integrated working

NHS
West Suffolk
Clinical Commissioning Group

Minutes of meeting of the West Suffolk CCG Governing Body held in public on Wednesday 30 September 2015 in the Lecture Room, St Edmundsbury Cathedral, Bury St. Edmunds, Suffolk

PRESENT:

Dr Christopher Browning	CCG Chair
Dr Simon Arthur	GP Member
Bill Banks	Lay Member for Governance
Kevin Bernard	Member
Jo Finn	Lay Member for Patient and Public Engagement
Dr Ed Garratt	Chief Operating Officer
Carl Goulton	Chief Finance Officer
Dr Andrew Hassan	GP Member
Julian Herbert	Chief Officer
Dr Crawford Jamieson	Secondary Care Doctor
Peter Knights	Member
Amanda Lyes	Chief Corporate Services Officer
Barbara McLean	Chief Nursing Officer
Dr Rakesh Raja	GP Member
Jon Reynolds	Acting Chief Contracts Officer
Dr Rosalind Tandy	GP Member
Dr Andrew Yager	GP Member

IN ATTENDANCE:

David Kanka	Assistant Director of Public Health
Jo Mael	Corporate and Governance Officer
Anne Nicholls	Chair: Clinical Engagement Group

15/081 WELCOME AND APOLOGIES FOR ABSENCE

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

Tessa Lindfield — Director of Public Health

15/082 DECLARATIONS OF INTEREST

Dr Andrew Hassan declared an interest in Item 5 (Patient Story) as he had formerly been Mr Jay's GP.

15/083 MINUTES OF PREVIOUS MEETING

The minutes of a meeting held on 20 May 2015, and of an inquorate meeting held on 29 July 2015 were approved as a correct record.

15/084 MATTERS ARISING AND ACTION LOG

There were no matters arising and the action log was complete.

15/085 GENERAL UPDATE

The Chief Officer reported:

- That a consortium of West Suffolk NHS Foundation Trust, Ipswich Hospital NHS Trust and Norfolk Community Services was due to take over responsibility for the provision of community services from 1 October 2015. Work was continuing to ensure that there was a smooth transition between providers.

- Following publication of the Care Quality Commission's (CQC) report in relation to Addenbrooke's Hospital, as appended to today's agenda, the CCG would be participating in group work alongside Monitor, NHS England and others, to monitor and review work carried out to address issues identified within the report. It was anticipated that progress in respect of the development and monitoring of associated action plans would be presented to a future meeting.

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

15/086 PATIENT STORY

Mr Reginald Jay was welcomed to the meeting and gave a short presentation on his experience as an ophthalmology patient.

Mr Jay had 18 months experience of the ophthalmology service and had been referred to West Suffolk NHS Foundation Trust by his optician with high eye pressure and subsequent advanced cataracts in both eyes. Treatment had included drainage and the provision of replacement lens in both eyes which had initially improved his vision considerably. After time, Mr Jay had developed inflammation in one eye and, following urgent referral to the ophthalmology clinic had undergone surgery in respect of a retained lens fragment.

Mr Jay reported that whilst his experience of the hospital ophthalmology clinic and treatment provided had been good, improvements could be made in respect of reducing the number of times patients were required to visit the clinic for procedures and consultations, and by ensuring that communications issued by the hospital were correct for individual circumstances, for example only being advised not to drive when it was absolutely necessary.

The Governing Body **thanked** Mr Jay for his informative presentation.

15/087 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 27 August 2015.

As the meeting had been held in Sudbury, the Group had received a presentation on Connect Sudbury, a project aimed at responding to the public's request to bring services together. Achievements of the project, to date, included the co-location of adult services within the Community Health Centre, close working with carers groups and information sharing with other professionals.

The Governing Body **noted** the key items of discussion from the Community Engagement Group.

15/088 PATIENT REVOLUTION EVENT

The Lay Member for Patient and Public Engagement introduced a report which provided an update on themes from the 2015 Patient Revolution events held on Wednesday 15 July 2015. The event had been held in Newmarket, Clare, and Bury St Edmunds.

The event programme had included a report from the CCG of progress made since the previous event in 2014, to demonstrate how it had responded - entitled 'You said, we did'. Examples of the areas covered in the 'You said, we did' presentation were:

- In 2014 you talked to us about mental health services and that had helped to shape the new Joint Mental Health Commissioning Strategy for Adults 2014-2019, published in June 2015.

- You said that you wanted easier access to services in the community, and that had been a key element of the new diabetes service which began in April.

- You said that you wanted to see health and care services working better together. Connect Sudbury had been established as a project which aimed to provide simpler services for Sudbury residents. What we learnt there would eventually be tried out in other localities within the area.

The event had been attended by over 100 people, with over 50 conversations taking place. Themes that had emerged included;

- Healthcare in the community
- Caring for the elderly (particularly those with dementia)
- Better joint working, including between hospitals, GPs and the voluntary sector
- Access to services out-of-hours
- Sharing information
- Mental health – especially dementia diagnosis and access to help and support
- Encouraging a healthy lifestyle - particularly amongst young people through schools
- Use of resources - being more transparent about the cost of care and services
- Better use of technology

The CCG would ensure that the themes and issues raised were captured and shared with all attendees within six weeks of the event, together with a detailed progress report being made available within six months.

Due to the event's success, it had been thought there was potential for a wider patient event to be held with the participation of organisations across the West Suffolk system. Preliminary discussions with West Suffolk NHS Foundation Trust, community leads and other organisations to facilitate such an event had taken place.

The Chief Operating Officer advised that the offer made, at the previous Governing Body meeting, by a representative of West Suffolk NHS Foundation Trust to invite the CCG to participate in its clinical presentation programme, had been followed up and the CCG now had access to those events.

The Governing Body **noted** the content of the report and themes to arise from the 2015 Patient Revolution event.

15/089 ENGAGEMENT AUDIT

The Governing Body was in receipt of a report from the Lay Member for Patient and Public Engagement which informed on an internal audit carried out to identify progress with patient and public engagement in healthcare commissioning.

It was explained that whilst the CCG was committed to the provision of excellent patient and public engagement in healthcare commissioning and it was one of the six key objectives established when the CCG was first set up, the impact of such engagement work was sometimes difficult to measure. With that in mind, the engagement team had sought to carry out an audit of its work, and a pro forma was circulated and a series of one-to-one meetings carried out to gather information from CCG staff about their work and how patients and the public had made a difference.

Some 18 lead staff had participated in the audit, detailing 123 recorded examples of community engagement plus many more dialogues with communities and on-going engagement activities. Through engagement work with the public there had been over 10,000 interactions with individuals in the community and voluntary sector over the last three years which had provided rich themed feedback and had contributed to strategies and policies.

The Community Engagement Group (CEG), was a subcommittee of the Governing Body, and provided an overview, together with coordinating engagement with the local community.

The audit had been used as evidence for refresh of the Communications and Engagement Strategy 2015-18 and audit case studies were to be published to illustrate the CCG's engagement activities and how patient involvement had shaped healthcare.

Having questioned how practice patient participation groups might be more engaged, it was suggested that the convening of a joint meeting of the Chairs of those groups might be a good place to start.

The Governing Body **noted** the work that had taken place and thanked individual members' for their contribution.

15/090 SUFFOLK INFORMATICS PARTNERSHIP BOARD – PROGRESS UPDATE

As requested at the previous meeting, the Governing Body received a report from the Chief Corporate Services Officer which provided an update in relation to progress being made by the Suffolk Informatics Partnership (SIP)

It was explained that the SIP had been operating for a year, with its members being committed to progressing (and addressing barriers to):

- Integrated / interoperable records, the *Suffolk Shared Care Record* - ***SSCR***
- Integrated / federated ICT – to enable co-location, and best value for the public purse
- Improving Population Health & Wellbeing by the use of Intelligence &

Insight – ***iPHWi2***

Recent progress included:

- SIP, Information Commissioners Office (ICO), and TCA governance aligned
- Initiation of CCG / Local Authority 'Digital Roadmap' against 'Personalised Health & Care 2020' – as required by April 2016
- SSCR systems & sharing technologies (providers and vendors) workshop planned for November 2015.
- As approved by the System Leaders Partnership Board, the SIP Acceleration Programme (planning & development of investment case stage) had been initiated.
- Investigations into a pan-public sector Wide Area Network (WAN)
- All SIP members were committed to the vision of a 'fax-free' Suffolk; work was underway to identify the barriers and action plans

(Dr Andrew Hassan declared an interest insofar as his wife was a dental practitioner)

The importance of being able to share records, with patient consent, across NHS professionals in order to facilitate joint working was emphasized.

The Governing Body **noted** the content of the report and the intention that bi-monthly updates of all IT Portfolio work (including the SIP Programme) would be received by the CCG's Executive from October 2015 onwards, together with routinely being shared to the Governing Body.

15/091 FUTURE OPHTHALMOLOGY SERVICE MODEL

The Governing Body was in receipt of a report from the GP Lead for Planned Care which sought to highlight the redesign of all ophthalmology services in West Suffolk whilst considering changes in population demography, increases in demand, new technology, NICE guidance, and requirements to deliver safe, efficient and clinically effective services.

The report set out background information associated to the service redesign, the current service and aims and objectives of any future service.

It was explained that the view of the Royal College of Ophthalmologists (2015) was that increased ophthalmology services could be delivered within a community setting, which it was anticipated, should release savings and the pressure on hospital services.

From the Suffolk-wide Clinical Transformation Group workshops, meetings with providers and working directly with the Royal College of Ophthalmologists, a clear-tiered model had emerged as attached at Appendix B to the report, which was an adaptation of the suggested model laid out in the Royal College of Ophthalmologists (RCOpth.) Commissioning Primary Care Ophthalmology Care (2013).

As Ophthalmology was an area of strong public engagement there had been a significantly enhanced level of stakeholder engagement over the past six months as detailed within the report. The CCG's Head of Communications would continue to work with partners, such as the Suffolk Health Scrutiny Committee, to ensure that people are properly engaged in this process.

It was explained that the Governing Body was being asked to endorse the model 'in principle' and that a full business case had previously been presented to the CCG's Executive.

The need to address points highlighted by the patient story when developing the new model, such as reducing the need for multiple appointments and improving communications, was recognised.

Although the model, which involved working as a whole system, was very different to the current service it was felt that the necessary leadership and engagement was in place to facilitate its implementation.

Having considered the report the Governing Body **endorsed** the future plans for developing ophthalmology services in west Suffolk.

15/092 COMMISSIONING INTENTIONS

The Governing Body was in receipt of a final draft copy of the West Suffolk CCG 2016/17 Commissioning Intentions for approval.

Circulation of the CCGs commissioning intentions to all contracted providers, associate commissioners and other stakeholders formed part of the planning cycle each year and signalled the start of the contracting process. The aim of commissioning intentions was to share the CCGs strategic direction and forthcoming priorities for service developments with its partners ahead of the formal contractual negotiation period.

There was a requirement that the CCG's commissioning intentions were circulated by the end of September 2015 in order to provide six months' notice of any intended changes to services commissioned.

The document had been reviewed by the CCG's clinical workstreams and received oversight from GP workstream leads and senior officers within the CCG. The final draft document had been agreed by the CCG's Executive at its meeting held on 16 September 2015 prior to presentation to the Governing Body for approval.

The Chief Finance Officer advised that whilst the commissioning intentions set out the CCG's aims and aspirations, delivery of services would need to be carried out within available resources and, as such, it was likely that the CCG would need to prioritise going forward.

An aspiration in the longer term would be for the document to contain the whole system's intentions rather than solely the CCG's.

The Governing Body **approved** the CCG's Commissioning Intentions 2016/17 for circulation to stakeholders.

15/093 PROCUREMENT UPDATE

The Governing Body received a report from the Acting Chief Contracts Officer which provided an update on procurement activity. Key points highlighted included;

- As previously reported the contract with the new provider of community services was due to commence on 1 October 2015.

- Care homes – work continued and market engagement events had been held in relation to the proposed service specifications.

- Primary mental health service – the procurement had been delayed due to a need to review detailed financial baseline information.

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

15/094 INTEGRATED PERFORMANCE REPORT

The Chief Nursing Officer, Chief Finance Officer, Chief Operating Officer and Acting Chief Contracts Officer presented 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 CCG's work streams.

Clinical Quality and Patient Safety

Key points highlighted during discussion included;

- There were serious case reviews in respect of both children and adult safeguarding with an action plan having been developed in respect of recommendations from the final report of the childrens safeguarding serious case review, and the report from the adult serious case review expected in October 2015. Neither case reviews were in relation to residents within the CCG area.
- C.difficile continued to be a cause for concern within the community and there was increased focus on staff training and support, with work being carried out across the system set out on page 18 of the report.
- Work in respect of Harm Free Care was set out on page 24 of the report, and it was explained that the Harm Free Care Forum was currently reviewing its terms of reference with a view to extending the areas of harm it addressed.

In response to queries, the **Chief Nursing Officer agreed** to circulate further information in respect of the GP Survey with the minutes of the meeting, and to include comparable information in respect of falls within future reports.

Financial and Performance Delivery

The Chief Finance Officer reported that the CCG was currently £0.4m adverse to plan and had delivered a year to date surplus of £0.8m after using £1.2m of surplus brought forward from 2014/15.

Total costs were £1.1m adverse to plan with key variances being over performance by West Suffolk NHS Foundation Trust and continuing healthcare and prescribing overspends. Increased activity at West Suffolk Hospital was attributed to outpatient first appointments, elective activity and non-elective activity. The planned care workstream continued to investigate activity data.

Risks and opportunities were outlined on page 72 of the report and adjusting the full year budget to reflect the net risk and opportunities would deliver a reported surplus of £1.9m and an underlying 'in year' deficit of £1.2m.

In light of the financial challenge being faced by the CCG, the **Chief Finance**

Officer agreed to provide a more detailed report to its Clinical Scrutiny Committee in October 2015. It was anticipated that the real challenge would be during 2016/17 which would necessitate the introduction of increased system working in order to address.

Clinical Workstreams

The Chief Operating Officer highlighted the following points from the report in respect of work being carried out by the clinical workstreams;

- Addressing increased day case activity continued to the main focus for the planned care workstream.

- A multi-disciplinary team was reviewing frequent A&E attenders and similar work in respect of frequent respiratory admissions seemed to be having an impact.

- There had been recent improvements in respect of prescribing due to initiatives put in place.

Concerns raised included;

- Community Pain Service - GP's seemed to be bypassing the service and the hospital potentially not directing back to the service. An action plan was in place which included ongoing GP engagement.

- Early Intervention Team – the team was due to be launched in October and although operational staff were in place, no key performance indicators had, as yet, been agreed with the hospital.

- Community Matrons – there was currently no community matron for the Newmarket area.

Contractual Performance

Key points highlighted included;

- **West Suffolk Hospital** – contract queries existed in relation to ambulance arrival to handover times, A&E attendances where the service user was admitted, transferred or discharged within four hours and the admission of patients to an acute stroke unit within four hours. The query in respect of the acute oncology service one hour door to needle for all patients with suspected neutropenic sepsis had been escalated to exception notice.

- **111 Service** – warm transfer and call back within 10 minutes performance remained below the compliant threshold and during September 2015 the service had not met the calls answered in 60 seconds target. A new regional management team was in place and an meeting with them was to be held in the near future.

- **Norfolk and Suffolk Foundation Trust (NSFT)** – the CCG continued to pursue receipt of Norfolk and Suffolk NHS Foundation Trust performance information following a delay resulting from its change of administration system.

  The Governing Body was reassured that the CCG was continuing to

receive reporting information from NSFT in respect of patient safety issues and its progress against the action plan developed from its CQC report.

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

15/095 DEVOLUTION PROPOSAL FOR SUFFOLK

The Governing Body was in receipt of a report from the Chief officer which provided an update on submission of the devolution proposal for Suffolk, and sought agreement to its ambition and approach.

Suffolk had a strong track record of working together across the public sector of local councils (county and districts / boroughs), the constabulary, the Police Crime Commissioner, the health sector (CCGs and Trusts) as well as with local elements of central government (such as Department of Work and Pensions).

Building on that platform, public sector organisations in Suffolk had been working together on a devolution proposal, mindful of the fact that central Government was seeking confirmation of the County's interest in devolution. Key drivers underpinning the Suffolk proposal were set out within Section 2 of the report with key principles for the vision and devolution plans begins set out within Section 3.

The Governing Body was advised that Suffolk Public Sector Leaders Group had approved the proposal of "A Devolved Suffolk - Working for a better future" (Appendix 1) at its meeting held on 4 September 2015 following which the document was submitted to Government.

Having considered the report and appendices, the Governing Body **endorsed**:

- Suffolk's ambition and approach to devolution;
- That the proposal, as set out in Appendix 1 of the report, provided a strong mandate for future negotiation with Government;
- That the proposal was adopted as the basis for future detailed negotiation with Government throughout the Autumn.

15/096 CLINICAL PRIORITIES AND CLINICAL POLICY DEVELOPMENT

The Governing Body was reminded that the Suffolk Primary Care Trust (PCT) had developed a clinical scrutiny and decision making process to enable them, as a non-clinical body, to develop clinical policy, advised by clinicians, The Clinical Priorities Group (CPG) had been chaired by the PCT Medical Director and reported direct to Trust Board.

During the formation and authorisation process for the Ipswich and East Suffolk Clinical Commissioning Group, and West Suffolk Clinical Commissioning Group, it was proposed and agreed, that the CPG would remain in place to support safety and efficiency of the scrutiny and development process of clinical policies, during the period of NHS system change.

As both CCGs had in place well developed structures for review, scrutiny and development of clinical policies and priorities, the remit of the CPG now formed part of the responsibilities of the CCG's Executive Committee, with detailed development work delegated to appropriate Workstreams. As such, current

governance arrangements were confusing and the role of the CPG in the decision making process, unclear.

The Drugs and Therapeutics (D&T) Group met on a bimonthly basis to discuss new drugs or new indications of existing drugs and make recommendations regarding traffic light status. Recommendations from the D&T were presented at the Clinical Priorities Group for decision. The rationale for having a two-step process for traffic lighting medicines was to ensure the D&T only considered the safety and efficacy of a drug without allowing affordability to influence the recommendation. The role of the CPG was to ensure that recommendation from the D&T was financially viable for the CCG.

Much of the work previously done by the D&T, such as approval of guidance, was now carried out by the prescribing workstream.

In light of the above, Ipswich & East Suffolk CCG and West Suffolk CCG had agreed to continue to work jointly to develop Clinical Oversight Group(s) (COG) to effectively use shared resources of the CCGs and local participating stakeholders. The meetings would run concurrently, with voting on issues for each CCG, taking place separately.

The COG would engage provider stakeholders in the development, scrutiny and recommendation of Clinical Policies and thresholds, including implementation of NICE Technology Appraisals. Terms of Reference for the Clinical Oversight Group are attached at Appendix 1 to the report.

The COG would provide reports to the Planned Care Workstream and be accountable to the CCG's Executive. A revised governance structure was attached at Appendix 2 to the report. It was anticipated that revised structure and governance arrangements would achieve the required aims of:

a) accountability to the CCG's Executive and closer connection to the Planned Care and Prescribing Workstreams; together with
b) closer alignment of the Clinical Oversight Group policy development work with the work of the Individual Funding Request Panel.

The Governing Body **approved** the revised structure and governance arrangements as set out within the report.

15/097 DECLARATION OF INTERESTS

The Governing Body was in receipt of a report which provided an update on relevant and material interests declared by members of the West Suffolk CCG Governing Body, its sub-committees and member practice representatives.

The Governing Body was reminded that the NHS Codes of Accountability and CCG Constitution required members of the CCG Governing Body and its sub-committees to declare interests which are relevant and material to the work of the Governing Body.

A register of interests was established and subject to formal review. Interests declared were published on the CCG's website and the register was available for inspection by the public via contact with the Governance Advisor.

The Governing Body had previously been advised of new statutory guidance in respect of the management of conflicts of interest issued in December 2014. Following consideration of that guidance at meetings held on 10 February

2015 and the 2 June 2015, the CCG's Audit Committee had subsequently proposed that declarations of interest from CCG member practice representatives, those being individuals eligible to vote in any meeting of the Members Council, also be sought.

The proposal was made on the basis that other GP partners within a practice would be required to make a declaration in the event of commissioning processes and decisions where they might be seen to potentially benefit financially.

In light of the above, 2015/16 declarations of interest were now being sought from members of the CCG Governing Body and its sub-committees, CCG member practice representatives, and employees of the CCG and shared management team that had budget responsibility of £5k, on a quarterly basis.

The CCG's current declaration of interest register was attached at Appendix 1 to the report, which outlined progress made with acquiring quarterly updates, together with that of obtaining declarations from CCG member practice representatives.

The Governing Body **noted** progress being made in acquiring quarterly updates of declarations of interest, and that declarations made by members of the CCG's Governing Body and its sub-committees were to be published on the CCG's website.

15/098 GOVERNING BODY ASSURANCE FRAMEWORK

The Chief Corporate Services Officer presented the Governing Body Assurance Framework (GBAF) for September 2015. The GBAF continued to be reviewed by the Chief Officers Team every month and by the Governing Body and Audit Committee at each of their meetings.

Revisions to the GBAF were detailed within Section 3 of the report, with key points highlighted being;

- The addition of Risk 14c – (Retrospective claims for continuing healthcare from April 2012 cut off)
- The addition of Risk 28 – (Potential impact of service quality delivered by Norfolk and Suffolk NHS Foundation Trust)

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

15/099 REVISED TERMS OF REFERENCE – REMUNERATION AND HR COMMITTEE

Having reviewed its terms of reference on 5 May 2015, the CCG's Remuneration and HR Committee had made a number of comments, as set out within section 3.1 of the report, which it had asked the Governance Advisor to consider prior to circulating revised terms of reference for agreement by the Committee and subsequent approval by the Governing Body.

Following those actions, revised terms of reference as attached to the report were to be presented to the Governing Body for approval.

The Governing Body subsequently **approved** the revised terms of reference for the CCG's Remuneration and HR Committee as attached to the report.

15/100 MINUTES OF MEETINGS

Presented by the Lay Member for Governance, consideration was given to the minutes of the following meetings:

- **Audit Committee** - the confirmed minutes of meetings held on 18 May 2015 and 2 June 2015, together with unconfirmed minutes of a meeting held on 8 September 2015.

- **Remuneration and HR Committee** - the confirmed minutes of a meeting held on 16 June 2015 and unconfirmed minutes of a meeting held on 8 September 2015.

- **Clinical Scrutiny Committee** - the confirmed minutes of a meeting held on 24 June 2015 and unconfirmed minutes of a meeting held on 26 August 2015.

- **CCG Collaborative Group** - the unconfirmed minutes of a meeting held on 18 June 2015.

- **Commissioning Governance Committee** – decisions from meetings held on 20 May 2015 and 29 July 2015.

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

15/079 ANY OTHER BUSINESS

(Having been advised of the next item of other business, Dr Christopher Browning declared an interest insofar as it related to the Local Medical Committee and passed chairmanship of the meeting to the Lay Member for Governance and Vice Chair. Dr Browning remained in the meeting during discussion).

The Governing Body was advised that in its work to address continuing healthcare performance, the workstream had been pursuing direct access to patient records, with patient consent, to facilitate a more timely assessment of cases.

The Governing Body were advised that the Local Medical Committee (LMC), in respect of the proposal, was seeking legal advice from the British Medical Association. The consequent lack of progress was frustrating for the workstream and resulting in delays to the processing of cases.

The Governing Body **noted** the concern raised and the impact on the CCG's workstream. The **Chief Officer agreed** to discuss the issue with the Chief Corporate Services Officer outside of the meeting with a view to convening a meeting with the LMC to move the matter forward, whilst also attempting to clarify the legal position.

(Dr Christopher Browning returned to the position of Chair)

15/080 DATE OF NEXT MEETING

The next meeting of the West Suffolk CCG in public was scheduled to take place on **Wednesday 19 November 2015** at **0900 hrs** in the Lecture Room, St Edmundsbury Cathedral, Bury St. Edmunds, Suffolk.

QUESTIONS FROM THE PUBLIC

In response to a question as to the staffing of the Community Pain Service, it was explained that the service was operated by the Suffolk GP Federation as a standalone service with nursing, psychological and consultant staff.

_____ _____

Chair (Dr Christopher Browning) **Date**

integrated working

NHS
West Suffolk
Clinical Commissioning Group

WEST SUFFOLK CCG Governing Body
ACTION LOG: 30 September 2015 (Updated)

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
Meeting of 30 September 2015				
15/094	Integrated Performance Report	<u>Clinical Quality and Patient Safety</u> In response to queries, the Chief Nursing Officer agreed to circulate further information in respect of the GP Survey with the minutes of the meeting, and to include comparable information in respect of falls within future reports.	Barbara McLean	The additional information requested on the response rates for the GP Survey is included as additional information/narrative in the Integrated Performance Report. The information to enable year on year comparisons on falls was not available for the current report, this will be included in all reporting on falls from the November data reporting period.
		<u>Finance</u> In light of the financial challenge being faced by the CCG, the Chief Finance Officer agreed to provide a more detailed report to its Clinical Scrutiny Committee in October 2015	Carl Goulton	**Complete**
15/079	Any Other Business	The Governing Body noted the concern raised and the impact on the CCG's workstream. The Chief Officer agreed to discuss the issue with the Chief Corporate Services Officer outside of the meeting with a view to convening a meeting with the LMC to move the matter forward, whilst also attempting to clarify the legal position.	Julian Herbert/ Amanda Lyes	**Complete**

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12 October 2015

Dear Julian

CCG Annual Assurance: Headline Assessment at Q4 2014/15: Assured

Many thanks for meeting with us on the 1 July 2015 to discuss the annual assessment of West Suffolk CCG and to establish the actions and development priorities for the coming year. This letter is a summary of the Assurance meetings that we held during 2014/15 and provides a synopsis of the improvements and ambitions for future development laid out against the assurance domains. This is the final review using the six domains. Subsequent assurance meetings will be held on the basis of the new assurance framework with its five components: well led organisation, delegated functions, performance & outcomes, financial management and planning.

I am grateful to you and your team for the work you did to prepare for the meeting and the open and transparent nature of our productive discussions. This letter sets out the key points we have covered.

Key Areas of Strength/Areas of Good Practice

We would like to acknowledge the overall progress the CCG has made to date with the on-going establishment of the organisation and getting to grips with the local agenda and challenges. There is a large agenda which is complex and challenging in terms of major strategic and service transformation and change, but there is evidence of strong CCG leadership and evolving positive relationships with key strategic partners who are all signed up to the ambitious vision which will see significant improvements to the provision of care to the local population. This is evidenced in a number of areas including:

- The leadership provided to the BCF agreement.
- The development of the Integrated Care Organisation programme.

- Performance in Cancer and RTT in WSH, which continues to deliver to high standards, meeting the national targets consistently.
- The CCG continues to develop its role as a membership organisation.
- Strategic support and vision for primary care quality and sustainability, including joint initiatives with HEE and the local GP Federation. These will support the joint commissioning arrangements in 15/16.

NHS Constitution Standards

WSH struggled to meet the A&E standards in Q3 and 4, although performance generally remained very close to 90%. RTT has consistently met the constitutional standards throughout 14/15. Cancer standards have also been met at WSH and a continued focus will be required here.

The CCG executed a robustly commissioned plan for IAPT access and I was very pleased to see the Q4 target met. The advanced local focus on Dementia diagnosis rates at the earliest stages of 14/15 drove a significant improvement and although the national ambition was not met, performance was above the national average.

Five Year Forward View

The CCG has started work to adapt its local strategy to incorporate the Five Year Forward View into its work. Elements already in implementation, such as the Integrated Care Organisation, long-term workforce planning in primary care and 7 day working demonstrate alignment.

NHS Statutory Duties

Discussions throughout the year have demonstrated the focus and leadership within the CCG on addressing quality and patient safety across all providers.

The strength of mental health planning and commissioning in the CCG is supporting the Parity of Esteem agenda. The CCG has worked hard to support the local provider organisation and has not been as affected by the serious quality issues identified in NSFT by CQC.

Patient and public involvement in West Suffolk has been wide-ranging and innovative, incorporating good use of social media. The CCG was a winner of the NHS Communications Campaign of the Year in 2014.

Key Areas of Challenge

You have re-commissioned community care provision and this has required very tight control and oversight during the transition, which is progressing successfully to date.

QIPP delivery improved in Q4 and if this can be sustained in 15/16, it is likely that the CCG assurance level could be ‘Assured, outstanding’ in the future.

The most significant challenges have been in ensuring the on-going stability of MH provision and this will continue to be an issue into 15/16. Your CCG has identified underperformance around LD health checks in primary care and has noted this as an improvement priority.

Key Interdependencies and Associated Issues

You are keen to progress the primary care agenda in order to support the vision that you have for transforming services over the next five years. As a supporting step from 1 April 2015 you have formed a joint committee with NHS England to oversee the commissioning of primary care and we will work with you to deliver this committee's work programme. We will also explore with you any additional support that you may need to deliver the ambitious programme you have detailed during 15/16.

Development Needs and Agreed Actions

The six domains of the outgoing assurance framework still provide a platform for continuing organisational development of the CCG and they also will inform the well led organisation component of the new assurance framework.

We looked at key actions against the five components of the new assurance framework including the need for a long term plan to implement the Five Year Forward View.

Overall we would like to congratulate you and your Board on the progress you have made over the last year particularly in relation to the sustained performance across the constitutional targets and the local stability in NSFT, despite significant challenges. Thank you all once again for the open and constructive dialogue with myself and the NHS England team and I hope this letter provides an accurate summary of the discussions and clearly indicates the next steps. We look forward to working with you on progressing work against the assurance components of the new framework.

Meanwhile, please accept my apologies for the delay in issuing this letter to you and your members, as it needed to go through an NHS England national moderation process.

Yours sincerely

Carole Theobald
Locality Director (Suffolk, Great Yarmouth & Waveney, North East Essex and Mid Essex), NHS England – Midlands and East (East)

ANNEX 3 – ASSURANCE DOMAIN SUMMARIES

Domain 1: Are patients receiving clinically commissioned, high quality services?

The CCG consistently demonstrates a strong clinical and multi-professional focus which brings real added value, with quality at the heart of governance, decision-making and planning arrangements to commission safe, high quality and compassionate care for patients. Key points:-

- Evidence of continuous monitoring of quality of commissioned services.
- Involvement in local Quality Surveillance Group.
- Demonstration of strong clinical input and leadership.

Domain 2: Are patients and the public actively engaged and involved?

The CCG demonstrates active and meaningful engagement with patients, carers and their communities which is embedded in the way that the CCG works. Key points:

- Plans in place to promote self-management.
- Shared Decision Making Programme in place

Domain 3: Are CCG plans delivering better outcomes for patients?

The CCG is delivering improved outcomes, supported by clear and credible plans which are in line with national requirements and local Joint Health and Wellbeing Strategies. Key points:

- Success delivering cancer and RTT constitution targets.
- Clear operating, commissioning, BCF and QIPP plans.
- Long term plan to implement the Five Year Forward View.
- Development of the ICO, demonstrates clear vision for the future.

Domain 4: Does the CCG have robust governance arrangements?

The CCG has effective and appropriate constitutional, corporate, clinical and information governance arrangements in place, with the capacity and capability to deliver all its duties and responsibilities, including financial control, as well as effectively commission all the services for which it is responsible. Robust governance arrangements in place. Key points:

- Shared learning on never events and SUIs.
- The CCG has reacted to the increasingly difficult financial position by instigating new arrangements for the management of the QIPP and transformation agenda. The CCG will need to embed these arrangements and assess their effectiveness.

Domain 5: Are CCGs working in partnership with others?

The CCG has strong collaborative arrangements in place for commissioning with other CCGs, local authorities and NHS England, as well as wider stakeholders including regulators. Key points:

- Co-located with Local Authority
- Development of a Joint Strategic Needs Assessment and Health and Wellbeing Strategy.
- Agreements in place re safeguarding.

Domain 6: Does the CCG have strong and robust leadership?

The CCG has in place great leaders who individually and collectively make a real difference. Key points:

- Investors in People Gold Award for Health and Wellbeing.
- Finalist in HSJ awards for staff engagement.
- Clinical involvement in service redesign and improvement.
- GP portfolio scheme developed with HEE.