



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>21</b>
<b>Reference No.</b>	<b>WSSCCG 19-74</b>
<b>Date.</b>	<b>27 November 2019</b>

<b>Title</b>	<b>Minutes of Meetings</b>
<b>Lead Chief Officer</b>	Amanda Lyes, Chief Corporate Services Officer
<b>Author(s)</b>	Jo Mael, Corporate Governance Officer
<b>Purpose</b>	<p><b>To receive</b> a report from the Lay Member for Governance seeking the <b>endorsement</b> of minutes and decisions from West Suffolk CCG Sub Committees,</p> <p><b>a) Audit Committee</b> <i>The unconfirmed minutes of a meeting held on 1 October 2019</i></p> <p><b>b) Remuneration and HR Committee</b> <i>The unconfirmed minutes of a meeting held on 9 October 2019</i></p> <p><b>c) Financial Performance Committee</b> <i>The unconfirmed minutes of a meeting held on 18 September 2019</i></p> <p><b>d) Clinical Scrutiny Committee</b> <i>The unconfirmed minutes of a meeting held on 30 October 2019.</i></p> <p><b>e) West Suffolk CCG Primary Care Commissioning Committee</b> <i>The unconfirmed minutes of a meeting held on 25 September 2019</i></p> <p><b>f) CCG Joint Collaborative Group</b> <i>The unconfirmed minutes of a meeting held on 8 October 2019</i></p>

### Applicable CCG Priorities

1.	Develop clinical leadership	✓
2.	Demonstrate excellence in patient experience & patient engagement	✓
3.	Improve the health & care of older people	✓
4.	Improve access to mental health services	✓
5.	Improve health & wellbeing through partnership working	✓
6.	Deliver financial sustainability through quality improvement	✓

### Action required by Governing Body:

**To endorse** the minutes and decisions as attached to the report whilst noting that 'unconfirmed' minutes remain subject to change by the relevant Committee/Group.



## Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk Clinical Commissioning Group Audit Committee held on Tuesday, 1 October 2019

### PRESENT

Graham Leaf	-	Lay Member for Governance (Chair)
Steve Chicken	-	Lay Member
Irene MacDonald	-	Lay Member for Patient and Public Involvement

### IN ATTENDANCE

Emily Bosley	-	Project Accountant
Louise Davies	-	RSM UK, Internal Audit
Mark Game	-	Acting Deputy Chief Finance Officer
Debbie Hanson	-	Ernst and Young: External Audit
Mark Kidd	-	RSM UK, Local Counter Fraud Specialist
Jo Mael	-	Corporate Governance Officer
Dr Mike McCullagh	-	GP Clinical Executive Member
Jane Payling	-	Chief Finance Officer
Alison Riglar	-	Ernst and Young: External Audit
Anna Sheldrake-Cochrane	-	Head of ICT and Informatics (19/063-19/066 only)
Jodie Stuteley	-	Information Governance Officer (19/063–19/065 only)
James Thompson	-	Financial Accountant

### 19/063 WELCOME AND APOLOGIES FOR ABSENCE

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

Colin Boakes	-	Governance Advisor
Nick Fanning	-	RSM UK, Internal Audit
Amanda Lyes	-	Chief Corporate Services Officer
Liz Wright	-	RSM UK, Internal Audit

### 19/064 DECLARATIONS OF INTEREST

No declarations of interest, in addition to those already published, were received.

**(The Chair advised that agenda items 10 (General Data Protection Regulation (GDPR)/Data Protection Act 2018), and 8 (Cyber Security Update) would be taken first.**

### 19/065 GENERAL DATA PROTECTION REGULATION (GDPR) / DATA PROTECTION ACT 2018

The Committee was in receipt of a report which provided an update on;

- organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (2018), other relevant privacy laws and the Freedom of Information Act (2000),
- compliance with the Data Security and Protection toolkit and provided assurance of ongoing improvement in relation to managing risks to

information, and

- an update on any development plans, current projects or forthcoming projects the Information Governance Team was involved in or planning for during 2019/20.

Key points highlighted included;

- The Information Governance Toolkit had been replaced with a new assessment system called the Data Security and Protection Toolkit (DSPT). All organisations that had access to NHS patient data and systems must use the toolkit to provide assurance that they were practising good data security and that personal information was handled correctly. For 2018/19 DSPT Ipswich and East Suffolk CCG had achieved a Standards Met level of assurance, the highest it could achieve without a Cyber Essentials Accreditation. The latest version of the DSPT was released in July 2019 for the period 2019/20. The DSPT assurance had increased from 70 requirements 2018/19 to 106 requirements for 2019/20. Deadline for completion was 31 March 2020.
- From 1 April 2018, NHS England had delegated responsibility to CCGs to provide GP practices with a Data Protection Officer (DPO) support service, which had since increased to the offer of a full DPO service from 1 April 2019. The IG Steering Group had agreed to offer an internal DPO Service using the current IG Structure to GP Practices across Suffolk and North East Essex. The service had gone live on 1 October 2019 with those Suffolk GP practices not wishing to continue using their external DPO provider.
- Fax machines across the NHS were being phased out by March 2020. In order to move Care Homes away from fax machine use, there was currently a project underway to get all Care Homes across Suffolk and North East Essex an NHSmail account. As Care homes needed to complete an entry level Data Security and Protection Toolkit (DSPT) to obtain an account, support was being provided.
- The IG Team had commenced a review of the Information Asset Registers and Data Flow Mapping to ensure information was up to date, and any new flows of data were recorded in light of the changing landscape in CCGs, Alliances and Integrated Care System.

**The Committee noted** the report and that a further update was scheduled for the April 2020 meeting.

## **19/066 CYBER SECURITY UPDATE**

The Committee was in receipt of a report that provided an update on progress and work being carried out in relation to cyber security.

Progress against actions was detailed within the report with key points highlighted being;

- According to the figures, released by software firm Egress, 60% of 4,856 personal data incidents reported to the Information Commissioner's Office (ICO) between 1 January and 20 June 2019 were the result of human error. The CCG continued to raise awareness amongst employees and its practices.
- Guidance and best practice around cyber security would be provided to Practices in line with yearly Practice Agreements - the new agreements had been delayed by the national team and guidance would be provided when the new agreements were available.
- In terms of integration with other providers some elements of domain trust

level integration already existed, which provided the ability for different services to work seamlessly. That 'trust' did however come with elements of security risk, and might hinder efforts towards organisational cyber essentials + accreditation. Work was underway to scope technical architecture to support a more secure, cross network ability for any clinicians within Suffolk health and care bodies. That work would require investment into underlying infrastructure which would be scoped by all providers / organisations.

- Community services - currently the NEL contract was one domain. The Alliance had not progressed key pieces of work to re-permission its data held on servers, and that was picked up in an external audit. The issue had been escalated through the SLA board and via the CIOs at each Acute Trust for urgent progression.
- The move from Windows 7 to Windows 10 was a national demand issue and work continued to migrate practices prior to the March 2020.

In response to questioning, it was explained that although the use of SystemOne within Care Homes had previously been explored the emphasis was now on the introduction of nhs mail.

**The Committee noted** the content of the report. Whilst the Committee supported the recommendation within the report for GP practices and providers to report on mandatory training, **it was agreed** such approval should be sought from IT Services Board.

**The Committee requested** a further update in six months time.

#### **19/067 MINUTES OF PREVIOUS MEETING**

The minutes of an Audit Committee meeting held on 26 June 2019 **were approved** as a correct record.

#### **19/068 MATTERS ARISING AND REVIEW OF ACTION LOG**

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

#### **19/069 EXTERNAL AUDIT BRIEFING**

The Committee was in receipt of the most recent External Auditor's briefing and the Committee's attention was directed to the key questions as set out on page 7 of the briefing, those being;

- Has your health body a Brexit impact assessment? Had the assessment been incorporated in informed corporate and financial decision making and risk management?
- NHS: Publication of the Department of Health & Social Care Group Accounting Manual 2019–20 - had your finance team received suitable training to ensure appropriate application of the 2019/20 GAM?
- NAO consultation on the Code of Audit Practice - what changes would your health body like to see in the Code of Audit Practice?
- CMA Publishes Final Report on Audit Market Study - if there were changes in the audit industry, what impact do you think it would have on your health body's external audit work?
- Better tech would build better relationships between clinicians and patients - was there any new technology applied within your health body to better services provided to the public.

The Committee was reassured that nothing of concern had been identified within the Accounting Manual 2019/20, and Members were invited to feed back any comments in respect of the Code of Audit Practice to Emily Bosley outside of the meeting.

**The Committee noted** the external audit briefing.

#### **19/070 INTERNAL AUDIT PROGRESS REPORT**

The Committee was in receipt of the current internal audit progress report, and it was reported that, to date, two reviews had been commenced with a further six scheduled. Timescales for the reviews were detailed within the report.

Section 2 of the report informed on a number of briefings with the appendix detailing progress against outstanding recommendations. The Committee was advised that two recommendations were currently outside of their due date. Both recommendations were in relation to continuing healthcare, for which comments had been received and included within the report.

Having reviewed the timetable for reviews, it was highlighted that, due to the schedule of Audit Committee meetings, there might be some delay in sight of the reports. The Committee was reassured that should there be a delay reports could be circulated virtually.

In response to questioning, it was confirmed that there was an annual requirement for a review in respect of delegated commissioning although the scope for the current review had been altered.

**The Committee noted** the report **and requested** that the Health Matters briefing be circulated to Members and that links in future reports be enabled.

#### **19/071 LOCAL COUNTER FRAUD SPECIALIST PROGRESS REPORT**

The Committee was in receipt of the Local Counter Fraud Specialist's (LCFS) progress report with key points highlighted being;

- A comprehensive review of the CCG's Counter Fraud and Anti-Corruption Policy had been undertaken and amendments recommended to ensure that the policy was current, legislatively sound and compliant with the NHSCFA strategy.
- The CCG's Standards of Business Conduct and Conflicts of Interest Policy had been reviewed to ensure that it contained a robust anti-fraud and bribery message.
- Anti-fraud and bribery training had been provided to the CCG's Finance Team and training for the Contracts Team was planned.
- Three new referrals had been received by the LCFS since the last Audit Committee meeting and were detailed within the report.

**The Committee noted** the report **and requested** that the quarterly newsletter be circulated to the Committee

#### **19/072 GOVERNING BODY ASSURANCE FRAMEWORK (GBAF)**

The Committee was in receipt of the latest Governing Body Assurance Framework (GBAF) and risk registers.

The Audit Committee's role was to satisfy itself that an appropriate process was in place and it was noted that the content of the GBAF was regularly reviewed by the Joint Leadership Team and Clinical Scrutiny Committee, with approval by the Governing Body.

The Director of Finance reported that a new system finance risk was to be added to the West Suffolk CCG GBAF in line with that already contained within the Ipswich and East Suffolk CCG GBAF.

**The Committee noted** the GBAF as presented.

**19/073 WHISTLEBLOWING**

No whistleblowing reports were received.

**19/074 POLICIES FOR APPROVAL**

No policies were received for approval.

**19/075 BRIEFING ON ASSURANCE ENGAGEMENT ON THE MENTAL HEALTH INVESTMENT STANDARD**

The Committee was in receipt of a report which sought to ensure the Committee was aware of the requirements of the Assurance Engagement on the Mental Health Investment Standard and the actions being taken to ensure its timely completion.

The Mental Health Investment Standard required the CCG to increase its spending on specified areas of mental health (i.e. excluding dementia and learning difficulties) at a faster rate than its general spending increases. NHS England had mandated that CCGs must publish a statement on their websites stating whether or not they met the standard and that the statement must be audited. The final briefing for the audit was received from NHS England on Wednesday 12 June 2019.

Assurance engagement requirements were detailed in Section 2 of the report.

The CCG had engaged Grant Thornton to complete the audit which NHS England expected to be completed by the extended deadline of 31 October 2019.

**The Committee noted** the content of the report **and requested** that Grant Thornton's report be circulated to Members via email when available.

**19/076 WAIVERS OF COMPETITIVE TENDERING**

The Director of Finance reported that the grant / contract extensions and renewals detailed within the report had been approved by the CCG's Clinical Executive and Governing Body in March 2019 for both NHS Ipswich and East Suffolk Clinical Commissioning Group and NHS West Clinical Commissioning Group.

The contracts / grants included tended to be of low to medium value and between 2-3 years duration. Many were included following requests from providers to consider moving to longer-term contracts of at least five years duration to assist with stability and business planning. All contracts would continue to have a notice period of between 6 – 12 months (dependent on size and type of contract) which either party could enforce.

Due to the large number of contracts and grants involved in the review and sign off, a single document was developed which contained all of the information a single waiver application contained.

**The Committee noted** the presented waivers of competitive tendering.

**19/077 ANNUAL PLAN OF WORK**

**The Committee reviewed** its annual plan of work and noted that it would be updated in line with today's discussions.

**19/078 ANY OTHER BUSINESS AND REFLECTION**

The Committee felt that the meeting had been conducted in an efficient manner.

**19/079 DATE OF NEXT MEETING**

The next meeting of the CCG's Audit Committee was to be held on Wednesday, 8 January 2020, at 2.00pm in Ground Floor Room 14, West Suffolk House, Bury St Edmunds, Suffolk.



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**Unconfirmed Minutes of a meeting of the West Suffolk Clinical Commissioning Group  
Remuneration and Human Resources Committee Meeting held on  
Wednesday, 9 October 2019**

**PRESENT:**

Geoff Dobson                      Lay Member for Governance (Chair)  
Lynda Tuck                        Lay Member for Patient and Public Involvement

**IN ATTENDANCE:**

Amanda Lyes                      Director of Corporate Services and System Infrastructure  
Jo Mael                                Corporate and Governance Officer  
Victoria Robertson                Deputy Director of Workforce, OD and Corporate Services

**Meeting held 'in common' with Ipswich and East Suffolk CCG and North East Essex CCG**

**19/052      WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting and no apologies for absence were received.

**19/053      DECLARATIONS OF INTEREST**

Jo Mael and Victoria Robertson both declared an interest in agenda item 3 (NHS West Suffolk, Ipswich and East Suffolk and North East Essex CCG Change Programme 2019) as CCG employees.

**19/054      NHS WEST SUFFOLK, IPSWICH AND EAST SUFFOLK AND NORTH EAST ESSEX CCG CHANGE PROGRAMME 2019**

The Committee was in receipt of a report which set out the proposed direction of travel for the West Suffolk, Ipswich & East and North East Essex CCGs.

In July 2019, the Chief Executive of NHS England and Improvement had appointed Dr Ed Garratt as the Chief Executive of all three CCGs and Executive Lead of the Suffolk and North East Essex Integrated Care System. In line with the ambition to integrate care across the patch, with a particular focus on place based 'Alliance' working, the proposed next step was to establish five shared CCG directorates, each led by a single Director for all three CCGs, and three directorates dedicated to each CCG - Alliance area.

The five joint directorates were:

- Directorate of Finance
- Directorate of Corporate Services and System Infrastructure
- Directorate of Strategy and Transformation
- Directorate of Contracts and Performance
- Directorate of Nursing and Quality

The three directorates for each CCG-Alliance area would be:

- Chief Operating Office for North East Essex
- Chief Operating Officer for Ipswich and East Suffolk
- Chief Operating Office for West Suffolk

Each CCG would remain an independent statutory body, retaining its own Governing Body. The Governing Bodies and their wider clinical bodies and Committees would work in closer collaboration with one another as well as with locality, Alliance and ICS partners.

A staff consultation had been initiated in respect of the proposed restructure of the three CCGs, which was due to end on 31 October 2019. The consultation document had been circulated to members of all three Governing Bodies.

The report went on to identify key points, headline data, and risks. The Committee was also in receipt of an accompanying report from the Director of Finance which set out resource implications.

The Director of Corporate Services and System Infrastructure reported that the Chief Executive had held staff briefings across four sites, trade union sessions had been arranged and one to one discussions were available should staff request them. To date, there had been good engagement.

Comments included;

- In light of the need to facilitate a 20% saving it was queried to what extent duplication and joint working had been considered, and whether any changes to the proposed structure were likely in respect of staff feedback.

The Committee was reassured that the Joint Leadership Team had attempted to ensure there was no duplication whilst being mindful of the geography across all three CCGs. Although it was currently too early to review feedback from staff, one issue that had been raised was the cost effectiveness of increased staff travel and mileage. With that in mind the feasibility of introducing Office 365 software, which should enable video conferencing, sooner than originally anticipated was being explored.

- In response to questioning, it was reported that where permanent staff had been seconded their substantive posts remained in the structure; support was being provided to the workforce during the process which included access to CiC Experts in Employee Wellbeing; and where vacancies had been held they were being managed to ensure no additional pressure on existing staff.
- Having queried whether there were grade changes associated to posts with added responsibility it was explained that, where original posts had been dis-established, new posts introduced on higher bandings were subject to the agenda for change process.
- Whilst it was highlighted that the report had not set out the implication of removing 34 posts, the Committee was advised that information would be included within the post-consultation document. The Committee was reassured that the Joint Leadership Team had challenged each other with regard to the proposed structure and the impact on other teams.
- Having raised concern at the conflicting demands and additional pressure that might be experienced by those Deputy Directors having to work across two Directors, the Committee was informed that, whilst the difficulty had been recognised, it had been felt necessary in order to facilitate a review of workforce across three CCGs and within the wider Integrated Care System.

- In respect of financial risks as set out within the report, it was explained that;
  - whilst the Acting Chief Contracts Officer was currently on secondment to Cambridge and Peterborough CCG, the substantive post of Deputy Director of Contracts and Performance remained within the structure.
  - the additional role at a cost of £78k was in relation to a post that had previously been seconded to NHS England/Improvement and which the CCGs now wished to support going forward.
  - a number of staff within the DSU were already seconded and had been picked up within the consultation document.
- The Committee was informed that the number of redundancies was likely to be small at the end of the process and all would be subject to a report to Remuneration and HR Committee.

**The Committee noted** the content of the report.

## Meeting held 'in common' with Ipswich and East Suffolk CCG

### 19/055 MINUTES OF THE PREVIOUS MEETING

The minutes of the West Suffolk CCG Remuneration and Human Resources Committee meeting held on 11 June 2019 were reviewed and confirmed as a correct record.

### 19/056 MATTERS ARISING AND REVIEW OF THE ACTION LOG

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

### 19/057 MANAGEMENT RUNNING COSTS

The Committee was provided with an overview of the year to date management running costs at the end of August 2019.

The CCG running cost allocation for 2019/20 was £5,531k but budgeted to spend £5,194k, the balance of the allocation was being used to fund programme costs.

Based on the full year costs, actual spend per head was expected to be £20.59 compared to funded spend per head of £21.93

Having noticed that there were a number of lines within the appendix table that were subject to '0' reporting, the **Director of Corporate Services and System Infrastructure agreed** to seek clarification from the Finance Directorate and report back to Members.

**The Committee noted** the content of the report

### 19/058 TRAINING HUB AND APPRENTICESHIPS

The Committee was in receipt of a report which provided an update from the March 2019 meeting on the progress made across Ipswich and East Suffolk and West Suffolk with regard to the uptake of apprenticeships and, in particular, nursing and nursing associate apprenticeships. The report went on to provide an update on the Training Hub.

#### Apprenticeships

The apprenticeship levy was having an impact on General Practice as the majority of Practices were non-levy payers and therefore not engaged with the new apprenticeship standards.

The acute Trusts were working collaboratively to deliver the Nursing and Nursing Apprenticeship Standards to develop existing HCAs and Assistant Practitioners.

Two Assistant Practitioners from Saxmundham and Needham Market had expressed an interest in accessing the Nursing Apprenticeship and had secured funding from the East Suffolk and North Essex NHS Foundation Trust to pay for the programme.

The Training Hub team had developed a proposal to fund a two year fixed term apprenticeship co-ordinator post to lead on apprenticeships across Suffolk and North East Essex.

The current numbers of apprentices across Suffolk were:-

- Ipswich and East Suffolk - 20 clerical and administration apprentices and three HCA
- West Suffolk - three clerical and administration apprentices and two HCA

The Committee was informed that the Integrated Care System Board had agreed that providers with unspent budget could commit to non-levy holders, hence the East Suffolk and North Essex NHS Foundation Trust's (ESNEFT) release of levy.

**The Committee requested** that a paper in respect of apprenticeships across all three CCG areas be prepared for its February 2020 meeting. The paper should include report of the number of apprenticeships across primary care and community services.

### **Training Hub**

The Suffolk and North East Essex Training Hub had amended its structure and terms of reference to reflect the Health Education England training hub operating framework. The Hub was being managed system wide by the Training Hub Governance Group and locally by the Training Hub Advisory Groups.

The West Suffolk and Ipswich and East Training Hub Advisory Groups had both met twice and provided a link into the Primary Care Networks to develop local education training programmes and address workforce issues.

Points highlighted during discussion included;

- In response to questioning with regard to governance, it was explained that the governance chart within the document was currently being updated and would incorporate the CCG's Primary Care Commissioning Committee.
- It was suggested that the document be more specific in respect of the roles of Allied Health Professionals and Care Navigators.
- The Committee was informed that the Director of Workforce was part of the System Workforce Group and reported to both the CCG's Chief Executive and Health Education England. Having suggested that it might be beneficial for the Committee if the Director of Workforce could attend a future meeting to provide a progress update of work being carried out within primary care, and **the Director of Corporate Services and System Infrastructure agreed** to discuss the matter with the Chief Executive.

**The Committee noted** the content of the report

## **19/059 INTEGRATED CARE SYSTEM (ICS) UPDATE**

The Director of Corporate Services and System Infrastructure reported that the response to the five-year long term plan had been submitted and feedback from NHS England had been good. Work would now commence on implementation of the plan and a system event had been scheduled to work through the implementation process.

There was concern at the lack of information being fed back through the organisation from the Integrated Care System (ICS) level, and it was questioned whether agendas and minutes from meetings might be made available to Lay Members.

**The Committee noted** the update. **The Director of Corporate Services and System Infrastructure agreed** to share the five-year long term plan submission with Members and also to pursue with the Chief Executive access to ICS workshare folders by Lay Members.

## **19/060 SICKNESS ABSENCE**

The Committee was in receipt of a new format sickness absence report with key points highlighted being;

- There had been a consistent reduction in sickness absences year to year which was evident in both % FTE workforce absence and cost savings.
- The trend was forecasted to continue with improvements to sickness absence monitoring and analysis, and key offerings to enhance staff wellbeing.
- On the whole, absences lasted for a shorter amount of time and there had been a reduction in long-term sickness absence
- Divisions previously experiencing significantly higher % FTE absences were now in line with the overall average compared to the same time last year.

**The Committee noted** the content of the report.

## **19/061 POLICIES FOR APPROVAL**

No policies were received for approval.

## **19/062 CONFLICTS OF INTEREST TRAINING PROGRESS UPDATE**

The Director of Corporate Services and System Infrastructure reported that the CCG was required to be 100% compliant in respect of conflicts of interest training by 31 January 2020.

At the end of September 2019, Ipswich and East Suffolk CCG was 88% compliant and West Suffolk CCG 72% compliant. Further communications would be issued in respect of individuals that had yet to complete the training.

**The Committee noted** the update.

## **19/063 HEALTH SAFETY AND RISK COMMITTEE**

The Committee was advised of work currently being undertaken in relation to Health & Safety which included;

The last meeting of the Committee had been held on 8 May 2019 with highlights being;

- There had been no health and safety related incidents since the last meeting.

- The CCGs were (as of 1 April 2019) providing health and safety services to the Suffolk Primary Care practices. The agreement was for each practice to receive an annual visit, which included (where necessary) a fire risk assessment, workplace risk assessment and any H&S advice.
- The Risk Manager gave details of the Building User Group (BUG) meeting at Endeavour House. No significant health and safety concerns had been raised.

**The Committee noted** the content of the report.

**19/064 ANNUAL PLAN OF WORK**

**The Committee noted** its current annual plan of work and that it would be revised in line with actions agreed at today's meeting.

**19/065 ANY OTHER BUSINESS**

No items of other business were received.

**19/066 DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled to take place on 11 February 2020, at 10.30am in the F04, First Floor, Constantine House.



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**Unconfirmed Minutes of a meeting of the West Suffolk CCG  
Financial Performance Committee held on 18 September 2019**

**PRESENT:**

Steve Chicken	Lay Member (Chair)
Dr Zohra Armitage	GP Governing Body Member
Dr Christopher Browning	CCG Chair
Geoff Dobson	Lay Member for Governance
Ed Garratt	Accountable Officer
Amanda Lyes	Director of Corporate Services and System Infrastructure (Part)
Jane Payling	Director of Finance
Dr Godfrey Reynolds	GP Governing Body Member
Dr Bahram Talebpour	GP Governing Body Member
Lynda Tuck	Lay Member for Patient and Public Involvement
Dr Firas Watfeh	GP Governing Body Member

**IN ATTENDANCE:**

Mark Clinton	Senior Management Accountant
Martin Jarrett	Senior PMO Manaer (Part)
Jo Mael	Corporate Governance Officer
Kate Vaughton	Chief Operating Officer

**19/001 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting and apologies for absence were received from;

Dr Andrew Hassan	Enhanced Associate GP
Richard Watson	Director of Strategy and Transformation

**19/002 DECLARATIONS OF INTEREST**

No declarations, other than those already published, were declared.

**19/003 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 26 June 2019 were **agreed** as a correct record.

**19/004 MATTERS ARISING AND REVIEW OF ACTION LOG**

There were no matters arising and the action log was reviewed and updated with comment as follows;

19/111 - CCG Running Cost Allocation and Budgets in 2019/20 – the Director of Finance reported that work on the new organisational structure was underway and would facilitate 20% savings. Further information would be provided at a later date.

**19/005 FINANCIAL REPORTING MONTH 05**

The Committee was in receipt of a report which set out the CCG's financial position at month 05 of 2019/20.

Key points highlighted during discussion included;

- The CCG was on track to deliver the required £1.2m surplus at year-end.
- Key risks identified were prescribing and continuing healthcare. Risks were mitigated by the use of contingency, reserves and year end flexibilities.
- There was an underlying surplus of £3m.
- QIPP delivery was slightly below plan and being monitored closely.
- There was a £1m overspend in relation to acute commissioning which related to activity (mainly cath lab) which had been repatriated to West Suffolk NHS Foundation Trust (WSFT) from out of county. A meeting had been scheduled with the Trust to discuss the issue and validate data.
- Learning Disability (LD) placements were below budget.
- Although primary care was underspent due to prior year benefit, that was off-set by overspend on the primary care delegated commissioning budget related to increased payments to primary care networks.
- The Better Care Fund was overspent by £180k which related to the final nationally determined uplift exceeding the rate advised when setting the financial plan.
- £1.4m of contingency monies had been released to off-set pressures.
- The report contained a new table detailing changes in allocations.

In response to questioning it was explained that there had not been sufficient funding within the ring-fenced primary care delegated commissioning budget to adequately fund the development of primary care networks, and therefore funding had been allocated from other CCG funds.

**The Committee noted** the report.

#### **19/006 PROJECT MANAGEMENT OFFICE (PMO) REPORTS**

The Committee was in receipt of a report from the Senior PMO Manager with key points highlighted being;

- There was currently and under-achievement of QIPP delivery which was being monitored closely.
- Transformation funding schemes were progressing well and all updates had now been received from providers.
- Quality Premium – as no new guidance for 2019/20 had been received, the demand management elements from the previous year had been assumed. It was felt there was potential to achieve some quality premium monies in respect of length of stay indicators. Further information would be shared with the Alliance Finance Committee when metrics had been clarified.

Having questioned what happened if transformation funding remained unspent, the Director of Finance advised that, should that occur, a view would need to be taken alongside consideration of financial pressures.

**The Committee noted** the report.

**(Martin Jarrett left the meeting)**

#### **19/007 FOCUS ON VARIABLE EXPENDITURE AREAS**

##### Prescribing Expenditure

The Committee was in receipt of a report which detailed prescribing information. It was noted that prescribing actual figures were only available to month three and that PresQuip were responsible for forecasting and modelling information.

Points highlighted included;

- No Cheaper Stock Obtainable (NCSO) – there was a monthly variation in the data as it became increasingly difficult to recommend switches to alternative medications.

- Category M drugs – the effect of increases to category M drugs was anticipated to be realised in October 2019 and was forecasted to be £64k per month. Having highlighted an anomaly whereby often generic drugs cost more than branded ones and the difficulty in tracking the cost of drugs, the **Director of Finance agreed** to investigate.
- There was currently a £0.5m prescribing contingency, which had been supplemented from prior year benefits.

**The Committee noted** the report.

**(Amanda Lyes left the meeting)**

#### Continuing Healthcare

The Committee was informed that, at month five, there was a £378k overspend in respect of continuing healthcare with a forecasted £1.5m overspend at year end. Key factors were an increase in the number of fast-track cases and increased costs associated to homecare packages. The increase in fast-track cases was due to be discussed with West Suffolk NHS Foundation Trust (WSFT) at the next Joint Executive meeting to be held on 9 October 2019.

Another factor was that the CCG had previously made an assumption of a 2.9% uplift in funded nursing care prices which had materialised to be a 4.7% uplift.

The number of homecare providers was also highlighted as an area for concern and it was suggested that vacancies within the CCG's continuing healthcare team might be a contributing factor in respect of facilitating reviews.

**The Committee noted** the report and the **Director of Integration agreed** to report back to the CCG's Executive and Financial Performance Committee in respect of the outcome of discussions at the Joint Executive meeting to be held on 9 October 2019 with WSFT.

### **19/008 ALLIANCE FINANCES**

#### Minutes of the Alliance Finance Committee

The Committee was in receipt of the minutes from the first meeting of the Alliance Finance Committee held on 31 July 2019.

The Committee had reviewed draft terms of reference and determined that its title going forward would be the West Suffolk Alliance Resource Group.

**The Committee noted** the minutes and **requested** the receipt of minutes from future meetings when available.

#### Alliance Discretionary Funding

The Committee was in receipt of a report on Alliance discretionary funding. There had been £1.49m allocated to transformation/discretionary funding for utilisation. The report detailed expenditure across four workstreams and indicated those that had been commenced and those in the pipeline. The approvals process was to be clarified and agreed.

**The Committee noted** the report.

**(Amanda Lyes re-joined the meeting)**

### **19/009 INTEGRATED CARE SYSTEM UPDATE**

#### ICS Finance Report Month 4

The Director of Finance advised that the report outlined commissioning plans across the CCGs and Alliances. Although organisations across the ICS were currently forecasting to achieve their financial plans there was concern at the acute Trusts ability to do so and work was being carried out to clarify current financial positions and forecasts.

## Long Term Plan

The Director of Finance explained that the report set out to collate the financial aspect of the long term plan. Key points highlighted included;

- There was a tight timeline associated to the Plan and a draft was due for submission by 27 September 2019, with the final Plan expected by the middle of November 2019.
- A set of financial 'must dos' had been issued which included the need for all providers to have financial balance by the next of next year and whole system balance by the end of the five year plan.
- Control totals had been issued on 16 September 2019 which assumed improvement over the period of the plan and allowed for the development of a regional contingency.
- 1.1% of efficiency savings was expected from all providers as a minimum per annum.
- Guidance incorporated tests in respect of demand management and emphasized the need for delivery of the mental health investment standard.
- Additional monies had been identified as set out within the report and performance metrics were being investigated.

**The Committee noted the update and agreed** that, due to the tight timeline, the CCG's Clinical Executive receive regular updates with the Alliance Finance Committee being asked to review the Plan in detail.

**The Committee noted** the update.

### **19/010 FINANCIAL PERFORMANCE COMMITTEE ANNUAL REPORT**

The Committee was in receipt of its Annual Report for approval prior to its presentation to the Governing Body next week.

**The Committee approved** the Financial Performance Committee Annual Report as presented.

### **19/011 ANY OTHER BUSINESS**

No items of other business were received.

### **19/012 REFLECTION**

The Chair gave a reflection on business conducted at the meeting and actions to be taken forward.

### **19/013 DATE OF NEXT MEETING**

The next meeting was scheduled to take place on 18 December 2019 0900-1030hrs in Ground Floor Room 14, West Suffolk House



integrated working

**Unconfirmed Minutes of WSCCG Clinical Scrutiny Committee held on  
Wednesday 30 October 2019 from 0900–1030hrs  
West Suffolk House, Western Way,  
Bury St Edmunds, Suffolk**

**PRESENT:**

Dr Christopher Browning	GP Governing Body Member and CCG Chair
Dr Zohra Armitage	GP Governing Body Member
Ed Garratt	Chief Executive
Lisa Nobes	Director of Nursing
Dr Godfrey Reynolds	GP Governing Body Member
Dr Bahram Talebpour	GP Governing Body Member
Lynda Tuck	Lay Member for Patient and Public Involvement
Dr Firas Watfeh	GP Governing Body Member
Dr Victoria Wilson	GP Governing Body Member
Dr Andrew Yagar	GP Governing Body Member

**IN ATTENDANCE:**

Dr Andrew Hassan	Enhanced Associate GP
Amanda Lyes	Chief Corporate Services Officer
Jo Mael	Corporate Governance Officer
Jane Payling	Director of Finance
Richard Watson	Director of Strategy and Transformation

**19/048 WELCOME AND APOLOGIES FOR ABSENCE**

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

Steve Chicken	Lay Member
Geoff Dobson	Lay Member for Governance
Dr Jep Ronoh	Consultant in Public Health Medicine
Kate Vaughton	Chief Operating Officer

**19/049 DECLARATIONS OF INTEREST**

No interests, other than those already published, were declared

**19/050 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 28 August 2019 **were approved** as a correct records.

**19/051 MATTERS ARISING & REVIEW OF ACTION LOG**

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

**19/052 INTEGRATED PERFORMANCE REPORT**

The Committee considered the new provider focussed integrated performance report with key points highlighted being;

**Integrated Urgent Care:**

- The timeliness of home visits remained a key focus.
- The outcome of a quality visit carried out in October 2019 was awaited.
- Discussions continued with Care UK with regard to the contract and the national viability of the urgent care model.
- Having noted that nine complaints had been received during July 2019, the need to see work carried out to address those concerns and dissemination of learning was emphasized.

#### **East of England Ambulance Services NHS Trust (EEAST):**

- Workforce remained a significant issue and the Trust was currently out to recruitment for a number of key roles.
- The performance of the Trust was of concern in light of the forthcoming winter period.
- Serious incidents were being reviewed on a monthly basis.
- No concerns in respect of ambulance arrival to handover times had been identified following a recent visit to West Suffolk NHS Foundation Trust.

#### **E-Zec:**

- Teams from the CCG continued to work with the provider to improve performance.
- 24 complaints had been received in August 2019 which was a relatively high number for a smaller provider. Most complaints related to transport delays and missed appointments. A recovery action plan was in place.
- Following a meeting with the provider's Chief Executive there had been agreement to increase staff by November 2019.

#### **Norfolk and Suffolk NHS Foundation Trust (NSFT):**

- The CQC had recently carried out a further inspection, and whilst the outcome was awaited, no major concerns had been raised. It was explained that although the CQC had not sought the views of the campaign during its most recent inspection, service user work carried out by Healthwatch had been considered. Work carried out by Healthwatch had identified that over 70% of users had reported a negative experience. Less complaints were received from those that had been able to access services.
- There had been improvement with regard to access to childrens services although adult access had deteriorated.
- A Deputy Chief Executive had recently been appointed.
- Transformation work was on track with activity, workforce and financial planning underway. The Governing Body was to receive a further update in November 2019.
- Recruitment to IAPT was ahead of schedule.
- Director to Director meetings were being held on a monthly basis.

#### **East Suffolk and North Essex NHS Foundation Trust (ESNEFT):**

- The Care Quality Commission's report had been received and was currently being checked for factual accuracy.
- Performance indicators in respect of cancer, referral to treatment times and A&E were not being met.
- There was concern that there had been a change to the review process for patients with Type 1 diabetes, as on discharge patients were being asked to contact their GP rather than the hospital. The **Director of Nursing requested** that specific information be forwarded to her for investigation.

#### **West Suffolk NHS Foundation Trust:**

- There were currently no quality concerns although there were access challenges associated to the community paediatric service.
- With regard to the reported three long outstanding complaints, the Director of

Nursing explained that there was often a longer response time associated to complaints raised via the CCG. Work was required to bring these in line with other provider complaints or complete a transfer to the provider.

- A&E performance was broadly in line with the requirements of the national pilot.
- A cancer summit was due to take place on 4 November 2019 and its key focus would be improvement to 62 day wait performance.
- The integrated care system winter plan was to be submitted to NHS England on 31 October 2019.
- A Care Quality Commission Well-Led Inspection had recently been carried out.
- It was highlighted that the Trust had not appointed a smoking cessation advisor in respect of the maternity transformation programme.

**Continuing Healthcare** - there was currently an anticipated £1.5m overspend on the continuing healthcare budget at year-end.

**Transforming Care** – a few remaining complex patients were highlighting the challenges faced by social care and housing support. Further work was required with supported living providers to address the situation.

**Individual Funding Requests** – a comparison of cost between both Ipswich and East Suffolk and West Suffolk CCGs had been included within the report.

#### Finance

- The Alliance finance group was due to meet later that day.
- At the end of month five the CCG was on target to achieve its £1.2m in year surplus.
- Areas of overspend included continuing healthcare and prescribing.

#### Transformation

- **Children and Young People (CYP)** – development of a business case for a new service model was anticipated in February 2020. The first draft of the community paediatric review was expected mid-November 2019.

**The Committee noted** the report.

### **19/053 GOVERNING BODY ASSURANCE FRAMEWORK**

The Committee was in receipt of the current version of the CCG Governing Body Assurance Framework (GBAF) reviewed by the Chief Officer Team every month and by the Governing Body and Audit Committee at each of their meetings.

Amendments/additions were detailed within paragraph 2.2 of the report. Key points highlighted included;

There were currently 15 risks within the GBAF and a new risk in respect of West Suffolk NHS Foundation Trust's (WSFT) financial position had been included. The Director of Finance reported that WSFT had declared a £10m risk to achievement of its financial plan which would be further discussed at the afternoon's West Suffolk Alliance Resource Group.

Work on Brexit was currently paused, the Local Workforce Advisory Group (LWAG) was monitoring the workforce risk and roll-out of 'darktrace' continued in relation to cyber security. It was noted that the Suffolk Resilience Forum had recently requested that a cyber security forum be established across the system which would be led by the Police.

With regard to the GP capacity risk, it was queried whether funding might be used more effectively by the transfer of access from non-utilised areas to those areas that required increased access. **It was agreed** that the issue be taken forward with the Head of Primary Care outside of the meeting.

**The Committee reviewed and approved** the clinical risks as presented.

**19/054 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) QUARTERLY REPORT.**

Ofsted/Care Quality Commission had revisited Suffolk in February 2019 to review the written statement of action from the initial visit in 2016. All agencies had been working hard to maintain the pace of the programme and embed the subsequent actions needed across the priority areas. An action plan had been agreed with the Dept of Education/NHS England, together with new key performance indicators to report progress against the plan. Further work would now be done to ensure priority objectives truly reflected the action plan, ensured focus and removed any duplication.

An Associate Director for transformation for CYP and associate director for Quality for CYP and mental health had been appointed, and were providing commissioning authority in the SEND programme.

Key points included;

- Issuing of Education Health and Care Plans (EHCPs) within the 20 week time scale was less than 40%.
- Percentage of local authority responses to annual review reports within two weeks was 62%. The expected timescale for January 2020 was 70%.
- Percentage of young adults in education and training with an EHCP was 81%. The aim was for that to be 90% by January 2020.
- Appeals against EHCPs to date totalled 13. Down from 88 last year.
- Hearings to date totalled 16. Down from 74 last year.

Key issues were detailed in Section 2 of the report with public and patient engagement information in Section 3.

**The Committee noted** the content of the report.

**19/055 NORFOLK AND SUFFOLK NHS FOUNDATION TRUST PERFORMANCE UPDATE**

An update on NSFT's performance had already been received under the Integrated Performance Report.

**19/056 DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)**

The CCG was currently responsible for making applications to the Court of Protection for authorisation of DoLS for anyone who was eligible for NHS Continuing Healthcare (NHS CHC) living in their own home and who met the acid test of being under continuous supervision and control and lacking freedom to leave.

The CCG had employed a Specialist Practitioner for DoLS who had scoped the existing NHS continuing healthcare caseload to identify those patients requiring an application to the Court of Protection. Detail of that work was set out in paragraph 1.2 of the report.

The Mental Capacity Act Amendment Bill passed in May 2019 had replaced DoLS with something called Liberty Protection Safeguards (LPS.) The act was expected to be implemented on 01 October 2020. The regulations and code of practice required before the act came into force had not yet been released but the Government had confirmed it expected the final draft to be available from Spring 2020.

The CCG would be responsible for authorising deprivations of liberty for the first time. The most significant impact would be for NHS continuing healthcare funded patients as the CCG would be responsible for authorising deprivations whatever the setting of care. The CCG would therefore need to establish systems to support the carrying out of assessments, consultation, pre-authorisation reviews, access to Approved Mental Capacity Professionals, authorisations and reviews.

The Director of Nursing reported that the local authority had previously been responsible for authorising DOLs and currently had a large backlog, clarification was awaited as to whether the backlog and staff would transfer to the CCG.

Initial scoping of the NHS CHC caseload had identified that approximately 78% of the total number of people eligible for NHS continuing healthcare were likely to need an application and authorisation. That would equate to approximately 200 applications if end of life care patients were excluded, and approximately 350 applications if they were not excluded. The CCGs DoLS Specialist Practitioner was in the process of completing the Best Interest Assessor qualification which should allow conversion to Approved Mental Capacity Professional status.

A full briefing paper was expected by the end of November after formal briefing from NHS England/Improvement regarding the impact of Liberty Protection Safeguards on CCGs.

**The Committee noted** the report.

#### **19/057 POLICIES FOR APPROVAL**

The Committee was in receipt of the Personal Health Budget policy for approval.

Revisions to the policy were detailed in Section 2 of the report.

**The Committee approved** the policy as presented.

#### **19/058 DATE OF NEXT MEETING**

Wednesday 26 February 2020, 1030-1200 hrs at West Suffolk House.



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**Unconfirmed Minutes of a meeting of the West Suffolk CCG Primary Care Commissioning Committee held in public on Tuesday, 22 October 2019 at The Mix, 127 Ipswich Street, Stowmarket, Suffolk**

**(This meeting was held with the Primary Care Commissioning Committee of Ipswich and East Suffolk CCG in line with 'in common' meeting arrangements)**

**PRESENT:**

Lynda Tuck	Lay Member, Patient and Public Involvement (Chair)
Steve Chicken	Lay Member
Jane Payling	Director of Finance
Kate Vaughton	Director of Integration

Annette Agetue- Smith	NHS England
Wendy Cooper	NHS England
Simon Jones	Local Medical Committee

**IN ATTENDANCE:**

Maddie Baker-Woods	Chief Operating Officer, Ipswich and East Suffolk CCG (Part)
David Brown	Deputy Chief Operating Officer, Ipswich and East Suffolk CCG (Part)
Jo Mael	Corporate Governance Officer
Irene MacDonald	Lay Member, Patient and Public Involvement, Ipswich and East Suffolk CCG (Part)
Dr Mark Shenton	CCG Chair, Ipswich and East Suffolk CCG (Part)
Lois Wreathall	Head of Primary Care

**19/52 APOLOGIES FOR ABSENCE**

Apologies for absence were noted from;

Dr Christopher Browning, West Suffolk CCG Chair  
 Geoff Dobson, Lay Member for Governance  
 Ed Garratt, Chief Officer  
 Amanda Lyes, Director of Corporate Services and System Infrastructure  
 Stuart Quinton, Suffolk Primary Care Contracts Manager, NHS England  
 Cllr James Reeder, Health and Wellbeing Board  
 Andy Yacoub, Healthwatch

**19/53 DECLARATIONS OF INTEREST**

Kate Vaughton declared an interest in the agenda insofar as it related to West Suffolk NHS Foundation Trust, as a non-voting Board member of the Trust.

Dr Mark Shenton declared an interest in the agenda as holder of a Personal Medical Services (PMS) contract.

**19/54 MINUTES OF THE PREVIOUS MEETING**

The minutes of a West Suffolk CCG Primary Care Commissioning Committee meeting held on 24 July 2019 were **approved** as a correct record.

## **19/55 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS**

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

19/47 – Enhanced Service Review – the Committee confirmed that it receive an update in November 2019 with a view to presenting a longer term plan to the next ‘in common’ meeting.

## **19/56 GENERAL UPDATE**

The Director of Integration reported:

- The CCG had commenced its one clinical leadership programme in October 2019. A joint enquiry day had been held the previous week and an evening event was planned to enable executives and non-executives across the Alliance to meet.
- The CCG had held an education event the previous week that had been attended by approximately 100 people, including four hospital consultants. Focus had been on Primary Care Networks.
- Social prescribing discussions had taken place with Primary Care Network Clinical Directors.
- The ownership of Newmarket Community Hospital had transferred to West Suffolk NHS Foundation Trust and there was a move to facilitate development of a health and wellbeing hub.

**The Committee noted** the update.

## **19/57 PRIMARY CARE NETWORKS (PCNs) – AN UPDATE**

The Committee was reminded that it had previously approved the proposed configuration of PCNs in Suffolk and all PCNs had been implemented from 1 July 2019. The Committee was now in receipt of a report which set out progress in respect of the PCNs ongoing development. Key points highlighted included:

Each PCN was considering its position and response to the offer of two reimbursed roles, that of a social prescriber (100%) and a clinical pharmacist (70% contributed by the CCG).

The PCNs all had the use of a maturity matrix diagnostic tool to assess where they thought they were and to help facilitate progress towards maturity in their systems and localities. A development support prospectus had also been circulated (Appendix 3) for them to consider where their PCN funding would be best directed.

Appendix 4 to the report detailed funding available for Suffolk PCNs, and it was noted that GP retention, reception and clerical training funding was being managed through the Training Hub Advisory Group. The online consultation monies had been spent via the IT team with every non Suffolk Primary Care (SPC) practice in Suffolk being offered E-consult.

PCNs were planning to fulfil their extended hour obligations individually and so had not begun to share patient care and data across their PCN.

The One Clinical Community Programme, which Clinical Directors were participating in, had begun in West Suffolk on 1 October 2019. The programme had been designed to provide clinicians and senior managers with protected time to work together on key priorities within localities. Ipswich and East Suffolk Clinical Directors had participated in two One Clinical Community programmes held last year or the GP Development Programmes which had taken place in previous years.

There are plans to implement a Population Health Management system across the integrated care system

The CCG was working with the Local Pharmaceutical Committee to ensure local pharmacies were able to deliver on the PCN element of their new contract.

Next steps included:

Primary Care Networks would continue to develop incrementally over the next five years with key areas of work being;

To receive and manage the funding for enhanced access (GP+ service)

To deliver seven network specifications (introduced over the next few years) that included:

- Medicines reviews and optimisation
- Advanced health in care homes
- Anticipatory care for high need patients
- Personalised care (Personal Health Budgets)
- Supporting early cancer diagnosis
- CVD prevention and diagnosis
- Tackling neighbourhood inequalities

Points highlighted during discussion included:

- The Committee was informed that three different population health management systems were to be introduced into three PCNs.
- Clinical Directors of PCNs were paid by the CCG and contracted for one day a week. The Clinical Directors were appointed by their own network and did not have to be GPs.
- Any impact on integrated neighbourhood teams or localities was, as yet, unknown and **it was agreed** that further information be provided for the next update. There was a request, that in order to minimise confusion in respect of the terms of 'integrated neighbourhood teams' and 'localities' that there be consistency in respect of terminology across the CCGs.

**The Committee noted** the content of the report.

## **19/58 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT**

The Committee was provided with an overview of the Primary Care Delegated Commissioning Budget at month six.

At the end of month six, the GP Delegated Budget spend was £306k over spent. Key variances were detailed in paragraph 2.1 of the report.

At month six claims for locum allowance had risen to £131k, the forecast had therefore been increased from £150k at month five to £250k for the full year. Risks not reflected in the reported full year forecasts were further increases in rent reimbursement and additional practice management support.

In light of the current situation there was concern expressed going forward, particularly as the GP+ budget was due to transfer to Primary Care Networks. The need to monitor the situation closely and plan for the next two years was highlighted.

**The Committee noted** the financial performance at month six.

## **19/59 WORKFORCE UPDATE**

The Committee was provided with an update on the work of the Primary Care Development Team in delivering the Suffolk and North East Essex workforce plan and the Suffolk and North East Essex Training Hub and their impact on local workforce.

The NHS Long Term Plan, the GP Contract and the development of Primary Care Networks were all having an impact on General Practice Workforce. NHS England and

Health Education England were channelling resources into the Integrated Care System (ICS) and CCGs to develop the workforce to deliver those strategies.

Whilst General Practice had a major challenge created by having an ageing workforce, there were exciting new opportunities created by establishing multi-disciplinary teams in General Practice who are providing more appropriate, specialised patient care.

The development of collaborative working provided by Primary Care Networks was offering career development opportunities through training and upskilling programmes.

The report went on to detail work in respect of the acquisition of workforce data, key messages identified from the data, apprenticeships and initiatives underway or planned across the workforce.

Workforce remained the largest challenge facing the whole health and social care sector of which General Practice was one employer. The sector needed to recruit new staff to ensure there were sufficient staff with the right skills to deliver patient services along the whole pathway, together with upskilling existing staff to be able to take on new roles and deliver new services.

The Training Hub was working collaboratively with other employers through a career project 'Next Generation' to attract young people to join the sector. The Training Hub was also working through the West Suffolk Training Hub Advisory Group to better understand the specific local challenges within General Practice.

During discussion it was clarified for the Committee that the report was incorrect in stating that 'summer GP data historically shows a decrease due to GP Trainees who have completed no longer showing in the data'.

The Local Workforce Action Group (LWAG) was working across the Alliance to seek to better understand workforce gaps at a local level.

It was queried whether the CCG was measuring how many locally trained staff remained in the area, and concern was expressed at the declining numbers of training practices which it was felt would have a 'knock on' effect in attracting future staff.

Having suggested that work be carried out to increase communication and promote the local area, which should include the promotion of training resources, **it was agreed** that the issue be fed back to the Alliance.

**The Committee noted** the content of the report.

## **19/60 PRIMARY CARE PERFORMANCE – UNWARRANTED VARIATION**

The Committee was in receipt of a report which sought review of the identified variation and comments and suggestions for action as appropriate.

The CCGs primary care teams regularly analysed and reported on performance data and metrics to the Primary Care Commissioning Committee. The approach was generally a holistic one, aimed at understanding why a particular practice was performing better or worse in comparison to another, with an ultimate aim of supporting practices to achieve a certain standard; thus ensuring high quality across all practices in Suffolk.

The current general approach to variation was to engage with any practice below the average or national target and to offer targeted support and challenge as appropriate to the objective. Such variations were raised with practices individually via Link visits, more broadly in Chart of the Week or as part of a two-way dialogue with the practice.

The approach to performance management was always incremental and proportionate.

The CCGs had recently undergone an exercise to attempt to gain a greater understanding as to what level variation in performance was recognised and accepted or was perhaps unwarranted.

The CCGs primary care teams had analysed a cross section of performance data with a view to understanding patterns, trends, variation and where possible, provide a quantifiable rationale for identified variance. To understand what was 'unwarranted' or variation that was deemed outside the normal range, a recognised formula of standard variation had been applied to each set of metrics to provide key focus. i.e. the best and worst performing practice in each category.

The primary care teams had collectively analysed the results to provide a narrative, a logic and a reasoned explanation to help understand the findings. The standard variation formula had been applied to a broad range of information held by the CCGs in relation to Local Enhanced Service performance and national targets.

Next steps included:

- To develop practice level trend data and relative context to be used at Link visits and for internal scrutiny and assurance
- To provide statistical process control data and importantly an 'explanation over time'
- To consider the data measured by the CCG to include new indicators associated with the Primary Care Network (PCN) Direct Enhanced Service (DES). i.e. Stage one cancer diagnosis

The Committee felt that there needed to be distinction between processes and behaviours and advised of the need to consider work already being carried out across the localities to ensure there was no duplication.

**The Committee noted** the content of the report.

## **19/61 INTEGRATED CARE SYSTEM (ICS) – 5 YEAR STRATEGIC PLAN UPDATE**

The Committee was in receipt of a report which provided an opportunity to review the draft content of the Integrated Care System (ICS) five year Strategic Plan; primary medical care sections.

On 28 September 2019, the ICS Programme Director had submitted to NHS England and NHS Improvement the Draft Five Year System Strategic Plan for Suffolk and North East Essex ICS prior to its finalisation in November 2019.

The two main sections that related to primary care were a one-page summary of the recently drafted primary care strategy and an overview of Primary Care Networks (PCNs).

There were a number of opportunities for the plan to be reviewed, discussed and further developed by the ICS Chairs Group, ICS Board, Suffolk and Essex Joint Health Overview Scrutiny Committee and the Health and Wellbeing Boards

The plan would not be finalised or published until it had gone through the necessary assurance processes with NHS England and NHS Improvement and other forums within the ICS.

It was highlighted that oral health amongst children, which was not commissioned by the CCG but by NHS England, was reported as the highest cause of inpatient admission.

It was suggested that the Plan include more descriptive narrative in respect of Primary Care Networks and Integrated Neighbourhood Teams/Localities. The need for consistency of terminology across the CCGs was again emphasized.

**The Committee noted** the update.

## **19/62 PRIMARY CARE ESTATES STRATEGY FRAMEWORK**

The Committee was provided with an overview of the proposed framework which would be used to develop an ICS-wide Primary Care Estates Strategy.

The current CCG Strategic Estates Plan was developed in 2015 in conjunction with NHS Property Services. The existing estates plan provided an overview of the existing estate, opportunities for redevelopment/relocation and options around disposals up until approximately 2019. The Estates plan had now reached the end of its life and the social, environmental, political, economic and regulatory background had moved on since its development. A new strategy was needed to ensure the health system was able to deliver the right level of care in the right places for its population.

In order to ensure that primary care was planned and developed in a way that not only met with the requirements and demands of the local population, but also aligned with the wider acute, community, mental health and alliance strategies, it was proposed that a system-wide Primary Care Estates Strategy be developed.

Prior to the development of the strategy a framework had been developed for approval by both officers and the Primary Care Commissioning Committee. Whilst there would be ample opportunity to input and amend the strategy as it was developed it was important to make sure that the strategy started moving in the right direction. The framework had been reviewed and approved by the CCGs Primary Care Estates Operational Group and was attached to the report at Appendix 1.

The framework identified four key areas for the strategy, with a fifth section to facilitate review of the delivery and success of the plan. The four areas identified were:

- Strategic context and local drivers (Background and drivers)
- Overview of Current PC Estate (Where are we now)
- Vision for primary care estates (Where do we want to be)
- Opportunities and developments (How are we going to get there)

It was proposed that development of the estates strategy would incorporate the engagement of system wide stakeholders including, but not limited to, acute and community providers, mental health providers, GP's and Primary Care Networks, Patient Participation Groups, Local Authorities, Health Watch etc.

The Committee was informed of the direction of travel for more care to be provided outside the hospital setting, and of national exploration of future estates funding flows going through Primary Care Networks.

There was concern that there were currently too many strategies and that new ones should be developed with an Alliance focus. There should perhaps be one over-arching strategy with separate chapters such as estates. It was felt that a different approach was required.

Having considered the report, and with the above in mind, **the Committee approved the framework and suggested that a different, more Alliance based approach be taken to further development of the strategy. It was requested that a draft outline strategy be presented to the Committee in November 2019.**

**(Maddie Baker-Woods, David Brown, Irene MacDonald and Dr Mark Shenton all left the meeting)**

## **19/63 GP+ CONTRACT EXTENSION**

The Committee was asked to note the extension of the West Suffolk and Ipswich and East Suffolk GP+ contract with Suffolk GP Federation to 31 March 2021. The West Suffolk CCG contract was worth £1,020,591 per annum and the Ipswich and East Suffolk CCG contract £2.3m per annum.

When the GP+ contract was novated to the CCG it had a further year to run and was subsequently extended to 30 September 2019 to enable the CCG to go through a procurement process. However, the announcement of the revised GP contract and Primary Care Networks (PCNs) in January 2019, contained a reference to the funding for GP extended access being transferred to PCNs with effect from 1 April 2021 and, as a result,

the procurement option was deferred. NHS England subsequently advised CCGs who were either about to, or who were going through a procurement to stop the process.

The West Suffolk CCG was currently an associate to the Ipswich and East Suffolk CCG Contract and Ipswich and East Suffolk CCG's Commissioning Governance Committee had agreed and approved an extension of the contract to the 31 March 2021 at its meeting held on 17 September 2019. West Suffolk CCG's Executive had approved the extension and a further paper was to be presented to the WSCCG Governing Body in November 2019 for information and approval.

Rationale for extending the contract included:

Given that NHS England had announced that the funding would be transferred from the CCG to PCNs from 1 April 2021 it was suggested that there was no value in going to the market with a prior information notice with what would be a very short contract term.

The contract would no longer be a CCG contract from April 2021 as responsibilities and funding would transfer to PCNs.

NHS England had encouraged CCGs to either stop or not to start procurements for that type of service.

Further considerations included the fact that NHS England had announced a review of extended access (GP+) along with out of hour's services. That review was due to be published imminently and would inform any revisions required in the extended access scheme (GP+) which would make development of a specification and going to the market problematic.

**The Committee noted** the agreement to extend the GP+ contract with Suffolk GP Federation until the 31 March 2021.

**19/64 DATE OF NEXT MEETING**

The next meeting was scheduled to take place on *Wednesday, 27 November 2019 from 2.00pm-4.00pm in the Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3SP*

**19/65 QUESTIONS FROM THE PUBLIC**

No questions were received.

**Unconfirmed Minutes of the CCG Collaborative Group meeting held on  
 Tuesday, 8 October 2019, in the Board Room at IP-City Centre**

**PRESENT**

Steve Chicken (SC)	CCG Collaborative Group Chair
Dr Hasan Chowhan	Chair, North East Essex CCG
Geoff Dobson (GD)	Lay Member (Governance) West Suffolk CCG
Dr Christopher Browning (CB)	Chair, West Suffolk CCG Governing Body
Graham Leaf (GL)	Lay Member (Governance) Ipswich & East Suffolk CCG
Jon Price (JP)	Lay Member (Governance) North East Essex CCG
Dr Mark Shenton (MS)	Chair, Ipswich and East Suffolk CCG Governing Body
Ed Garratt (EG)	Chief Executive, Ipswich & East Suffolk, North East Essex and West Suffolk CCGs

**IN ATTENDANCE**

Helen Farrow (HF)	Executive Assistant to the Chief Executive
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<b>Minute</b>	<b>Action</b>
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**19/042 Welcome and apologies**

The Chair welcomed all to the meeting; no apologies for absence were received.

**19/043 Declarations of Interest**

No declarations of interest were received.

**19/044 Minutes of meeting held on 1 August 2019**

The minutes of a meeting held on the 1 August 2019 were **agreed** as a correct record.

**19/045 Matters arising and review of action log**

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

**19/046 Revised Terms of Reference to incorporate North East Essex CCG**

The Chair provided an overview of the purpose of the Collaborative Group for the benefit of the new members from NEECCG. Members approved the ToR subject to the following comments/inclusions:

- Definition of the participating CCGs under 'Purpose'
- Inclusion of NEECCG within bullet 3 of key functions '*... care provision across Suffolk and **north east Essex** ...*'

Comment was made that NEECCG Board would require oversight of the Collaborative Group meeting to align with Suffolk Governing Bodies.

It was agreed that the ToR would be presented to the next NEECCG Board under the Chief Executive update, with future minutes submitted under the appropriate section.

**19/047 Accountable Officer Update**

The Collaborative Group was in receipt of a paper from the Chief Executive, which provided an update on the work of the CCGs. Points highlighted

included:

#### Finance

- Forecasts from ESNEFT and WSHFT are both off plan by c.£10m.
- Prescribing was off plan for all three CCGs
- Finances were more challenging in West Suffolk

#### Alliance Working

- All three Alliances were developing well and making a good impact. NEE Alliance in particular has been impressive, with partners working together to re-locate a government department to Tendring
- Engagement events took place around the ICS 5 year strategic plan, which was submitted on 27 September. Feedback from NHSE/I was very positive, with the SNEE system plan being rated as one of the best nationally
- William Pope was appointed as the Independent Chair of the ICS

#### Primary care

- A new provider was appointed to run the contract with Caradoc Surgery in Frinton following termination of the contract with ACE. Although early days, much transformation is evident
- Expressions of Interest were being sought from PCN providers to establish if they wish to take on the other surgeries managed by ACE
- The Kennedy House building was moving forward
- A joint Primary Care Operational Group (PCOG) has been established across all three CCGs which will manage estates issues
- There were concerns in West Suffolk with the closure of the Steeple Bumpstead surgery in West Essex, affecting 2,200 patients who may look to Haverhill for GP services

#### Performance

- An event has been arranged involving system partners to improve cancer performance

#### Organisational Development

- The CCGs' re-structure Consultation Document was launched on 30 September; this will run for 30 days.
- Staff briefings were held across all three CCGs; Union drop in sessions arranged, and 1:1 sessions held with those staff affected.
- 85% of staff have been slotted in to posts; the number of posts reduced is 34, most of which are fixed term
- The final structure will be available during the first two weeks of November
- Interviews for the post of Director of Performance & Contracts role took place on 8 October

#### Quality

- One to One midwifery successfully transferred to ESNEFT following service closure
- Patient transport: E-zec Medical have put forward a proposal to appoint 25% more staff and fleet, and to offer the acute hospitals more control over operation of the service; this should see an improvement in service delivery
- Ofsted undertook a SEND inspection in Essex at the beginning of October -actions are awaited.

**The Collaborative Group noted** the content of the report.

#### **19/048 CCG Management Team Consultation**

MIP and UNISON have been involved in the staff consultation process and will run staff drop in sessions during the consultation period.

#### **19/049 Integrated Care System (ICS)**

The draft Strategic Plan was submitted by 27 September deadline - positive feedback has been received from NHSE/I.

**19/050 Norfolk and Suffolk NHS Foundation Trust**

The Chief Executive advised that CQC visited the Trust this week.

The strategic work on the clinical models to transform mental health services is complete. The project is now moving to the due diligence phase.

**19/051 Care Closer to Home Review**

The Chief Executive reported that a review of the Care Closer to Home contract in North East Essex was underway in order to improve the provision of community services. The review is to last eight weeks, undertaken with ACE and Essex County Council, involving engagement events with public, service users, partners and front line staff.

**19/052 Any Other Business**

NEE Constitution: The NEE CCG Lay Member for Governance advised that some work was required on the Constitution to ensure all three CCGs were aligned; he plans to meet with Colin Boakes, the CCGs' Governance Advisor to take this forward. The NEE CCG Chair commented that we need to be mindful of previous backlash from the Essex LMC regarding joint committees etc.

**19/053 Date of Next Meeting**

The next meeting is scheduled to take place on 5 December 2019, at 12.30pm in the Kersey Room, at Endeavour House, Ipswich, Suffolk.