NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting held in Public –FINAL APPROVED Minutes

Date: 27 June 2019 Time: 13:00

Location: Committee Suites, County Hall, Topsham Road, Exeter EX2 4QD

Item	Discussion	*Action*
1	**Welcome and apologies:** PJ welcomed everyone to the meeting. Apologies received are noted in the table below.	
2	**Patient Experience Story – End of Life Care** CB introduced Sue Benjamin (SB) to the meeting, who is leading the Dying Matters campaign. A video of the campaign was played to the Governing Body. The campaign is to raise awareness about advanced care planning, as national data indicates patient experience is enhanced if advanced care planning is undertaken. SB noted her thanks to the communications team on this campaign as this went out to all GP practices, the media and on social media. There is an on-going campaign throughout the year to prompt discussions. CB commended this campaign and highlighted how this work can be integrated with the voluntary sector and other organisations. JW thanked SB for sharing this story and presenting this campaign. SB informed there will be training sessions for staff to build on this, and to support these conversations to become 'normalised' within families. PJ asked that the dates of training are shared with NC to then prompt locality GPs. NK suggested to incorporate organ donations into this; SB confirmed this is in the prompts. PJ asked if impact will be measured; SB confirmed this will be done through surveys, monitoring discussions and uptake. **ACTION: NC to pass on SB's details to MF.** **The Governing Body welcomed the opportunity to listen to SB and how these experiences can help with our engagement with the public.**	**NC**
3	**Register of Interests** No new conflicts of interests were noted. **The Governing Body received and noted the register of interest.**	
4	**Minutes and action log** The minutes were agreed as an accurate record of the meeting. The actions were updated in the action log.	
5	**Chairs Report** PJ introduced the report and informed he has had useful introductory meetings with partner organisations across Devon, noting particularly his visit to the The Moorings at DPT which offers an out-of-hours mental health support service to anyone aged 16+ in the Devon area.	

	PJ also referred to the CCG's Celebrating You awards. GA congratulated the team for organising this event and the executive team who spoke movingly about their teams and colleagues. PJ passed on his thanks to the communications team and all those involved in organising the event. **The Governing Body received and noted the Chair's Report.**	
6	**Interim Accountable Officers Report** ST informed there are two papers in the appendix of his report that he would like to draw the Governing Body's attention to and discuss. <u>Appendix 1 – Planning Cycle 2020/21</u> ST referred to the planning paper on learning opportunities and proposed planning cycle for next year. ST introduced Lauren Benham (LB) to talk to this paper. LB referred to the concurrent development of this with the Long Term Plan (LTP). Feedback from this years' planning round was around the timeline and ways to improve the alignment between financial planning and activity planning, and to form a coherent plan taking account of all of the workstreams. LB referred to the format of the plans; it is likely the CCG will be required to submit a single system plan with CCG appendix. However, ST confirmed the CCG will still go through the discipline of producing a CCG plan and forming key deliverables. LB informed early planning guidance is expected in the LTP planning framework tomorrow. There is a piece of work being undertaken to align the planning cycle to the local authority and provider plans which will need to feed into and be informed by the system and CCG plan. There is a proposed piece of work across July and August to establish planning assumptions to reflect the CCGs commissioning intentions. Providers will be asked to submit an early draft of activity plans by end of October to allow time for cross-checking and to address any variants collaboratively. There will be a project group to input on this, working across workstreams, meeting fortnightly with LB providing a bridge with the LTP group. PJ noted this feels positive and proactive. PJ also recognised and welcomed the alignment with local authority plans and to fit into a consistent system narrative but to not lose commissioning intentions. ST asked how the Governing Body would like to be involved. PJ suggested this will be discussed when considering commissioning intentions, but it would be useful to have sight of the document at certain points at the Governing Body with an opportunity to comment. PJ asked if the statement in part 5.1.1 of the appendix has had cross-system buy-in. LB confirmed it is an approach that is being used, as it is the same approach in the LTP, which has had cross-system buy-in. AM suggested that the communications have input into the core team. LB noted this request. NB asked if process would be better to update plan with 19/20 actions much earlier that CIP plans are completed, on the basis of numbers that are needed to deliver, rather than later. LB noted this request. **The Governing Body noted and <u>endorsed</u> the paper, subject to the minor requests discussed.** <u>Appendix 2 – Long Term Plan (LTP)</u>	

	ST introduced Penny Harris (PH) to discuss the engagement and process for the LTP. PH provided context; the national LTP was published in January 2019, with a focus on some of the social aspects of health, health inequalities and prevention work. It is a document with a set of deliverables for the NHS to consider. It is transforming of our system and there are significant signals of change. The process for developing the plan is two-fold: firstly, starting to look at the challenges compared to current proposals, and secondly starting a process of engagement. The case for change is being refreshed to consider activity and population change since the last plan. The STP governance process will be used to support this piece of work. The engagement will be at a system level and locality level. The engagement will be in two tiers. The slides give context around local challenges to get feedback to develop the detail of the plan itself. NK asked if any engagement is planned with staff as well as the public. PH confirmed it is both public and staff engagement as the transformation required is significant. CB asked if the engagement includes mixed groups of staff with patients as this can help with discussions. PH noted this. AM highlighted the two tiers of engagement that have been described. AM informed there is a Citizens Panel formed of 1700 people representative of the population of Devon. Local engagement will happen in each of the 4 areas to engage with groups that already exist and other groups. MF asked how executive level GP involvement can come into this. There are primary care representatives being invited. ST noted he would want to involve the Primary Care Network (PCN) Clinical Directors in this as well as locality GPs. SM asked that LCPs are being worked with to provide suggestions on what is engaged on. AM noted need to be mindful that national guidance is expected shortly which may impact this, but this process has been started to ensure ample time for engagement. SM commended AM and PH's teams in working with local authority stakeholders on this for democratic accountability. BM noted his appreciation on how both the Chair and Interim AO reports have developed to provide context for wider decision making. **The Governing Body received and noted the Interim Accountable Officers Report.**	
7	**Quality and Performance** **Quality Committee Report** The report is included for the Governing Body's information. No further comments were made. **The Governing body received and noted the Quality Committee Report.** **Quality and Performance Report** SM talked to the Quality and Performance Report and highlighted the following: <u>Urgent Care</u> SM informed University Hospitals Plymouth (UHP) is not formally reporting against the ED standard they are currently trailing new performance measures. The CCG has oversight of flow and performance. NB asked whether the overall STP position included UHP, ST confirmed it does not. Other Trusts have seen challenges in demand in urgent care. Torbay and South Devon NHS Foundation Trust (TSDFT) ED performance has deteriorated. There is a significant level of support going into Torbay and South Devon to create a more sustainable urgent care system for the population. Workforce is a predominant issue as well as the increase in demand. There is regulatory oversight in UHP and North Devon Healthcare NHS Foundation Trust (NDHT) in terms of quality, this is softening due to assurance received. In TSDFT, the CCG's quality team has supported reviews of the ED department for patient	

	waiting lists and lengths of time. All 12-hour breaches have been clinically reviewed and regulators are aware of this. <u>Planned Care</u> The 52 week wait position is performing on-track although there are some local variations. TSDFT has been overachieving this trajectory but this is due to preparing for pressures in August. Royal Devon & Exeter NHS Foundation Trust (RD&E) has been challenged in this and is considering proposing to reprofile 52 week waits. The waiting list is also growing in UHP and RD&E which mirrors a significant level of demand. Plans are in place to look to create further capacity, but the current position is heavily reliant on fragile existing capacity. Cancer diagnostics is challenged and in a vulnerable position. It has been asked this is discussed in detail at the next System Performance Group (SPG) in July, in particularly what actions are being taken collectively to improve diagnostic performance as a system. Notably, there will be further resource in cancer services as a system therefore this needs to be used effectively. GA asked about the breast symptomatic performance; ST has also raised this and it will be discussed in the SPG. GA also noted patient experience. This will be covered in the Quality Committee. There are a number of clinical reviews being undertaken which is fed through provider Quality Committees; there is a level of assurance about aspects of harm. Mental health access was raised in terms of the core standards and interface with primary care and community services. This will be covered in more detail in August. The core standards are as reported with some challenges, but there is assurance on improvement for this quarter. LCB added there is a backlog of serious incidents and the CCG is working to clear this. **The Governing Body received and noted the Quality and Performance report.**	
8	**Governance and Assurance** **Governing Body Committee Effectiveness** GS introduced the paper and informed it is a summary of the findings of the committee effectiveness reviews of all committees of the Governing Body. The findings are mainly about the amount of information going to these meetings and cutting this down, as well as reducing duplication. GS outlined the recommendations as follows: 1. Develop a committee and group structure, to be clear on how this works and where decisions are made without creating unnecessary bureaucracy. 2. Develop a process on following-up findings with committees. 3. Review committee objectives and develop standard operating procedures. 4. Ensure the committee is clear of their role, and to review of training offered to committee members. CB asked where the Citizen's Panel fits into this structure and noted there is no replacement for the Engagement Committee after the merger. Once this is developed, PJ, GS and AM will look into this. PJ asked for the diagram to come back to Governing Body. **The Governing Body noted the report and <u>approved</u> the recommendations.** **Revised Emergency Preparedness, Prevention and Response Framework (EPPR)** GS informed that it is one of the CCG's statutory responsibilities to have this framework in place. It is a high-level document for arrangements for managing in emergencies. Work is on-going to develop a joined-up approach with partner organisations, particularly to align resources. The key pieces of work going forward are around refreshing business continuity plans, offering training to support this, and a significant responsibility in terms of assuring provider organsiations' arrangements for EPRR. GS also drew the Governing Body's attention	

	to a statement from Simon Stevens, Chief Executive of NHS England, to plan for no-deal EU Exit. Paragraph 5.3 refers to a Non-Executive Director (NED) being appointed to support the AEO in their role. SM is the AEO, and a NED has not been appointed yet. **ACTION: SM to pick this up with NB outside of the meeting.** AM asked that the communications team is stated in the 'key roles' section. **The Governing Body <u>approved</u> the report subject to the minor amendment noted.**	**SM**
9	**Integrated Care Provider Procurement** AC introduced Mark Procter (MP) and Faye Robinson (FR) to the meeting. The paper describes the work being completed to date around the Integrated Care Provider (ICP) Procurement. This is based on two Lots. Lot 1 includes mental health community services and adult social care. Lot 2 includes the Mayflower Medical Group. AC drew the Governing Body's attention to the sufficient governance arrangements and oversight. There is a programme of governance led by JT and SMc. AC referred to the finance section of the paper which articulates the contractual values. For Lot 1, procurement is on a flat cash arrangement, looking to ensure there is sufficient incentive on the delivery of the outcomes framework. AC informed a significant amount of engagement has been undertaken for both Lots. The purpose of the paper is to seek the Governing Body's approval to launch the procurement of these services in early July 2019. FR informed this has been subject to an NHS England ISAP assurance process in 'light touch'. This is because it did not meet the criteria for the national ISAP process, but NHS England wanted to run a similar process for assurance. This was a comprehensive process in submitting evidence to regulators, who have confirmed they are assured. Part of the submission was this Governing Body paper, along with the specification, outcomes framework, communication plan and financial framework. NB asked how the ISAP process relates to Public Contract Regulations. FR confirmed it does not, ISAP is a specific assurance process, there is criteria to meet to assure on the state of readiness for procurement, which the CCG has met. NB asked what training will be in place for the scoring panel to ensure they have a necessary skillset to undertake the scoring. FR confirmed there is a full suite of training packages which all evaluators will go through. This is an area for contention and legal challenge; the CCG will take clear legal guidance to ensure a robust process. NB asked if the CCG is satisfied that it has the necessary contractual terms to incorporate additional services if needed during the contractual period. FR noted this has been worked through with the legal team. It is an initial 10-year contract with a 5-year extension option. This comes with the caveat to incorporate new services that have been scoped as far as possible and may also be subject to further engagement and consultation. MP confirmed there was a Healthwatch and public representative on the Mayflower Reference Group and regular engagement was held with patients across Mayflower and Mannamead. JW asked the same question for Lot 1; AC informed Living Options were commissioned for independent engagement with the population. They have made use of existing events and undertaken a series of engagement such as surveys, patient groups and sessions. Mental health partnership groups and the voluntary sector have been engaged. PJ asked about the understanding response from the public and if it is supportive. For both Lots, this has been well received. MF asked if Lot 1 also includes the South Hams and if there is a consideration for possible renegotiation of border for services to line up with networks. ST confirmed this is the case.	

	GA asked what weighting is given to quality to assess patient experience. For Lot 1 and Lot 2 there is differential scoring criteria. AC confirmed a Quality and Equality Impact Assessment was undertaken, which provides visibility of un-intended consequences and mitigation. JW asked what the population is for Lot 1 and if it is value for money if extrapolated for Devon. AC confirmed the population is approximately 360,000 people. JD noted the framework is about driving outcomes described in the contract and having an impact on the system locally. This fits within an overall pattern of service for the Western population, but how this compares to overall consumption for North, East and South will be considered outside of the meeting if required. PJ asked what the main risks are and how they will be mitigated. AC confirmed it is a large procurement; there is a risk is timeframe through to mobilisation as potential bidders are unknown until launched. Mitigation is the option to extend mobilisation period. There is a risk from a consultation perspective, but the CCG will continue to engage and be open and transparent. FR noted the risk of any procurement is a risk of documentation subject to legal challenges, and additionally the risk should additional services need to be added and to ensure the contract award allows flexibility. This will form part of the dialogue process. For Lot 2, MP noted there is a risk of no potential bidders although market engagement has been undertaken. The PCN work coincides with this. NK asked about Lot 2 and the proposal to scale down to standard contract within 3 years. MP informed there is a two-year transition period to conclude transformational work and it will go through a dialogue process around how the prospective contract holder would achieve this. PJ asked the voting Governing Body members to confirm whether they approve this paper to go out to procurement for Lot 1 and Lot 2. **The Governing Body noted the paper and all voting members of the Governing Body <u>approved</u> this procurement for Lot 1 and Lot 2.** **<u>Addendum</u>** It was noted in item 9.10 in the June Board Pack 'Procurement of an Integrated Care Partnership for Western Devon and Mayflower Medical' the summary of services was not clear. It has been confirmed that "Adult social care for Plymouth City Council" specifically relates to the delivery of services that meet adult social care statutory functions that have been delegated under the Care Act 2014.	
10	**Peninsula Clinical Services Strategy (PCSS)** SM provided an overview of the PCSS work to support acute and specialised services to ensure safe, resilient and affordable services. SM asked for support of the Governing Body as a mandate for this piece of work and seek the views of the Governing Body on how they would like to be sighted on progress. SM informed clinicians have been working on the categorisation of services, it is based on work that has happened nationally. This will come through the relevant governance routes. NB requested that PJ sits on this group, and NK as the secondary care representative. This was agreed. **The Governing Body <u>agreed</u> to support the paper noting the request for representation.** PJ noted there is a statement of commitment within the paper to endorse the initiation paper as a key element of the governance process; PJ took this to a vote. **All voting members of the Governing Body <u>agreed</u> to endorse this initiation paper.**	

11	**PA Consulting Report** ST informed the report has been circulated and ST is in the process of producing an action plan for the system Key Lines of Enquiry (KLOE). In terms of the CCG actions under KLOE 2, ST is in discussions with Philippa Slinger, the new STP CEO, and local authority colleagues in terms of strategic commissioning. As soon as this is completed, ST will bring a report back to the Governing Body to consider. PJ noted there was a meeting of clinicians and NEDs this morning to discuss the report, and it was agreed to give ST time to do this piece of work and consider it at the Governing Body away day.	
12	**Operational Plan 19/20** JD provided an overview of the paper. The CCG was required to submit an Operational Plan to NHS England/Improvement on 23 May. There is no requirement to produce a public facing document, but the headlines are included in this report. JD discussed the context around the STP and achievements and challenges faced. This includes preventable illness rising, particularly diabetes. There are challenges with workforce with around 1 in 8 nurse roles and 1 in 10 social care roles being vacant in Devon. In terms of finances, there is a period of additional growth in allocation in the NHS, but this is not sufficient to meet demand if services continue to be provided in the same way. Within Devon, the population is growing and ageing, and it is expected there will be an increase of about 33,000 over the next 5 years. This is a challenge for demand but an opportunity for workforce. The ageing impact is significant as the number of over 85s will double. JD referred to 2019/20 as a transitional year, to use the growth in allocation to stabalise performance both operational and financial within the provider sector in particular. JD referred to page 159 which sets out the key performance standards that we are seeking to achieve within this years' operational plan. Pages 160/61 of the report was also highlighted, where the financial challenge is set out. Table 1 indicates the previous year-end position with a deficit of £82m in the local system, but after taking the benefit of Sustainability and Transformation Funding (STF), this went to £18m and the CCGs were able to deliver a balanced position. This is contrasted with this years' position which is significantly challenged. JD referred to additional funding of £87m of growth, despite this, given the demand pressure and pressure to improve on underlying performance, in order to deliver an improved deficit position £68m before STF, the system will need to deliver £170m of savings and efficiencies. From a CCG perspective, we will be looking to deliver a deficit position of £27m compared to £25m last year. Without the benefit of STF, the CCG is unable to improve from deficit position of 18/19. NHS England/Improvement have indicated a willingness to work with the CCG on this position. The detailed budgets are set out on final page of the report and JD sought the Governing Body's approval of this financial plan. NB asked if targets can be stretched further, as there are some variants across organisations. JD confirmed work is on-going collaboratively to determine where targets can be stretched. GA asked why community spend is reducing if the intention is to invest more in the community. Last year, there was £41m non-recurrent allocations received. If this is received again it may be targeted to community services again. ST noted winter funding is a good example of this. PJ noted running costs for the CCG are increasing but there is a need for 20% reduction in 2020/21. The CCG is spending below its running cost allocation therefore is already operating at the lower level. The issue is that the rest of the allocation is currently invested in clinical services.	

	The Governing Body noted the paper and <u>approved</u> the financial plan.	
13	**Finance and Performance Committee Chairs Report** The report is for information only. BM noted the size of the challenge faced this year in terms of securing support for the changes being discussed. MF highlighted there is an issue with the referral summary as TSDFT seems to be the same level which is different from other Trusts, on page 175. **ACTION: JD to look into this issue in the referral summary.** **The Governing Body received and noted the Finance and Performance Committee Chairs report.** **Month 2 Finance and Activity Report** **The Governing Body noted and received the Month 2 Finance and Activity report.**	**JD**
14	**Locality Updates** PJ highlighted the reports are for information only. Updates were noted as follows: <u>Southern</u> MF highlighted there are now 45 TSDFT assessors. The Local Care Partnership (LCP) is moving quickly to get understanding of work areas, particularly frailty. MF raised there is a significant challenge in the fragility of some services in Torbay and the infrastructure of TSDFT building. ST noted that there was a pilot put in place around Health Navigators last year, ST asked for an update on how effective this has been. **ACTION: MF / SM to add this update and evaluation of the Health Navigators pilot to the next report.** <u>Eastern</u> JD informed the development of commissioning capability is a focus and services in response to pressure. There has been a rise in referral demand in areas such as cardiology. There are a series of meetings and PJ is attending forums over next couple of weeks. <u>Northern</u> There is a focus on developing PCNs, also reviewing acute services provided by NDHT looking at sustainability, need and form. There is a support agreement in place with the executive function and support by the R&DE; this is coming to an end at the end of June 2020. For many years both Trusts have worked closely together for support, therefore support is already there clinically. There is engagement being undertaken around these messages, NDHT went out to stakeholders last week. The next 4-6 months will involve public engagement, there is also a patient stakeholder network. <u>Western</u> Work has been on-going to finalise the specification for the ICP procurement. NB also referred to the 100-day plan for primary care in Plymouth led by JT. This was a challenge set by the CEO of Plymouth City Council as an innovative plan to attract new GPs in Plymouth area. NB asked for views. It was noted the risk of de-stabalising other areas needs to be considered when promoting schemes in the Plymouth area therefore links need to be made to the system workforce plan. **The Governing Body received and noted the contents of the Locality Reports.**	**MF / SM**

15	**Primary Care Committee Chair's Report** This report is for information only. NK noted there was a discussion on workforce around recruitment to GP posts when trying to recruit consultants. **The Governing Body received and noted the contents of the Primary Care Committee Chair's Report.**	
16	**Close of Meeting** The Chair closed this meeting. The meeting closed at 15:20.	

Attendees (attended** / apologies [A])	
Name and initials	*Title and organisation*
Andrew Millward (AM)**	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Brian Mackness (BM) **	Non-Executive Director/ Lay Member – Devon CCG
Caroline Dimond – Dr (CD) [A]	Director of Public Health, Torbay Council
Charlotte Burrows (CB) **	Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG
Dr Matt Fox (MF)**	Clinical Representative, Southern Locality, Devon CCG – *on behalf of Dr David Greenwell*
David Greenwell – Dr (DG) [A]	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Glynnis Atherton (GA) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
John Dowell (JD) **	Chief Finance Officer, Devon CCG
John Womersley – Dr (JWo) **	Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) [A]	Director of Commissioning - West, Devon CCG
Judith Hargadon (JH) [A]	Non-Executive Director/ Lay Member – Primary Care
Lorna Collingwood-Burke (LCB) **	Chief Nursing Officer, Devon CCG
Nick Ball (NB) **Vice Chair** **	Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) **	Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) **Chair** **	Clinical Chair, Devon CCG
Simon Kerr – Dr (SK) [A]	Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc) [A]	Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST) **	Interim Accountable Officer, Devon CCG
Sonja Manton – Dr (SMa) **	Interim Director of Commissioning – North, East and South, Devon CCG
Virginia Pearson – Dr (VP) [A]	Director of Public Health, Devon County Council
Anna Coles (AC)**	Interim Director of Integrated Commissioning, Plymouth City Council – *on behalf of Jo Turl*
In Attendance	
Molly Bishop (MB)** **Minute Taker**	Executive Assistant, Devon CCG
James Peskett (JP) **	PA Consulting
Katherine O'Halloran (KOH)**	PA Consulting
Penny Harris (PH)**	Director for Developing the Long Term Plan, Devon CCG
Lauren Benham (LB)**	Planning Manager, Devon CCG
Mark Procter (MP)**	Director of Primary Care, Devon CCG

Faye Robinson (FR)**		Director of Procurement, NHS South, Central and West Commissioning Support Unit
Sue Benjamin (SB)**		Programme Manager – CHC and End of Life, Devon CCG
Minutes approved	Date: 25 Julye 2019	Signed by chair: Dr Paul Johnson, Clinical Chair, NHS Devon CCG