%	43	16.93%
I am unsure	21.0%	134		23	15.44%	49	20.94%	62	24.41%
		637		149		234		254	



	Petergate	Population	YMG	Population	CMP	Population	Total	Population
Total Patients Contacted	3043	6384	9638	32450	3218	5141	15899	43975
% Contacted	47.67%		29.70%		62.59%		36.15%	
Responded							4.01%	

2.4 Both surgeries have car parks for utilisation by both staff and patients. If and when these are full, on-street car parking is available also. All sites are also easily accessible via public transport.

2.5 The merger of the three practices will bring more advantages than would be possible through a federation. The establishment of a practice with a list size of 44,000 will align national policy to support delivery of primary care at scale.

In particular, the merged practice will:

- Improve access for patients across additional sites, with scope to provide extended hours
- Increase opportunities for collaboration with local community services.
- Increase opportunities for service development, enhancing the range of services available to patients registered with the practice.
- Increase patient choice

2.6 It will create opportunities to greater diversity across the clinical team, through employing new clinicians, such as pharmacists / paramedics, and through opportunities for career development, creating more skill mix to meet the needs of the population.

- The new Practice will have a stronger and more resilient staff base to cover any future service change through retirements and resignations within the workforce together with more operational consideration to cover holidays and sickness leave.
- The new Practice will benefit from efficiencies across back office functions enabling resources to be focused on front line, patient facing services.
- A larger practice will position the practice better, to be able to take advantage of the learning arising from new models of care and schemes such as Altogether Better and ‘ GP plus’.
- Existing staff will be retained to man the new practice with no redundancies or reduction in staffing planned.

3. Staffing

3.1 The practices are planning to utilise their existing staff across all sites. No redundancies or loss in staffing numbers are planned.

4. Medication/Pharmacies

4.1 YMG is NOT a dispensing practice**.**

4.2 There are a number of pharmacies located within 1km of all sites where prescriptions can be dispensed to patients.

5. Alternative Local Provision

5.1 There are a number of GP practices within the area where patients could register with if they choose to seek an alternative surgery, namely:

Jorvik Gillygate
Priory Medical Group
East Parade Medical
Dalton Terrace
Beech Grove
Haxby Group

5.2 It is hoped that all patients will continue to stay with the merged practice; however any patients wishing to move to another practice would be supported in doing so.

6. Engagement

6.1 Agreement to the proposal has been given in principle from the Co-Commissioning Committee.

6.2 To support the engagement process, a comprehensive Stakeholder Engagement & Communication Plan has been written (*see Appendix 2*).

6.3 Clifton Medical Practice, Petergate Surgery and York Medical Group have been advised that a form of engagement is to be undertaken. The process has been clearly identified and outlined (*see Appendix 2*). NHSE/CCG has supported the practices to ensure the engagement process was followed.

6.4 The Stakeholder Engagement & Communication Plan has been implemented by the practices and feedback from patients and stakeholders is attached (Appendix 3). This information will be used to inform NHSE/CCG of the views and opinions expressed by patients, the public and stakeholders when making its decision on whether to grant permission to merge the practices.

6.5 All staff within the practices have been informed and advised of the plans and are supportive of the proposed merger.

6.6 Each practice consulted with their Patient Participation Group (PPG) and practice population using questionnaires, comments leaflets both paper and on line, via SystmOne and practice websites. Please see attached communications plan at Appendix 1.

The patient consultation process commenced at the beginning of October 2015 and continued until the end of the year. At the end of the consultation period 15,899 patients had been contacted, 36% of the 3 practice's population. The three practices targeted ranges of practice population such as young mothers, elderly patients, ethnic minorities, working age, elderly and elderly with multiple morbidities. This was achieved by including the questionnaire with recall letters for patients with chronic disease, child immunisation letters, flu clinics, ante natal appointments, handing questionnaires out in surgeries, displaying on monitors, posters, advertising on websites, on prescriptions, IT systems, text messages and emails.

6.7 Attached staff such as district nurses, health visitors, mental health workers and local pharmacies, school and child development centre were informed by letter and invited to the Open Evening in November 2015.

6.8 The percentage of positive patient responses has been high, with approximately 60.1% in favour of the merge received in total.

7. Timeline

7.1 A timeline has been recommended to ensure the comprehensive engagement process is undertaken within due course, as follows:

- A three month patient and stakeholder engagement exercise commenced October 2015 and was completed by the end of December 2015. Patients are still encouraged to feedback any queries and concerns and comments will continue to be monitored, including feedback from a joint Patient Participation Group.

- The practice collated and analysed all patient and stakeholder feedback (Appendix 3).

- If the NHSE /Co-Commissioning Committee grant permission for the practices to merge, the practice will communicate with patients, giving notice of impending merger date of the **1st July 2016.**

8. Branch Surgery Merger / Closure Process -

N/a

Appendix

Appendix 1	Communication and Patient Engagement Plan
Appendix 2	Patient Report
Appendix 3	Sample of Patient Communication

Abbreviations

CCG – Clinical Commissioning Group
CMP – Clifton Medical Practice
NHSE – NHS England
PPG – Patient Participation Group
YMG – York Medical Group

Appendix 1

Stakeholder Communication and Engagement Plan

Clifton Medical Practice, Petergate Surgery and York Medical Group **- Proposal to merge**

Engagement process: began w/c 1st October 2015 (3 month engagement)

Dates for feedback/comments from Stakeholders: w/ending 28th December 2015.

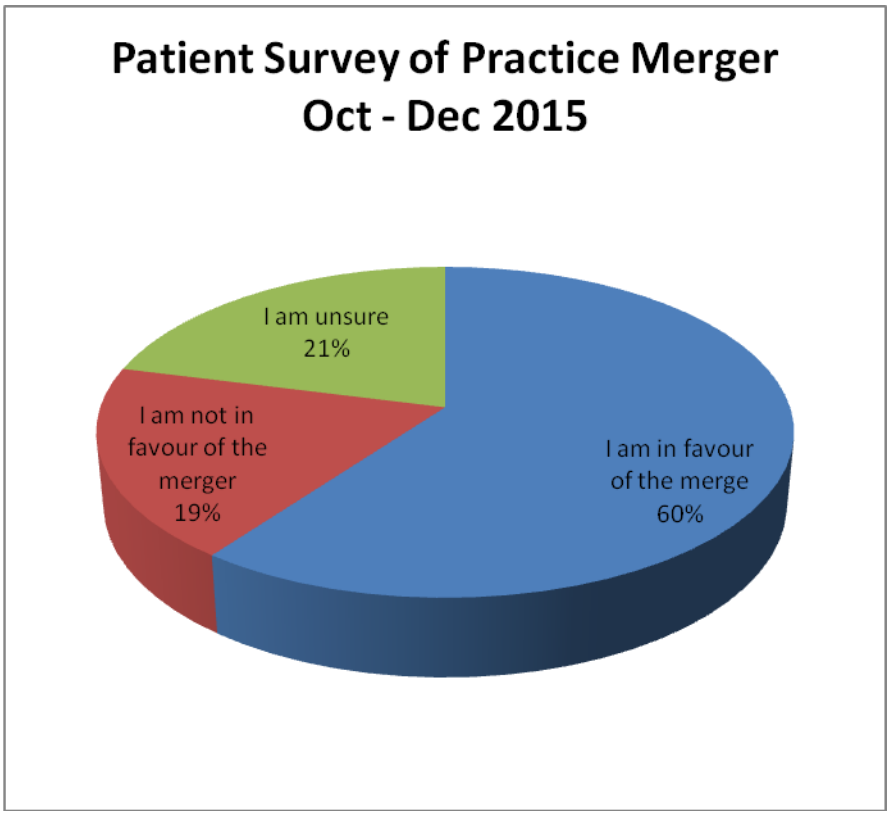
1. Who are our Stakeholders and what level of engagement is required?

No.	Stakeholders	Type of Involvement
1.	Patients across both sites	Raise awareness. Give information. Opportunity to comment and feedback. Give information about how to register with alternative practice if plans go ahead. Feedback on results of engagement and decision-making process.
2.	Practice staff at both sites	Raise awareness. Opportunity to comment and feedback. Opportunity to change working arrangements (e.g. reception staff hours). Feedback on results of engagement and decision-making process.
3.	Health and Adult Social Care Policy and Scrutiny Committee	Raise awareness. Opportunity to comment and feedback.

4.	Other public/ community representatives and partners – e.g. local Councils, Parish Councillors, other local stakeholders including GP surgeries, Pharmacies, local Network, the District Nurse Manager, voluntary sector etc.	Raise awareness. Opportunity to comment and feedback.
5.	Neighbouring Practices	Raise awareness. Agreement to take on patients who don't wish to move. Opportunity to comment and feedback.
6.	NHSE	Awareness. Provides input. Review evidence. Makes recommendations/decision-makers based on evidence and views expressed.
7.	LMC	Awareness. Opportunity to comment and feedback.
8.	LPC and LOC	Awareness. Opportunity to comment and feedback.
Support to Practice		
9.	NHSE Primary Care Commissioning and Contracting staff	Provide advice, lead through process. Provide advice and support with Stakeholder Engagement and Communication Plan. Awareness and Support.

Appendix 2

Answer Options	Total %	Total Count		Petergate	Petergate %	YMG	YMG %	CMP	CMP %
I am in favour of the merger	60.1%	383		105	70.47%	129	55.13%	149	58.66%
I am not in favour of the merger	18.8%	120		21	14.09%	56	23.93%	43	16.93%
I am unsure	21.0%	134		23	15.44%	49	20.94%	62	24.41%
		637		149		234		254	



	Petergate	Population	YMG	Population	CMP	Population	Total	Population
Total Patients Contacted	3043	6384	9638	32450	3218	5141	15899	43975
% Contacted	47.67%		29.70%		62.59%		36.15%	
% Responded							4.01%	

Appendix 3 – Patient Communication

POSTER

HAVE YOUR SAY ABOUT THE FUTURE OF THE PRACTICE

We would be grateful if you could complete a Feedback Form

Clifton Medical Practice is seeking to merge with two other practices, York Medical Group and Petergate surgery. We believe that by coming together as a bigger practice, we will be able to provide patients with better care and offer more convenient access.

We will be holding an open meeting on 12th November at 6:30pm at York Sports Club, Shipton Road, York YO30 5RE

This will be an opportunity to meet various members of staff from different practices and hear more about the merge whilst also sharing any thoughts or concerns that you may have; refreshments will be provided.

We would value your thoughts and suggestions
Please complete a feedback form before 31.12.2015

Letter to Patients

Dear Patient

Increasingly in the news, we hear stories about how the NHS is struggling to cope with the challenges of caring for an aging population. York is no different from elsewhere in the country. We are therefore seeking to join with Petergate Surgery and York Medical Group to become one large practice, which will continue to operate from the current surgeries, including Clifton Health Centre. We believe the benefits for working together will be:

- Providing services from a range of different sites across York will give patients more choice of which site to attend
- Patients will have access to a greater range of opening hours across more sites
- The new surgery will be able to provide patients with more 'in-house' care, reducing the need to travel to hospital for some services.
- Clinical staff will work in larger teams, increasing opportunities to specialise and offer a wider range of treatments.
- More services such as family planning, asthma or diabetic clinics and smoking cessation services available more often throughout the week, giving you more choice to attend at a time that suits you.
- Together, the surgeries will be in a better position to work with others such as community services, the hospital and voluntary services to develop a wider range of resources to help address our patient's needs
- Existing staff will continue to be employed across the sites to ensure a familiar face and a high level of customer service

The practices are working towards a merge date of 1st July 2016 and would like to hear your comments and concerns. We will be holding an open meeting on 12th November at 6:30pm at York Sports Club, Shipton Road, York YO30 5RE – this will be an opportunity to meet various members of staff from different practices and hear more about the merge whilst also sharing any thoughts or concerns that you may have; refreshments will be provided. Please also complete the form attached by 31st December 2015.

Yours sincerely

Drs Clare Coe, David Geddes and Mark Howson

Feedback Form

☐ I am in favour of Clifton Medical Practice, Petergate Surgery and York Medical Group merging

☐ I am not in favour of Clifton Medical Practice, Petergate Surgery and York Medical Group merging

☐ I am unsure whether Clifton Medical Practice, Petergate Surgery and York Medical Group should merge

I would like the merged group to offer more:

☐ Early morning appointments ☐ Evening Appointments

☐ Weekend appointments

Comments or concerns

……
……
……
……
……
……
……
……...

Name (Optional)……..... Telephone Number

…….....

I shall be attending the Open Meeting on 12th November 2015

Proposed merged sites

35 Monkgate, York, YO31 7PB

Acomb Surgery, 199 Acomb Road, York, YO24 4HD

St John's University, Lord Mayor's Walk, York, YO31 7EX

St Giles Road, Skelton, York, YO30 1XX

40 Moorcroft Road, YO24 2RQ

32 Clifton, York, YO30 6AE

Clifton Medical Practice, Water Lane, York, YO30 6PS

Petergate Surgery, Tower Court Health Centre, Oakdale Road, YO30 4RZ

Thank you for taking the time to complete this form

Patient Leaflet

Clifton Medical Practice, Petergate Surgery and York Medical Group would like to start working together as one larger practice from 1st July 2016

Increasingly in the news, we hear stories about how the NHS is struggling to cope with the challenges of caring for an aging population. York is no different from elsewhere in the country. We are therefore seeking to join with Petergate Surgery and York Medical Group to become one large practice, which will continue to operate from the current surgeries, including Clifton Health Centre.

We will be holding an open meeting on 12th November at 6:30pm at York Sports Club, Shipton Road, York YO30 5RE (with refreshments provided).

This will be an opportunity to meet various members of staff from different practices and hear more about the merge whilst also sharing any thoughts or concerns that you may have.

……

Clifton Medical Practice, Petergate Surgery and York Medical Group are proposing to merge practices:

☐ I am in favour ☐ I am not in favour ☐ I am unsure

I would like the merged group to offer appointments:

☐ Early morning ☐ Evening ☐ Weekend

Comments or concerns

……
……
……
……

Name (Optional) …… Telephone Number

☐ I shall be attending the Open Meeting on 12th November 2015

Proposed merged sites
35 Monkgate
199 Acomb Road
St John's University
40 Moorcroft Road
32 Clifton
Clifton Medical Practice
Petergate Surgery
Skelton Surgery

Please let us have your comments by 31st December 2015

Survey Monkey Link for

Clifton Medical Practice:

https://www.surveymonkey.com/r/TPH3PBJ

Petergate Surgery:

https://www.surveymonkey.com/r/69PR2PT

York Medical Group:

https://www.surveymonkey.com/r/YMGGTNF

Website link

Clifton Medical Practice:

http://www.cliftonhealthcentre.co.uk/merge_74.html

Petergate Surgery :

http://www.petergatesurgery.co.uk/

York Medical Group:

http://www.yorkmedicalgroup.co.uk/

NHS Choices

Clifton Medical Practice:

http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=37686

Petergate Surgery

http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=36595

York Medical Group:

http://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=97036

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Health and Adult Social Care Policy and Scrutiny Committee **23 February 2016**

Report from NHS Vale of York Clinical Commissioning Group

Turnaround Plan

Summary

1. This report informs the Committee of the CCG's action plan to address the deteriorating financial position and recent classification as an organisation in turnaround.

Background

2.1 In December 2015 the Committee was informed that, following discussions with NHS England, Vale of York CCG (VoY CCG) had received formal notification that, as part of NHS England's categorisation of CCGs who deviate from financial plans, the CCG is now classed as an organisation in turnaround due to the ongoing deterioration of the financial position.

2.2 At a meeting in January 2016 the Committee agreed to invite VoY CCG to attend the February meeting to inform Members if their financial turnaround plans.

2.3 Annex A comprises the CCG's action plan in response to recommendations from the recent Price Waterhouse Coopers (PwC) Capacity and Capability Review.

2.4 Annex B comprises the CCG's draft outline Financial Recovery Strategy. The 12 principles and parameters described are key to the CCG's approach to financial recovery.

2.5 The CCG's Governing Body approved the Financial Recovery Strategy on 4 February 2016.

Risks and Implications

3. The CCG's current financial position is described in Annex B.

Council Plan

4. This report and its annexes are directly linked to the Focus on Frontline Services element of the Council Plan.

Recommendations

5. Members are asked to:

   i. Note the contents of this report and its annexes and:

   ii. Decide whether to invite the Vale of York CCG to a future meeting of this Committee to update Members on the progress of the action plan.

   Reason: To keep Members informed of the progress of the action plan

Contact details

Vale of York CCG
01904 555789

Date 11/02/2016

Annexes

Annex A Turnaround Action Plan
Annex B Financial Recovery Strategy

Abbreviations used in Report and Annexes

BCF- Better Care Fund
CCG- Clinical Commissioning Group
FOT- Forecast Outturn
FRP- Financial Recovery Plan
GP- General Practitioner
MFF- Market Forces Factor
NHS- National Health Service

NHSE- NHS England
OD- Organisational Development
PCCC- Primary Care Commissioning
PMO- Project Management Office
PwC- Price Waterhouse Coopers
QIPP- Quality, Innovation, Productivity and Prevention
SMT- Senior Management Team
STP-Sustainability and Transformation Plan
TOR- Terms of Reference

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NHS
Vale of York
Clinical Commissioning Group

Annex A

NHS Vale of York CCG

TURNAROUND ACTION PLAN

Ref.	Area	Action	Priority	By When	Progress	Responsible	Status
01.	Underlying Financial Position	The material underlying deficit position highlights the unsustainable trading of the CCG, which must be addressed in both the current plan and future years.	**High**	January 2016	The CCG has incorporated the recurrent deficit into the financial planning process to ensure it addresses the financial gap. The recurrent deficit is consistent with that identified by PwC and agreed with NHS England	**TP**	**Complete**
02.	FY16 FOT	The CCG will consider the additional risks highlighted to the FOT for FY16 and ensure that these risks are managed, mitigated and communicated to the Governing Body.	**High**	January 2016	The CCG has identified and acknowledged a number of further risks to the delivery of the FOT for FY16 and has incorporated these in full in to the FOT at Month 9. This has been reported to Quality & Finance Committee and will be reported to Governing Body on 4th February.	**TP**	**Partially Complete**
03.	Financial Planning and QIPP	The CCG needs to develop a long term financial plan to support the long term strategy of the organisation. The CCG will identify areas and opportunities for savings in FY17 and beyond, including greater focus on identification and delivery of QIPP targets, alongside considering a sustainable strategy for the future. The CCG will ensure that realistic plans are reported to both the Governing Body and NHSE and that timely action is taken to address financial challenges as they arise.	**High**	January 2016	5 year financial planning model developed and up to date with published planning assumptions, business rules and allocations. The CCG has identified a large number of areas and opportunities for savings in FY17 and beyond and is in the process of consolidating, prioritising and costing these for inclusion in the operational plan. Savings plans will be reflected in operational plans and be subject to quality assessments.	**TP, RP & MC**	**On-going**

Ref.	Area	Action	Priority	By When	Progress	Responsible	Status
04.	QIPP	The CCG will establish a dedicated, cross-functional QIPP PMO in order to drive the delivery of QIPP schemes. As part of this the CCG has reviewed the potential to accelerate prioritised QIPP scheme delivery and bring forward implementation dates in order to mitigate against the risk of slippage in existing QIPP schemes.	**High**	January 2016	Work has commenced on reviewing the CCG's existing programme management arrangements, looking at examples of best practice and role outlines and capacity to establish a dedicated PMO.	**RP & MC**	**On-going**
05.	QIPP	Existing schemes will be reviewed and strengthened to ensure that they reflect an accurate financial impact with a clear link to milestones, and appropriately consider the potential impact on quality and any associated costs.	**High**	January 2016	Existing schemes have been reviewed to reflect an accurate financial forecast which has been incorporated into the FOT at month 9. This work has also reviewed the recurrent impact of schemes for inclusion in the Operational Plan. The CCG is in the process of consolidating, prioritising and costing these and as well undertaking quality assessments.	**RP & MC**	**On-going**
06.	FY16 Plan	A detailed, operationally focussed and specific short term action plan will be developed and will be executed, with clear timelines and owners. The plan will be clearly linked to the CCG's overall objectives and FY16 plan.	**High**	January 2016	Finance & Contracting: A number of detailed Finance & Contracting actions have been identified to deliver the FOT FY16 and minimise risk in the position. These are described on a separate detailed action tracker and are being monitored within the Finance & Contracting Team. The CCG is in the process of consolidating, prioritising and costing opportunities for savings in FY17 for inclusion in the operational plan.	**TP & RP**	**Part Complete**

Ref.	Area	Action	Priority	By When	Progress	Responsible	Status
07.	Turnaround Director	Turnaround expertise with suitable NHS experience will be identified and appointed, following which the CCG will ensure there are appropriate arrangements in place to rapidly agree clear roles, responsibilities and reporting lines.	**High**	January 2016	A Team of 3 independent advisors with considerable NHS experience have been appointed, following which the CCG has ensured and that there is clarity on roles, responsibilities and reporting lines. The CCG met with NHSE and the team on 19 January to discuss the roles etc and work commenced on 21 January with Helen Hirst & Tim Lowe working in the CCG.	**MH**	**Complete**
08.	Stakeholder engagement	The CCG will continue to focus time and leadership from within the Governing Body towards GP engagement through the CoR and also with the wider health and social care system.	**High**	Ongoing	The relationship between the CCG leadership and the COR has improved markedly since October 2015 and the meeting on 21 January was very productive and the next steps are being discussed with the Chair of the COR.	**MH**	**On-going**
09.	Culture	The Finance Team members currently have full ownership of the FRP. The SMT will operate in a more collaborative manner with a joint ownership approach to the recovery plan and ensure there is a weekly “Turnaround” meeting of SMT members.	**High**	Ongoing	The first “Turnaround” meeting was held on 26 January where the initial detail of this action plan was approved. This will now be a weekly meeting and the central focus of the senior management teams work.	**MH**	**On-going**
10.	Governing Body Scheduling	Due to the current financial challenge faced by the CCG, the CCG will hold formal meetings of the Governing Body on a monthly basis, though not all will be held in public.	**Medium**	January 2016	The monthly meetings are now in members diaries with financial recovery a standing agenda item.	**KR**	**Complete**

Ref.	Area	Action	Priority	By When	Progress	Responsible	Status
11.	Development and Training	The CCG will consider the content and timing of the Governing Body workshops and consider also utilising this time for the development of members. In order to effectively perform this, the Governing Body will hold a workshop to assess what training Governing Body members require to enable them to effectively fulfil their duties and develop a programme to address this. In particular, financial training will be provided to those who require it in order to equip them to better understand and challenge the financial information provided to them.	**Medium**	February 2016	The CCG is identifying a suitable individual with Organisational Development expertise to lead this programme. Helen Hirst is helping to pull together an outline OD plan.	**RP**	**On-going**
12.	Primary Care Co-Commissioning Committee	The Primary Care Co-Commissioning Committee ("PCCC") will be separately established and operate under revised Terms of Reference ("ToR").	**Medium**	February 2016	The Primary Care Co-Commissioning Committee ("PCCC") has had its Terms of Reference ("ToR") revised and is now a separate committee. These TORs were agreed on 21st January at the Quality and Finance Committee.	**RP**	**Complete**
13.	Committee Structure	The CCG will ensure more focus on finance occurs through its sub-committees.	**Medium**	March 2016	Having considered separating the Quality and Finance elements of the Q&F committee the CCG has decided to continue with the current arrangement. Careful planning of the agenda will ensure more time is given to allow greater and clearer scrutiny over financial performance and is in line with good practice for CCGs. The meeting on 21 January followed a more finance focused agenda but the structure in the future will reflect this even more through the agenda planning.	**RP**	**On-going**

Ref.	Area	Action	Priority	By When	Progress	Responsible	Status
14.	Governing Body Membership	The Governing Body will ensure lay members have appropriate opportunity to provide scrutiny and challenge to the Governing Body on the turnaround plan financial recovery plans. Consideration may be given to increasing the lay membership.	**Medium**	March 2016	The CCG has had an independent review of its lay members and their roles and it has implemented the recommendations to increase the level of independent scrutiny and challenge already provided by the current lay members. The hours worked by the three lay members have been increased to recognise the complexity of the work that they do and their roles are being redefined. The CCG does not consider an additional lay member is required at this point.	**KR**	**Complete**
15.	Succession Planning	The CCG has started succession planning for some key posts being cogniscent of the turnover in very senior posts although there are no imminent departures planned.	**Medium**	April 2016	Meetings have been held with senior GP leads with a view to identifying their development needs and aspirations for the future.	**MH**	**On-going**
16.	Roles and Responsibilities	In order for the Governing Body to carry out its function and for members to effectively fulfil their duties, the CCG will clearly re-define roles and responsibilities of the members and ensure that these are understood by Governing Body members.	**Medium**	April 2016	The governance team has started this work and will report back to the GB in due course	**RP**	**On-going**
17.	Agendas	Financial turnaround will be included as a top priority in the agendas of the Governing Body, its sub-committees and the SMT. Agendas will be reviewed for realistic content and consideration should be given to the addition of timings to ensure that key items are allocated sufficient time for discussion and debate.	**Low**	January 2016	Agendas currently reflect this change in position.	**RP**	**On-going**

Ref.	Area	Action	Priority	By When	Progress	Responsible	Status
18.	Meeting Papers	Support will be provided to authors of Governing Body and sub-committee reports and accompanying cover sheets to establish an understanding of what information should be included in the cover sheets. All Governing Body and committee cover papers will set out clearly and succinctly what the purpose of the report is and what the key issues, risks and recommendations are so it is clear to the Governing Body/Committee what is being asked of them and why.	**Low**	January 2016	Work is ongoing as part of the Governance Team's work programme.	**RP**	**Ongoing**
19.	Communication Strategy	Although not specifically mentioned by PWC, the CCG believes that great communication of the Turnaround and Transformation plans is fundamental to their success.	**High**	January 2016	A Communications Plan has been developed by the CCG and discussed with NHSE. This includes key messages and timelines for communication with the public, staff, Governing Body, Council of Representatives, Stakeholder Partners, local MPs and the media.	**RP**	**Ongoing**

NHS
Vale of York
Clinical Commissioning Group

Annex B

Financial Recovery Strategy

City of York Health and Adult Social Care Policy and Scrutiny Committee: 23 February 2016

Tracey Preece, Chief Finance Officer

Annex B

NHS Planning Guidance
Key Financial Messages

- NHS England Funding to support Five Year Forward View – additional £3.8bn in 2016/17 rising to £8.4bn in 2020/21
- Real terms growth front loaded:
  - 2016/17 £3.8bn +3.7%
  - 2017/18 £1.4bn +1.3%
  - 2018/19 £0.4bn +0.4%
  - 2019/20 £0.8bn +0.8%
  - 2020/21 £1.6bn +1.6%
- Transformation & Sustainability Fund 2016/17 (£1.8bn providers + £0.3bn transformation = £2.1bn)

NHS Planning Guidance
Key Financial Messages

- STP must demonstrate how the NHS locally will 'balance its books' & return to balance if in deficit
- 'Most compelling & credible STPs' will be able to access transformation funding
- Plans must answer, as a health economy, how we will 'close the finance & efficiency gap'
- '9 must dos' includes 'return system to aggregate financial balance' through cost reduction (including Carter & RightCare)
- Real terms growth for CCGs in 2017/18 contingent on robust STP in 2016/17
- Finance to reconcile to activity

Efficiency & Business Rules

- Efficiency set at 2%
- Cost uplift set at 3.1% (inc pension costs)
- CNST premium increase set at 0.8%
- HRG4 retained for a further year
- Marginal rate emergency tariff remains at 70%
- MFF continues as currently in place
- Commissioners:
  - Surplus 1%
  - Non-recurrent expenditure 1% *(uncommitted)*
  - Contingency 0.5% *(uncommitted)*
- BCF plans for 2016/17 must explicitly support reductions in unplanned admissions and delayed transfers of care

Funding

- 3 year firm allocations plus 2 indicative years
- No CCG more than 5% below target
- Average 2016/17 growth
  - CCG core 3.4% (VoY 3.0%)
  - Primary Care 4.2% (VoY 3.6%)
- 5 year primary care & specialised allocations also published
- Running costs held flat

Principles & Parameters

1. Plans must be realistic & deliverable
2. 3-4% savings per annum maximum
3. Outline strategy backed by detailed plans
4. No short term measures that result in long term pressure
5. Transformational and transactional plans both required
6. Multi-year recovery timeframe

Principles & Parameters

7. Flexibility on NHS England business rules during recovery period
8. No further deterioration in any year
9. Aim to reduce overall cost in the system & with providers
10. Stabilisation leading to financial sustainability
11. System focus – work in partnership & with stakeholders
12. Accountability for delivery

Annex B

Current Position

- CCG forecasting £7.3m deficit at Month 9 (recurrent position worse at £13.6m deficit)
- Outline draft financial plan 16/17 submitted 8th Feb nationally – growth funding £13m but pressures currently at £23m
- Decisions re pressures, principles & parameters at Governing Body 4th Feb (private session) & Quality & Finance Committee 17th Feb.
- Delivery plan for savings based on proposed workplan + transactional schemes + RightCare
- Phasing of financial recovery strategy still to be agreed and approved

NHS
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Primary Care Co-Commissioning
Briefing for CYC Health and Adult Social Care Policy and Scrutiny Committee

Summary
1. The purpose of this report is to provide the Committee with a briefing on the establishment and working of the Clinical Commissioning Group's Primary Care Commissioning Committee.

Background

2.1 NHS Vale of York CCG decided in November 2014 to investigate the possibility of taking on full delegated responsibilities for primary care co-commissioning, following the issuing of guidance from NHS England. The matter was discussed at the January 2015 meeting of the Council of Representatives, the GP membership body for the CCG, and it was agreed to undertake full rather than partial delegation responsibilities for primary care.

2.2 The reasons for this were two-fold: one, the CCG, which had already bid for both Pioneer and Vanguard status, wished to continue to be at the leading edge of development for CCGs; and two, there was a belief that greater autonomy would result, which would be beneficial for GPs collectively.

Establishment of the Committee

3.1 NHS Vale of York CCG received full delegated powers for primary care commissioning with effect from 1 April 2015. The Constitution was duly revised, and full governance due diligence carried out.

3.2 The Primary Care Co-Commissioning function was originally delegated to Part II of the Quality and Finance Committee meeting, but it was decided in November 2015 to review the arrangements to include a wider GP membership. As a result, the Primary Care Commissioning Committee was established as an individual committee, with revised terms of reference presented to the January 2016 meeting.

3.3 The terms of reference are based on an NHS England template, which set out the membership (to include Healthwatch and local authority representatives on a non-voting basis), quoracy arrangements in accordance with NHS statutory guidance. The committee meets four times a year. The terms of reference are attached as Annex A.

Conflicts of Interest

4.1 The CCG is required to regularly review its Conflict of Interest Policy. This policy was last reviewed and updated in January 2015 and will be due for review January 2017. For those CCGs that opted to take on a delegated co-commissioning role, there is a greater risk of exposure to conflicts of interest, both real and perceived. The NHS Vale of York CCG has taken on responsibility for delegated co-commissioning for Primary Care services.

4.2 The CCG is required to:

- recognise the potential for conflicts of interest;
- make arrangements for declaring interests;
- maintain a register of interests;
- keep a record of the steps taken to manage a conflict;
- exclude individuals from decision-making where a conflict arises; and
- engage with a range of potential providers on service design.

4.3 All individuals commencing working for the CCG are required to complete and sign a declaration of potential conflicts of interest. Declarations are added to the CCG's register of interests and filed. Declarations are regularly and routinely reviewed and updated on a quarterly basis. If a person's interests changes at any point, they are responsible for revising their declaration.

4.4 Any external committee members serving on CCG committees are required to declare to provide a signed declaration of potential conflicts of interest. These declarations are also reviewed on a quarterly basis. If a person's interests changes at any point, they are responsible for notifying the CCG and updating their declaration.

4.5 A list of committees with decision making-roles has been identified, including those where external stakeholders are involved. A copy of the register of declared interests is circulated to the meeting chair, prior to each meeting.

The Governing Body and Council of Representatives registers are published on the CCG's website. The refresh of the Declarations of Interest is managed and monitored through the Covalent system.

4.6 A procedure for managing interests declared during the course of a meeting has been agreed by the Chair of the Audit Committee in accordance with section 8.17 of the CCG's Constitution: Arrangements for the management of conflicts of interest are to be determined by the Chairman of the Audit Committee. The CCG has implemented a register of declarations made during meetings.

4.7 A recent Internal Audit review of Conflict of Interest arrangements provided an audit opinion of "significant assurance".

Scope of Committee

5.1 The main work of the committee going forward is likely to fall into the following categories:

a) Infrastructure – for example, applications for mergers of GP practices or the establishment of new practices in areas of high population growth, the upgrading of premises or replacement, as part of an overall estates strategy.
b) Contracts for services, including Local Enhanced Services (LESs) and Directed Enhanced Services (DESs), agreed between the CCG and GP practices. Current LESs include phlebotomy, wound care, neonatal checks, and anticoagulation monitoring.
c) New incentive programmes for GP services (to replace QOF) and new proposals for the commissioning of services from GPs.
d) Planning and reviewing primary care services in the area.

5.2 It should be noted that performance matters remain reserved to NHS England, as does the management of complaints relating to GP practices. The standard contract monitoring of practices (General Medical Services (GMS)/Personal Medical Services (PMS)) is also currently still being managed by the NHSE area team, but is due to transfer to CCGs later this year, with staffing implications for CCGs.

Risks

6.1 NHS Vale of York CCG has received significant assurance for its Primary Care Co-Commissioning implementation from internal audit and 'assured' for delegated commissioning in the national CCG Assurance Framework. The current focus of risk management centres on knowledge transfer from NHSE. The CCG is working collaboratively with the NHSE primary commissioning team and has established in an internal primary care steering group to develop the skills and expertise within the CCG with support from NHSE.
The requirements of the statutory guidance on conflicts of interest regarding quoracy require that at least equal numbers of non-medical staff are appointed to the committee to ensure that decisions are able to be taken.

6.2 Risks arising from the work of the Committee will be recorded on the CCG risk register via Covalent (risk management IT system) and reported to the Governing Body on a regular basis.

Future work of the Committee

7. The Committee is supported by a working group, the Primary Care Delivery Group, and may wish to establish working groups on individual topics as circumstances require. Among the key tasks for 2016-17 are further work on estates and developing the strategy for primary care collaborative working.

Annex A – Terms of Reference of Primary Care Commissioning Committee
Background report – NHS Conflicts of Interest guidance:
https://www.england.nhs.uk/commissioning/pc-co-comms/coi/

Abbreviations used in the report
APMS- Alternative Provider Medical Services
CCG- Clinical Commissioning Group
DES- Directed Enhanced Services
GMS- General Medical Services
GP- General Practitioner
LES- Local Enhanced Services
NHS- National Health Service
NHSE- National Health Service England
PMS- Personal Medical Services
QOF- Quality and Outcomes Framework

Annex A

NHS
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Primary Care Commissioning Committee* draft terms of reference

*For the avoidance of doubt, currently Part 2 meeting of the Quality and Finance Committee as set out in NHS Vale of York CCG Constitution

Annex A

Terms of reference – NHS Vale of York CCG Primary Care Commissioning Committee

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) (the "NHS Act"), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Vale of York CCG. The delegation is set out in Schedule 1.

3. The CCG has established the NHS Vale of York CCG Primary Care Commissioning Committee (the "Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

4. It is a committee comprising representatives of the following organisations:
   - NHS Vale of York CCG
   - NHS England
   - Healthwatch
   - Health and Wellbeing Board(s)
   - Director of Public Health
   - Local Medical Committee

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

   a) Management of conflicts of interest (section 14O);

   b) Duty to promote the NHS Constitution (section 14P);

   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

   d) Duty as to improvement in quality of services (section 14R);

   e) Duty in relation to quality of primary medical services (section 14S);

   f) Duties as to reducing inequalities (section 14T);

   g) Duty to promote the involvement of each patient (section 14U);

   h) Duty as to patient choice (section 14V);

   i) Duty as to promoting integration (section 14Z1);

   j) Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

   - Duty to have regard to impact on services in certain areas (section 13O);
   - Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the Governing Body of NHS Vale of York CCG in accordance with Schedule 1A of the NHS Act.

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the Vale of York area, under delegated authority from NHS England.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Vale of York CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities:

a) To plan, including needs assessment, primary care services in the Vale of York CCG area;

b) To undertake reviews of primary care services in Vale of York CCG area;

c) To co-ordinate a common approach to the commissioning of primary care services generally;

d) To manage the budget for commissioning of primary care services in Vale of York CCG area.

Geographical Coverage

17. The Committee will comprise the NHS Vale of York CCG area.

Membership

18. The Committee shall consist of:

Lay Chair of Governing Body (Chair)
Lay Chair of Audit Committee
2 GP Representatives from the Council of Representatives
3 Clinical Leads
Secondary Care Doctor (Vice-Chair)
Chief Clinical Officer
Chief Operating Officer
Deputy Chief Operating Officer
Chief Financial Officer
Deputy Chief Financial Officer
Chief Nurse
Representative of NHS England

For the purposes of the meeting, the Chief Clinical Officer will be part of the clinical membership of the Committee.

19. The Chair of the Committee shall be the Lay Chair of the Governing Body**.**

20. The Vice Chair of the Committee shall be the Secondary Care Doctor.

21. The following standing attendees (non-voting) will be invited:

- Healthwatch representative

- Health and Wellbeing Board representative
- Director of Public Health
- Local Medical Committee Representative

Meetings and Voting

22. The Committee will operate in accordance with the CCG's Standing Orders. The Executive Support to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

23. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

24. Where the GP committee members are not excluded from voting by a conflict of interests, the committee shall be quorate with the following attendance:

    At least five members, one of which shall be a Lay Member, one a Clinical Lead and one a Chief Officer.

25. Where the GP members are excluded from voting by a conflict of interests, the committee shall be quorate as follows:

    A minimum of four of the remaining members, including a Lay Member and either the Chief Operating Officer or Chief Finance Officer.

Frequency of meetings

26. The committee will meet four times a year with dates circulated to committee members in advance. Additional meetings may be convened at short notice if the Chair deems it necessary in accordance with paragraph 22 above.

27. Meetings of the Committee shall:

    a) be held in public, subject to the application of 27(b);

    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

28. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

29. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. A Primary Care Commissioning Delivery Group will be established to ensure the delivery of arrangements agreed by the Committee.

30. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

31. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

32. The Committee will present its minutes to the North (Yorkshire and Humber) area team of NHS England and the governing body of NHS Vale of York CCG each quarter for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 29 above.

33. The CCG will also comply with any reporting requirements set out in its constitution.

34. The Committee shall review its terms of reference at least annually. The Committee shall undertake a review of its effectiveness at least annually.

Links to other Committees and Groups

35. Due to the nature of integrated governance, the work of the Committee dovetails with some functions of the Audit Committee. Both Chairs will work collaboratively to ensure that where objectives align, their work will complement rather than duplicate effort, bringing their own perspectives to agenda items.

Accountability of the Committee

36. The Primary Care Commissioning Committee is a delegated committee of the Clinical Commissioning Group Governing Body, and its powers are set out in the CCG's Constitution, including revised Standing Financial Instructions and Standing Orders.

37. For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation (Terms of Reference) and the CCG's Standing Orders or Standing Financial Instructions, the latter will prevail.

Procurement of Agreed Services

38. The detailed arrangements for procurement of agreed services will follow the Standing Financial Instructions and Standing Orders of the Clinical Commissioning Group. These reflect the arrangements within the CCG's constitution and the delegation agreement with NHS England. The Committee will adhere to these arrangements.

Decisions

39. The Committee will make decisions within the bounds of its remit.

40. The decisions of the Committee shall be binding on NHS England and NHS Vale of York CCG.

41. The Committee will produce an executive summary report which will be presented to the North (Yorkshire and Humber) area team of NHS England and the governing body of NHS Vale of York CCG each quarter for information.

Conflicts of Interest

42. Conflicts of interest shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy.

[Signature provisions]

Schedule 1 – Delegation

[Delegation to be added, from NHS England]

Schedule 2: Delegated Commissioning Functions

Delegated commissioning functions are as follows:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");

- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);

- Decision making on whether to establish new GP practices in an area;

- Approving practice mergers; and

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

Delegated commissioning arrangements exclude individual GP performance management (medical performers' list for GPs, appraisal and revalidation).

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Health & Adult Social Care Policy & Scrutiny Committee Draft Work Plan 2015-16

Meeting Date	Work Programme
10 June 2015	1. Introductory Report including ideas on Potential Topics for Review in this Municipal Year. 2. LYPFT Report on Progress of Action Plan in relation to CQC inspection 3. Update Report on Changes to Direct Payments 4. Draft Work Plan 2015/16
21 July 2015	1. Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. Safeguarding Vulnerable Adults Annual Assurance Report 3. Healthwatch report on Wheelchair Services 4. Scoping report on public health grant spending and other potential scrutiny reviews 5. Verbal update on progress of changes to direct payments 6. Work Plan 2015-16
10 September 2015	1. Update report on changes to direct payments 2. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 3. End of year Finance & Performance Monitoring Report 4. 1st Quarter Finance and Performance Monitoring Report. 5. CCG update report on health systems resilience 6. Work Plan 2015-16 including proposed scrutiny reviews
16 September 2015	1. Annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust.

	2. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust 3. Annual Report from the Chief Executive of Yorkshire Ambulance Service. 4. CQC Inspection Report – Yorkshire Ambulance Service. 5. Tees, Esk & Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health & learning disability services from LYPFT.
20 October 2015	1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Bootham Park Hospital Summit – NHS Property Services; Leeds & York Partnership; Tees, Esk & Wear Valleys; CQC; Vale of York CCG. 3. Work Plan 2015-16 including potential scrutiny reviews. Topic assessment for Bootham Park Hospital review at Annex 1.
24 November 2015	1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Health & Wellbeing six monthly update report (slipped from October). 3. Report on GP health checks for people with learning disabilities. 4. Work Plan 2015-16 including potential scrutiny reviews
1 December 2015	1. Healthwatch six-monthly Performance Update Report 2. 2nd Quarter Finance and Performance Monitoring Report (Slipped from 24 November) 3. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 4. Annual carers strategy update report 5. Update report on re-procurement of Musculoskeletal Services (Stacey Marriott, CCG. 6. Update report on Elderly People's Homes 7. Work Plan 2015-16

22 December 2015	1. Report on re-procurement of Community Equipment and Wheelchair Services 2. Update on interim solution to Bootham Park Hospital. 3. Work Plan 2015-16 4.
26 January 2016	1. Update report on York Teaching Hospital NHS Foundation Trust Action Plan. 2. Healthy Child Service Project Board update report. 3. Safeguarding Vulnerable Adults Six-monthly Assurance Report. 4. Work Plan 2015-16 including verbal updates on agreed scrutiny reviews
23 February 2016	1. 3rd Quarter Finance and Performance Monitoring Report 2. Practice mergers, Clifton Medical Practice, Petersgate and York Medical Group 3. Update report on CCG turnaround plans 4. Report on Co-Commissioning of Primary Care Services 5. Work Plan 2015-16 including verbal updates on agreed scrutiny reviews
23 March 2016	1. Health and Wellbeing Annual Update Report 2. Bootham Park Hospital review report 3. Be Independent six-monthly Monitoring Report 4. Update report on MSK services (tbc) 5. Update report on York Wheelchair Services. 6. Work Plan 2015-16
26 April 2016	1. Healthwatch six-monthly performance update report 2. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 3. Update report on Elderly Persons' Homes 4. Work Plan 2015-16

TBC – Report on the roll out of the re-procurement of North Yorkshire community equipment and wheelchair services

June 2016: Further update of York Hospital Action Plan.

June 2016: Be Independent End of Year Position

July: Health Child Service Board update report