



*Hambleton, Richmondshire and Whitby  
Clinical Commissioning Group*

**Minutes**

**HAMBLETON, RICHMONDSHIRE AND WHITBY  
CLINICAL COMMISSIONING GROUP  
GOVERNING BODY**

**Draft minutes of the Hambleton, Richmondshire and Whitby Clinical Commissioning Group Extraordinary Governing Body meeting held on Thursday 27 October 2016 at the Civic Centre, Stone Cross, Northallerton, DL6 2UU**

**Present (voting members)**

Dr Charles Parker	Clinical Chair
Janet Probert	Chief Officer
Debbie Newton	Chief Operating and Finance Officer
Ken Readshaw	Lay Member (Governance)
Dr Jonathan James (rtd)	Secondary Care Doctor
Gill Collinson	Chief Nurse
David Williams	Deputy Chair/Lay Representative Patient and Public Engagement
Dr Mark Hodgson	GP Governing Body Member
Bernard Chalk	Interim Chief Finance Officer
Philip Hewitson	Lay Member Governing Body

**In Attendance**

Lisa Pope	Deputy Chief Operating Officer
Ken Elliott	Health Engagement Network Representative (Hambleton)
Linda Lloyd	Health Engagement Network Representative (Whitby)
Dale Owens	Interim Assistant Director Social Care Operations
Sharon Leigh	Executive Assistant / PA
Georgina Sayers	Communications and Engagement Manager
Abi Barron	Head of Strategy/Community Care
Gemma Umpleby	Service Improvement Manager
Kathryn Shaw-Wright	Senior Finance manager
Carol Johnston	Corporate Services Manager

16 members of the public were present at the meeting.

**1. Welcome and Introductions**

Charles Parker introduced himself and welcomed everyone to the meeting. Charles gave a special welcome to Philip Hewitson who joined the Governing Body as the third lay member. The Governing Body members introduced themselves.

## **2. Apologies for Absence**

Apologies were received from:-

Dr George Campbell  
Alison Levin  
Katie Needham  
Jane Ritchie, MBE

GP Governing Body Member  
Deputy Chief Finance Officer  
Consultant in Public Health (NYCC)  
Health Engagement Network Representative  
(Richmondshire)

## **STANDARD ITEMS**

### **3. Declarations of Interest**

Charles asked the Governing Body members to declare any interests or if there were any amendments to interests previously declared.

David Williams declared an additional interest as his daughter had resigned from Ernest Young but was now a full equity partner at Baringa. His daughter's partner is Marketing & Communications Manager at the Medical Protection Society in Leeds.

Jon James noted an additional interest, his daughter-in-law works as a pharmacist in 3 local general practices.

The following Governing Body members had nothing to declare or no change to their declarations:

Charles Parker  
Janet Probert  
Debbie Newton  
Ken Readshaw  
Gill Collinson  
Bernard Chalk  
Philip Hewitson  
Mark Hodgson  
Lisa Pope  
Ken Elliott  
Linda Lloyd  
Dale Owens  
Sharon Leigh

### **4. Questions from Members of the Public**

Charles Parker noted there had been several questions submitted and asked Roger Tuckett to put his questions forward which were as follows:

- Q. Has the CCG carried out any statutory equalities assessment on the impact of its proposed policy on those with severe mental illnesses where symptoms and the known side-effects of prescribed medication both have a direct impact on BMI and efforts to reduce it, and the stigma both internal and external from excess weight which the proposed policy risks aggravating, has a considerable detrimental impact on mental wellbeing.

A. Charles Parker advised that people with mental health problems had been considered. People with a mental health problem are more likely to die early from physical health problems. This is not a ban on any one having a routine non urgent operation but a 6 month delay to allow time to deal with life style issues, which are a problem with or without mental illness. It is also an opportunity for GPs to improve life expectancy and quality of life and address factors. The CCG are not stopping services, it is an opportunity for the patients to have a better health outcome.

Q. Is it wise for the CCG to proceed in this way? (in relation to question 9).

Roger Tuckett noted that he supported improving health outcomes but the consequences could affect a person's wellbeing and asked if the CCG could defer making a decision and go back out to a wider consultation.

A. Charles Parker advised that on this occasion we would have to agree to disagree but the CCG would consult with the public going forward.

Charles Parker noted the following questions on behalf of Ann Sayers (HEN member):

Q. Surely a person's weight, blood pressure etc. can be checked either in Whitby hospital or the person's surgery? Is the journey to James Cook really necessary for a person who is unwell and possibly anxious?

A. Janet Probert noted this was work in progress. The CCG are in ongoing discussions with STHFT jointly with the South Tees commissioners about pre-assessment. For healthy patients having low risk procedures, there is no reason why the assessment cannot be done by telephone or online.

Q. (Re integration of health and social care)  
How complete is this here and are we giving vulnerable elderly people the skilled care they need to live at home alone and with dignity?

A. Janet Probert noted that the CCG were working along the health and social care pathway and were keen to progress the agenda.

Q. (Re Mental Health. the need for improved talking therapies)

There are people whose experiences, often early in their lives, have been so frightening and distressing that they have disowned them, IAPT can't help them uncover the truth, long-term work with an experienced well supervised psychotherapist is necessary. You do not provide this. Why not?

A. Charles Parker advised that the CCG follows national commissioning guidance and for mild to moderate mental health problems, especially anxiety and depression, IAPT is the treatment modality which the Department of Health wishes the CCG to commission. It is an NHS constitution requirement. Tees, Esk and Wear Valleys NHS FT who provide the service have been improving access to and quality of the service. Patients with more severe mental health issues are referred to TEWV who are commissioned to provide the full range of treatment modalities. The type of treatment needed for each patient is decided by their GP.

## **The Governing Body**

1. Noted the above questions and responses.

## **STRATEGIC ITEMS**

### **5. Transforming our Communities – discussion and decision on consultation**

Gill Collinson introduced herself and thanked everybody who had participated in the consultation and engagement since 2013 and for the work on the strategy. Gill expressed thanks to Abigail Barron and Georgina Sayers for their support and the huge amount of work involved.

Gill gave a presentation on the 'Transforming Our Communities' formal public consultation and the outcome. Option 2 was proposed by the Lambert Hospital before the consultation commenced. Option 3 was the preferred option and the option being proposed to the Governing Body for approval.

Gill advised step up/step down beds was being trialled at Sycamore Hall in Bainbridge and to date there had been three successful admissions and discharges which demonstrated the ability of the scheme to deliver.

The CCG had presented details of the consultation to the Council of Members and of the 22 GP practices, 19 voted for Option 3, 1 voted for Option 2 and 2 practices abstained. The survey results showed that 58% of the community chose Option 3, 33% chose Option 2 and 9% chose Option 1. Of those that chose Option 3, 55% of votes were from Hambleton, 38% were from Richmondshire and 7% were not located in either area. Gill ran through the recommendations and asked for all the recommendations to be considered. Gill concluded the presentation and advised she was happy to take questions. Charles Parker gave thanks to Gill for thorough leadership throughout the consultation.

David Williams spoke on behalf of the public and noted that both consultation events had been well chaired and organised and endorsed the Chairs comments. David noted it was a very thorough paper and said it was hard to criticise such an in-depth consultation. However, David noted concerns through the report and requested that the Lambert Action Group should continue and be woven into future plans. David noted the contribution of all attendees at the two public consultation events and to the public who had assisted the CCG in their decisions. David noted the Lambert was important to so many people who had received care there over many years and therefore the hospital was close to their heart. David advised he supported the paper and the preferred option (Option 3).

Linda Lloyd presented a statement on behalf of Jane Richie (HEN, Richmondshire area) who was not present at the meeting as follows:

*'It is over 42 miles from Hawes to Thirsk. The step up/step down bed is of much greater benefit to Wensleydale people than a facility in Thirsk. The pilot bed in Bainbridge (Sycamore Hall extra care home) has been used 3 times already. 40 members of the Bainbridge Circle Dancers raised £68 to help provide non-medical equipment, a local electrician has lent a TV, the West Burton Art Group has given and lent pictures, a wall clock has been donated and so far £150 has been donated from the public. Richmondshire District Council has granted £500. The pilot has the support of 10 Parish Council Representatives on the Central Dales PPG (the Upper Dales Health Watch). Both the Upper Wensleydale Newsletter and Richmondshire Today have published an appeal for funding to support the Bainbridge step up/step down bed.'*

Gill Collinson noted that monitoring and tracking of the programme was vital to demonstrate that a different model of care can be successful. A full valuation of the programme would be completed going forward.

Janet Probert formerly thanked North Yorkshire County Council for their support.

Charles Parker asked the Governing Body to vote in favour of the preferred option (Option 3). The Governing Body voted unanimously in favour of Option 3.

### **The Governing Body:**

1. Reviewed all the information and evidence gathered during the consultation process and on the basis of the analysis undertaken recommended Option 3 was taken forward.

## **6. Value-Based Clinical Commissioning Policies**

Lisa Pope presented the above paper and asked for approval from the Governing Body for a revised clinical commissioning policy covering thresholds and procedures of limited clinical value, with a proposal to extend thresholds relating to BMI and smoking status to all non-urgent elective surgical procedures, (recognising that they already cover hip and knee replacement surgery).

Charles Parker asked if there were any questions. Ken Readshaw requested more information on the exclusions. Charles noted those mentioned in the report were just a few examples. Deferring surgery would not be cost saving but brought benefits to the patient. Criteria would be interpreted by the individuals GP and it was an opportunity for better health outcome and life expectancy.

The Governing Body agreed with the recommendations.

### **The Governing Body:**

1. Agreed the content of the new PoLCV Policy, specifically approving the new clinical thresholds for BMI and smoking for all elective surgery.
2. Noted the importance of local services effectively communicating the benefits of the proposed health optimisation period and of sign-posting to local services which are available to help people lose weight and stop smoking.

## **7. Invitro Fertilisation (IVF) and Intracytoplasmic Sperm Injection (ICSI)**

Lisa Pope presented the above paper and noted the new policy seeks to harmonise the policy on IVF with other CCG's in North Yorkshire, the key change being to reduce funded provision down to a single cycle of IVF. Lisa noted it would be a cost saving but the highest rate of conception is in the first cycle giving the most benefit for most patients. David Williams asked what emotional support was available and Charles Parker noted there was huge emotional support within the service.

The Governing Body agreed the recommendations.

**The Governing Body:**

- 1. Agreed the change in the policy for IVF for inclusion in the new Value Based Commissioning Policy.

**8. Any Other Business**

There was no other business to discuss.

Charles Parker thanked everybody for their attendance and noted the next Governing Body meeting would be held on 24 November 2016 at the Evolution Business Centre in Northallerton.

David Williams formerly thanked Debbie Newton, Chief Operating and Finance Officer (who would leave the organisation on 31 October) for all her guidance and support and wished her well for the future. Charles Parker reiterated the same.

Charles Parker closed the meeting at 6:10pm.

**FOLLOW UP ACTIONS**

The actions required as detailed above in these minutes are attached at Appendix A.

**Minutes Approved on**

**Date:** .....

**Name:** .....

**Signed:** .....