

YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY

MINUTES OF THE ANNUAL GENERAL MEETING OF YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY HELD ON MONDAY 12 SEPTEMBER 2011 AT BLENHEIM HOUSE

PRESENT:

Mrs K E Riddle	Chairman
Mr B McCarthy	Chief Executive
Mrs J Dean	Non-executive Director
Mr T Gilpin	Director of Workforce & Education
Mrs S Harkness	Non-executive Director
Mr G Johnston	Non-executive Director
Prof P Johnstone	Regional Director of Public Health
Mr K Ramsay	Non-executive Director
Prof C Welsh	Medical Director
Mr A Wittrick	Director of Finance

IN ATTENDANCE:

Ms A Claire	Director of Commissioning Development
Mr I Ellul	Director of Performance
Mr K Milner	Director of Communications & PR
Mr D Thompson	Chief Nurse
Ms J Dally	Secretary

IN ATTENDANCE FOR ITEM 11/147:

Mr C Long	Chief Executive, Humber PCT Cluster
Dr A Bannerjee	Clinical Commissioning Group Chairman

IN ATTENDANCE FOR ITEM 11/148:

Mr S Kirk	Director of Strategy & Transition, NHS Sheffield
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IN ATTENDANCE FOR ITEM 11/150:

Mr J Abbas	Deputy Director, YHPHO
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APOLOGIES: Mr I Walker Non-executive Director

11/134 **APOLOGIES FOR ABSENCE**

Apologies were noted as above.

11/135 **MINUTES OF THE MEETING OF YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY HELD ON 5 JULY 2011**

The minutes of the meeting held on 5 July 2011 were approved as a correct record, subject to the deletion of Prof Mascie-Taylor from the list of attendees.

11/136 **MATTERS ARISING**

11/114 Workforce and Education Report

Mr Ramsay asked whether there had been any learning from Goran Henrik's visit. Mr Gilpin undertook to circulate copies of a report being produced by Laura Hibbs.

11/137 **CHANGES TO THE DECLARATION OF MEMBERS' INTERESTS AND DECLARATION OF MEMBERS' INTERESTS IN AGENDA ITEMS**

The Chairman reminded Members of the need to ensure that the Register of Interests was up to date and correct and asked for the declaration of interests in any agenda items for the meeting.

No additional declarations were made.

11/138 **CHIEF EXECUTIVE'S REPORT**

The Chief Executive updated the Board as follows:

i) **NHS Bill**

The NHS Bill had completed its Commons stage and would proceed to the House of Lords. The Bill had been subject to a large number of Government amendments and extensive debate in the House of Lords was anticipated.

ii) **Additional SHA Board Meeting**

An additional meeting of the SHA Board had been scheduled for the morning of Friday, 30 September 2011 to enable the consideration hand-over to the SHA Cluster Board.

iii) **SHA Clustering**

Ian Dalton had been appointed as Chief Executive for the North of England SHA Cluster. Director-level appointments would be made later in the month.

11/139 **ANNUAL REPORT 2010/11**

The Board received the SHA's Annual Report for 2010/11.

11/140 **MID-YEAR PROGRESS REPORT ON SHA CORPORATE STRATEGY AND REPORT ON THE REGIONAL TRANSITION ASSURANCE PROCESS**

The Board received a report on progress of the Corporate Strategy priorities for 2011/12 and the key actions being taken forward from the SHA Transition Assurance process, which had taken place earlier in the year.

The Chief Executive commented that although the Board had previously discussed the Assurance visit and subsequent action plan in development workshop sessions, the Department of Health had been keen to ensure that a summary was reported to the Board in public.

The Transition Assurance visit in Yorkshire and the Humber had been generally positive, highlighting the strength of leadership across the region. Questions had been raised about the transition to PCT clusters and the robustness of governance arrangements. PCT Cluster governance had been strengthened to clarify accountabilities.

Another area for discussion had been the transformational aspects of the QIPP agenda. The potential downside of the region's healthy financial position was a perceived lack of urgency about the need to take forward transformational changes in practice that would generate future benefits.

Mr Johnston asked about the section of the table referring to the achievement of Provider Development milestones that indicated there had been difficulties with the transfer of community provider services from NHS Bassetlaw.

Mr Ellul reported that an alternative provider had been identified and that the transfer was now expected to proceed to schedule.

The Board noted the progress in respect of the achievement of the corporate priorities and the transition assurance update.

11/141 **REPORT ON SHA CLUSTERING**

The Board received a report on the practical implications of the decision to cluster SHAs and on the progress being made towards the establishment of an SHA cluster for the North of England.

Mrs Harkness asked for clarification of the executive make-up of the SHA Cluster Board. Mr Gilpin confirmed that four of the five executive director posts would be designated i.e. Chief Executive, Director of Finance, Medical Director and Director of Nursing. The portfolio of the fifth appointee would be for local determination by the Chairman and Chief Executive. Other directors would be regular attendees, but would not hold executive positions.

The Board noted the report.

11/142

QUALITY, SAFETY, FINANCE AND PERFORMANCE REPORT

The Board received the Quality, Safety, Finance and Performance report.

The Director of Performance commented that in aggregate terms performance remained good, with the achievement of targets in A&E and a reduction in the backlog on referral to treatment for the 6th successive month. Two organisations continued to have recovery plans in place.

Yorkshire Ambulance Service was performing above standard and the position was similar in terms of cancer targets. However, there was very little headroom going into winter and work to assure contingency planning was already in progress to ensure that performance was not adversely affected.

Mrs Harkness expressed concern that 9 'never events' had been reported in Yorkshire and the Humber in the first quarter of the year and asked what impact these had for the organisations concerned.

Mr Thompson said that commissioners could impose financial penalties through contracts and for aspirant FTs the incidence of such an event may impede progression. Trusts could be subject to scrutiny by the CQC or other visiting regulator and investigation of these incidents could lead to the imposition of improvement notices.

Mrs Dean commented that the Board could not take assurance from the report in terms of incident reporting by PCTs and asked what action was being taken to address this. Mr Thompson confirmed that the SHA's Integrated Governance team was working with PCT clusters and had engaged with Cluster Medical Directors and Directors of Nursing.

Mrs Dean asked for a progress report to be included in the next report to the Board.

Referring to section 4 – the Finance report for the Yorkshire and the Humber health economy, the Director of Finance confirmed that the SHA was forecast to meet its financial duty to keep spending and cash within the limits set by the Department of Health (£650.6m), with a current forecast spend for the year of £600.6m.

Across the health economy, most PCTs were performing slightly better than plan and the majority of Trusts were performing slightly below plan (control total). However, the forecast year-end position remained positive.

Mrs Harkness commented that Trusts seeking to achieve FT status were required not just to achieve breakeven but to deliver a planned surplus.

The Board noted the Quality, Safety, Finance and Performance report and approved the proposed amendment to SHA budgets.

11/143

PROGRESS REPORT ON SAFEGUARDING

The Board received a report on the SHA's work programme for the Safeguarding of adults and children and the implementation of the Safeguarding Strategy.

Mr Thompson commented that excellent progress had been made in relation to the implementation of the Safeguarding Strategy as well as with additional related work programmes. There had been some new national policy developments (The Munro Review of Child Protection and the Law Commission Report on Adult Social Care) that would shape the Safeguarding Strategy going forward.

Actions were in place to address three of the risks identified in 2010 to the delivery of the strategy. These included increasing internal capacity, work to ensure the continued focus of PCT Clusters and ensuring learning was fed into appropriate processes, including education commissioning. There was also increased scrutiny to ensure the actions of safeguarding reviews were completed and the development of standards for adult safeguarding against which providers and commissioners would be monitored.

Prof. Johnstone said that it was important that this work was located closely with local authorities and that there was a whole system approach on safeguarding.

The Chief Executive reported that PCT Cluster Chief Executives, Medical Directors and Directors of Nursing had attended a focus session on Safeguarding and accountability through transition.

The Board noted the progress made on implementing the Safeguarding Strategy and key priorities for the work for 2011/12.

11/144

PEER SUPPORT AND ASSURANCE FOR PUBLIC HEALTH TRANSITION

The Board received a report providing assurance on the processes in place to support and assure the transition of Public Health from the NHS to local government.

Prof Johnstone commented that the report summarised processes, including a programme of assurance visits to each area to assess plans and offer support. Appendix 1 outlined the findings to date on good practice and how identified risks were being addressed.

In response to a question from the Chairman about risk areas, Prof. Johnstone said that development was needed on both sides. Some LAs hadn't yet fully got to grips with health protection and the NHS side of the public health role. Directors of Public Health in the NHS needed to develop their skills to enable them to operate effectively within a political environment.

The Board noted the report on Public Health transition.

11/145

WORKFORCE AND EDUCATION REPORT

The Board received and noted the Workforce and Education report and agreed the increased payment to Tees, Esk and Wear Valley NHS Foundation Trust and the proposed investment in End of Life, including a partnership with Skills for Care.

11/146

GOVERNANCE ARRANGEMENTS AND DELEGATED RESPONSIBILITIES OF THE INTERIM YORKSHIRE AND THE HUMBER NHS EDUCATION AND TRAINING WORKFORCE PARTNERSHIP (Formerly known as LOCAL NHS EDUCATION AND TRAINING BOARD)

The Board received a report from the Director of Workforce and Education proposing governance arrangements and delegated responsibilities for the interim Yorkshire and the Humber NHS Education and Training Workforce Partnership (ETWP) (formerly known as Local NHS Education and Training Board), to be established as a committee of the SHA Cluster Board, prior to its establishment as a separate legal entity in March 2013.

Mr Gilpin confirmed that similar proposals were being put to the other SHA Boards in the North of England cluster.

The interim ETWP would initially have a key role in advising the SHA Cluster Board on all matters relating to education and training, including use of the MPET fund. Subsequently and subject to Board approval, the role of the interim Board may change to reflect national guidance and move to assuming responsibility for workforce and education activity and MPET investment.

The Board approved the establishment of the interim ETWP as a committee of the SHA Board.

11/147

NHS HULL LIFT HESSLE ROAD HEALTH AND WELLBEING CENTRE STAGE 1

The Chairman welcomed Mr Long and Dr Bannerjee to the meeting.

The Board received a report seeking approval of the Stage 1 Business Case for the development of Hessle Road Health and Wellbeing Centre in Hull.

Mr Long explained that they were nearing the end of a very successful LIFT programme in Hull. It had been an aim to have this development for the past 10 years. It would reprovide GP premises for the Sydenham House practice, whose current accommodation was no longer fit for purpose. It would also reprovide services currently provided from the Marmaduke Health Centre, which was also no longer fit for purpose and would enable the movement of a range of community services from Clarendon Health Centre, which was owned by Humber NHS FT and was planned for disposal.

The development would also enable the provision of a range of services in the community that are currently provided at Castle Hill Hospital.

The revenue costs of the scheme were just under £1m, with a small offset in costs from rent. Review of the services that would move as a result of the development was expected to generate benefits, of for example, £380,000 for ENT.

The scheme had been signed off by the District Valuer. Given the current low level of gilt rates the PCT was keen to obtain SHA approval as soon as possible. The CCG was fully supportive of the scheme and the PCT Board had also confirmed approval.

The Director of Finance confirmed that he was recommending approval of the Business Case. There were no concerns regarding value for money.

In response to questions, Mr Long confirmed that when the PCT ceased to exist the contract would transfer to the CCG. Funding competition would not impede the progress of the scheme.

It was noted that a copy of the PCT Board minute confirming approval of the Stage 1 case had been received since the report had been drafted.

The Board approved the Stage 1 case and delegated authority to the SHA Chairman and Chief Executive to approve the Stage 2 case prior to the next meeting of the SHA Board.

11/148

NHS SHEFFIELD LIFT TRANCHE 2 STAGE 2

The Chairman welcomed Mr Kirk to the meeting.

The Board received a report from the Director of Finance seeking conditional approval of the Stage 2 Business Case for the development of four schemes at Bluebell, Darnall, Foxhill and Norfolk Park.

Mr Wittrick reminded the Board that they had previously considered this scheme on two occasions at Stage 1.

An issue associated with this scheme was in respect of value for money. The District Valuer (DV) had concerns arising from the up-front costs associated with previous abortive attempts to progress the scheme. The PCT had made provision for the write-off of these costs in its revenue budgets. The exclusion of these costs resulted in a lease payment that in the DV's view was still at the higher end of those recently reported in the north of England.

Stage 2 approval was recommended on the basis of the significant benefits of the scheme. Strategic Partnering Board approval had been confirmed and a minute confirming PCT Board Stage 2 approval received.

Mr Kirk explained that the PCT was looking to achieve financial close by 29 September.

Mr Johnston suggested that a further condition should be imposed if Stage 2 approval was given such that the LIFT Company be required to obtain indemnity insurance against the event of any prescriptive rights existing or against the event of a claim being made in the future. This was agreed.

Mr Ramsay asked about leadership of the relationship with the LIFT company post the existence of the PCT. Mr Kirk said that it was his understanding that leadership would be via the NHS Commissioning Board.

Mrs Dean commented that the proportion of fees against land and construction costs was high in this case and in comparison to the Hull scheme and represented a very large overhead on the development. She asked whether expectations on income from the rental of rooms were based on existing levels of activity.

Mr Kirk confirmed that costs had reduced between Stage 1 and 2 and were expected to come down further before completion. Assumptions on income from rental were based on occupation by partner agencies, not casual short-term usage.

Members asked why it was necessary to subsidise pharmacies to go into the scheme. Mr Kirk said that this was a worst case scenario rather than a given and that any such agreements would be renegotiated over time. The PCT was keen to derive maximum benefit from close working between practices and pharmacies.

The Board confirmed approval of the Stage 2 case subject to:

- a) Signature of an under lease agreement with NHS Sheffield by the relevant practices (Bluebell, Foxhill and Norfolk Park) at financial close.
- b) the LIFT Company obtaining indemnity insurance against the event of any prescriptive rights existing or against the event of a claim being made in the future.

11/149

NORTH YORKSHIRE AND YORK STRATEGIC REVIEW – UPDATE ON IMPLEMENTATION

The Chief Executive confirmed that since the publication of the report of the Review he had met with and spoken individually to local authority chief executives, the Chair of the Overview and Scrutiny Committee and NHS chief executives in North Yorkshire. All were agreed that the capacity and capability did not exist within North Yorkshire and York PCT to take on implementation of the findings of the Review.

The local leadership community was supportive of the PCT remaining focused on delivery, with the SHA continuing to provide resource and oversight of the implementation of the Review. Clustering created an opportunity to do this within existing posts and budgets. The proposal had been discussed informally with the SHA Cluster Chief executive designate, who was supportive in principle, notwithstanding that the appointment of directors to the SHA Cluster was pending.

A meeting would be arranged before the end of September with the local leadership to agree how implementation of the Review would be taken forward.

**YORKSHIRE AND THE HUMBER QUALITY OBSERVATORY
ANNUAL REPORT**

The Board received the 2010/11 Annual Report of Yorkshire and the Humber Quality Observatory.

Mr Abbas gave a short presentation on the Report, explaining that the Quality Observatory (QO) was one of seven strategic programmes delivered by Yorkshire and the Humber Public Health Observatory (PHO).

An integrated regional programme for the year had been developed to provide health intelligence support to commissioners and providers. Further initiatives were in development to reflect latest NHS structures and strategy, including a programme of work with PCT Clusters for bespoke analysis, to ensure that health intelligence support met emergent needs.

The integrated approach taken in Yorkshire and the Humber was viewed as forward-looking and it was hoped that the resource would be retained as a core function through SHA transition.

Mr Ramsay asked whether any consideration had been given to developing a stand-alone organisational model. Mr Abbas said that one of the PHO/QO's unique features was as a public sector organization, with an acknowledged reputation as a trusted and assured provider of health intelligence. The PHO was keen, in developing its role with Public Health England to retain links with the NHS in a local authority setting, as well as the flexibility to offer subscriptions at the same time as maintaining a core set of functions within the NHS.

Mrs Dean asked about the potential for greater linkage with the university sector. Mr Abbas said that the PHO worked closely with the university sector on a number of national research collaborations and was physically located on the campus of the University of York. These links were seen as an important in the interface between research and practice. However, the integrated model enabled the best balance of independence and responsiveness.

Prof. Johnstone explained that the PHO element would become part of Public Health England. A separate work stream existed for the QO element within the developing NHS Commissioning Board.

Mr Milner thanked the QO team for their excellent work in support of the North Yorkshire Strategic Review. The Chairman also

congratulated the QO team on the production of QIPP packs, which were widely acknowledged as excellent.

The Board noted the Quality Observatory Annual Report for 2010/11.

11/151

UPDATE ON COMMISSIONING DEVELOPMENT

The Board received a verbal update from the Director of Commissioning Development.

Ms Claire reported that authorisation criteria for CCGs were available in draft and the SHA was undertaking risk assessments on the likelihood of authorisation.

For services that would ultimately fall within the scope of the NHS Commissioning Board, such as prison healthcare, work was being undertaken initially towards achieving synergy across the four SHA Clusters.

PCT Clusters were required to develop support arrangements for CCGs. In Yorkshire and the Humber three support organisations were in development, with a possibility that each would develop different specialties, for example, commissioning of mental health services. The pace of development in Yorkshire and the Humber was in line with the national position.

The Board noted the update on Commissioning Development.

11/152

UPDATE ON THE ACTIVITY OF THE INDEPENDENT INVESTIGATIONS COMMITTEE

The Board received the minutes of the Independent Investigations Committee held on 26 May 2011 and an update on the recent activity of the Committee.

Mrs Harkness, Chair of the IIC, commented that in view of previous discussions about the need to commission independent inquiries at an earlier stage, it might be better to group incidents by area, rather than by stage in the process.

The Chief Executive said that he would like assurance that once action plans were completed, the relevant Boards continued to receive assurance that learning from the incident was being maintained and was being hard-wired into governance arrangements.

The Board approved the closure of four independent investigations: 2004/2230; 2207/9994; 2002/1655; 2003/104, subject to the requirements regarding ongoing assurance set out above.

11/153 **SHA TRANSITION UPDATE**

The Board noted receipt of an update on internal SHA transition.

11/154 **2010/11 ANNUAL REPORT ON FREEDOM OF INFORMATION ACT COMPLIANCE**

The Board received a report on compliance with the requirements of the Freedom of Information Act.

11/155 **HEALTH INNOVATION AND EDUCATION CLUSTER ANNUAL REPORT 2010/11**

The Board received the Annual Report of Yorkshire and the Humber HIEC.

11/156 **RESOLUTION OF BUSINESS TO BE CONSIDERED IN PRIVATE AT THE NEXT MEETING**

The Board resolved that representatives of the press and other members of the public be excluded from the confidential section at the start of the next meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest (Section 1(2) of the Public Bodies (Admissions to Meetings Act, 1960).

11/157 **ANY OTHER BUSINESS**

There were no items of other business.

11/158 **DATE OF NEXT MEETING**

The next meeting of Yorkshire and the Humber Strategic Health Authority was scheduled for Friday, 30 September 2011 at Blenheim House, Leeds.

Yorkshire and the Humber Strategic Health Authority

Meeting of the Board held on 12 September 2011

Agreed Actions

Title /Minute Ref	Agreed action	Lead	Completion/ Review date
11/36 Matters Arising:	Report on the outputs of Goran Henrik's visit to be provided to NEDs	DoW&Ed	Sept 2011
11/142 Quality, Safety, Performance & Finance Report	The next Quality report to include more information on what is being to address rates of incident reporting by PCTs	DoN	Next Board report