



integrated working

Minutes of the Annual General Meeting of the West Suffolk CCG Governing Body held in public on Wednesday 27 September 2017 in the The Conference Room, West Suffolk House, Western Way, Bury St. Edmunds, Suffolk

PRESENT:

Dr Christopher Browning	CCG Chair
Dr Zohra Armitage	GP Member
Chris Armitt	Acting Chief Finance Officer
Dr Simon Arthur	GP Member
Steve Chicken	Lay Member
Geoff Dobson	Lay Member for Governance
Ed Garratt	Chief Officer
Chris Hooper	Deputy Chief Nursing Officer
Dr Andrew Hassan	GP Member
Dr Emma Holland	GP Member
Amanda Lyes	Chief Corporate Services Officer
Jane Payling	Chief Finance Officer
Dr Bahram Talebpour	GP Member
David Taylor	Chair: Clinical Engagement Group
Jan Thomas	Chief Contracts Officer
Kate Vaughton	Chief Operating Officer
Richard Watson	Chief Transformation Officer

IN ATTENDANCE:

Dr David Kanka	Assistant Director of Public Health
Jo Mael	Corporate and Governance Officer

17/088 WELCOME AND APOLOGIES FOR ABSENCE

The CCG Chair welcomed everyone to the meeting and apologies for absence were noted from:

Kevin Bernard	Governing Body Member
Jo Finn	Lay Member for Patient and Public Engagement
Dr Sarah Hughes	GP Member
Dr Abdul Razaq	Director of Public Health
Dr Firas Watfeh	GP Member

Chris Armitt who would be leaving the CCG prior to the next Governing Body was thanked for his contribution as Deputy and more recently Acting Chief Finance Officer. Jane Payling was welcomed as the new Chief Finance Officer.

Geoff Dobson was welcomed as the new Lay Member for Governance and Vice Chair.

Barbara McLean who had recently taken up a secondment with NHS England was

thanked for her contribution to the CCG as Chief Nursing Officer since its commencement.

17/089 DECLARATIONS OF INTEREST

No declarations of interest were received.

17/090 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 26 July 2017 were **approved** as a correct record.

17/091 MATTERS ARISING AND ACTION LOG

There were no matters arising and the action log was reviewed and updated.

17/092 GENERAL UPDATE

The Chief Officer reported that;

- The CCG was currently focussed on winter and the plan was on today's agenda.
- A Sustainability and Transformation Programme (STP) event had been held on 25 September 2017 with key outcomes being; to raise prevention; to better understand the Accountable Care System; to develop leadership to support collaboration across the STP footprint.
- The Care Quality Commission had recently published a 'Statement of Care' which benchmarked practices the results of which were to be reviewed further as West Suffolk CCG had been identified in the bottom 20%. It was felt that data utilised for the benchmarking exercise had been that prior to recent improvements from re-inspections.
- The recent 'Feet on the Street' event had been valuable and feedback continued to be reviewed for potential developments.
- A Sustainability and Transformation Programme (STP) event had been held on 25 September 2017 with key outcomes being; to raise prevention; to better understand the Accountable Care System; to develop leadership to support collaboration across the STP footprint.

The Governing Body **noted** the Chief Officer's verbal update.

17/093 CHAIR AND CHIEF OFFICER ACTION – 02/2017 – SELF ASSURANCE RE EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE PROCESS

The Governing Body was in receipt of a Chair/Chief Officer Action taken in August 2016 in respect of the Emergency Preparedness Resilience and Response (EPRR) assurance process.

On 10 July 2017, NHS England had written to Accountable Emergency Officers outlining the expectations for the 2017/18 EPRR process which had included a requirement for organisations to carry out a self-assessment against updated core standards including a 'deep dive' into EPRR governance, submit the self-assessment to the Governing Body for sign off, and then forward it to the Local Health Resilience Partnership for review.

As a result of the above, the CCG had subsequently assessed itself as fully compliant in all the core standard areas. In order to facilitate timely submission to the LHRP, Chair and Chief Officer action was sought to agree full compliance as

per the presented document.

In line with the CCG's constitution all Chair and Chief Officer actions are required for presentation to the next available public meeting of the Governing Body for endorsement.

The Governing Body subsequently endorsed the reported Chair and Chief Officer Action – 02/2017 **and requested** that detail behind the decision be circulated outside of the meeting in order to provide assurance.

(The Chair advised that the Strategy and Service Development items on the agenda would be taken next).

17/094 LEARNING, ACCOUNTABILITY AND CANDOUR

In 2015, 495,309 deaths were registered in England. Of those, 232,442 (47%) people died in hospital with even more dying while receiving services provided by NHS trusts as an outpatient or from community services provided by the trust.

Investigations into the deaths of patients receiving care were completed by NHS Trusts with the intention of supporting learning and service improvements for future patients.

Three reasons for NHS trusts to investigate a patient's death included:

- **learning** to improve and change the way care is provided to others in future, supporting
- **candour** to share information with others including families, and making sure
- **accountability** is identified if failures are found.

NHS England commissioned a review of all mental health and learning disability deaths at Southern Health NHS Foundation Trust from April 2011 to March 2015. The report, published in December 2015, identified a number of failings in the way the trust recorded and investigated deaths including a lack of leadership, poor quality investigations, a lack of family involvement in investigations, and opportunities for learning being missed. The report also highlighted that certain groups of patients including people with a learning disability and older people receiving mental health care were far less likely to have their deaths investigated by the trust.

The Secretary of State for Health subsequently asked the Care Quality Commission (CQC) to look at how Trusts across the country investigated and learned from deaths to find out what opportunities for prevention of death had been missed and any improvements that were needed. The findings from the CQC's investigation, together with recommendations were detailed within the report with key points being;

- Learning from deaths needed to be a much greater priority for all working within health and social care.
- The Department of Health and the National Quality Board working with Royal Colleges and families should develop a new single framework on learning from death. The framework should:
 - Define what families and carers could expect from healthcare providers when they were involved in the investigation process following a death of a family member or somebody they cared for.
 - Provide solutions to the range of issues for people with mental health

conditions or a learning disability to improve consistency, definitions and practices that supported reduction of the increased risk of premature death.

- NHS Digital and NHS Improvement should assess how they could facilitate the development of reliable and timely systems, so that information about a death was available to all providers
- Provider organisations and commissioners must work together to review and improve their local approach following the death of people receiving care from their services. Emphasis must be given to engaging families and carers.

The CCG would be tracking local providers to ensure compliance with recommendations. West Suffolk Hospital's Board had also received a report in May 2017 outlining how the Trust intended to meet the recommendations.

The Governing Body noted the content of the report.

17/095 WINTER SURGE AND PRESSURE PLAN

The Governing Body was in receipt of a report which set out, for approval, system wide action to mitigate and manage surges and pressures in the need for services over the 'winter' period – October 2017 to April 2018.

For the first time in the Winter Plan, Suffolk had introduced a more robust approach to the monitoring of primary care and mental health services to ensure that it was a plan for the whole health economy.

Key issues as highlighted within the plan were;

- The need to mitigate any flu surge in 2017/18
- The need to drive forward transformation work.
- The need to maintain flow throughout the system.

Transformation work included commencement of the new GP streaming service, improved admission avoidance, introduction of the support to get home service and increased focus on frailty and general assessment provision.

It was emphasized that the plan was applicable on a year round basis and not just during winter.

In response to questioning it was explained that the four hour emergency department and 62 day cancer wait metrics were key focus areas at present. There was also currently daily review of delayed transfers of care, and the East of England Ambulance Services Trust performance continued to be monitored closely.

Primary Care and Mental Health had been incorporated into the plan. Norfolk and Suffolk NHS Trust had been involved in the plan's development and practice managers and GPs consulted.

Having queried who might empower primary care to cope with any rise in demand and what activity might be reduced to facilitate response, it was explained that work continued to explore such issues with an update expected to be provided to the CCG's Executive in the near future.

The Governing Body approved the winter surge and pressure plan as presented.

(The Chair advised that the Governance and Corporate Business section would be taken next).

17/096 GOVERNING BODY ASSURANCE FRAMEWORK

The Chief Corporate Services Officer presented the Governing Body Assurance Framework (GBAF) for September 2017 together with a summary of Chief Officer local risk registers.

Amendments and additions to the GBAF were detailed within paragraph 2.3 of the report, with key aspects of departmental risk register being listed in Section 3.

Points highlighted included;

Risk 27b – Mental Health Service performance – the risk rating had been increased from nine to 12 to reflect mental health service recent performance.

Risk 36 – Statutory Safeguarding duties – the risk had been included due to the CCG being unable to recruit to the statutory post of designated doctor. Increased support from designated nurses had been explored together with paediatrician support.

The Governing Body **noted** and **approved** the GBAF as presented.

17/097 MINUTES OF MEETINGS

The Governing Body received the following minutes and decisions from meetings:

a) Audit Committee

The unconfirmed minutes of a meeting held on 5 September 2017.

b) Finance and Performance Committee

The confirmed minutes of meetings held on 19 July 2017 and 23 August 2017.

c) Clinical Scrutiny Committee

The unconfirmed minutes of a meeting held on 16 August 2017

d) West Suffolk CCG Primary Care Commissioning Committee

The unconfirmed minutes of a meeting held on 26 July 2017.

e) West Suffolk CCG Commissioning Governance Committee

Decisions from a meeting held on 23 August 2017

The Governing Body **received and endorsed** the presented minutes and decisions.

17/098 COMMUNITY ENGAGEMENT GROUP MINUTES

The Chair of the Community Engagement Group (CEG), presented the minutes of the Group's last meeting, which had been held on 24 August 2017.

Key points highlighted included;

- The CEG had social prescribing feedback in relation to Haverhill and it had been noted that further information and results from the University of Essex were expected.
- The CEG had received an update on 'Connect' and the information sharing

programme. The need to encourage more patients to participate had been recognised.

- A second workshop held with Patient Participation Groups (PPGs) had been successful and staff were thanked for their attendance. The importance of engaging PPG's was emphasized.

The Governing Body questioned whether there was any intention to roll-out social prescribing further across the CCG area, and it was explained that information from the pilot was currently being evaluated and used to inform a way forward.

The Governing Body **noted** the update.

17/099 INTEGRATED PERFORMANCE REPORT

The Governing Body was in receipt of the Integrated Performance Report, which provided members with a summary of performance against national targets, contractual targets, clinical quality and patient safety issues, financial performance and acute activity, together with detailing work being carried out by the transformation, project management office and prescribing teams.

National reporting measures had been included at the front of the report.

Clinical Quality and Patient Safety

Key points highlighted included;

- Infection control – performance was good at West Suffolk Hospital with their having been one case of C.Difficile against a trajectory of two. Year to date there were four cases against a trajectory of six. Across the CCG there had been 16 reported cases against a trajectory of 15.
- Harm free care – Suffolk Community Healthcare (SCH) falls performance remained a concern and instigation of an action plan had not improved the situation. The CCG intended to carry out a 'deep dive' review in conjunction with the provider. Falls per 1000 bed days were able the national benchmark. No data had, as yet, been received from West Suffolk Hospital in respect of pressure ulcers.
- Patient satisfaction remained good, there had been an average number of complaints and positive friends and family test feedback. Care UK had received a higher level of complaints than expected and the concern had been scheduled for discussion at a meeting held the previous day.
- A new slide had been included in respect of cancer breaches and it was intended that psychological effects be incorporated into future reports.

The Governing Body was advised that falls in the community gave the most cause for concern and the 'deep dive' would take place in October 2017. The Governing Body expressed disappointment that pressure ulcer information from West Suffolk Hospital had not been received and the **Acting Chief Nursing Officer was asked** to confirm when it had been received.

Finance

- At the end of month five the CCG was on track to achieve a break-even year end position.
- Variances included the non-availability of lower cost medicines and continuing healthcare.
- Risks and mitigations were balanced. As yet there was no confirmation of the

- receipt of GP access funding and the issue was being pursued with NHS England. Should the funding not materialise there was a need for mitigation.
- The CCG had a £0.9m underlying surplus.
 - QIPP delivery was at 94% year to date, with a forecast of 91% at year end.

The Governing Body remained concerned at the lack of clarity associated to GP access funding and welcomed the support of NHS England Midlands and East in attempting to resolve the issue with its national team.

It was hoped that the CCG might realise a higher level of transformation funding than the previous year although assessment would take place later in the year.

Transformation

Integrated Care – at month four A&E activity was just below plan and non-elective admissions were slightly up. Delayed transfers of care were currently below target. Four Burtzog nurses had been recruited and the service was expected to launch in November 2017.

Planned Care – outpatient activity was 3.1% below plan and electives were slightly above plan. All Rightcare plans had now been submitted to NHS England.

Mental Health and Learning Disabilities – the dementia diagnosis rate target continued to be challenging although rates had improved in August 2017. The ‘Dementia Together’ initiative developed with Sue Ryder had been shortlisted for a Health Service Journal award. A psychiatric liaison proposal was due for presentation to the CCG’s Executive next week.

Children, Young People and Maternity – a maternity plan was being developed for submission at the end of October 2017.

Stroke - a paper had recently been presented to the STP Board which outlined performance, recruitment and resourcing issues. There was a need for the service to be sustainable and comprehensive work was taking place across the STP, which included links with other STPs and the convening of a regional meeting.

Contractual Performance

Key points highlighted included;

- **West Suffolk NHS Foundation Trust** – during quarter two the Trust had struggled to meet the A&E four hour target due to variability in performance. Good progress had been made in relation to referral to treatment times although there remained a number of patients waiting over 52 weeks. The cancer 62 day wait target had just been missed and should have recovered in August 2017.
- **Suffolk Community Healthcare** – as previously reported the contracts were due for signature at the end of the week. Delayed transfer of care remained a concern. The provider was not currently meeting a new national target in respect of wheelchair provision within 18 weeks and a meeting had been convened to discuss a way forward.
- **East of England Ambulance Service Trust (EEAST)** – performance remained a concern and along with all other ambulance service providers, the Trust was not currently meeting national standards. Focus was on a new Ambulance Response Programme and handover to arrival times were being monitored closely.

There was concern that the number of people attending A&E had increased dramatically and many seemed to be appropriate attendances. The facilitation of a discharge waiting area was being explored. Work was underway to ensure that GP expected patients were directed straight to a ward.

It was highlighted that West Suffolk Hospital performance levels were aligned to the receipt of Sustainability and Transformation funding.

Project Management Office

- 94% of planned QIPP savings had been achieved year to date.
- As previously reported areas of concern were the non-availability of alternative medicines, and mental health out of area placements.

Prescribing

- The CCG was absorbing the cost of the non-availability of stock due to the co-operation of its practices.
- The pain ladder was due for launch on 27 September 2017.

The Governing Body **noted** the content of the report

17/100 PATIENT STORY

Becky was welcomed to the meeting and proceeded to share her experience of navigating the services available for children with autism, being the mother of an eight year old autistic child.

The Governing Body was informed that despite not meeting milestones and continual concern raised to Health Visitors, a diagnosis of autism had not been obtained until the age of four after eventually being referred to a Paediatrician. It had taken six months from referral to being seen by the Paediatrician and another year until a multi-disciplinary assessment was carried out and specialised speech and language therapy received.

School was challenging and in an ideal world something between mainstream and specialised education was required. It was hoped that more suitable education might be found prior to her son reaching high school age. Speech and language therapy had been sporadic and no therapy had been received for a year at one point. Occupational Therapy had not been made available.

In response to questioning, it was explained that the initial two years waiting for a diagnosis had been the most difficult. The most beneficial support had been provided by informal groups and organisations such as Autism Suffolk. Key thoughts for the CCG to consider were;

- Increased provision of speech and language therapy.
- Increased availability of occupational therapy.
- Increased availability of educational psychology.

The Governing Body thanked Becky for her informative and insightful presentation.

17/101 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) CO-PRODUCTION

A report from the Deputy Accountable Officer updated the Governing Body on the

CCG's progress in relation to the SEND action plan.

The Governing Body was reminded that following an inspection earlier in the year a number of areas had been identified for improvement. The SEND action plan was overseen by the Department for Education and NHS England.

The Department of Education and NHS England had held a review session on 15 August 2017 on the progress of the programme. Overall the feedback was fair and in summary the key points were:

- It had taken longer than anticipated to establish stable multi-agency leadership, due to restructures in the CCGs and Local Authority Services. The delays had meant some milestones in the action plan had been delayed, although longer term delivery should not be affected.
- The SEND Programme Board overseeing the work had moved from development phase to live work but the first reports to the board in July 2017 had not provided a sufficiently robust analysis of progress. Plans were in place to improve the situation.
- There was now a strong group of officers across education and health leading the work, with the potential to achieve very significant progress quickly.
- The CCG had implemented a number of improvements in the programme that were starting to make an impact, those being;
 - The CCG Programme Management Office was starting to embed stronger project management processes and take accountability for programme management
 - Internal project processes were in place.
 - The Speech and Language therapy model was progressing.

The action plan for delivery of SEND was very complex. Therefore, to ensure the CCG had visibility on the key areas a one page summary of the programme had been created as appended to the report.

The Governing Body noted the content of the report.

17/102 ANY OTHER BUSINESS

No items of other business were received.

17/103 DATE AND TIME OF FUTURE GOVERNING BODY MEETINGS

0915 - 1200 Wednesday 29 November 2017, The Edmund Room, St Edmundsbury Cathedral, Angel Hill, Bury St Edmunds, IP33 1LS

17/104 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no members of the public present.

Chair (Dr Christopher Browning)

Date