PUBLIC - NHS Devon Clinical Commissioning Group (CCG) Governing Body

MS Teams - refer to formal invitation for the link to join this meeting

29 April 2021 09:30 - 29 April 2021 11:15

AGENDA

#	Description	Owner	Time
1	Patient Experience Verbal	Vaccination volunteer coordinator and volunteer	09:30
2	Welcome and apologies and questions from members of the public Verbal	Chair	09:50
3	Register of Interests (ROI) Paper DOI NHS Devon CCG Governing Body @ 20 April... 5	Chair	
4	Minutes of the last meeting and action log Paper 1 Draft Public GB minutes 25.03.2021 v1nc.docx 10 Copy of Master Action Log - PUBLIC v3 nc.xlsx 19	Chair	09:55
4.10	Matters arising Verbal	Chair	
5	Schedule of what the Governing Body is to achieve at this meeting Paper Schedule of what GB is to achieve .docx 20	Chair	
6	Chair's Report Paper 1 cover sheet chair's report.docx 22 2 Chairs Report April 2021.docx 24	Chair	10:05
7	Accountable Officer's Report Paper Governing Body - April 2021 - AO report DRAFT1.p... 26	Accountable Officer	

#	Description	Owner	Time
8	PROGRAMME OF WORKS - items for recommendation, decision and assurance		10:20
8.10	Performance Report and Quality Report Paper April Perf GB report.docx 31	Interim Chief Operating Officer	
8.20	CCG Objectives - progress update Paper Devon CCG Cover sheet template April 21.docx 61 Executive monitoring paper 1.docx 64	Chief Communications, IT and People Officer/ Director of Finance	
9	LOCAL CARE PARTNERSHIP (LCP) REPORTS Paper(s) 1 Locality Update - Northern April 2021 AMENDED.... 81 2 Appendix 1 ND.docx 85 3 Locality Update - Eastern Mar-Apr 2021.docx 110 8 Plymouth-West DevonReport for GB FINAL AME... 113 9 Locality update Plymouth March 2020 Final AME... 115		10:50
9.10	Deep Dive - Southern and Western 4 Locality Update (South) - March 2021.docx 117 5 DRAFT Local Care Partnership Architecture Gove... 120 6 Locality Update (West) - March 2021.docx 125 7 INITIAL DRAFT FOR FEEDBACK Local Care Par... 127	Locality Directors	
10	ASSURANCE COMMITTEE CHAIRS' REPORTS including items of escalation Paper(s)	Assurance Committee Chairs'	11:05
10.10	Finance and Performance Finance Committee Chair Report 29 April 2021 v1... 132		
10.20	Primary Care Commissioning Committee Chair Report - Public PCC - April 2021 v... 141		

#	Description	Owner	Time
10.30	Commissioning [P] April GB - Commissioning Committee Report 08.04.... 144		
10.40	Quality [P] v1.0 QAC Chair Report Part 1 15 April 2021.docx 147		

Declaration of Interests Register - NHS Devon Governing Body

Register updated and generated by the Governance Team -20 April 2021

Register last updated 20/04/2021

Title	Surname	First name	Role or Position held with the CCG	Committees attended	Interests	Interests - Partner or Family	Date Interest from	Date Interest to	Date interest updated	Type of Interest	Is the interest direct or indirect?	Action taken to mitigate risks	Employer Organisation
	Allcorn	Darryn	Chief Nursing Officer Caldicott Guardian	Member of Governing Body Member of Quality Assurance Committee Senior Leadership Team (SLT) CCG Executive Team Meeting Member of Devon JCEG Commissioning Committee (CC DOI) Member of Audit Committee Member of Primary Care Commissioning Committee (PCCC)	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020) Strategic Chief Nurse, Nightingale Hospital Exeter System Chief Nurse, Devon STP		11/05/2020		27/08/2020	Direct	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Appleby	Gaynor	Non Executive Lay Member (Allied Health Professional)	Member of Governing Body Member of Quality Assurance Committee Member of Primary Care Commissioning Committee (PCCC) Member of Remuneration and Workforce Committee	CQC Specialist Advisor Therapy Lead for Health and Social Care for North Devon		01/11/2019		05/05/2020	Non Financial	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Atherton	Glynis	Non Executive Lay Member- Quality Geographical remit - Eastern	Member of Governing Body Member Quality Assurance Committee (Chair) Member Primary Care Commissioning Committee (PCCC) Member of Remuneration and Workforce Committee	Consultancy for FORCE cancer charity – not CCG funded but has a relationship with RD&E hospital Trustee for St. Margaret's Hospice, Somerset Volunteer for Hospiscare, Exeter – helping at events and proof reading applications to charitable trusts Volunteer for University of Exeter – mentoring students Member of the Labour party Member of the Devon Ethical Reference Group		14/05/2019		01/09/2020	Financial / Non Financial Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Ball	Nick	Vice Chair/Non Executive Lay member - Finance and Governance. NHS Devon CCG Lay Member - Governance and Probity NHS Devon CCG Conflict of Interests Guardian for NHS Devon CCG Geographical remit - Western	Member of Governing Body (Vice Chair) Member of Audit Committee (Chair) Member of Finance and Performance Committee Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting	Appointed Chair of Audit Committee for NEW Devon CCG (Dec 2016) Director of the B4 project Director of Community Interest Company: 11319536 , Heavens Thunder C.I.C, Cornwall from 19 April 2018	Virgin Care (spouse/partner was a Portage Home Visitor to 2015)	22/09/2016		19/11/2020	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Brown	Steven	Director of Public Health (DCC)	Member of Governing Body Strategic Commissioning Partnership STP Directors ICS Partnership Board Primary Care Commissioning Committee (PCCC)	No interests declared		19/11/2020		19/11/2020				Devon County Council
	Burrows	Charlotte	Non Executive Lay Member - Patient and Public Involvement Geographical remit - Northern	Member of Governing Body Member of Quality Assurance Committee Member of Remuneration and Workforce Committee Member Primary Care Commissioning Committee (PCCC)	Self-Employment business consultant from September 2019 Associate for Research In Practice Feb 2020 Associate for Research In Practice Supplier/Associate for SWAHSN (Feb 2020) Within my role as SWAHSN associate will be part of their project team which is supporting the Think 111 project Associate for Devon Communities Together		04/04/2019		04/08/2020	Financial/Personal Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Carroll	Jayne	Interim Chief Operating Officer	Member Governing Body Member of Senior Leadership Team (SLT) Commissioning Committee (CC DOI) Member of Finance and Performance Committee Devon Urgent Care Board	Independent member of Fostering Panel for Pathway Care.		08/08/2020		08/08/2020	Professional	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. No line management responsibility from effective date of interest	NHS Devon CCG
	Chilcott	Ben	Associate Director of Finance	Strategic Medicines Optimisation Group Member of Finance and Performance Committee Primary Care Strategic Meds Group Senior Leadership Team (SLT) Member of Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) Member of Governing Body (Deputy for CFO) Member of Vacancy Control Panel Planned Care Programme Board	CCG representative board member of Resound Health, Plymouth LIFT partner Member of ACRA (Advisory Committee on Resource Allocation) CCG representative shareholder for Delt School Governor for Tavistock Primary and Nursery School	Partner is employed by Livewell Southwest in position of influence	26/09/2017		17/09/2020	Non-Financial Personal Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Coles	Anna	Locality Director - Plymouth	Senior Leadership Team (SLT) Member of Governing Body (Deputy for Director of Commissioning) Strategic Commissioning Partnership	No interests declared		12/03/2019		22/10/2020				Plymouth City Council

	Coombes	Nikki	Senior Executive Assistant, Corporate Office	Member Vacancy Control Panel Attendee Governing Body Attendee Remuneration and Strategic Workforce	Close relative is Head of Implementation, Devon Doctors Group Clsoe Relative is Project Support Officer, NHS Devon CCG		12/08/2015	14/04/2021	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Davis	Alison	Associate Non-Executive Director	Attendee Governing Body	Plymouth City Council – Foster panel Chair Torbay Council- Foster panel Chair (ended 28 Feb 2021) Pathway Care Fostering- Ashburton- Independent Reviewing Officer University of Exeter – student mentor Somerset County Council- casual employee		19/10/2019	22/03/2021	Personal, Professional & Financial	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Doble	Clare	Head of Governance Deputy Senior Information Risk Owner (SIRO)	Attendee of Audit Committee Quality Assurance Committee Primary Care Commissioning Committee (PCCC) Governing Body (ad hoc) Health and Safety Group Joint Chair Staff Partnership Forum Data Protection Steering Group	Member of Taunton & Somerset NHS Foundation Trust Godmother to member of governance team's daughter Trustee Director for Lyme Disease Action Charity 08 March 2021 to 06 June 2021 Interim Company Secretary University Hospitals Plymouth NHS Trust		22/08/2017	26/11/2020	Non-Financial, Financial and Personal Interests	Indirect/Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Dowell	John	Director of Finance	Member of Governing Body Member of Finance and Performance Committee CCG Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Commissioning Committee (CC DOI) Primary Care Commissioning Committee (PCCC)	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.		14/08/2015	20/10/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Finn	John	Interim Executive Director of in-hospital commissioning to 31 May 2021 Substantive post Associate Director of Commissioning, Northern, Planned Care and Cancer	Member of Governing Body Exec Meeting Commissioning Committee (CC DOI) Northern Integrated Delivery Meetings System Restoration and Transformation Group Planned Care Programme Board	No interests declared		19/01/2017	23/03/2021	Personal	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Fox	Matthew	Governing Body Locality GP NHS Devon CCG	Member of Governing Body A & E Delivery Board (SD&T)	GP principle, Barton Surgery, Dawlish. Director, Dawlish Medical Group Associate Medical Director TSDFT from 1 April 2019 Barton Surgery have rented a room to Chime. University of Exeter Medical School, Academic tutor and student teacher GP Locality Clinical Director Primary Care Network - The Coastal Network F2 academic tutor through the Deanery	Spouse is a co-owner of Barton Surgery Pharmacy Building	22/09/2016	17/04/2021	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay and South Devon NHS Foundation Trust
Dr	Greenwell	David	Governing Body Locality GP	Member of Governing Body Member of Finance and Performance Committee Remuneration and Workforce Committee(Non exec rem) Member of Devon JCEG	GP partner at Southover medical practice Member of an independent cooperative that provides out of hours medical cover to Devon Prisons Shareholder in Devon Doctors on Call Member of Upton Vale Baptist Church (personal interest) Member of Clinical Cabinet Primary Care Network - Torquay	Spouse is freehold owner of Southover Pharmacy	20/08/2015	22/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Hargadon	Judy	Non Executive Lay Member - Primary Care and Prevention Geographical remit - Southern	Member Governing Body Member Audit Committee Member of Primary Care Commissioning Committee (PCCC) (Chair) Member of Remuneration and Workforce Committee Equality, Diversity and Inclusion Group IUCS Procurement Oversight Group (Chair)	Member of Women's Equality Party.	Spouse is Chair of Dartington Hall Trust Brother is GP in Cornwall	01/05/2019	15/04/2021	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Harrell	Ruth	Director of Public Health, Plymouth City Council	Devon STP Clinical & Professional cabinet NHS Devon CCG Governing Body Member of Devon JCEG Member of Strategic Commissioning Partnership Primary Care Commissioning Committee (PCCC)	Director of Public Health for Local Authority		26/10/2016	18/08/2020	General	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Plymouth City Council
	Harris	Penny	Director - In Hospital Commissioning	Attendee of Governing Body CCG Execs and Clinical Chairs Senior Leadership Team (SLT) Strategic Commissioning Partnership CCG Executive Team Meeting Finance and Performance Committee Strategic Commissioning Programme Board Commissioning Committee (CC DOI) System Restoration and Transformation Group Devon Urgent Care Board	Director of KERR Darnley Ltd Providing commissioning advice to variety of CCGs and Coaching/contract training Director of Kerr Mediation ltd - working alongside LMC law taking on primary care mediations commissioned by the LMC.		23/07/2019	29/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	KERR Darnley Ltd

Dr	Johnson	Paul	Clinical Chair NHS Devon CCG	Member of Governing Body (Chair) Member of Remuneration and Workforce Committee Attendee Primary Care Commissioning Committee (PCCC) non voting Commissioning Committee (CC DOI) Strategic Commissioning Partnership	GP Partner, Cricketfield Surgery (ceased August 2019) Salaried GP, Cricketfield Surgery (ceased December 2019) Member of Templar Care PCN (ceased December 2019) Locality Clinical Director at Torbay and South Devon NHS Foundation Trust (Nov 2016 to 28 March 2017) Church Warden Holy Trinity Church (ceased 2018)	Spouse works in emergency department at RDE and for Exeter Medical School	21/08/2015	21/10/2020	Financial Interest	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Kennedy	Nick	NHS Devon CCG Governing Body Secondary Care Clinician	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) QEIA Panel Member of Audit Committee Member of Devon JCEG Commissioning Committee (CC DOI) Member of Devon Clinical Cabinet System Restoration and Transformation Group	Governing Body Independent Clinician BNSSG CCG Member South West Clinical Senate Council Advisor to Western Provident Association, Medical Insurer Consultant Anaesthetist, Taunton and Somerset NHS Trust Member of national Independent Funding Request Panel NHS England Non-Executive Director GO-OP, GO-OP is a Multistakeholder Co-operative Society (Somerset Rules), registered under the Co-operative and Community Benefit Societies Acts. GO-OPGO-OP will be the UK's first co-operatively owned and run Train Operating Company Introduced PPE supplier (Orthofix International) to Devon CCG. Company part owned by my cousin Non-Executive Director of a start up limited company called LinkExec, an online business aimed at promoting start up businesses and investors. April 2020 working one day a week for Somerset CCG on their Clinical Strategy and the Taunton/Yeovil merger strategy (11 Feb 2021) Trustee of St Margaret's Hospice Somerset		26/09/2017	12/03/2021	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dr	Kerr	Simon	Governing Body Clinical Lead – Eastern.	Member of Governing Body Member of Quality Assurance Committee Attendee Remuneration and Workforce Committee Attendee of Audit Committee Member Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Eastern Locality Delivery Group	Chair of East Devon , Exeter and Mid Devon GP Members Forums GP Exec. Partner Coleridge Medical Centre Shareholder in Devon Health GP member of East Devon Health Federation GP Partner in Honiton , Ottery , Sidmouth Primary Care Network	Spouse works for Exeter Social Services	14/02/2017	28/04/2020	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Dame	Leather	Suzi	Independent Chair Devon ICS	Attendee Governing Body, NHS Devon CCG	Chair Independent Adjudicator for Higher Education in England and Wales Deputy Lieutenant of Devon 2009 Patron UK Clinical Ethics Network 2020 - Advisory Board for Social Mobility in the South West April 2021 Chair Devon Ethical Reference Group Member Labour Party Vice President Hospiscare Fellow ad eundem Royal College of Obstetricians and Gynaecologists Honorary Fellow Royal Society for Public Health	Close relative is a GP in Exeter Close relative is a psychiatrist in Manchester and Brize Norton Close relative - Director of Global Health, Kings College, London Relative is a psychiatrist in London	06/04/2021	06/04/2021	Indirect interest	indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Masters	Susan	Deputy Chief Nursing Officer	Quality Assurance Committee (QAC) Member of Audit Committee Member fo Governing Body (Deputy for CNO)	Trustee Director of HQIP (Health Quality Improvement Partnership)		01/03/2021	01/03/2021	General Interest	indirect		Devon CCG
Dr	McCormick	Shelagh	Lead Clinical Representative (Western) – CCG Governing Body Strategic Clinical lead - Maternity Clinical Lead - Western Locality Clinical lead - Mental Health	Member of Governing Body Member of Quality Assurance Committee Member of QEIA Panel Member of Remuneration and Workforce Committee Member of Primary Care Commissioning Committee (PCCC) Member of Individual Packages of Care Panel (IPOC) Member of Local Maternity System (LMS) Board and Operational Committee	Elected member (and Deputy Chair from September 2019), South West Regional Council of BMA GP Appraiser (NHS England) Shareholder GlaxoSmithKline Working at Church View Surgery as self-employed sessional GP Elected to the Medical managers Committee of the BMA from September 2019	Partner is: Medical Secretary and Board member of Devon LMC GP Partner, Church View Surgery, Plymstock Clinical Director of Mewstone Primary Care Network(PCN)	26/09/2017	20/10/2020	Financial, Professional & Personal Interests	Direct & Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Milligan	Jane	Chief Executive of the Integrated Care System for Devon (ISCD) and NHS Devon Clinical Commissioning Group (CCG)	Member of Governing Body CCG Executive Team Meeting Senior Leadership Team (SLT)	Non Executive Peabody Housing Association House of St Barnabas Charity member	Partner Trustee for Action for Stammering	04/02/2021	04/02/2021	Personal	indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Millward	Andrew	Devon System Director of Communications and Engagement. Chief Communications, IT and People Officer, NHS Devon CCG	Member of Governing Body CCG Executive Team Meeting Joint Staff Partnership Senior Leadership Team (SLT) Attendee Audit Committee Member of Remuneration and Workforce Committee Member of Vacancy Control Panel Equality, Diversity and Inclusion Group	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University DELT Board Member, CCG Devon nominated director		19/06/2018	14/04/2021	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

Pearson	Nick	Chief of staff Office of the accountable officer for the ISCD and CCG	Senior Leadership Team (SLT) Commissioning Committee (CC DOI) Patient Engagement Group Primary Care Operational Group (PCOG) Attendee of Governing Body CCG Executive Team Meeting	Member of Exeter City Football Club Advisory Board Director, Centre for Health Communication Research, Buckinghamshire New University	Spouse is owner of Pearson Creative	13/01/2017	29/03/2021	Non-Financial Personal Interest	Direct & Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. Will not be commissioned by employee	NHS Devon CCG
Quartermaine	Jade	Senior Administrator	Administrative support to: CCG Senior Leadership Team (SLT) Exec Team Meeting Governing Body	No interests declared		01/08/2016	20/08/2020				NHS Devon CCG
Sargeant	Lincoln	Co-opted member of Governing Body	Member of Governing Body Member of Strategic Commissioning Partnership	Director Public Health, Torbay Council		24/02/2021	24/02/2021			Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	Torbay Council
Snaith	Ginny	Board Secretary	Attendee of Governing Body (non voting) Attendee of Quality Assurance Committee Attendee of Finance and Performance Committee Attendee of Audit Committee Attendee of Remuneration and Workforce Committee Attendee of Commissioning Committee (CC DOI) Attendee of Primary Care Commissioning Commitee (PCCC) CCG Executive Team Meeting Senior Leadership Team (SLT) Working with Industry and Sponsorship Group System Restoration and Transformation Group Member of Strategic Commissioning Partnership	No interests declared		22/03/2019	10/08/2020				NHS Devon CCG
Tapley	Simon	Interim Accountable Officer for NHS Devon CCG. Director of Commissioning for NHS Devon CCG Joint Adult Social Care Lead (South Devon), Devon County Council	Member of Governing Body Strategic Commissioning Partnership CCG Executive Team Senior Leadership Team (SLT) Attendee Audit Committee (Audit Committee) Finance and Performance Committee Commissioning Committee (CC DOI)	Secondment agreement with Torbay Council (1 July 2017 for six months) Joint role with DCC as Adult Social care lead (south Devon)	Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG Step-son has started working as a health-checker	01/11/2016	21/10/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Tetley	Piers	Associate Director of HR and OD	Attendee of Remuneration and Workforce Committee Joint Staff Partnership Senior Leadership Team (SLT) Attendee of Governing Body/Member Governing Body (Deputy for Director of Communications) Member of Vacancy Control Panel CCG R&T Project Team meeting	No interests declared		16/10/2018	19/10/2020				NHS Devon CCG
Turl	Jo	Executive Director of Commissioning - Out-Of-Hospital	A & E Delivery Board Senior Leadership Team (SLT) Mental Health Team Meeting Member of Strategic Commissioning Partnership Member of Governing Body Attendee Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) CCG Executive Team Meeting Strategic Commissioning Programme Board Commissioning Committee (CC DOI) Quality Assurance Committee	No interests declared		13/08/2015	19/10/2020	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
Turner	Graham	Non Executive Lay Member-Finance	Member of Governing Body Member of Finance and Performance Committee (Chair) Member of Audit Committee Member of Remuneration and Workforce Committee (Chair)	Co-opted Councillor on Budleigh Salterton Town Council (Independent Member – non-political)	Son employed by Care Quality Commission as an Information Analyst	16/10/2019	09/02/2021	Indirect interest		Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

Dr	Womersley	John	Governing Body Clinical Lead – Northern Locality	Member of Governing Body Attendee of Audit Committee Member of Finance and Performance Committee Member of Primary Care Commissioning Committee (PCCC) Remuneration and Workforce Committee (Non exec rem) Northern Integrated Delivery Board	Member of One Ilfracombe Board Chair of One Northern Devon Partnership Board	14/02/2017	28/09/2020	Personal	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Wooldridge	James	Associate Non Executive Lay Member	Attendee Governing Body	Managing Director of Recovery Devon CIC which is directly funded by Devon Partnership NHS Trust (DPNHST) Proprietor of Positive Notions. A private consultancy providing mental health training services to various organisations including but not limited to: DPNHST, University of Exeter, University of Plymouth, Livewell Southwest There may be an increased reputational benefit to my Positive Notions consultancy through membership of Devon CCG. I will advocate for various mental health groups and organisations including Recovery Devon CIC, that may be in receipt of commissioned funding from Devon CCG In receipt of individually funded treatment My general interest lies in mental health, wellbeing and recovery. I intend advocating for groups and organisations that adopt and demonstrate the values and principles associated with the recovery approach	28/10/2019	14/04/2021	Financial /non Financial Professional Interests/ General	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG

NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting
DRAFT minutes held in PUBLIC

Date: 25 March 2021 Time: 09:30 – 11:57am Location: Via Microsoft Teams

Item	Discussion	*Action*
1	**Patient Story** The chair welcomed everyone to this Governing Body meeting in public PJ formally welcomed Dame Suzi Leather (DSL) Independent Chair, Devon STP who would be joining our Governing Body meetings over the next few months whilst we move through the Integrated Care System transition period. PJ reminded the members the importance of focusing on the population that we serve and hearing stories from patients and the public on services we commission or provide. PJ welcomed Debbie Frances (DF), lead CEO for Project and Training Consultancy, which is a social enterprise, working to improve the lives of young people affected by mental health issues. DF shared her experience as a parent/ carer for her daughter who had been affected with mental health issues over the past few years and she explained the difficulties they had in gaining access to services. DF described her daughter's care which had resulted in a period of hospitalisation and was placed in an out of area private provider. DF noted that Devon is one of the highest areas in the country for out of area placements. DF voiced her frustration and failings of service provision and this pushed her to set up an early intervention support service in delivering training across trusts for Child and Adolescent Mental Health Services (CAMHS) inpatient units around shared decision making. DF touched on initiatives in other countries such as Australia and the learning outcomes identified shows that early intervention and innovation is key for people who are struggling. She felt that Devon should be more courageous to make changes and invest in the voluntary sector with the organisation playing a more preventative role. PJ thanked DF for sharing her story with honesty, drive, and passion. He also acknowledged the importance of voluntary care sector work and the need for the CCG to engage with them effectively along with our ambition to working in partnership. ST was sorry to hear that DF's daughter had not received the treatment or support that she deserved and the many failings and errors through lack of investment or workforce was not acceptable.	

	ST announced there is going to be a launch of a community mental health framework and offered to meet with DF outside of this meeting to discuss ideas of how the CCG can improve not just care, but also how we can work more closely with the voluntary care sector and carers. DSL thanked DF for presenting and reminding us the reality of parent difficulties and bringing this to our attention so we can engage better, firstly by listening, co creating solutions and strengthen voluntary sector engagement and funding. DG added that we must take responsibility as a system for failure and we should undertake a review of evidence to identify what works in terms of treatment. He also recognised the value of carers and the need for more support for them. AD asked what the CCG could do in the short term to support families while making changes, and DF responded that early intervention, peer support groups and education to support carers would be a first step. Families equipped with knowledge and information supports shared decision making and good choices. NB asked what else DF had identified from the learning outcomes from Australia's initiative and she confirmed that open dialogue with the family and a strength-based focus was evident and services for young adults that go up to 25 years of age also helped with transition to adulthood. On reflection PJ noted that we cannot change things that have happened however we can use experience to improve things and wider influence other people facing similar pressures. PJ thanked DF for providing the opportunity at this meeting to do that and this has been valuable in talking to someone with lived experience. PJ committed to ensure this experience would be brought into discussions and opportunities to do things differently and better and asked ST and JT to feedback that learning to improve outcomes. PJ thanked DF and DH for attending. *Debbie Francis and Darin Halifax left the meeting.*	
2	**Welcome and Apologies** The following apologies were recorded for: Dr Shelagh McCormick Dr Simon Kerr Penny Harris Charlotte Burrows Gaynor Appleby It was noted there was no written questions submitted by members of the public in advance of this meeting.	
3	**Register of Interest (ROI)** PJ referred to the ROI included in the pack and the following amendments were made: • Alison Davis (AD) confirmed she was no longer a member of the foster care panel for Torbay Council	

	• Dame Suzi Leather (DSL) noted her declaration of interest would need to be added to the register as she would be a regular attendee of the future CCG Governing Body Meetings. There were no conflicts of interests declared pertaining to the agenda items scheduled for this meeting. **The Governing Body received and noted the ROI**	
4	**Minutes of the last meeting** PJ led a page by page review of the minutes of the last meeting held on 25 February 2021. These were approved as a true and accurate record of the meeting. **Action Log** 1. As this action had been completed, it was agreed for this to be formally closed. 2. As this action had been completed, it was agreed for this to be formally closed. 3. MIUs and out of hospital urgent care action to remain open and added to the forward plan for June 2021.	
5	**Schedule of what the Governing Body is to achieve at this meeting** PJ referred to the summary paper which highlighted the assurance and decisions being asked of the Governing Body for this meeting. He requested the members to let him know if this schedule was use of if there was anything further to add. **The Governing Body noted the contents of this report.**	
6	**Chairs Report** PJ did not propose to add anything further to this report but highlighted that since writing this report we have received formal approval from NHS E/I that Integrated Care System (ICS) status has been granted from April. He expressed his thanks to DSL and ST for their contribution to the work that had been undertaken which has demonstrated system maturity to operate as an ICS. PJ noted that this Governing Body meeting would be the last meeting ST would be attending in his role as interim accountable officer (AO). PJ welcomed Jane Milligan, who would be taking up her role as Devon STP CEO lead and CCG AO from 1 April. There had been a concern that whilst CB was on a period of maternity leave this would impact on the quoracy for the Quality Assurance Committee. PJ formally asked the Governing Body to approve AD, associate non-executive director to cover CB's membership of the QAC during this time. **The Governing Body unanimously approved for AD to cover CB's membership of the QAC and there were no abstentions.** **The Governing Body received and noted the contents of the Chair's report.**	
7	**Accountable Officer's Report** ST was pleased to report that 600 people in Devon have now received their first dose of the COVID-19 vaccination, and he personally thanked everyone who had been involved in this programme across the system, particularly DA. Without DA's leadership of this programme we would not have got to this position.	

	Supporting staff health and wellbeing continues to be a top priority and we have held around 78% of one to one check-in with staff which have been mostly positive. There are some areas that require further work such as wellbeing courses and protected lunch breaks. ST referred to the Devon Together community newspaper which has published specially to reach people who do not have access to social media. Although the vaccination programme has gone well, JH wondered if we are allowed encouraging through employers for staff to be vaccinated in high priority groups. DA responded to confirm that targeted work is underway. He explained that the CCG is working with the police authority and fire service where staff can be called for vaccinations at short notice, and he was pleased to report we are seeing a good uptake. DA added that we are also publicising mobile vaccine units visiting higher risk employers, and we are also reviewing cohorts 1-9 to ensure no one is missed. DA mentioned that we had seen a hesitancy linked to age and we need to learn from this to adapt our model for access. JWo wondered as we move down the cohort of age groups, will we see a reduction in vaccines and is there a risk we will be wasting vaccination doses. DA replied to confirm this area of the programme is being monitored closely and as it currently stands against cohorts 1-9 there is minimal wastage of 0-2% on a day to day basis. **The Governing Body received and noted the contents of the AOs Report.**	
8	**Recovery and Transformation** JF introduced this paper and did not propose to go through it in detail, but the report detailed the current position and actions to restore activity levels of service for 21-22. He highlighted the following: • **RTT** – focused weekly meeting of surgeons underway to review the current position which has shown a good level of engagement and a move to 7 day working • **Outpatients** –Devon has seen a record number of first and follow-up outpatient appointments which is positive. It was noted that Devon is lagging digital and phone consultations and some of this is attributed to space requirements • **Diagnostics** – there is a continued focus on improving diagnostic performance • Endoscopy – significant improvements around capacity has been seen and this continues • **Cancer** – we have achieved a single system wide two-week summary produced weekly which will allow for actions to be put in place immediately rather than wait for national data which can take up to two months LS wondered to what extent waiting indicators are being reviewed around inequality variation such as learning disability, black, Asian, minority ethnic (BAME) and deprivation, and how we use the engagement for the vaccination uptake to target groups which would support restoration. JF acknowledge this and was pleased to report that Dr Clare Hooper, elective care lead is undertaking and impact review of COVID inequalities and the outputs would be presented to a future Governing Body. GAth asked whether exhaustion and stress had been factored into the restoration programme and JF confirmed that rest times for staff had been incorporated.	

	JWo was pleased that digital ways of working were working in some areas and asked about unintended consequences in referral pathways and returning patients from secondary care back to primary care. JF confirmed that there had not been any issues raised but that he would link with primary care commissioning team to check for any potential problems. GT as a patient voice asked if digital consultations were better or more popular for patients. JF described a patient's referral pathway and if it was identified that a face to face consultation was the most appropriate for the patient the default option would be removed. To date feedback from the outpatient programme indicated that digital consultations was positive. AM added that there had been engagement work with the Devon citizens panel around the support for digital consultations and confirmed that the CCG is working with Healthwatch to support training and access to digital technology. GS also highlighted that there is a specific workstream looking at digital inclusion and the ongoing monitoring of service issues with regards to data. PJ directed the members to page 6 of the report and the positive cross organisational working to tackle issues and thanked JF and the team for their work. PJ noted that we don't have a snapshot of best practice for surgical procedure but over the next 12 months we will assess progress compared to our ambitions. **The Governing Body received and noted the contents of the restoration report and support detailed actions.**	
9	**Current position of Minor Injury Units (MIUs) and out of hospital urgent care** JF informed the members that to develop recommendations for the future shape of community urgent care provision an assessment will need to be carried out including a review of evidence and systems plans to understand all relevant factors. JF noted this would take time to develop and proposed that a full report would be presented to the Governing Body in June. GT referred to several locality reports that have indicated that MIU's had closed for a period due to staff shortages and asked how this had impacted on other parts of the system. JF responded to confirm there had not been any negative impact in the short term, and the future of MIU's would be included in the planned review of community urgent care provision. **ACTION 1** **MIU's and future shape of community urgent care provision to be added to the Governing Body forward plan for June 2021. Post meeting update this action has been completed.**	
10	**Local Care Partnership (LCP) Updates** *Tim Golby joined the meeting.* PJ asked the members to take the enclosed reports as read, but there would be an opportunity for further discussion on the updates for the Northern and Eastern Locality, <u>Northern Devon</u> TG reported that there were similarities across the Northern and Eastern LCPs. The structure of the LCP for Northern had been previously circulated to the members and	

was shared on screen. TG described in detail the reporting arrangements and drew attention to One Northern Devon and the focus on the wider elements of health and wellbeing.

He talked about branding for each market town like One Northern Devon and that areas are beginning to work as a system partnership. He acknowledged there is a strong focus on wellbeing and more to do with the delivery group to improve performance.

JWo added that the Northern locality is seeking to work more closely with voluntary sector organisations and break barriers making every conversation count with early intervention to address wellbeing challenges to support the population.

The natural environment has a close link with natural Devon and this sort of active programme supports people in feeling better and he looks forward to the concept that health is more than just medicine. JWo asked that the CCG focus on this and social markers as a potential change for our population wellbeing.

JWo described how One Northern Devon was formed from a bottom of organisation and that guidance and funding was important and needed to be recognised. JW wondered whether the success of One Northern Devon could be replicated elsewhere in the county.

JH asked about the challenges around recruitment and retention and was this an issue for the future. TG responded that workforce differs in places and he provided a high level of assessment. He recognised that Northern Devon have a usual pattern of shortages across medical areas and that the pandemic had made a difference, this issue was less significant in Eastern Devon.

TG felt that the best people to support local communities are the people that live in communities themselves and that financial resource was the largest block to delivery in many areas.

DSL acknowledged there was not an LCP blue print and it was clear there were great innovations happening and encouraged for these to be brought together across the ICS along with an evaluation to gain a sense of what is working and what is making an impact.

AM added that work is underway with local communities to support them better to strengthen links and connections and LCPs are critical to support working together and build on team strengths.

<u>Eastern Devon</u>
TG pointed out that Eastern Devon are using the same model and however the less developed area is the forum. There is open dialogue and groups have been established such as three sub localities, Exeter, East and Mid building on what already exists.

TG touched on the recent award for Carers Services and active engagement with primary care network directors which was a tribute to system contributions and there is an ambition for a conference in the Autumn for Eastern Devon to develop ideas.

PJ thanked TG for the LCP updates for Northern and Eastern Devon.
Tim Golby left the meeting.

The Governing Body received and noted the contents of the LCP update reports.

11	**Assurance Committee Updates** Finance and Performance GT did not propose to go into this Chair's report in detail but drew attention to the Mental Health Provider Collaborative and the intention to delegate in shadow form the commissioning of adult, children, young people and learning disability services to the lead provider for this collaborative. At the Finance and Performance Committee there was several suggestions for areas of assurance that will require oversight for the next 12 months. GT briefed the members that formal approval from the Governing would be required after scrutiny by the quality assurance and finance and performance committees. GT felt this collaboration was a positive way forward as an opportunity to bring a focus on mental health improvements. JT agreed and confirmed there had been discussions with the clinical senate to identify where we need to focus to drive changes and reduce variation in Devon. Patient experience will be taken into consideration and she confirmed that regular reports will be presented to assurance committees and Governing body before any decision making. **The Governing Body:** • **Reviewed the contents of Better Care Fund (BCF) report and the accompanying s75 agreement for 20-21 and was satisfied with the agreement and formally approved that it could be signed and sealed.** Quality Assurance Committee There was nothing further to add to this report. Primary Care Commissioning Committee There was nothing further to add to this report. Commissioning Committee There was nothing further to add to this report. **The Governing Body received and noted the contents of the Assurance Committee Chair's Reports.**	
12	**Any other business** PJ thanked ST for stepping forward into the interim AO role and for the personal sacrifices that ST had made which had not gone unnoticed. PJ acknowledged that ST was principled, passionate and had led the transition of a single CCG and response to the pandemic. He said that ST had been focused on high quality commissioning, culture and staff and had been brave and earnt respect from the wider Devon system. PJ had enjoyed working alongside ST who had tackled tough things with a good ethos and sense of humour and was pleased that he would continue to be working with ST albeit in a slightly different way. DG also gave thanks to ST for taking on this role and that we should not underestimate the recognition in doing this. His said that STs style of leadership was patient centred and always felt like he was a service user which was refreshing. He pointed out that ST was inclusive when taking on views before decision making remaining calm and keeping clinicians at the centre of the CCG listening to what they say about services.	

	NB acknowledged that ST had led the health community through its greatest challenge whilst being genuine, fair and with the ability to continue to think about individuals that work for him. JD conveyed thanks to ST on behalf of the executive team who he had led in a fantastic way where his values have shone through strongly acknowledging when things were not always right and gave encouragement to the executives to keep trying. The last 12 months have been unprecedented, but ST found time space and energy to support the executives in moving forward and they looked forward to continuing that journey together.	
13	**The meeting closed at 11:57**	

Attendees (attended** / apologies A)	
Name and initials	*Title and organisation*
Alison Davis (AD) **	Associate Non-Executive Director, Devon CCG
Andrew Millward (AM) **	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Charlotte Burrows (CB) A	Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG
Darryn Allcorn (DA) **	Chief Nurse, NHS Devon CCG
David Greenwell – Dr (DG) **	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Gaynor Appleby (GApp) A	Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG
Glynnis Atherton (GAth) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **	Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
James Wooldridge (JW) **	Associate Non-Executive Director, Devon CCG
Jayne Carroll (JC)**	Chief Operating Officer, Devon CCG
John Dowell (JD) **	Chief Finance Officer, Devon CCG
John Finn (JF) **	Interim Director of Commissioning – in hospital, Devon CCG
John Womersley – Dr (JWo) **	Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) **	Director of Commissioning - out of hospital, Devon CCG
Judith Hargadon (JH) **	Non-Executive Director/ Lay Member – Primary Care
Lincoln Sargeant (LS) **	Director of Public Health, Torbay Council
Matt Fox (MF) A (in absence of DG)	Clinical Representative, Southern Locality, Devon CCG
Nick Ball (NB) **Vice Chair** **	Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) A	Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) **Chair** **	Clinical Chair, Devon CCG
Penny Harris – (PH) A	Director of Commissioning in hospital, Devon CCG
Ruth Harrell - Dr (RH) **	Director of Public Health, Plymouth City Council
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) **	Executive Director and SRO for Integrated Care Partnership (Western Devon), Devon CCG

Steve Brown (SB) **		Director of Public Health, Devon County Council
In Attendance		
Nikki Coombes (NC) ** **Minute Taker**		Executive Assistant, Devon CCG
Dame Suzi Leather (DSL) **		Devon Sustainability and Transformation Partnership (STP) Independent Chair
Debbie Francis. (DF) ** **item 1**		Chief Executive Officer, The Project Training and Consultancy
Darin Halifax (DH) ** **item 1**		STP Lead for the Voluntary, Community and Social Enterprise
Tim Golby (TG) ** **item XX**		Joint Locality Director, North and East (Health and Care) DCC and Devon CCG
Minutes approved	Date:	Signed by chair:

NHS Devon Clinical Commissioning Group

GOVERNING BODY - PUBLIC ACTION LOG										
Action Number	**Date of Meeting**		**Target Date**	**Lead**	**Progress on action**	**Assurance required to close action**	**Date Closed**	**By whom**	**Reported to Committee**	**OPEN/CLOSED**
Actions should be listed in sequential order	State the date of the meeting	Set out the actions needed in order to deal with the issue identified by the group and be narrate so that if minutes are not available the action is very clear to the owner and the committee members	State the expected date for completing the action	Name of person responsible for completing the action	The most up to date information to be provided to the group on the actions undertaken Yes/No confirmation if all actions	The most up to date information to be provided for assurance that all elements of the action have been completed.	Date action formally closed	This will be the lead or person to whom the action was designated	Confirmation that committee that raised the action is content the action has been completed	Confirmation if action complete
1	25/02/2021 25/03/2021	Briefing paper on MIUs and the current position of out of hospital urgent care to be developed for the Governing Body meeting to be held in March.	10-Jun-21	John Finn	02.03.2021 this agenda item has been added to the Governing Body forward planner for 25 March 2021. 25.03.2021 MIU's and future shape of community urgent care provision to be added to the Governing Body forward planner for June 2021. Post meeting update this action to add to the forward planner has been completed.					**IN PROGRESS**

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Schedule of what the Governing Body is to achieve at this meeting				
Date of committee: 29 March 2021 **Date report produced: 20 April 2021**				
Author (s) Name and Title: **Dr Paul Johnson, Clinical Chair** **Contact Details:** **Paul.johnson4@nhs.net**		**Supporting Executive: N/A** **Name and Title:** **N/A** **Contact Details: N/A** **Report Approved by:** **Name and Title:** **Dr Paul Johnson, Clinical Chair** **Date:** 17 March 2021		
Public or Private (Governing Body only):	**Public**	√	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

The Governing Body is asked to:

- **Receive and note** the contents of the Chair's Report
- **Receive and note** the contents of the Accountable Officer's Report
- **Receive and note** the contents of the Performance and Quality Report.
  - **Agree** the month 11 performance position against constitutional and routine performance standards.
  - **Agree** the quality, nursing, and safety performance position for the period 1 April to 31 March 2021.
- **Receive and note** the contents of the monitoring and reporting of the CCG objectives
- **Receive and note** the contents of the Local Care Partnership (LCP) Reports and **participate** in the discussions with regards to the deep dive of the Southern and Western area(s)
- **Receive and note** the contents of the Assurance Committee Chair's Reports and **consider and approve** recommendations made to the Governing Body

Management of Conflict of interests:
Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via **d-ccg.governance@nhs.net** to update the central register.

Committees that have previously discussed/agreed the report and outcomes:
N/A
Key recommendations and actions requested:
This report is for information.
Impact on our objectives
(Delete as applicable) 1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes 2. Improve service performance 3. Achieve financial sustainability 4. Effective, well-led organisation with an empowered and inclusive workforce 5. Lead the system's response to the coronavirus pandemic
Reference to other documents or accompanying papers:
None
Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services		√
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance		√
Legal		√
Engagement and Consultation		√
Risk		√

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Chair's Report				
Date of committee: 29 April 2021 **Date report produced: 12 April 2021**				
Author (s) Name and Title: **Dr Paul Johnson, Clinical Chair** **Contact Details:** **Paul.johnson4@nhs.net**		**Supporting Executive: N/A** **Name and Title:** **N/A** **Contact Details: N/A** **Report Approved by:** **Name and Title:** **Dr Paul Johnson, Clinical Chair** **Date: 149 April 2021**		
Public or Private (Governing Body only):	**Public**	√	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This report contains updates on:

- Introduction
- Locality Lead GP Clinical Lead Representatives – Southern
- Devon Integrated Care System (ICS) and Clinical Leadership
- Primary Care Network (OCN) Leadership Development Workshops
- Roy Warnes

Management of Conflict of interests:
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Committees that have previously discussed/agreed the report and outcomes:

N/A

Key recommendations and actions requested:
This report is for information and the Governing Body are asked to note the contents.
Impact on our objectives
(Delete as applicable) 1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes 2. Improve service performance 3. Achieve financial sustainability 4. Effective, well-led organisation with an empowered and inclusive workforce 5. Lead the system's response to the coronavirus pandemic
Reference to other documents or accompanying papers:
None
Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services		√
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance		√
Legal		√
Engagement and Consultation		√
Risk		√

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NHS
Devon
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GOVERNING BODY – CHAIRS REPORT

1. Introduction

Welcome Jane!

Jane Milligan returned to Devon on 1 April to take up the joint role of Accountable Officer of the CCG and System Lead Executive for the Devon Integrated Care System (ICS). With a significant year ahead of us – the continued effort against Covid, the restoration of essential services and the development of the ICS I am really pleased that Jane has joined us and look forward to working with her on these 'challenging opportunities'!

2. Locality GP Clinical Lead Representatives - Southern

Following an election process run by the Devon Local Medical Committee (LMC) I am pleased to announce that Dr David Greenwell and Dr Matt Fox tenures on NHS Devon CCGs Governing Body have been extended until April 2022. I look forward to continuing working with them.

3. Devon ICS Governance and Clinical Leadership

Plans are progressing both nationally and within Devon to ensure there is appropriate governance at all levels of the ICS to enable us to deliver the purposes set by NHS England – improving population health and healthcare, tackling unequal outcomes and access, enhancing productivity and value for money, and helping the NHS to support broader social and economic development. Dame Suzi Leather is chairing the ICS Governance task and finish group with both Jane Milligan and myself as members and I am working closely with clinical and executive leads locally and regionally to ensure both our governance structure and model of clinical leadership are fit for purpose.

4. Primary Care Network (PCN) Leadership Development Workshops

Our work to support and partner with our 31 PCNs and their Clinical Directors continues and I was pleased to be a part of two workshops hosted by the AHSN on 6 and 13 April for the Clinical Directors. They clearly demonstrated what a strong place we are in with Primary Care leadership and a definite desire to work with partners both with Local Care Partnerships and the Devon-wide Integrated Care System. The CCG will of course continue to support this development journey.

5. Roy Warnes

The Covid vaccination programme continues to be a huge success with over 650,000 people in Devon having received their first vaccine and second doses being delivered on target. None of this could have been possible without the collective effort of NHS staff, local authorities, local

businesses and volunteers. On Friday 16 April I was able to celebrate the work of one such volunteer. Roy Warnes has been supporting the vaccination clinics in West Devon since they started whatever the weather, whatever the ask. On behalf of the NHS and Royal Navy I was pleased to award him with a commendation in recognition of his service along with colleagues from the Royal Navy and NHS England. Read Roy's story here

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Accountable officer report				
Date of committee: 29 April 2021 **Date report produced:** 11 April 2021				
Author (s) Name and Title: Jane Milligan, chief executive Sam Cush, internal communications manager		**Supporting Executive:** **Name and Title:** Jane Milligan, chief executive **Contact Details:** **Report Approved by:** **Name and Title:** Jane Milligan, chief executive **Date:** 22 April 2021		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This report contains updates on:

1. Our thoughts are with the Royal Family
2. Thanking you for my warm welcome
3. Prioritising urgent patients
4. CCG objectives
5. Coronavirus update
6. ICS development
7. Experiences of health and care in Devon for BAME communities and staff

Management of Conflict of interests:
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Committees that have previously discussed/agreed the report and outcomes:

N/A

Key recommendations and actions requested:
This report is for information only.

Impact on our objectives
(Delete as applicable) 1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes 2. Improve service performance 3. Achieve financial sustainability 4. Effective, well-led organisation with an empowered and inclusive workforce 5. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services		x
Health Inequalities		x
Equality (staff or public)		x
Resource and Finance		x
Legal		x
Engagement and Consultation		x
Risk		x

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Accountable officer's report

1. Our thoughts are with the Royal Family

It is with great sadness that we heard of the death of His Royal Highness Prince Philip, The Duke of Edinburgh earlier this month.

On behalf of the NHS in Devon, we send our deepest sympathies to Her Majesty the Queen and the Royal Family at this time.

The Duke had strong connections to Devon, particularly through the county's strong military tradition, and we know his loss will be felt keenly by many people here, who admired his commitment, service and steadfast support to Her Majesty.

Dame Suzi Leather DL, Dr Paul Johnson, and I have sent a letter to Buckingham Palace to express our condolences.

2. Thank you for the warm welcome

It's a real pleasure to have joined at the start of this month as the chief executive for the Integrated Care System for Devon (ICSD) and the CCG.

Through both roles, I will work with our many system partners to build on the achievements over the past few years to improve collaborative working so we can commission and provide better care for our local population.

During my first couple of weeks, I've been busy meeting people across the system including chief executives, chairs, and other stakeholders. I'm grateful for the warm welcome I've received, and I'm looking forward to getting to know everyone over the coming months.

I would like to take this opportunity to thank Simon for everything he has done over the past two years and I'm looking forward to working closely with him.

3. Prioritising urgent patients

It is now more than 14 months since the Covid-19 pandemic first began to affect us in Devon. Things are finally starting to improve, and the virus is under control.

The pandemic has, however, caused significant disruption to NHS services and we now face the huge challenge of dealing with the wider effects of the pandemic.

Whilst the NHS in Devon ran many essential and emergency services during the pandemic, such as cancer and diagnostic services, there is a real long-term impact as many patients face a long wait for treatment because routine and non-urgent procedures were delayed.

There are now thousands of people in Devon who have waited a year or more for treatment. Sadly, we expect this to grow as there are still many who didn't come forward during the pandemic and it will take a long time to understand the true extent of this.

Our focus now is to prioritise the most urgent patients and those who have been waiting the longest. All our hospitals in Devon are working together to make the best use of resources and we will continue to use the independent sector to help us reduce those waiting lists.

We know long waits will cause anxiety and impact many people's day to day lives. While it may be hard to provide some people with a treatment date at this stage, we will ensure people are kept informed.

Covid-19 has further highlighted the fact that some of our communities here in Devon live longer and healthier lives than others. People from more deprived areas, ethnic minority groups, and those with learning disabilities experience greater health inequalities. Addressing this will be one of the highest priorities as we tackle our waiting lists.

While we work hard to reduce the waiting lists, we must also balance this with the need for our staff to rest and recover from the unprecedented challenges of the last year. Staff across the country and here in Devon have worked tirelessly throughout the pandemic. Not only have they cared for patients with Covid-19 but also rolled out the vaccination programme and safely maintained as many other essential services as possible.

The task ahead is significant and will require all partners across the Integrated Care System in Devon to help tackle it.

4. CCG objectives

I was pleased that the CCG has introduced objectives for 2021/22 last month by the chief communications, IT and people officer, Andrew Millward.

The objectives, which will be monitored and RAG-rated, were co-produced with a wide range of staff and the CCG governing body.

Directors have been assigned to each objective, with actions below each one to help achieve them.

The governing body will receive updates on a quarterly basis, beginning this month, following by updates in July, October and January.

5. Coronavirus update

Lockdown restrictions were further eased on 12 April meaning care home residents are allowed a second regular visitor, which I know will be welcomed by many.

Visitors must have a COVID-19 test and wear personal protective equipment before entering a home.

Pubs and restaurants serving outside have also reopened, along with non-essential shops, gyms and hairdressers, but the rule of people meeting outside in groups of up to six or two households remain.

While this is undoubtably good news and shows the progress we are making, we're continuing to encourage local people to remain careful and follow the national guidance when meeting with others.

We are continuing to make good progress with vaccinating local people, with more than 650,000 first doses delivered in Devon, including the vast majority of people over 50.

Due to national supply constraints, appointments have been limited during April, but we have continued to vaccinate people who were due their second dose during that time.

6. ICS development

Planning for the transition to ICS continues at pace. The timescale for transition remains challenging. Those of us with long memories will recall that the 2013 Health and Social Care Act received Royal ascent almost a year before it was enacted. This time we expect less time between ascent and enactment – perhaps as little as a couple of months, and this means that we have to move swiftly.

Given the significance of the changes required I have asked Simon Tapley to lead the transition.

Simon is working with colleagues to ensure that we are able to be both fleet of foot and thorough.

We are obviously working very closely with our providers and social care colleagues and there is shadow architecture already established to support this.

Of course, new national policy and guidance will further shape what we do and we are working closely with the regional and national offices of NHS England, responding to requests for information and offering views.

We are also leading key pieces of ICS developmental work across the region, including finance, with others areas of expertise from Devon expected to be showcased in the coming weeks and months.

7. Experiences of health and care in Devon for BAME communities and staff

The COVID-19 pandemic has placed a spotlight on BAME health inequalities, both nationally and within Devon.

Building on a wide range of pre-existing programmes and processes to tackle inequalities, Devon commissioned Nous Group to better understand health and care experience, access and outcomes among Black, Asian and Minority Ethnic (BAME) communities and staff across Devon; and to identify improvement opportunities.

This project identified a range of recommendations for the ICS, which apply at both the system-wide level, and at the local level. Once finalised, these will be presented to the governing body.

More broadly, the COVID-19 pandemic has significantly raised the profile of BAME health inequalities both nationally and in Devon.

This project has identified significant appetite for change, and many pockets of good practice and emerging bright spots – including Devon's roll-out of the vaccination programme, which has incorporated many of the principles of local community engagement and understanding discussed in this report.

At the same time, the transition to formal ICS arrangements presents an opportunity to lock in new structures, processes, cultures and ways of working to tackle inequalities – and draft ICS governance arrangements, which embed responsibilities for inequalities at both system-wide and local levels are promising.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Performance and Quality Report				
Date of committee: 29 April 2021 **Date report produced: 19 April 2021**				
Author (s) Name and Title: Sarah Zanoni – Associate Director of Professional Practice Karen Helliwell – Senior Information Specialist Rob Lock – Head of Performance (North & East)		**Supporting Executive:** **Name and Title:** Jayne Carroll – Interim Chief Operating Officer **Report Approved by:** **Name and Title:** Jayne Carroll – Interim Chief Operating Officer Darryn Allcorn – Chief Nursing Officer **Date:** 19 April 2021		
Public or Private (Governing Body only):	**Public**		**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

The purpose of the paper is:

- To present the 1 April 2020 to 28 February 2021 (month 11) performance against Constitutional and routine performance standards;
- To present the quality, nursing and safety performance position for the period 1 April to 31 March 2021;
- To provide an update on performance against the Devon System Phase 3 delivery plans and trajectories;
- To provide an update on the development of the Operating plan for 2021/22 and the implementation of the Performance Improvement Framework for the Integrated Care System (ICS).

Management of Conflict of interests:
Conflicts of interests are recorded on the register of interests; at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via d-ccg.governance@nhs.net to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

N/A

Key recommendations and actions requested:

Members of the Committee are asked to:

- agree the 1 April 2020 to 28 February 2020 (month 11) performance position against Constitutional Standards and routine performance standards;
- agree the quality, nursing and safety performance position for the period 1 April to 31 March 2021;
- note the update on performance against the Devon System Phase 3 action plans and trajectories;
- note the update on the development of the recovery and operating plan for 2021/2 and the development of a Performance Improvement Framework for the Integrated Care System (ICS).

Impact on our Objectives

(Delete as applicable)

1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes
2. Improve service performance
3. Achieve financial sustainability
4. Effective, well-led organisation with an empowered and inclusive workforce
5. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

Appendix 1 - Performance report

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services	Underachievement against waiting times targets, in particular those related to cancer and very long wait patients, could have quality implications. However, this is reviewed regularly with providers and assurances sought by the patient safety and quality team.	
Health Inequalities		√
Equality (staff or public)		√
Resource and Finance		√
Legal		√
Engagement and Consultation		√
Risk	Reputational risk due to non-achievement of trajectories	

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon CCG
FINANCE AND PERFORMANCE COMMITTEE
16 April 2021
Performance and Quality Report

1. Introduction

This paper builds on the last performance paper presented to the Finance and Performance Committee on 18 March 2021. The purpose of the paper is:

- To present the 1 April 2020 to 28 February 2021 (month 11) performance against Constitutional and routine performance standards.
- To present the quality, nursing and safety performance position for the period 1 April to 31 March 2021;
- To provide an update on performance against the Devon System Phase 3 delivery plans and trajectories;
- To provide an update on the development of the recovery and operating plan for 2021/2 and the development of a Performance Improvement Framework for the Integrated Care System (ICS).

2. Context

The performance position detailed in this report reflects the period February/March 2021.

The number of Covid-19 patients in hospital beds peaked at the end of February, and during March Trusts have de-escalated their COVID surge capacity enabling the restoration of elective services to begin, balanced with ensuring staff have time to take leave for their own recovery and wellbeing.

The impact of the COVID-19 pressures on performance can be seen throughout the report and reference is made in individual sections on mitigating actions.

3. Performance

This section of the report summarises the latest available performance information, using a combination of nationally validated monthly data as at 28 February 2021 or, where available, 31 March 2021, plus some unvalidated weekly data.

It should be noted that validated national data is periodically refreshed and subject to change. Furthermore, providers are continuing to improve validation processes for weekly data, so there may be an element of data quality issues.

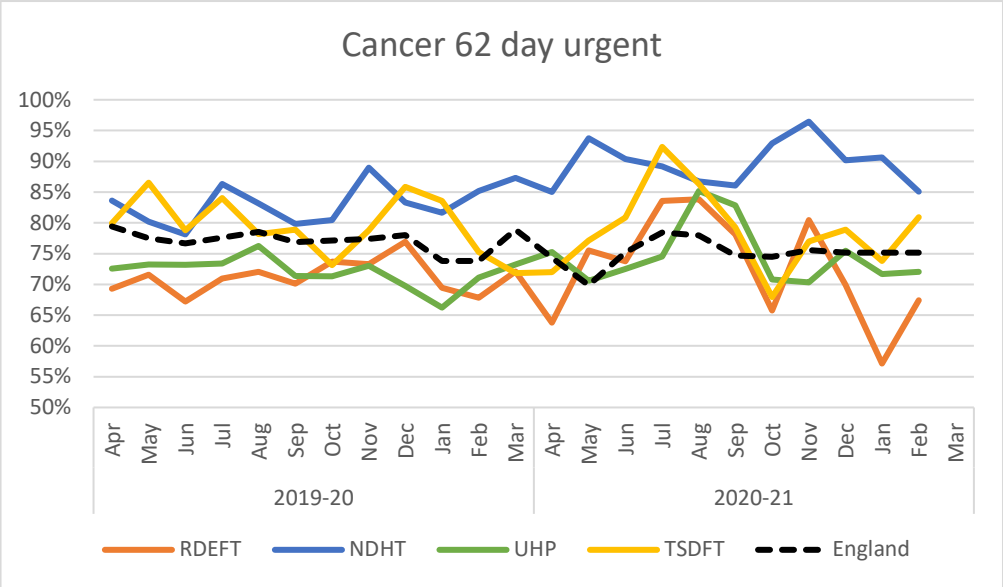
Appendix 1 shows the detailed performance information and the key Constitutional targets and other specific areas of focus, including Mental Health and Children's Services, are summarised below.

Cancer Waiting Times

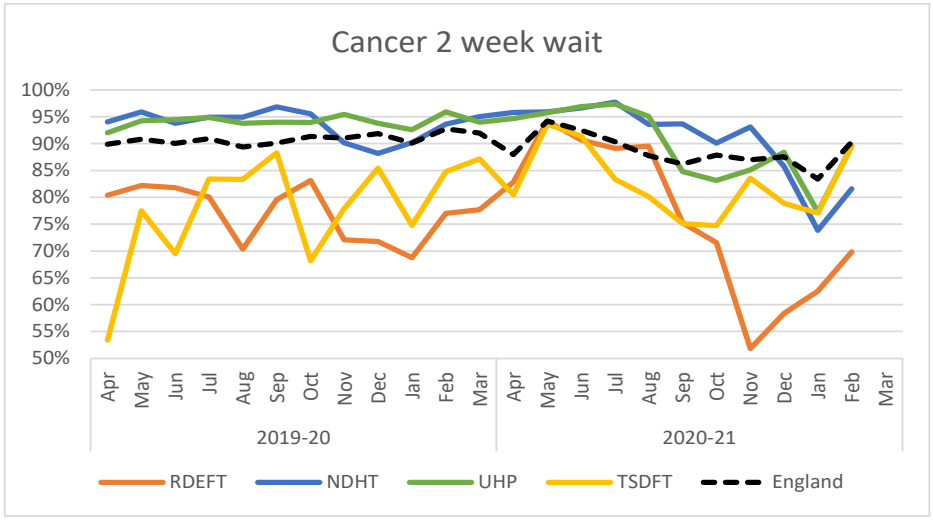
Performance against the Cancer 62-day urgent standard improved in February, with the Devon Sustainability and Transformation Partnership (STP) position rising from 70.5% to 75%.

Plans are in train for mutual aid to ensure equity of service across the system as it is accepted that recovery of services will happen at different rates across the system.

Northern Devon Healthcare NHS Trust (NDHT) was the only trust to achieve the 85% target, all other providers saw an improved position. University Hospital Plymouth NHS Trust (UHP) improved slightly from 71.7% to 72%, Torbay and South Devon NHS Foundation Trust (TSDFT) rose from 73.8% to 80.9% and the Royal Devon and Exeter NHS Foundation Trust (RDEFT) rose from 57% to 67.4%



Performance against the main two week wait (2WW) standard continues to be below target however performance has improved in February to 82% from 72% in January. All providers are below target, with NDHT rose from 73% to 81.6%, RDEFT improving slightly to 69.9%, TSDFT rose from 77% to 89.6% and UHP from 77.2% to 89.6%.



Breast symptomatic overall performance improved in February from 32% to 51.5% following improvements at UHP and TSDFT, however RDEFT and NDHT have seen a worsening position. TSDFT rose from 75% to 96.3% achieving the target, UHP rose from 24% to 59.8%. NDHT fell from 13% to 10% and RDEFT fell to 0% with 54 patients missing the target. RDEFT have recovered this position and are now meeting the target.

The low achievement against the 2WW standard for breast symptomatic across the system has been reflective of an increased volume of breast referrals following a national awareness campaign and coinciding with restricted throughput and staffing due to COVID-19. National guidance has been to monitor against the 28-day faster diagnosis standard (patients should receive a definitive diagnosis or ruling out of cancer within 28 days of a referral). The 28 day standard has been maintained.

The deployment of a redesigned referral form to ensure patients are directed to the service that best fits their need in a timely way, together with the use of weekend clinics and wait list initiatives have been used and, further initiatives are being explored to improve performance including engagement to support Primary Care with patient management.

A system approach to improve 2WW standard for breast symptomatic performance including mutual aid is being pursued within the Restoration of Surgery Group (RSG).

The development of the Cancer Operational Plan in response to the 21/22 planning guidance will address the need to recover. It sets out the metrics and how success will be measured for the plan with a supporting narrative that will be developed into a workplan for the year. The plan is being developed jointly with the in-hospital team to include any additional capacity being planned for cancer and diagnostics, so it reflects both performance measures, recovery trajectories and aligns with the CCG plans.

Elective Care

Providers are now fully de-escalated from the COVID-19 response, although still working within the constraints of infection prevention control(IPC) measures which will continue to have an impact on productivity.

The Independent Sector (IS) has played a key role in delivering urgent planned care during the pandemic. From the end of March the system has returned to a normal contractual relationship with the Independent Sector. The majority of IS activity will be to address trust waiting lists rather than directly referred patients as described by the four principles below

- Trusts identify patients suitable for treatment in the IS providers and commit to fill their patient capacity (with support from DRSS).
- Patients have the right to choose an alternative provider, whatever option is agreed.
- Ensure that all available IS capacity is used.
- ‘Fair share’ of IS capacity to be allocated to acute trusts who then have an obligation to ensure these numbers are fulfilled.

As providers are now resuming services that had been stood down, opportunities are being capitalised to improve productivity, rather than reinstate the service exactly as it was before

the pandemic, including challenging the assumption of routine follow ups, use of virtual clinics and pathway redesign.

System-wide Patient Tracking List (PTL) - Further system working is enabled by the adoption of system-wide patient tracking list (PTL), the project manager to support this development is now in post. The plan setting out key deliverables and expectations included in the 2021/22 priorities and operating planning guidance will be available by early May.

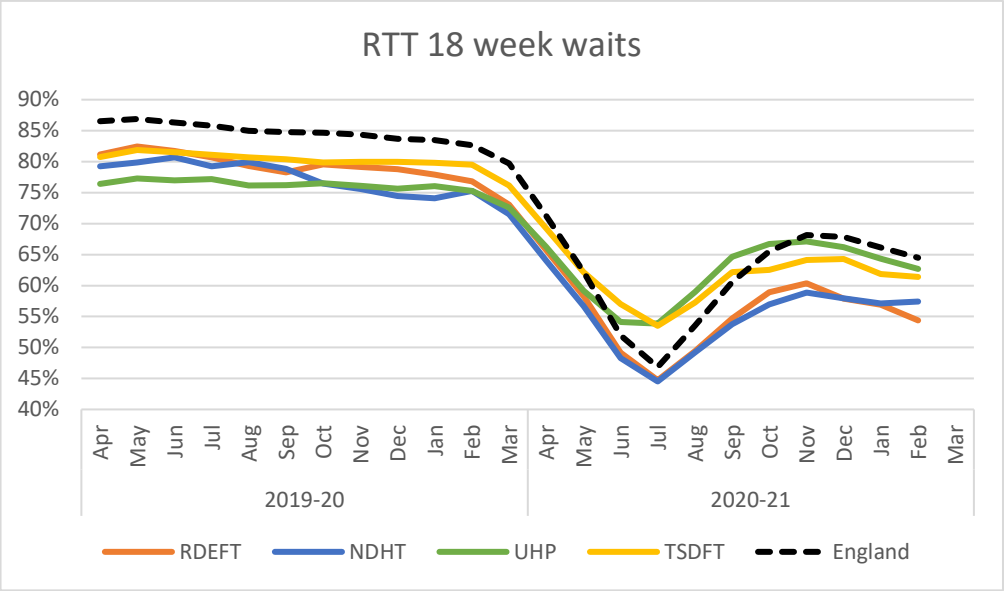
The key deliverables will include specification of a timeframe that is manageable within the context of current demands on the Devon system and include:

- The use of the 'Percentage of target time to guide scheduling of surgery'; a system creates a balance between clinical urgency and waiting time, allowing long-waiting patients to be equitably scheduled alongside more clinically urgent patients.
- The continuation of the Mutual Aid process that was established during COVID, supporting consistent recovery across Devon.
- Exploration of the options for implementing elective hubs to minimise the impact of non-elective activity and operational pressures can have on elective surgery during winter.
- Embedding GIRFT metrics as business as usual for all orthopaedic NHS and IS providers
- Engaging all partners across the Devon system to maximise the benefit of a system level PTL and facilitate collaboration and learning, from pathway improvements made during COVID-19, towards a truly integrated and resilient health care system. The aim will be to deliver consistent clinical prioritisation assessments, ensuring equity of access to services by patients across Devon, also to improve the offer of support for patients on waiting lists. This will include maintaining communication and helping with pain management, getting fit for surgery, and offering community services support, as well as clinical validation via engagement with patients. System performance frameworks will be used to measure access, experience, and outcomes for black and minority ethnic populations and those in the bottom 20% of Index of Multiple Deprivation (IMD) scores.

A System Planned Care Programme Board has been established, chaired by the Chief Executive of the RDEFT and NDHT. The Board is accountable for delivery of the restoration and transformation projects within the planned care programme, namely demand management, outpatient transformation, surgical restoration and diagnostics. The Board will ensure a balanced elective programme workplan is developed, addressing the priorities for recovery, of treating long waiters and backlogs in waiting lists, whilst recognising the wellbeing of staff. The first meeting took place on the 24th March 2021 and reviewed three key programme mandates across Devon including priorities such as orthopaedics and ophthalmology. Providers were encouraged to support and work towards improvement and transformational opportunities as a System.

Referral to Treatment (RTT) Waiting Times

Provisional February data shows a steady position for RTT 18-week performance, falling slightly from 59% to 57% at an STP level, compared to the target of 92% and national performance of 64.5%.



The latest unvalidated weekly position (04/04/2021) shows 18-week performance for NDHT at 61.5%, RDEFT at 50.3% TSDFT at 60.5% and UHP at 64.3%.

Waiting lists have continued to grow in February for all trusts. The table below shows the RTT waiting list movement between January and February by provider:

	RDEFT	NDHT	UHP	TSD
JANUARY	51,848	12,904	31,083	25,542
FEBRUARY	52,359	12,915	31,321	25,737
Variance	**511**	**11**	**238**	**195**

The number of long waiting patients also continues to increase at all Trusts, with numbers waiting over 52 weeks rising at all providers in February as shown in in the table below. Breaches are expected to continue to rise in March. Harm reviews continue to be undertaken for those patients.

	RDEFT	NDHT	UHP	TSD
JANUARY	4,877	1,496	1,913	1,570
FEBRUARY	5,899	1,639	2,304	1,823
Variance	**1,022**	**143**	**391**	**253**

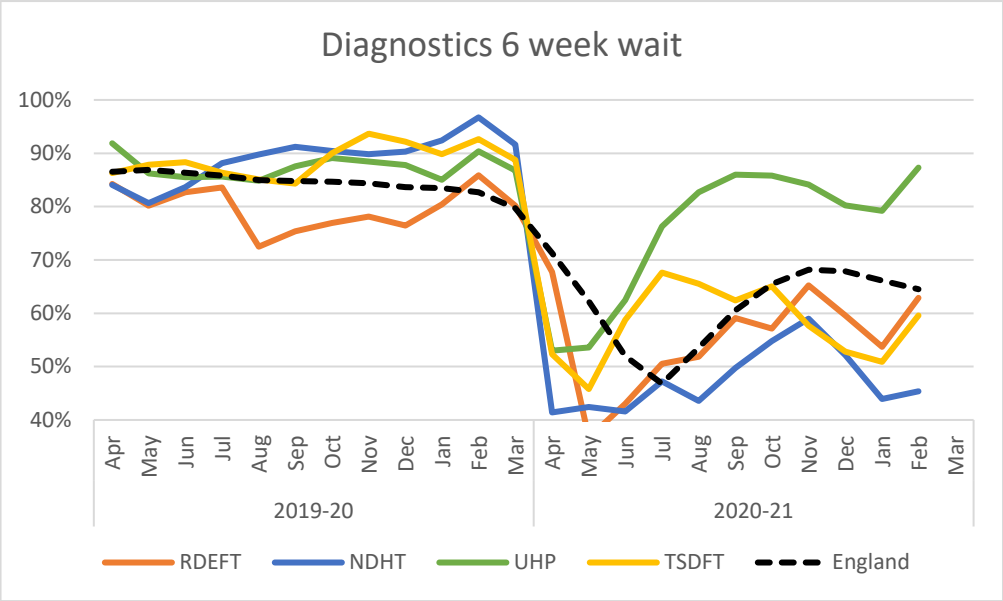
A summary of long waiters for the latest week is shown below:

	RDEFT	NDHT	UHP	TSD
40-52	1,875	470	1,294	1,054
52+	6,779	1,782	2,646	2,108
78-104	942	142	437	247
104+	28	0	33	7

Diagnostic Waiting Times

The table shows the provisional number of patients who received their diagnostic test within 6 weeks, compared to the national 99% target, and the movement between January and February. The STP position of 66.3% remains well below the 99% target and is below the England position of 71.5%.

	RDEFT	NDHT	UHP	TSD
JANUARY	53.7%	43.9%	79.2%	50.9%
FEBRUARY	62.9%	45.4%	87.3%	59.6%
Variance	**9.2%**	**1.5%**	**8.1%**	**8.7%**
YTD	**54%**	**48%**	**75%**	**58%**

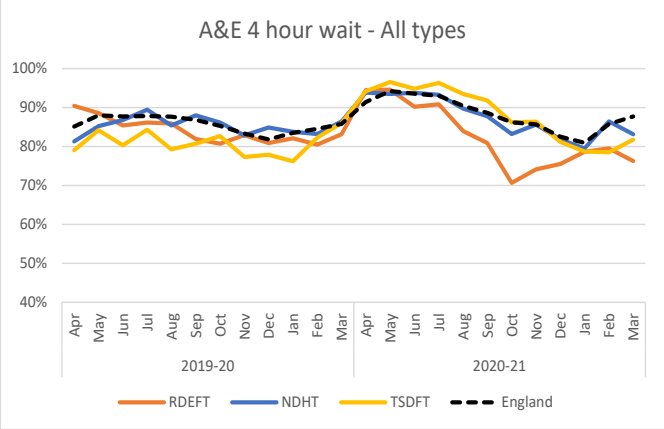


The Nightingale Hospital, whilst no longer providing beds for COVID-19 patients, will be a valuable resource to support recovery over the next 18 months and reduce diagnostic backlogs; providing additional capacity for diagnostics; CT, MRI, Non-Obstetric Ultrasound(NOUS), X-RAY and ECG. Following on from plans made pre-COVID-19 there is an expectation to include 2 rooms suitable for endoscopy. In addition, a feasibility study is progressing to support its potential use as an additional system resource to elective recovery exploring a number of areas including infusions, outpatient procedures, ophthalmology and orthopaedics.

Urgent Care

A&E Waiting Times – March Position

March saw a slight fall in performance against the 95% national four-hour standard – at 81.8% for all types and 74.3% for type 1 attendances (UHP are currently not reporting as they are piloting the new clinical standards). For the whole year 2020/21 type 1 performance was at 82.4% and all types at 86.7%, this is below the national position of 83.6% and 88.3% respectively. Overall attendances for all providers increased in the month of March to 19,614 from 14,583 in February 2021.



*UHP currently not reporting as they are piloting the new clinical standards so not reporting against the 4hr target

As lockdown measures ease, trusts are reporting an increase in GP referrals to ED which is contributing to the challenges they are experiencing to maintain ED performance and flow through the hospital.

Improving Flow

Key to improving urgent care standards is the need to optimise patient flow through the hospitals and ensuring patients are discharged as soon as they no longer meet the criteria to reside in a hospital bed. The national Hospital Discharge: Policy and Operating model, published in August 2020, sets expectations around this. A programme approach is being adopted across the Devon System to ensure that actions are taken at locality level to enable full implementation of the Policy and Operating Model. This is being informed using a national self-assessment tool Improvement and plans focused on admission avoidance and all aspects of patient flow from arrival in an ED department to timely discharge will be developed by the end of April, including improvement targets for reducing lengths of stay of over both 14 and 21 days. Oversight of the locality plans is undertaken through the System Discharge and Out of Hospital Access Group.

Ambulance Handovers

Up to and including 28 March 2021, UHP recorded 893 ambulance handover delays (that is handover times of more than 15 mins). This led to a lost resource time of 403 hours (this is lower than last full month to date). NDHT recorded 225 delays in the same time period with a loss of 28 resource hours, RDEFT recorded 572 delays and lost 59 resource hours and TSDFT recorded 350 delays with 53 lost resource hours. No harm has been reported due to handover delays, although it is recognised that harm may not be apparent at the point of handover.

From the middle of March UHP have implemented of a number of changes to the management of access pathways at the Emergency Department. This has led rapid improvement in the ambulance handover delays. The 30-day rolling average for minutes lost (in handovers between 30 and 60 minutes) was 828 minutes at the 18th March falling to 493 minutes on 28th March and 286 minutes on 11th April.

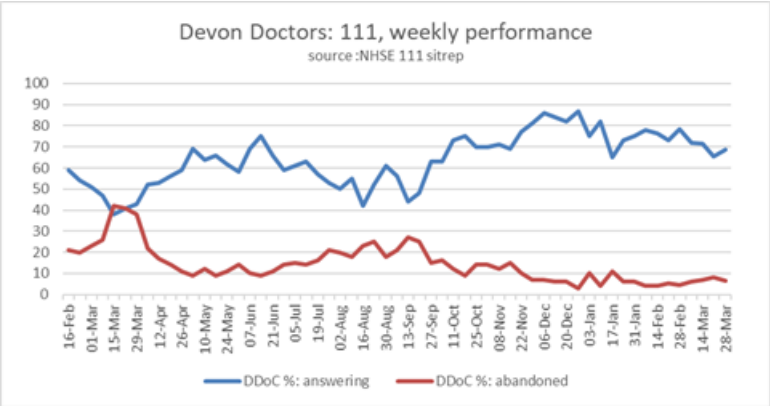
Integrated Urgent Care Services (GP out of hours and NHS 111)

The CQC reinspected Devon Doctors IUCS services in December 2020 and the inspection report was published on 17 March 2021. An overall rating of inadequate was applied and the service placed into special measures. Concerns related to all areas, including quality, governance, performance and leadership. Devon Doctors have a recovery plan in place which is being monitored and supported by both NHS Devon CCG and NHS Somerset CCG. A number of new governance systems and processes have been introduced to support the identification, reporting and management of incidents. A new post of Chief Nurse has been appointed to.

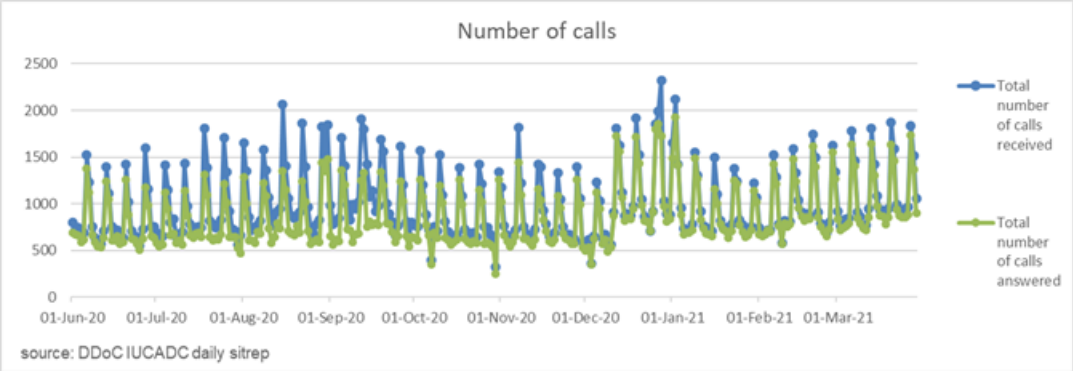
111 Performance – latest position

111 performance in March remained below trajectory for call answering and call abandonment due to small increase in demand and continued reduction in capacity, as a result of sickness, self-isolation and staff turnover. Exception reports continue to be provided as performance remains below the trajectory (which is inked to the National average).

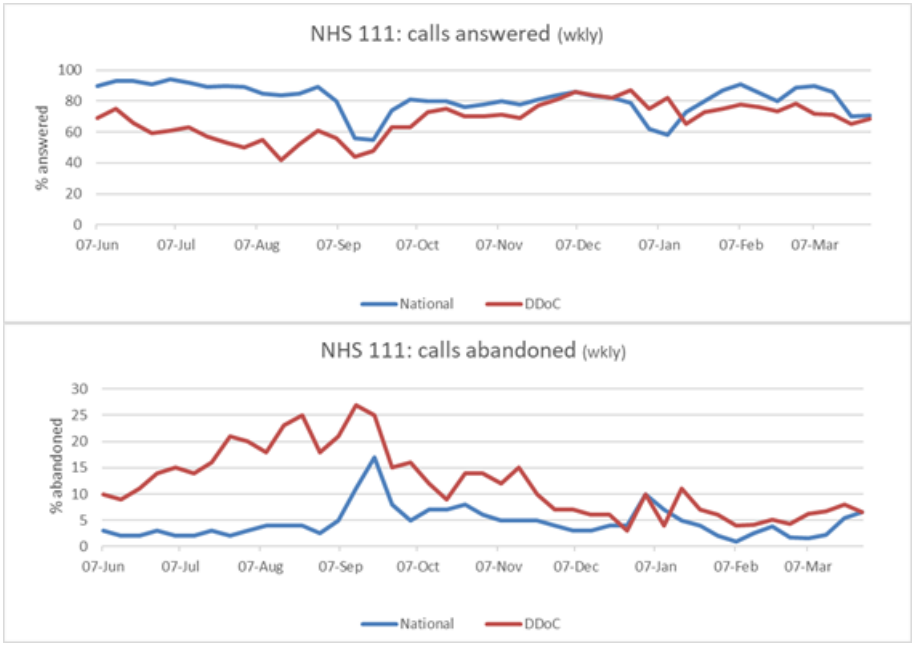
Compared to previous months, call answering performance was relatively static with call answering improving slightly.



Daily monitoring shows there are consistent days of the week with low call answering performance, the causes for which are generally understood with recruitment and training plans in place to improve by May.



The improvement trajectory is to track the weekly national averages and if outside of tolerance, 6% below for call answering and 3% above for abandonment, an exception report is required. The following graphs show Devon Doctors performance at national average in early March, but this performance is not routinely achieved.



Out of hours service

For the out of hours service, performance is monitored by the percentage of patients who start their definitive clinical assessment within agreed timeframes. Performance for March was as follows:(For all three indicators the target is 90%)

- Telephone advice / triage (previous month): 81.1% (85.9%)
- Treatment centre appointment: 83.6% (84.9%)
- Home visit: 85% (82.1%)

4. Nursing and Quality Functional Performance for March 2020

CHC: Work continues to clear the remaining backlog of CHC assessments, CCG is on target to meet the backlog trajectory (which is monitored by NHSEI), however, further challenges are noted, including: care homes are under increasing pressure and are showing some reluctance to take part in assessment processes. This is being closely monitored and managed; most assessments are undertaken virtually, but not all care homes use electronic records, making access more challenging and managing surge demands from hospitals discharging under pressure. There remains a financial risk to this work.

Safety Systems & Patient Experience:
The final draft serious incident Audit and Assurance report (a routine internal audit of the CCGs serious incident management processes) has been signed off by the CCG Chief Nurse. The report assurance opinion awarded was satisfactory, with sound ratings throughout the report.

Several providers have overdue serious incidents; COVID-19 pressures (staff redeployed / off sick) have been cited as a contributory factor. Providers have recovery plans in place and update safety systems accordingly.

In February 2021, two thirds of the informal enquiries (PALS cases) received by the CCG related to COVID-19, most notably in relation to access to treatment.

The CCG is relaunching PITCH (Yellow Cards) in April, supporting general practice to be able to report directly onto the CCG database. Several practices have reviewed the process with positive feedback provided. It is anticipated that this will make it easier for general practice to report both concerns and areas of good practice.

Infection, Prevention & Control:

COVID-19: The full national lockdown appears to have reduced overall rates of COVID-19 in Devon. As we move out of lockdown, outbreaks have steadily declined, and the majority of continuing outbreaks are small in scale. There have been isolated instances of more significant outbreaks, and these have been appropriately supported by the system.

Community outbreaks are monitored and supported through a combination of local authority, CCG and Public Health England health protection teams.

Care home COVID-19 education has continued to be offered by the community infection management service. There will be a care home learning event during the summer to facilitate outbreak learning and sharing between all care homes in Devon.

There has been a significant outbreak at Holmesley Care Home in Sidmouth, with reported deaths and positive cases. The incident is currently being investigated by the police.

The COVID-19 vaccination programme continues to progress at pace. There has been some delay to the expansion of the programme to younger adults due to supply issues and the need to ensure all currently vaccinated people are able to receive their second vaccination dose.

Safeguarding: Torbay and Devon Safeguarding Adult Partnership has received an unprecedented number of referrals this quarter for Safeguarding Adult Review, with the majority requiring requests for further information. This is a significant piece of work for providers' safeguarding and patient safety teams to complete. There are currently 11 cases going through this process, roughly double what would normally be expected.

Primary Care: The new quality dashboard is in implementation phase and will add to the overall quality intelligence available to the CCG. The Primary Care and Nursing and Quality teams are currently beginning to use this data and ongoing work with BI is still required in order to fully complete the dashboard.

5. Mental Health Summary Performance.

Across Mental Health, performance is varied, with areas of strong performance and challenge.

Perinatal Mental Health Services: The Long-Term Plan ambition was for specialist perinatal mental health services to see more women. In Devon ICS the specialist perinatal mental health service supports more women than any other service in the South West, both in terms of numbers and as a proportion of the total need. Devon ICS is also an early adopter of Maternal Mental Health Services, following a successful bid for additional funding, this service is building upon the strong track record and quality of Perinatal Mental Health Services.

Children and Young People's Mental Health: Devon ICS is exceeding the Long-Term Plan ambition for the number of children and young people accessing NHS funded mental health services; the system is currently supporting 42.92% of children and young people with a need across the ICS, against a Long-Term Plan deliverable in 20/21 of 35%.

At present, children and young people are not able to access eating disorder services fast enough when they have urgent or routine needs; Devon ICS is achieving 69.8% for urgent needs and 81.0% for routine access against the RTT standards (95% for urgent referrals within 1 week and 95% for routine referrals in 4 weeks). Both providers have shared their plans to improve this performance and ensure that the services are resilient to demand variations related to COVID-19.

Adults with Severe Mental Illness: Adults with severe mental illness are entitled to an annual physical health check with a Long-Term Plan expectation that 60% of people with severe mental illness will receive a complete physical health check in 20/21. In the Devon STP Phase 3 plan it was identified that 60% would not be achievable and instead set the plan for 41%, subject to there being no further waves of Covid impacting the primary care provision. Current achievement is 19.1%, which is significantly behind trajectory. Nationally no ICS is achieving the expected level, the strongest national performance in the same period being 33.6%. Nationally changes in the data reporting approach and additional incentivisation through QoF are being progressed. To supplement this some short-term additional provision is being procured to increase uptake and it is anticipated that this could begin in quarter 1 of 2021.

Inappropriate Out of Area Placements: Devon ICS has been a longstanding national outlier, due to comparatively low levels of inpatient capacity for adults needing acute mental health inpatient care. The Long-Term Plan ambition is for there to be zero inappropriate adult acute mental health patients placed out of area by the end of 20/21. In the Phase 3 return, it was

identified that this would be achieved by the end of Q2 21/22. Providers are making positive progress towards this objective and are returning to the planned trajectories following ward closures related to COVID-19 within the ICS and within the contracted provision.

Learning Disability: Devon is currently on its trajectory, meeting the *Building the Right Support* target of 20 CCG commissioned inpatient beds. However, occupancy of secure beds (commissioned directly by NHSE) is currently at 14 against a target of 12. Tier 4 bed demand is below capacity, the number of children currently occupying Tier 4 beds is 5 against a target of 8.

Of the 20 CCG commissioned beds, 5 are based within Devon, whilst the remaining 15 are out of area. A review of the bed requirement for the CCG is area is in progress to understand the local capacity required to reduce out of area placements.

Fortnightly monitoring is undertaken for all placements.

Annual Physical Health Checks for Patients with Learning Disabilities: As of Q3, current achievement is 28% based on a Q4 target of 67%. This is an improving position and there is confidence that the Q4 position will improve significantly as the remaining practices submit by end of April and data is finalised at end of May.

Learning Disability champions have been recruited in 91% of practices and support is being offered to practices to increase uptake. There is a pilot scheme in development to increase uptake in 14-17 year olds.

6. Children's Services

There continue to be high numbers of children waiting for an autism and speech and language therapy(SALT) assessment in Devon and Torbay.

SALT - As of February 2021, there were 2631 children and young people waiting for assessment for Speech and Language Therapy(SALT) at Children & Family Health Devon(CFHD), of which 1,329 were waiting more than 18 weeks (49.5%, down from 56% in January).

For Livewell Southwest in February, there were 447 children on incomplete pathways for Speech and Language Therapy, with 27.1% (121) waiting more than 18 weeks.

The outcome of bid is awaited to Devon County Council COVID funding for investment in additional speech and language therapists to undertake additional assessment and follow-up intervention which will address the current waiting list within Devon.

Autism - Over 3200 children & young people are waiting for assessment for an Autism Diagnosis at CFHD. The average waiting time in February to the start of assessment was over 81 weeks, the longest 139 weeks.

A rapid improvement plan has recently been developed by CFHD and agreed by Children's Social Care and the CCG to clear the back log of waits within Devon and to establish a sustainable service. The recovery Plan is operational from April to November 2021 which will provide 3750 additional assessments for children and young people who are currently on the

waiting list. This will be through a mix of new agency recovery assessment team, sub-contracts and internal service efficiencies.

This plan is being funded internally by CFHD from initial transformation funding agreed with CCG. So far 8 out of 20 Agency staff have been recruited to with further interviews planned. Sub-contract negotiations with Livewell and RDE have started. Changes to internal processes have been introduced including a new automated booking system with efficiencies in practitioner time already being realised.

Fortnightly calls between CCG and CFHD to monitor the plan with additional monthly reporting through to the Liaison and Restoration meetings and onward to Commissioning Committee.

CCG Performance Reporting – Phase 3

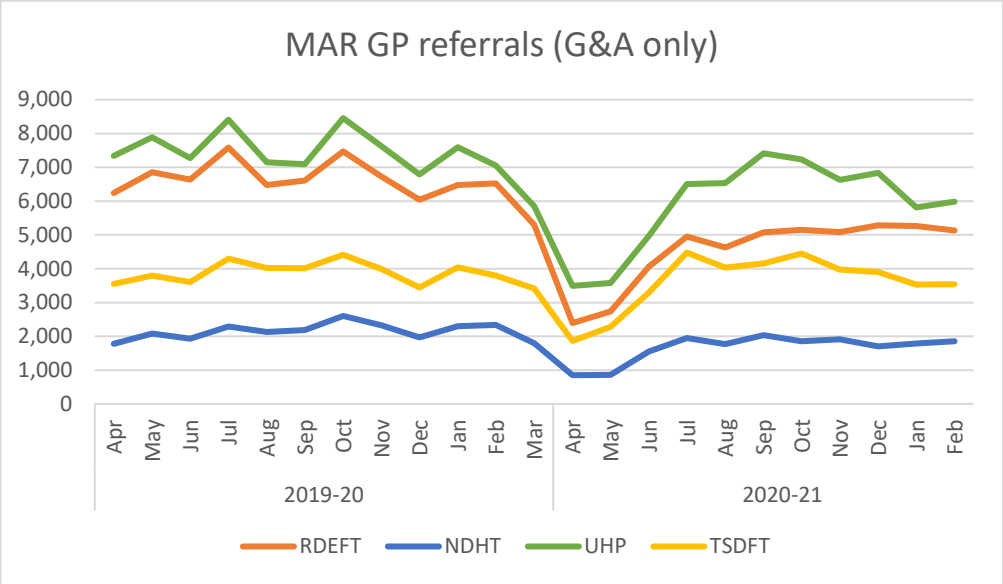
The latest performance against the phase 3 activity and performance plans is detailed below:

February 2021 Recovery Rates			CCG		STP		TSDFT		RDEFT		NDHT		UHP	
			previous	latest	previous	latest	previous	latest	previous	latest	previous	latest	previous	latest
DEMAND	TOTAL REFERRALS	Plan	97.7%	90.6%	107%	99%	110.0%	100.0%	107.6%	98.4%	109.8%	101.0%	103.7%	98.0%
		Actual	112.6%	110.4%	103%	101%	100.0%	100.0%	102.3%	101.6%	100.2%	99.0%	106.1%	102.0%
OUTPATIENTS	OP NEW (F2F and non f2f)	Plan	91.3%	90.6%	92%	90.1%	94.6%	94.5%	85.4%	85.6%	96.7%	94.0%	94.7%	90.0%
		Actual	114.9%	111.5%	108%	105.8%	119.4%	108.7%	85.4%	64.2%	83.2%	98.2%	139.4%	135.7%
	OP NEW (non f2f)	Plan	29.6%	29.7%	30%	29.8%	25.0%	25.0%	25.0%	25.0%	48.7%	48.7%	30.4%	30.7%
		Actual	15.3%	13.9%	17%	15.3%	14.4%	12.6%	20.1%	17.6%			19.7%	19.0%
	OP FU (F2F and non f2f)	Plan	98.7%	93.1%	100%	95.1%	90.8%	90.7%	94.0%	87.2%	100.9%	97.9%	109.5%	101.5%
		Actual	92.9%	101.2%	89%	97.2%	92.2%	91.3%	70.9%	79.5%	87.5%	91.3%	96.5%	109.8%
	OP FU (non f2f)	Plan	46.0%	49.1%	46%	48.9%	40.0%	45.0%	45.8%	51.5%	63.8%	63.8%	45.6%	46.9%
		Actual	29.3%	26.5%	31%	28.9%	22.9%	20.6%	45.5%	42.0%			36.3%	33.5%
ELECTIVE	DAYCASE	Plan	82.9%	81.5%	87%	86%	95.0%	95.9%	83.9%	89.3%	78.8%	74.2%	88.7%	80.9%
		Actual	102.1%	108.7%	93%	98%	78.0%	76.3%	117.2%	115.5%	97.5%	114.1%	82.9%	93.2%
	ELECTIVE INPATIENT	Plan	74.3%	69.6%	85%	78%	85.1%	86.2%	85.0%	86.5%	89.3%	79.3%	84.2%	66.2%
		Actual	91.0%	88.6%	74%	75%	86.7%	62.4%	70.6%	64.7%	99.3%	108.9%	62.8%	75.2%
	TOTAL INCOMPLETE RTT PATHWAYS	Plan	128,791	132,941	128,057	133,141	30,686	31,715	40,794	42,330	18,984	20,069	37,593	39,027
		Actual	110,176	112,078	121,377	122,332	25,542	25,737	51,848	52,359	12,904	12,915	31,083	31,321
	RTT 52 WEEK WAITS	Plan	8,855	11,526	10,139	13,316	2,125	2,429	1,816	2,952	4,098	5,235	2,100	2,700
		Actual	9,215	11,388	9,856	11,665	1,570	1,823	4,877	5,899	1,496	1,639	1,913	2,304
DIAGNOSTIC TESTS	MAGNETIC RESONANCE IMAGING	Plan	84.3%	78.0%	99%	91%	94.5%	86.0%	110.4%	100.4%	62.8%	52.9%	101.5%	96.5%
		Actual	100.7%	107.9%	88%	92%	84.2%	93.1%	75.0%	80.6%	95.2%	105.7%	99.0%	97.6%
	COMPUTED TOMOGRAPHY	Plan	83.5%	79.4%	92%	89%	99.1%	90.0%	109.1%	99.9%	62.2%	59.0%	84.1%	89.5%
		Actual	122.7%	120.1%	111%	107%	104.2%	116.2%	82.1%	79.1%	147.8%	156.4%	135.2%	113.7%
	NON-OBSTETRIC ULTRASOUND	Plan	62.1%	57.5%	79%	74%	99.0%	90.0%	78.4%	78.4%	62.8%	52.8%	78.6%	72.1%
		Actual	133.0%	136.6%	97%	102%	75.2%	85.7%	99.8%	101.6%	104.0%	115.8%	103.5%	105.5%
	TOTAL SCOPES	Plan	86.7%	85.4%	99%	96%	110.0%	100.0%	99.0%	109.5%	101.0%	91.3%	87.7%	80.6%
		Actual	78.2%	86.2%	69%	76%	57.7%	50.3%	67.7%	79.3%	65.5%	107.0%	84.4%	95.8%
A&E	TYPE 1 & 2	Plan	102.3%	94.1%	102%	103%	99.3%	99.2%	98.9%	99.1%	114.3%	124.2%	100.2%	99.9%
		Actual	77.5%	78.7%	71%	73%	69.4%	78.0%	59.7%	60.5%	67.8%	65.9%	87.5%	85.8%
NON ELECTIVE	+1 LENGTH OF STAY	Plan	111.1%	105.7%	95%	99%	103.3%	104.5%	87.4%	90.3%	91.5%	105.4%	98.1%	99.5%
		Actual	80.9%	82.6%	85%	87%	75.3%	79.6%	95.4%	104.7%	87.0%	81.6%	82.6%	82.0%
	ZERO DAY LENGTH OF STAY	Plan	113.8%	102.3%	100%	99%	103.8%	105.3%	90.2%	83.0%	112.0%	127.1%	99.9%	100.0%
		Actual	77.9%	82.5%	80%	86%	81.3%	81.1%	79.1%	89.8%	64.2%	63.9%	87.5%	97.4%
	TOTAL NON ELECTIVES	Plan	111.9%	104.6%	97%	99%	103.4%	104.8%	88.3%	87.8%	97.4%	111.5%	98.6%	99.6%
		Actual	79.9%	82.5%	83%	87%	77.5%	80.2%	90.0%	99.8%	79.5%	76.0%	83.9%	86.4%
CANCER	URGENT CANCER REFERRALS (2 WEEKS)	Plan	95.6%	88.2%	110%	100%	112.7%	102.5%	95.3%	110.4%	100.4%	100.0%	110.0%	100.0%
		Actual	102.1%	102.8%	90%	91%	84.4%	85.5%	89.6%	87.0%	85.4%	80.4%	88.7%	99.3%
	CANCER TREATEMENT VOLUMES (31 DAY FIRST)	Plan	98.4%	86.2%	109%	99%	111.7%	101.2%	64.1%	107.8%	107.9%	86.6%	110.0%	100.0%
		Actual	80.5%	98.9%	76%	91%	84.4%	95.4%	117.0%	57.1%	89.5%	88.1%	86.7%	105.9%

Please note: *Diagnostics and Outpatients activity is taken from weekly reporting.*
Planned levels are shown as % of last year's volumes.
Both plan and actual activity are shown as the % of last year's volumes.
Green indicates activity better than plan and red below plan.
Outpatient (OP) data not available at the time of reporting for NDHT, due to an issue with the coding of their SUS submission; this is being addressed.

The areas to note are:

Monthly Activity Return – GP referrals (General and Acute specialties only)



- Total referrals are now between 99%-102% of planned levels at all providers.
- OP first appointments remain above plan except at RDEFT.
- All locations are below planned non-face to face (F2F) new and follow-up levels;
- Day case rates were above plan at all providers, except TSDFT and above the plan for the CCG and STP overall. The day case unit at TSDFT had to be used for COVID surge capacity.
- Total incomplete pathway volumes rose at all providers in the month but remained beneath the overall plan.
- A&E attendances remained below plan at all locations.
- 52 week waits for the STP as a whole are now over plan, but beneath the plan level for individual providers except RDEFT.
- MRI and CT are underperforming at RDEFT, where capacity is restricted, and this continues to impact on the ability to maintain Cancer performance standards.
- At CCG level MRI, CT and Non-Obstetric Ultrasound are all delivering more than 107% of planned levels

The System is now developing its operational plan for 2021/2 reflecting national guidance issued on the 25th March. The draft ICS operating plan including activity/performance, workforce and finance submissions for the first six months of the year has to be submitted by the 6th May, with final plans by the 3rd June. Once finalised performance against these activity/performance plans will be reported on as part of this report.

National funding to support recovery as described in the 20/21 planning guidance is predicated upon delivering increased elective activity levels rising towards the levels seen pre-COVID-19. Performance against recovery plans across Devon to date has been at a level which will provide a strong foundation for access to this Elective Recovery Funding (ERF) in the new financial year.

7. Performance Improvement Framework

Progress is being made to operationalise the integrated framework for performance improvement for Devon, at System and at Place, through Local Care Partnerships (LCPs), The aim of the framework is to provide a balanced view of overall performance, thus supporting delivery of improved health outcomes, reduced inequalities, improved service quality and standards (not just constitutional) and financial performance, as the Devon System moves into the COVID19 recovery phase, 2021/22 and beyond.

Within the Framework, performance improvement will be driven at Place, through the five LCPs, and through the evolving Mental Health Partnership Board and proposed Strategic Children's Board. Monthly forums at Place will enable all partners to review performance, holding each other to account and agreeing action for improvement. In these forums, quality, performance, activity and finance will be triangulated, utilising the Integrated Performance Report (IPR). Only issues that cannot be resolved locally at Place and requiring system resolution will be escalated to the System Performance Group (SPG) or other relevant system group, such as the Quality Surveillance Group or Finance Working Group.

The Devon System Performance Group(SPG) was reconvened in March and agreed revised Terms of Reference that reflect the role of the Group within the Framework. The five Devon LCPs are in the process of establishing the forums required to enable the Framework to operate to ensure that items are escalated rapidly for action.

The locality Integrated Performance Reports (IPR) that will inform the LCP forums and the System IPR will be considered by the SPG, with the focus of the SPG and other system groups will be those issues that have been escalated for System decision or action. Any significant risks will be highlighted to the CCG Governing Body and to the ICS Partnership Board within this report and including proposed action.

The Framework will evolve through the first six months of 2021/22. Work is currently being undertaken to further develop the IPR itself, to include appropriate workforce, primary care, community and children's indicators.

8. Recommendations to Members

Members of the Committee are asked to:

- agree the 1 April 2020 to 28 February 2021 (month 11) performance position against Constitutional Standards and routine performance standards;

- agree the quality**,** nursing and safety performance position for the period 1 April to 31 March 2021;
- note the update on performance against the Devon System Phase 3 action plans and trajectories;
- mote the update on the development of the recovery and operating plan and the development of a Performance Improvement Framework for the Integrated Care System (ICS).

Appendix 1

Finance & Performance – Performance Report

March 2021

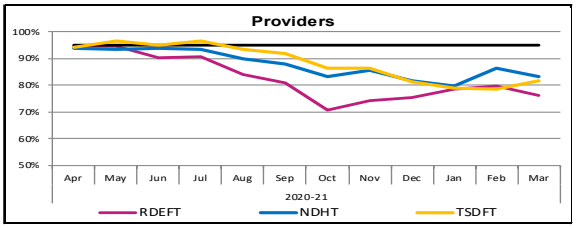
Performance and Quality indicators

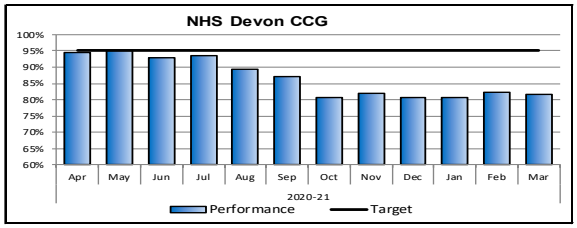
A&E Performance - Percentage of patients waiting less than 4 hours.

All types Performance (including MIU and WIC)

Trust	Target	MARCH	2020/21
RDEFT	95%	76.3%	82.1%
NDHT	95%	83.1%	87.7%
UHP	95%	N/A	N/A
TSDFT	95%	81.7%	88.8%

CCG	Target	MARCH	2020/21
NHS Devon	95%	81.8%	86.7%
ENGLAND		87.7%	88.3%

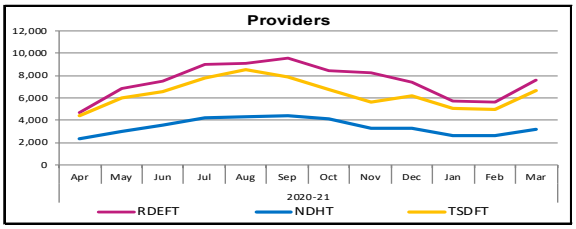


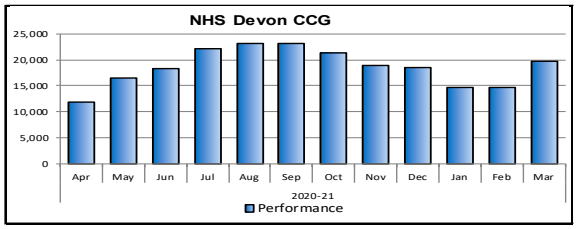


All types Attendances (including MIU and WIC)

Trust	Target	FEBRUARY	MARCH
RDEFT	N/A	5633	7618
NDHT		2590	3156
UHP			
TSDFT		4948	6655

CCG	Target	FEBRUARY	MARCH
NHS Devon	N/A	14583	19614
ENGLAND		1475710	1310785

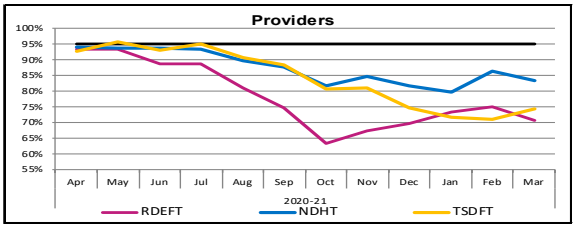


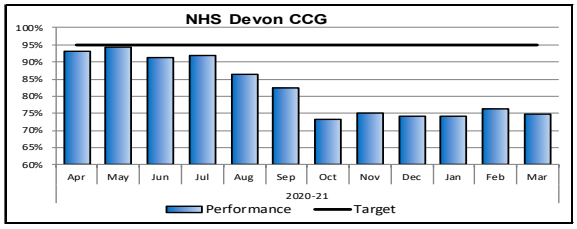


Type 1 A&E only

Trust	Target	MARCH	2020/21
RDEFT	95%	70.5%	77.9%
NDHT	95%	83.1%	87.6%
UHP	95%	N/A	N/A
TSDFT	95%	74.3%	84.7%

CCG	Target	MARCH	2020/21
NHS Devon	95%	74.6%	82.4%
ENGLAND		82.5%	83.6%



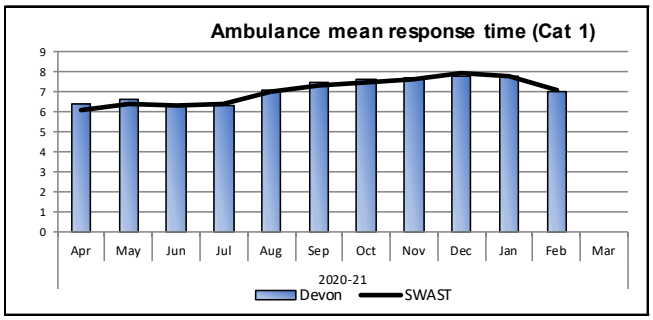


Performance Commentary

Year end positions show the STP type 1 at 82.4% and all types at 86.7% this is below the national position of 83.6% and 88.3% respectively.

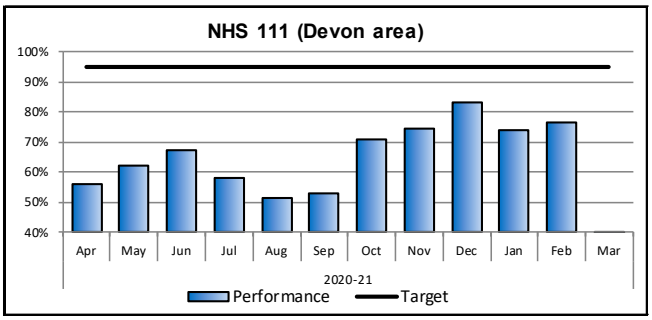
SWAST Cat 1 Mean response time

Trust	Target	FEBRUARY	2020/21
NHS Devon	7.00	7.40	7.51
SWAST	8.00	7.50	7.43



NHS 111 answering calls within 60 Seconds

Trust	Target	FEBRUARY	2020-21
DEVON	95%	76.5%	66.2%
ENGLAND	95%	115.3%	80.0%



Performance Commentary

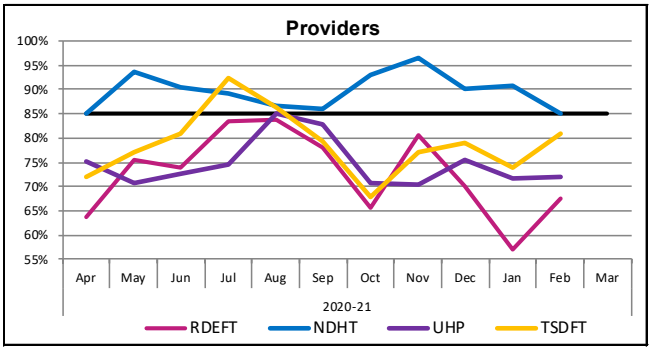
At STP level the 7-minute response time performance was above target in February at 7.4 minutes for Devon.

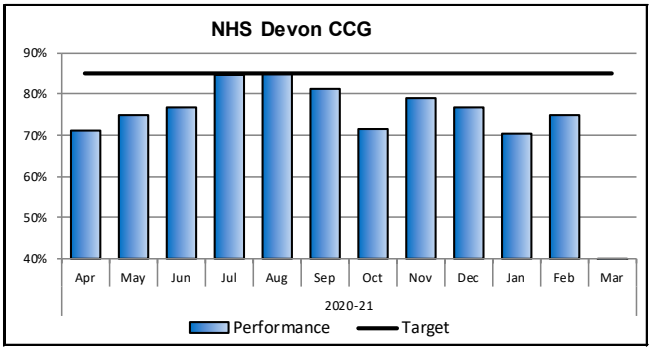
111 performance improved in February with 76.5% calls answered within 60 seconds.

Cancer 62 day Urgent Referral

Trust	Trajectory	FEBRUARY	2020/21
RDEFT	73.9%	67.4%	75.8%
NDHT	75.9%	85.1%	90.1%
UHP	67.0%	72.1%	75.5%
TSDFT	84.8%	80.9%	78.7%

CCG	Trajectory	FEBRUARY	2020/21
NHS Devon	74.7%	75.0%	78.2%
ENGLAND		71.2%	74.8%



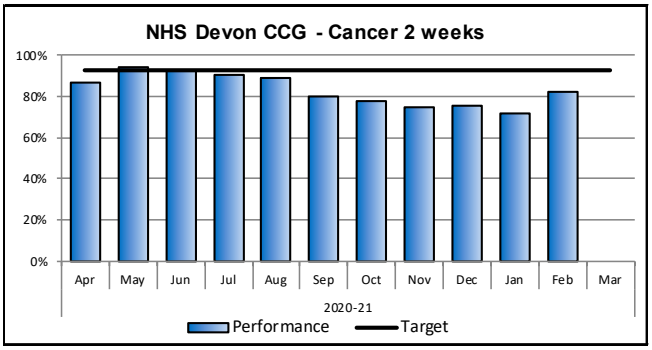


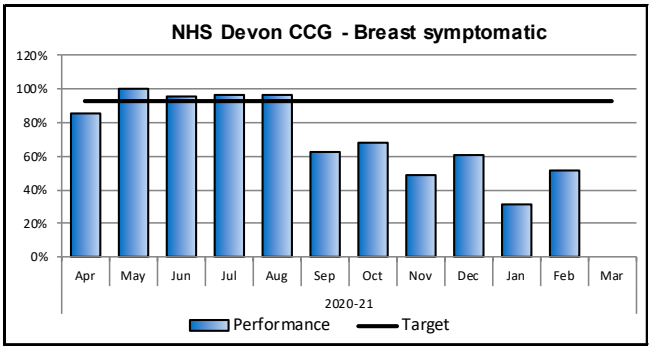
Performance Commentary

NDHT was the only trust to achieve the 85% target at 85.1%, all other providers saw an improving position.

Cancer Targets (FEBRUARY-2020)

Target	Measure	NHS Devon	ENG	RDEFT	NDHT	UHP	TSDFT
93%	2 week urgent	82.0%	62.7%	69.8%	81.6%	89.6%	89.6%
93%	2 week breast	51.5%	62.7%	0.0%	10.1%	59.8%	96.3%
90%	62 day screening	85.2%	79.8%	75.0%	100.0%	88.0%	83.3%
85%	62 day consultant	81.3%	81.1%	94.7%	73.1%	67.6%	FALSE
96%	31 day first	97.5%	94.0%	99.0%	98.6%	95.0%	98.8%
94%	31 day surgery	90.7%	86.3%	81.8%	100.0%	92.1%	97.0%
98%	31 day drugs	99.6%	98.0%	100.0%	100.0%	99.3%	100.0%
94%	31 day radiotherapy	98.5%	96.0%	98.5%	100.0%	98.3%	100.0%





Performance Commentary

NDHT achieved five out of six measures in February with TSDFT and UHP achieving two out of eight measures. At STP level three of the eight measures where achieved.

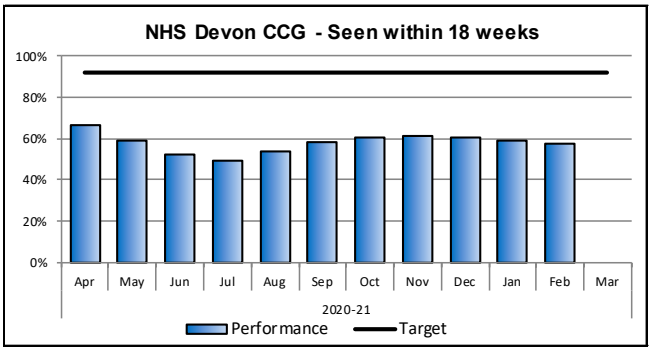
Performance against the 2ww breast symptomatic and the main 2ww target continue to be below target with breast symptomatic improving to 51.5%

RTT Incomplete Waits

RTT Percentage seen within 18 weeks

Trust	Target	FEBRUARY	2020/21
RDEFT	92.0%	50.0%	55.2%
NDHT	92.0%	58.2%	55.1%
UHP	92.0%	62.7%	62.4%
TSDFT	92.0%	61.4%	61.4%

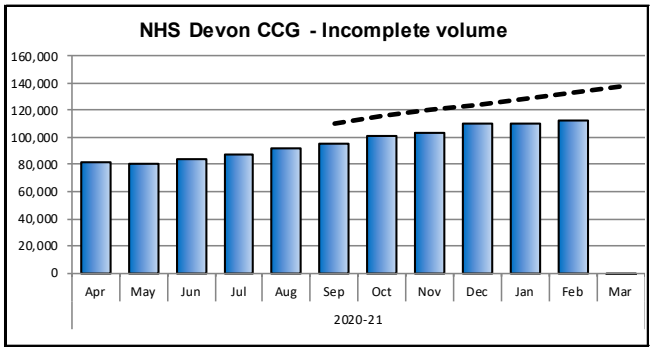
CCG	Trajectory	FEBRUARY	2020/21
NHS Devon	92.0%	57.3%	58.1%
ENGLAND	92.0%	68.2%	61.1%



RTT incomplete waits volume

Trust	Trajectory	FEBRUARY
RDEFT	40,794	52,786
NDHT	18,984	13,553
UHP	37,593	31,321
TSDFT	30,686	25,739

CCG	Trajectory	FEBRUARY
NHS Devon	128,791	112,078



Performance Commentary

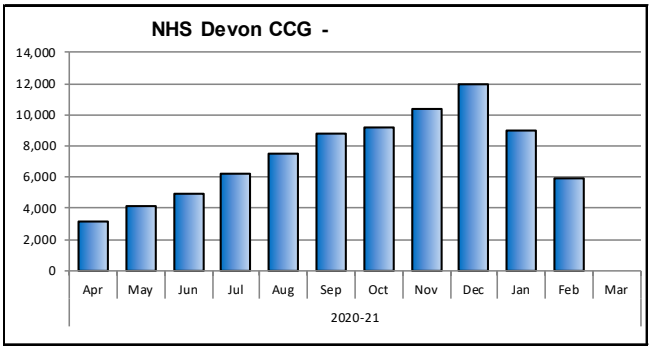
February data shows a worsening position for RTT 18-week performance, falling from 59% to 57% at an STP level, compared to the target of 92% and national performance of 64.5%. Provisional provider data shows all providers worsening slightly.

RTT Incomplete Pathways long waiters

40-52 week waits

Trust	FEBRUARY	2020/21
RDEFT	4,528	33,119
NDHT	1,238	11,913
UHP	1,794	18,093
TSDFT	1,666	15,365

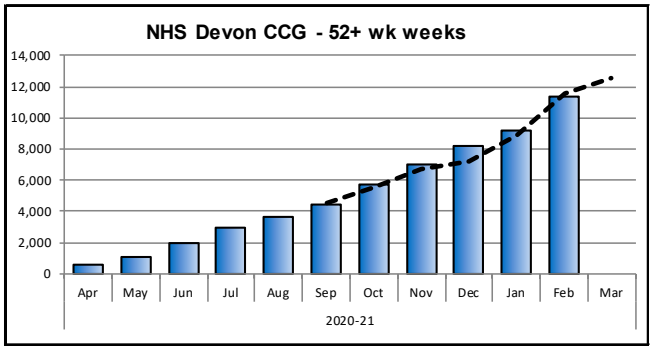
CCG	FEBRUARY	2020/21
NHS Devon	5,918	83,447



Over 52 week waits

Trust	Trajectory	FEBRUARY	2020/21
RDEFT	1,816	5,962	27,003
NDHT	4,098	1,654	10,009
UHP	2,100	2,304	12,434
TSDFT	2,125	1,823	10,038

CCG	Trajectory	FEBRUARY	2020/21
NHS Devon	8,855	11,388	56,525



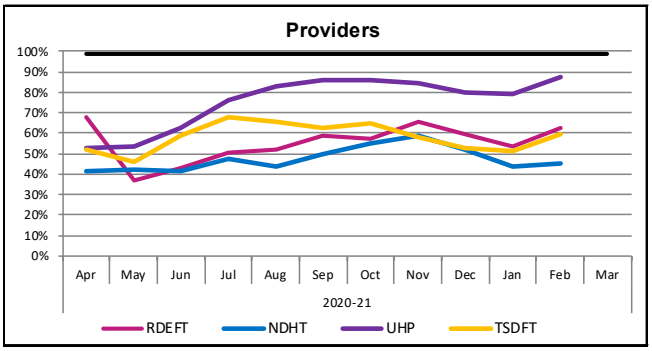
Performance Commentary

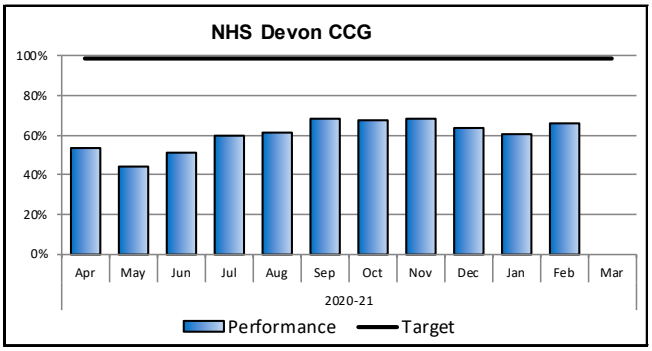
There were 8,947 people waiting between 40 and 52 weeks in January this has fallen to 5918 in February. Provisional figures show a continuing increase in 52 weeks breaches RD&E rising to 5899 (from 4,877), UHP at 2,304 (1,913), TSDFT at 1,823 (1,435) and NDHT at 1639 (1,496). March is expected to show a further increase.

Diagnostic Seen within 6 weeks

Trust	Target	FEBRUARY	2020/21
RDEFT	99.0%	62.9%	54.2%
NDHT	99.0%	45.4%	47.9%
UHP	99.0%	87.3%	74.8%
TSDFT	99.0%	59.6%	57.8%

CCG	Target	FEBRUARY	2020/21
NHS Devon	99.0%	66.3%	60.9%
ENGLAND	99.0%	70.8%	61.2%





Performance Commentary

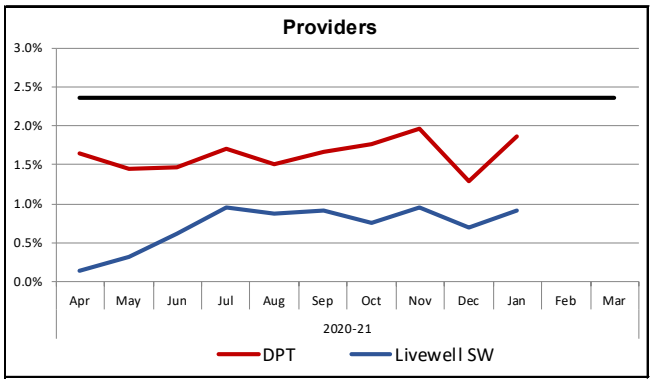
The STP position improved slightly in February with 66.3% of patients being seen within the 6 week target compared to a national threshold of 99% and an England position of 71.5%.

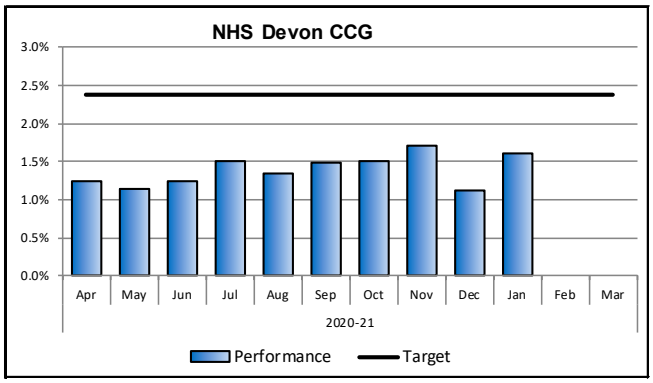
February figures show a improving position at all providers

IAPT Roll out (Monthly Access rate)

Trust	Target	January	2020/21
DPT	2.37%	1.55%	9.44%
LIVEWELL	2.37%	0.68%	6.20%

CCG	Target	January	2020/21
NHS Devon	2.37%	1.61%	13.9%

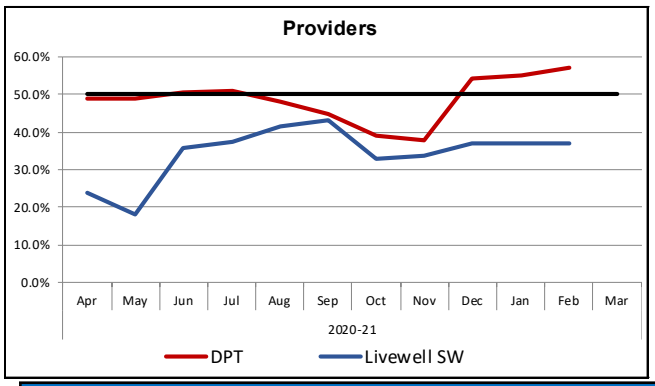


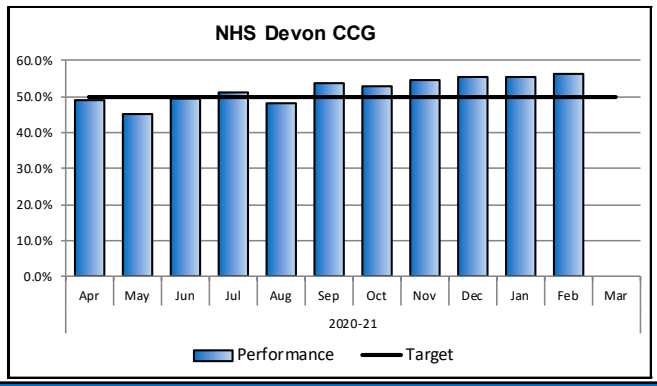


IAPT Recovery rate

Trust	Target	February	2020/21
DPT	50%	57.00%	52.14%
LIVEWELL	50%	37.10%	48.80%

CCG	Target	February	2020/21
NHS Devon	50%	56.36%	51.8%





Performance Commentary

IAPT access rate remains under target, recovery data shows performance is above the 50% target at 56% for the STP. With both providers above target

Performance Commentary

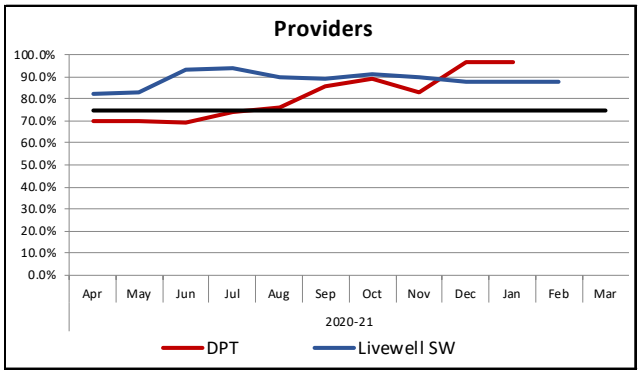
IAPT access is measured against a target of 75% of people accessing the service within 6 weeks and 95% of people accessing help within 18 weeks. Devon STP continues to exceed these targets, achieving 97.4% within 6 weeks with both providers achieved the targets.

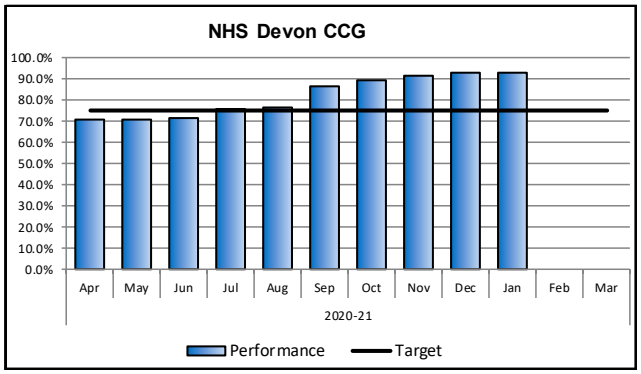
However, caution is needed as this strong performance reflects that demand is below the expected volumes. The Long-Term Plan deliverables identify that IAPT will support more people to access IAPT year on year and in Devon STP the original target for 2020/21 was for 6.1% of people to be supported by IAPT. As of October, national reporting indicated that Devon STP was currently at 3.97%. Work is underway to promote the IAPT offer across the STP.

IAPT Waiting 6 weeks

Trust	Target	January	2020/21
DPT	75%	96.5%	83.5%
LIVEWELL	75%	88.0%	95.5%

CCG	Target	January	2020/21
NHS Devon	75%	92.8%	85.6%





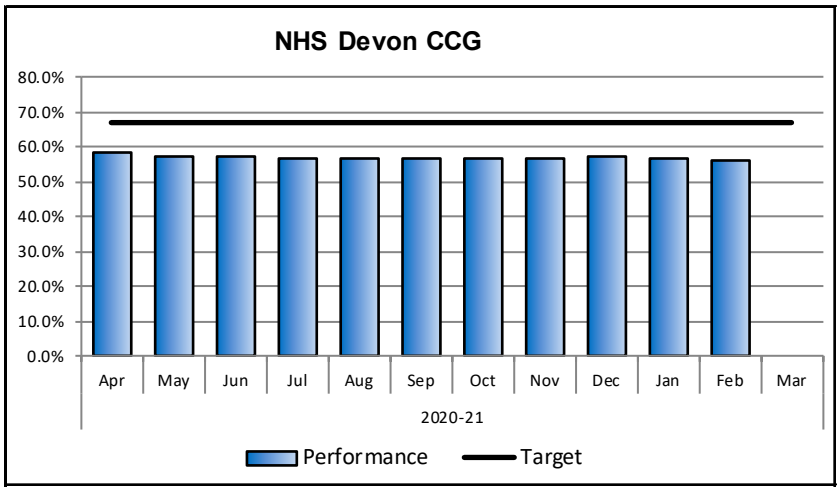
			Devon Partnership trust			Livewell Southwest			STP		
	Date range	Target/Plan	Previous	Latest	Change	Previous	Latest	Change	Previous	Latest	Change
Improve access rate to Children and Young Peoples Mental Health services	Q3 2020-21	35%							41.5%	42.3%	◻
People with severe mental illness receiving a full annual physical health check	Q3 2020-21	41%							19.5%	19.1%	❑
Perinatal Mental Health (women accessing services)	November	7%							6.1%	5.7%	❑
IAPT Roll out (access)	Q3 2020-21	7.1% (quarter)	4.7%	4.9%	◻	2.6%	2.4%	❑	4.1%	4.3%	◻
Out of area placements	November	0	4450	4300	❑	575	585	◻	4,855	4,765	❑
Percentage of people on CPA who were followed up with in 7 days of discharge	November	95%	85%	96%	◻	100%	97%	❑	96%	100%	◻
Percentage of MH Delayed transfers of care	November	8%	8.0%	5.8%	❑	5.4%	5.7%	◻	6.2%	5.4%	❑
Proportion of adults in settled accommodation in contact with secondary mental health services	November	60%	63%	68%	◻						
Proportion of adults in contact with secondary mental health services in paid employment	November	10%	6.9%	7.1%	◻						
Adults CPA review within 12 months	November	95%	88%	88%	◻	89%	92%	◻	89%	88%	❑
Percentage of discharges followed up within 48 hours	November	95%	85%	90%	◻	88%	100%	◻	87%	85%	❑
IAPT - The percentage of people who are "moving to recovery"	November	50%	54%	54%	❑◻	48%	62%	◻	53%	55%	◻
% of IAPT clients who started treatment within 6 weeks of referral	November	75%	90%	90%	❑◻	97%	96%	❑	94%	95%	◻
Dementia diagnostic rate	December	75%							57%	57%	◻

Performance Commentary

A Summary of other MH measures shown above sees an improving trend in eight out of twelve measures.

Dementia Diagnosis Rate

Trust	Target	February	2020/21
NHS Devon	67%	56.2%	56.9%
ENGLAND	67%	61.1%	62.9%



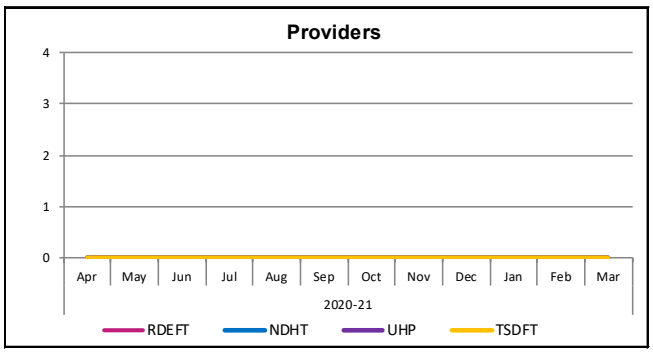
Performance Commentary

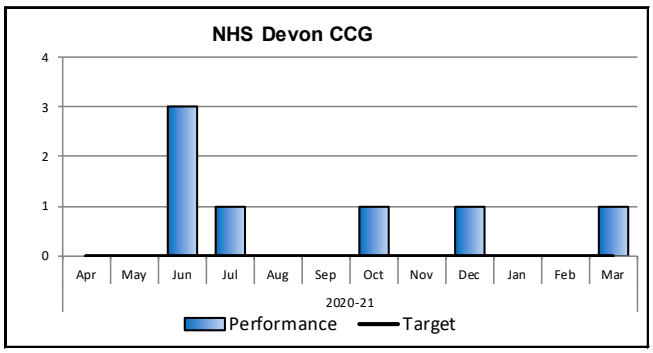
STP level performance remained static in February and there has been little change at CCG level over the past year. Nationally performance has been mapped to Local Authority areas which is showing that the lowest rates in Devon are seen in South Hams (42.2%), Mid Devon (51.1%) and Plymouth (56.5%). Conversely Exeter is at (69.3%), Torbay (60.3%) and East Devon at (63.7%).

MRSA breaches

Trust	Target	MARCH	2020/21
RDEFT	0	0	0
NDHT	0	0	0
UHP	0	0	0
TSDFT	0	0	0

CCG	Target	MARCH	2020/21
NHS Devon	0	1	7





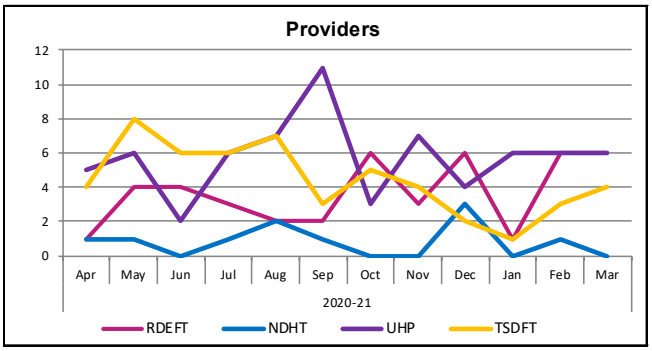
Performance Commentary

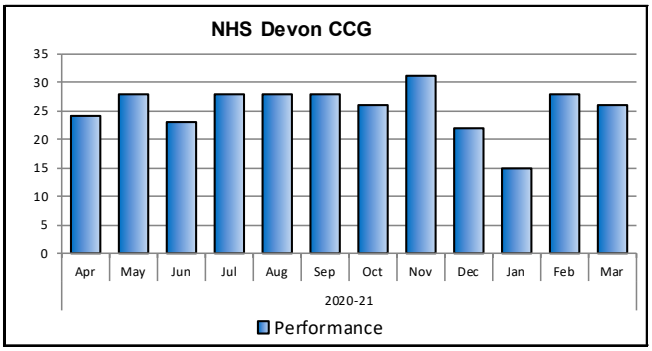
There was one reported case of MRSA in March for the CCG which was outside the Devon providers.

C-diff breaches

Trust	Target	MARCH	2020/21
RDEFT	<31	6	44
NDHT	<9	0	10
UHP	<63	6	69
TSDFT	<36	4	53

CCG	Target	MARCH	2020/21
NHS Devon	<274	26	307





Performance Commentary

There were 16 C-Diff cases acquired within the Devon acute providers and 26 across the STP in March

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report Title: Monitoring and reporting CCG objectives				
Date of meeting: 29 April, 2021 **Date report produced: 19 April, 2021**				
Author (s) Name and Title: Nick Pearson, chief of staff		**Supporting Executive:** **Name and Title: Andrew Millward, Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, NHS Devon** **Contact Details: Andrew.millward@nhs.net**		
		Report Approved by: Andrew Millward, Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, NHS Devon **Date 19 April, 2021**		
Public or Private (Governing Body only):	**Public**	√	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				
Executive Summary: **The paper sets out progress against the CCG's annual objectives for 2021/22.** **It is the first such report to the Governing Body in 2021.**				
Management of Conflict of interests: Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via d-ccg.governance@nhs.net to update the central register.				

Committees that have previously discussed/agreed the report and outcomes:
Senior Leadership Team
Key recommendations and actions requested:
The Governing Body is asked to receive and note contents.
Impact on our objectives
1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes 2. Improve service performance 3. Achieve financial sustainability 4. Effective, well-led organisation with an empowered and inclusive workforce 5. Lead the system's response to the coronavirus pandemic
Reference to other documents or accompanying papers:
Risk assurance framework

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	**No**
Quality of Services		No
Health Inequalities		No
Equality (staff or public)		No
Resource and Finance	Report provides an update on progress towards financial targets	Yes
Legal		No
Engagement and Consultation	Report provides detail of engagement with stakeholders	Yes
Risk	Report provides detail of interaction with risk assurance framework	Yes

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Monitoring and reporting CCG objectives

1. Introduction

1.1 This paper sets out progress against the CCG's annual objectives for 2021/22.

1.2 It is the first such report to Governing Body in 2021.

1.3 The Governing Body will receive updates on a quarterly basis, beginning today April 29, 2021. After this, the 2021 updates will be received in July, October and January.

1.4 The objectives for 2021/22 were introduced in February by the director of communication, IT and human resources. This year's objectives were co-produced with a wide range of staff and the CCG Governing Body.

1.5 The objectives are monitored and RAG-rated (using standard criteria – see appendix a) and a report on progress presented to Governing Body on a quarterly basis.

2. Objectives

3.1 There are five objectives in total, covering all aspects of the CCG's work:

3. Process

4.1 A director/directors are assigned to each objective and beneath each sits an action or actions that help to achieve them. These too have directors assigned to them who in turn work with staff to ensure that the action is carried out.

4.3 This matrix way of working means that it is the responsibility of the lead director to work with colleagues to monitor progress against the timeline.

4.4 The lead director then completes a highlight template every quarter summarising the latest position in a plain English narrative, assigning a RAG-rating to each project using the standard CCG PMO criteria (see appendix a)

4.5 The lead director also assigns a RAG-rating to the overall objective they are responsible for, before submitting the template to SLT and executive committees, where there is opportunity to scrutinise the work, before a paper is prepared on behalf of the accountable officer for Governing Body.

4.7 The report (this report) includes the highlight reports together with a short summary.

4.8 The process is 'light touch'. There are no milestones and directors will be expected to hold each other to account for delivery.

5. Cross-referencing with corporate assurance framework

5.1 As part of the response to the CCG's annual assessment 2019/20 rating received in October 2020, a process to review and report progress against actions identified was put in place.

5.2 An initial progress report regarding the CCGs implementation of leadership review recommendations was shared with the CCG Governing Body on 17th December with an ongoing commitment to update quarterly.

5.3 However, subsequent work on the CCG's corporate objectives has subsumed responsibility for those recommendations and actions into the corporate objective assurance framework discussed and outlined within this document.

5.4 It is proposed therefore that responsibility for reporting progress against the annual assessment actions and recommendations is driven through the relevant corporate objective process, negating the need for a separate process.

5.5 A cross-referencing exercise has been undertaken by associate director of HR and OD to confirm the recommendations are captured within the relevant corporate objective workplan.

6. Summary of progress

6.1 The following templates show that the CCG is making progress against the corporate objectives for 2021/22.

6.2 Two overall objectives are reporting as overall on track. These are objective 4: "Effective, well-led organisation with empowered and inclusive workforce – and objective 5: "Lead the system's response to the coronavirus pandemic".

6.3 Three objectives are overall amber. These are objective 1: "Commission high-quality and safe services that reduce health inequalities and improve health outcomes."; objective 2: "Improve service performance"; and objective 3: "Achieve financial sustainability."

6.4 No areas are reporting as red.

6.5 **Table showing overall progress:**

7. Detailed progress by objective

Lead director/directors: Jo Turl and John Finn

Objective 1	**Objective Commission high-quality and safe services that reduce health inequalities and improve health outcomes**		
Overall RAG	Amber		
Action 1	Commission outcomes-based services, for example the western integrated care partnership **Jo Turl and John Finn**	March 2021	Green
Narrative	Action 1 - The Western ICP has been commissioned using an outcomes framework developed in partnership with the local system. This framework will be used as a basis for integrated community services in the other localities in Devon. Through the commissioning checklist and the commissioning review documentation, prompts and checks are in place to ensure all commissioned services include outcomes-based measures.		

Risks to delivery	Commissioning resource at strategic level.		
Action 2	Deliver strategic commissioning cycle training for CCG staff **Andrew Millward**	March 2021	Green
Narrative	Completed November 2020, session recorded and now included in CCG Induction / available on the Intranet. Further commissioning training as per OD programme in line with appraisal and talent management process / in support of transition to ICS.		
Risks to delivery	<No risks to delivery identified>		
Action 3	Produce a system outcomes framework report, integrated with performance, quality and finance* **Jayne Carroll, Darryn Allcorn and John Dowell**	February 2021	Amber
Narrative	Nursing and quality directorate involved with development of report and ensuring that quality is reflected appropriately within report. Triangulation through an integrated performance report is in development and will be enabled by the analytics team		
Risks to delivery	Tight turnaround time on report and analysis skills to have a refined forward-looking report.		
Action 4	Produce a web-based strategic evidence base to identify health inequalities	March 2021	Amber
Narrative	The wider project around the development of the web-based reporting tool is still under development and it will take until June before it is operational. The team will ensure that the inequalities tool is included in the release when it becomes operational.		
Risks to delivery	<No risks to delivery identified>		
Action 5	Expand the population health management programme across Devon **Jo Turl**	June 2021	Amber

Narrative **Risks to delivery**	Data Summit planned for 15 April to bring system agreement on analytical and data infrastructure required to support Devon wide PHM implementation. Feedback from Wave 2 Action learning sets. Final Road map including maturity matrix and business case for requirements in progress. Level of system engagement		
Action 6	Support the development of five Local Care Partnerships (plus a Mental Health Care Partnership) to produce effective commissioning plans* **Jo Turl (MH) and Jayne Carroll**	March 2021	Green
Narrative: **Risks to delivery:**	Draft terms of reference have been developed for Mental Health Care Partnership and are to be discussed at executive level end of April 2021. Programme manager and team are in place to support delivery of the LTP priorities. Lack of commissioning resource to support delivery. Mitigation – some temporary cover in place and interim acting up arrangements.		

Lead director/directors: Jayne Carroll / COO

Objective 2	**Improve service performance**		
Overall RAG	Amber		
Action 1	Implement the phase 3 restoration plan, including maximising planned care during winter and during the coronavirus pandemic **John Finn and Jayne Carroll**	March 2021	Amber
Narrative **Risks to delivery**	The elective recovery fund is key to maximising planned care activity as we move into planning for H1 21/22. A system wide group with support of CEOs has been set up to maximise earned revenue throughout this stream. Risk is business intelligence support to overall restoration plan.		

Action 2	Implement the 'Adapt and Adopt' programme **John Finn**	Feb 2021	Amber
Narrative	Adapt and adopt programme fully implemented across trusts in Devon.		
Risks to delivery	Capital investments in endoscopy and diagnostics Staffing to cover enhanced capacity. Further work to be done on outpatient programme to achieve 25% target.		
Action 3	Deliver Devon's system winter plan and develop the 2021/22 system operating plan **Jayne Carroll**	Apr 2021	Green
Narrative	Winter plan delivered – review and evaluation of schemes to be undertaken shortly. 21/22 priority and operational planning guidance received 25/03/2021 with draft plan submission due 06/05/2021. Recovery/Planning Group meeting weekly to ensure that initial draft ready for discussion by 13 April 2021.		
Risks to delivery	Risk is business intelligence support to overall restoration plan.		
Item 4	Implement 'Think 111 First' to help people access the right service for their needs and preserve acute urgent care services for when they are most needed **Jo Turl and John Finn**	Feb 2021	Green
Narrative	The programme went live on 30th November with the requirement to deliver five priorities, with Devon position as described: 1. Increased capacity in 111 – significant increases in health advisor capacity recruited to, in line with NHSE/I modelling to deliver 104 WTEs, retention of 111 staff continues to pose challenges however there is an improvement plan in place to address this; 2. Direct booking – all four Devon Emergency Departments implemented the NHS Digital EDDI system in February, which allows 111 to book arrival slots for patients needing to attend ED, direct booking is also in place from 111 to primary care (in and out of hours) and to community urgent treatment services (UTCs/MIUSs); 3. Alternative pathways – alternative pathways to avoid ED have been set up including mental health crisis response and clinical referral to early pregnancy and ophthalmology services; 4. Communications campaign – a comprehensive 111 first communications campaign has been run, using local materials promoting 111 first to those who we know from the needs assessment		

	are most likely to walk into EDs (younger people and those with injuries), planning is underway with a creative agency to run a summer campaign as we know that walk-in volumes increase from April to September; 5. Evaluation – 111 and ED providers are submitting data to the 111 first SITREPs and local evaluation is underway (a month 1 deep dive report was produced for the programme board), plans are in place to roll out patient surveys and 111 and ED staff have been asked to complete staff evaluation surveys, with results awaited.		
Risks to delivery	Requirement to increase 111 activity further Increasing levels of ED attendance Requirement to accelerate delivery of alternative pathways to ED Quality and leadership concerns with current provider with mitigation: CCG jointly appointed turnaround team and are embedded in the recovery process.		
Item 5	Design and deliver an integrated performance reporting framework to address challenging performance and reduce inequalities **Jayne Carroll**	March 2021	Green
Narrative	Integrated Performance Report (IPR) now in production from CCG BI using nationally published metrics and delivered for locality review in April 2021. This is to be supplemented by a locality focussed detail view to support performance (system improvement) conversations through the Integrated Delivery groups in each locality where the latest information used to inform collaborative action and escalation where appropriate at locality and system level.		
Risks to delivery	Risks exist around the BI resource required to enhance reporting and provider engagement to improve contemporary supply of current performance data from providers.		
Action 5	Engage with communities, patients and staff to understand healthcare needs and co-produce services **Andrew Millward**	Ongoing	Green
Narrative	Ongoing engagement continues to inform the Covid-19 vaccination programme, specifically for groups experiencing health inequalities. Insights gained from engagement is informing the outreach approach to vaccinations. The Community Mental Health Framework for Devon is being co-produced with the communities and the VCSE across Devon and plans are underway		

Risks to delivery	to begin engagement with local communities about the updated long-term plan and new hospital programme. <No risks to delivery identified>

Lead director/directors: John Dowell

Objective 3	**Achieve financial sustainability**		
Overall RAG	Amber		
Action 1	Deliver a break-even position for the current financial year **John Dowell**	April 2021	Green
Narrative **Risks to delivery**	Regular reports to Finance committee and GB confirm CCG on target to deliver financial balance for 2020/21. Statutory Accounts now in preparation for submission to NHSE and our Auditors, Grant Thornton.		
Action 2	Reset the medium-term plan to ensure that we deliver against the financial ambition of the Devon Long-Term Plan. This includes shifting the balance of investment towards out of hospital services by 2023/2024 and will mean financial sustainability with expenditure contained within allocated resources on an ongoing basis (living within our means) **John Finn, Penny Harris and Jo Turl**	June 2021	Amber
Narrative	NHS emergency financial regime confirmed to extend to cover first half of 2021/22 (H1) Confirmation awaited on funding beyond that. Submission of financial plan for H1 due to NHSE 6th May 2021. This will confirm CCG again plans for financial balance. Financial planning principles and financial recovery strategy for the ICS has been drafted and will progress through CCG and ICS governance processes		

Risks to delivery	Reset of the medium-term financial plan is now expected to be completed by October 2021, in time for submission of H2 plans Required expenditure run rate from 1st October 2021 likely to be below that on 1st April 2021, therefore costs will need to be reduced over a period when we are also required to maximise recovery of service output to pre-covid levels Focus on elective recovery may challenge our ability to shift the balance of investment within 2021/22 only. Uncertainty of allocation and financial recovery trajectory required. Risk that this may be unachievable when finally issued.		
Action 3	Deliver agreed efficiency programmes in each financial year through to 2023/2024. These should be informed by ongoing assessment of value for money in our use of resources. **John Dowell**	Ongoing	Amber
Narrative **Risks to delivery**	Review of all Long-Term Plan priorities and delivery programmes underway. Financial framework for recovery that confirms the targets for delivery from each of the programmes, based on good evidence of what is achievable will be set to support the medium-term financial plan actions identified above. Change capacity required Timescales for delivery will be challenging		
Action 4	Deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression; and make best use of available resources. **John Dowell**	Ongoing	Amber
Narrative **Risks to delivery**	Running costs remain well within authorised limit for 2020/21, but the allocation for 2021/22 reduces. Efficiencies sufficient to cover any impact of inflationary pressures are therefore required. A full review of both pay and non-pay running costs is in progress, for sign off of budgets by CCG exec team ahead of H2 planning. Continued pressure on capacity to manage pandemic response and resource the change programmes to ensure delivery of the LTP CCG to ICS transition		

4. Be an effective, well-led organisation with an empowered and inclusive workforce

Lead director/directors: Andrew Millward

Objective 4	**Be an effective, well-led organisation with an empowered and inclusive workforce**		
Overall RAG	Green		
Action 1	Support staff health, wellbeing and morale **Andrew Millward**	Ongoing	Green
Narrative	Health and wellbeing champions and wellbeing guardian in place since September, leading the CCG's delivery of HWB to support staff and identify and address further needs. Actions taken based on issues raised by HWB conversations (77% of staff) and initial assessment against draft national implementation guidelines identifies that the CCG is meeting or exceeding HWB Guidance. Further work underway to ensure wellbeing guardian representation at GB is maintained throughout ICS transition. Staff wellbeing is a big focus of all directors and they are regularly checking in on staff and teams. Wellbeing was the area of biggest improvement in the recent Picker Staff Survey.		
Risks to delivery	<No risks to delivery identified>		
Action 2	Deliver the CCG's organisational development programme so that we continue to enhance the culture of the organisation. Doing so will help meet the challenges within the NHS People Plan **Andrew Millward**	September 2021	Green
Narrative	10 objectives identified and implemented to deliver the CCG's organisational development programme 2020/21. Assurance reported to Strategic Workforce and Remuneration Committee. Objectives to be revised April 2021 for 2021/22 delivery.		
Risks to delivery	<No risks to delivery identified>		

Action 3	Be a learning organisation: a. Use COVID-19 learning to improve services and working practices b. Deliver quality improvement and commissioning cycle training c. Further develop the CCG's mentoring programme **Andrew Millward**	September 2021	Green
Narrative	a. Initial learning from COVID-19 implemented July 2020 with further actions identified and implemented following HWB conversations with 77% of staff. b. Commissioning cycle training delivered at an all staff briefing in November 2020, session recorded and available on the Intranet / also included within CCG Staff Induction. Quality Improvement (QI) training designed for CCG staff in partnership with the SWAHSN, initial session delivered March 2021 with 2 further sessions scheduled for May and June 2021. Planning underway with SWAHSN for intermediate QI training to complement QI training across the Devon System. c. Delivery of pilot (Cohort 1) CCG mentoring programme Summer 2020 onwards with 2 stage evaluation process undertaken. Evaluation of Cohort 1 mentoring programme to be completed April 2021, requests from staff for mentoring identified as part of CCG appraisal analysis undertaken March 2021.		
Risks to delivery	<No risks to delivery identified>		
Action 4	Grow and develop staff to meet their potential and the organisation's needs: a. Implement an improved talent management process, linked to Appraisals b. Develop and implement a graduate and apprenticeship strategy **Andrew Millward**	April 2021	Green
Narrative	a. Revised Appraisal process implemented June 2020 to include talent management process and analysis of appraisal and talent management implementation completed to inform learning and development programme for staff March 2021. Growing and developing our people policy and guidance revised March 2021 – due for approval April 2021. Appraisal and talent management process to run again May – July 2021. b. Currently supporting 11 apprentices within the CCG and further supporting pharmacy technicians within the Devon system through the apprenticeship levy. Approach to engaging future apprentices within the CCG agreed at Strategic Remuneration and Workforce Committee		

	March 2021. This revised approach by the CCG will support apprentices rotating across directorates within the CCG to gain breadth of knowledge and experience to further support talent development within health as per the identified national priority 2021/22 'supporting staff and growing the workforce'. CCG has committed its support to 3 graduates over the next 2 years (2021/22) in partnership with our provider colleagues. One second year graduate in finance (incoming from RDEFT); One second year graduate in general management (incoming from UHPNT); One second year graduate in health analytics (incoming from DPT).		
Risks to delivery	<No risks to delivery identified>		
Action 5	Prepare staff and the organisation to work within the new Integrated Care System (ICS), including support to staff to undertake development assignments **Andrew Millward**	September 2021	Green
Narrative	Agile/flexible working policy in place. Draft agile deployment process has been developed and ready for executive approval. The new process will work alongside the new talent process which forms part of the appraisal so that we can deploy staff in need of development to undertake specific projects or tasks.		
Risks to delivery	Commissioning cycle training provided and QI training, provided in partnership with AHSN, has been provided for commissioning staff and 2 more sessions are planned in 2021. HR principles for the transition into the ICS are in development and HR will work with the project team, being set up to plan and manage the transition, to ensure the workforce are well supported through the process.		
Action 6	Drive to increase the current diversity of our staff (3.4%) to reflect that of the Devon population (6.9%) **Andrew Millward**	March 2022	Amber
Narrative	Diversity group set up for the CCG and is planning the work programme for the next 12 months. The HR team is also planning actions that will help improve our access to advertising roles within more diverse communities in Devon and elsewhere. This action will be prioritised during Q1 and across the remainder of the 21/22 financial year, including the delivery of recruitment training to managers.		
Risks to delivery	Applications received from BAME communities and appointments of BAME staff into roles. HR team do not have complete control of the delivery of this target, it will require leadership from all levels of the organisation.		

5. Lead the system's response to the coronavirus pandemic

Lead director/directors: Darryn Allcorn and Sonja Manton

Objective 5	**Lead the system's response to the coronavirus pandemic**		
Overall RAG	**Green**		
Action 1	1. Provide system leadership to manage: a. The coronavirus second and subsequent waves. This includes facilitating mutual aid and support; consistent application of national guidance; best practice implementation; and a whole population approach (no gaps in service provision) **Sonja Manton** b. Winter pressures, by delivering the 2020/21 winter plan **Jayne Carroll, Sonja Manton** c. Service restoration, by working with partners to deliver the phase 3 plan **Jaye Carroll** d. Transition post EU exit **Sonja Manton**	April 2021	Amber
Narrative **Risks to delivery**	• Successful management of wave 2 – including effective use of nightingale, mutual support, networked care across physical and mental health providers, continued system working on key issues requiring system response in proactive manner using escalation framework and system architecture. • Implementation of winter plan and successful support to regional framework for the winter period (Nov – April). Recognised by region for good system working in winter response. • Transition post EU exit with minimal disruption to service delivery • System approach to service restoration – reduced rate of restoration than planned due to higher and longer wave 2. • Service restoration rate affected by a number of factors such as: staffing; urgent and emergency care pressures; growing demand and acuity in all sectors; competing demands for staff through eg mass vaccination; ongoing COVID related measures affecting capacity (eg		

	bed capacity secondary and community care across physical and mental health settings).		
Action 2	Commission specific COVID-19 services to meet population needs: a. Long COVID-19 assessment service **Jo Turl** b. Oximetry (measuring oxygen levels in blood at home) **Jo Turl** c. COVID-19 vaccination programme **Darryn Allcorn**	March 2021	Green
Narrative **Risks to delivery**	• Long covid and oximetry at home services commissioned across Devon– early review and adapting the services in progress • Successful COVID-10 vaccination programme in place – over 629,000 people vaccinated (approx. 69% of adult population) as of early April. Exceeding national rates and targets and benchmarking favourably • Appropriate deployment and take up of new COVID services so that we see most effective use of resources and meeting new needs of the population • Sufficient and reliable vaccine supply (national issue) and sustainability of primary care for ongoing vaccination programme		
Action 3	3. Coordinate and lead the system to deliver: a. Adequate personal protective equipment (PPE) **Darryn Allcorn** b. Effective Infection prevention and control measures **Darryn Allcorn** c. A joined-up approach to communicating with staff, the public and stakeholders **Andrew Millward** d. Timely Intelligence of population needs **Kelvin Grabham** e. Workforce optimisation and deployment **Andrew Millward**	March 2021	Green

	f. Resilient primary care, mental health and critical care services as part of wider provider collaboratives **Jo Turl and Darryn Allcorn** g. Care Home and care at home support **Darryn Allcorn** h. COVID-19 testing facilitation **Sonja Manton**		
Narrative	Successful management of wave 2 in all domains as above and use of intelligence to proactively manage and respond: a. Good stock and distribution process for PPE in place with LA and no shortages, with funding for care homes agreed until 2022 b. IPC being monitored in provider organisations; lessons learnt from outbreaks shared. Working collaboratively with Public Health England to manage outbreaks. Although significant incidence of nosocomial outbreaks, rare but significant outbreaks in care homes still being seen, looking to strengthen support and reinforce good IPC practice c. Good regular two-way systems in place to communicate and listen to all relevant stakeholder groups. d. - e. Deployment of staff and effective system working in all relevant cells – proactive and responsive management of issues and risk f. Demand and capacity modelling and connected surge planning in relation to mental health service has been undertaken and is being used to inform system planning and service delivery. Additional national resilience monies and local flexibilities are being used to support sustainable general practice in this next phase. PCN development programme is in place to support development of PCNs and sustainable general practice. g. IPC training support to independent sector ongoing. Care Home huddle ongoing, supporting care home champion development. h. Ability to scale back up for further and subsequent waves if needed with more resilient on-call arrangements incorporating incident		
Risks to delivery	• Staff resilience in future waves • Management of COVID alongside Core business – increased tension and pressure of this in future waves • Sustainability of COVID response and operating with COVID restrictions in all sectors • Resilient primary care: access to data		

8. Recommendation

The paper is intended to update Governing Body members of progress against the 2021/22 objectives.

The Governing Body is asked to **receive and note contents**.

Appendix a: CCG PMO RAG rating criteria

	Overarching RAG	Process RAG	Finance RAG	Non financial benefits RAG
RED	At least one element of the programme is not on track (process/milestones, financial benefits or non-financial benefits) and despite mitigations it is likely it will not achieve the planned deliverables.	The process (milestones and agreed actions) are not on track, and timescales are not recoverable despite mitigations being put in place. The timescales will need rescoping.	The financial deliverables are not quantified or are not on track to deliver. If off track they are not recoverable despite mitigations being put in place. The financials will need rescoping.	The non-financial deliverables are not quantified or are not on track to deliver. If off track they are not recoverable despite mitigations being put in place. These outcomes will need rescoping.
AMBER	At least one element of the programme is or has been off track, but mitigating actions are in place and likely to recover the overall position.	The process (milestones and agreed actions) are off track, however timescales are expected to be recoverable such that the outcomes (financial and non-financial) should be achieved as planned.	The financial deliverables are off track to deliver, however the mitigating actions in place are expected to recover the overall position.	The non-financial benefits are off track to deliver, however the mitigating actions in place are expected to recover the overall position.
GREEN	All on track to deliver across all projects and therefore the programme overall, benefits on track, timescales on track.	The process (milestones and agreed actions) are on track to deliver the tasks and actions required to achieve the planned benefits.	The financial benefits are on track to deliver the savings articulated in the plan on time and to the level agreed.	The non-financial benefits are on track to deliver the outcomes articulated in the plan on time and to the level agreed.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Locality Update Report

Locality:	Northern Devon
Period covered by update:	March - April 2021
Locality Chair:	Dr John Womersley
Locality LCP Chair:	Jennie Stephens
Report prepared by:	Tim Golby

Key achievements/progress

1. Northern Integrated Delivery Group (IDG) Development

The development of the Northern IDG had continued to move forward at pace in March and early April with a series of meetings to focus specifically on planning the assimilation and peer assessment of the local activity and performance priorities. The primary focus so far has been around acute, community and primary care activity, utilising reporting feeds from the System Performance Group (SPG), the NDHT Integrated Performance Report (IPR) and the primary care weekly LMC sit-rep. Further reports from other key system partners including DPT, DDoc and SWAST are also being collated to provide a full and comprehensive system review each month.

Ahead of each monthly Northern IDG, the local CCG team will coordinate the assimilation of a range of key 'system improvement' issues (effectively forming the monthly IDG agenda) from the various sources, in addition to any specific provider, SPG, LCP Executive, Urgent/Planned Care Board etc. issues that need priority attention. The outcome of each IDG will be *both* a clear set of agreed reporting/escalation issues upwards to the SPG (see attached report for March) and a clearly defined set of local workplans on who's going to action *what*, and by *when*. The monthly cycle of this analysis, response and reporting will then continue.

Good locality progress has been made in working with the Northern Collaborative Board, and discussions are underway on how best to draw together PCNs and CDs into the wider local planning and IDG process.

2. One Northern Devon

One Northern Devon (OND) is looking to run a development session to reaffirm its focus on Population Health, including the wider determinants of health and well-being. It is expected that reducing inequalities and creating a fair and equal society will feature heavily in conversations. The OND quarterly meeting was held on 7th April 2021; a full update report on progress on the delivery of the 10-year Wellbeing Strategy priorities is in appendix 1 attached to this report.

- **OND Priority Projects for 2021-2022 are:**

  - Youth Flow - Supporting disadvantaged young people into employment
  - Workplace Wellbeing - supporting employers to promote healthy, supportive workplaces
  - Home from Hospital and Connecting to Communities volunteer service
  - High Flow – supporting people with multiple and complex needs – a whole system approach
  - Primary Care Flow – a personalised care approach to population health management
  - Community Mental Health Flow – supporting people discharged from mental health wards
  - One Community delivery plans including developing mental wellbeing provision
  - Fuel Poverty – a whole system plan for addressing fuel poverty

- **OND to present at Kings Fund Conference**

  OND has been invited to present at a Kings Fund virtual conference to be held on 21-24 June to explore the role of communities in health and care, and specifically to talk about the benefits of the One Community infrastructure.

3. Community Services Contracts

Collaborative work between the Northern and Eastern team and wider CCG input is underway to develop the programme of work requirements, governance arrangements and programme structure to take forward the community service contract programme. The appointment of a programme manager is now key to progress this work at the pace required. A fuller report on progress will be included in next month's report.

4. Post COVID-19 syndrome ("Long COVID") assessment services

In response to the national initiative to establish a network of 'long COVID' specialist clinics announced on 15th November 2020, North Devon has been working with Devon CCG and the Provider Trusts to develop local assessment clinics for patients suffering debilitating effects of the virus. This is the first stage of the work in response to the national guidance.

Long COVID appears to be a multisystem disease and assessment requires a holistic approach. Long COVID can present with clusters of symptoms which can fluctuate and change, can affect any system in the body and can have a significant effect on a person's quality of life.

The assessment clinics for the northern locality are run by Dr Ryan Strzelecki and started on 25th February. Referrals to the service are made via DRSS. Northern Devon Healthcare Trust and the Royal Devon and Exeter Foundation Trust are running a shared MDT clinic to discuss complex cases; this ensures best patient management and care.

Further work is needed to establish ongoing rehabilitation pathways for people once assessed in the service and to create a response for paediatric patients suffering with Long COVID.

5. COVID-19 Vaccination Programme Update

The vaccine programme has been successfully delivered in Northern Locality with 95% of cohorts 1-4, 89.5% of cohorts 5-9 and 26% of cohorts 10-12 completed. We are working closely with the GP practices in North Devon and Northern Devon Healthcare Trust to finalise the arrangements for the vaccinations for cohorts 10-12 in North Devon. Pop-up

vaccination sites have been held across North Devon to improve reach and the mobile vaccination unit (bus pilot) visited North Devon for some outreach vaccination last week. All PCNs will continue to deliver second doses of the vaccinations for cohorts 1-9. Holsworthy PCN and Westward Ho pharmacy will continue providing vaccinations for all eligible groups and we hope more pharmacies will start vaccinating soon.

6. Urgent Care Northern

- The Northern system has experienced very low numbers of COVID-19 numbers throughout the month. Currently NDHT has no COVID-19 cases.
- Previous issues of staff COVID-19 absence have greatly reduced.
- The Trust has been at OPEL1 continuously for over 4 weeks, with occasional days at OPEL2 with daily figures of empty beds ready to take emergency admissions in the double figures.
- ED attendances have grown consistently to be back at pre-COVID levels with peaks of ambulance arrivals placing pressure on flow.
- The improving picture has allowed the Trust to recover its urgent care performance despite growing pressure. As of the end of February the Trust:
- Has the lowest cumulative ambulance handover delays in the South West.
- Whilst still fragile the most consistent delivery of the ED 4 hr %-target over the last 6 months
- A large reduction in patients with delayed discharge due to waiting for either a package of care or a temporary or permanent Care Home bed.
- Whilst not at pre-COVID levels the Trust has maintained a small but steady flow of elective surgical work for most of the second and third waves of the pandemic.
- The Trust has escalated problems with Kernow Patient Transport and are in contact with the relevant commissioner. Issues mainly about major time slippages e.g. same-day journey request for Palliative patient to go home – offered a collection from NDHT at midnight.

7. Minor Injury Units

The primary care network continues to work closely with the NDHT team to maintain temporary medical cover by local GPs to undertake minor injury activity whilst the Ilfracombe and Bideford MIUs remain closed temporarily as a result of staffing challenges brought on by the COVID-19 pandemic.

Key priorities for the next three months

- Embed the LCP governance and leadership arrangements.
- Define the LCP priorities for 2021-22 together with the associated work programmes.
- Make links with the in-hospital team to understand the impact of COVID-19 on elective care and the restoration of elective services. Fiona Peck, Interim Deputy Director of Commissioning – In-Hospital will be attending the next Northern Integrated Delivery Group to start this discussion.
- Continue to develop community urgent care options.
  Embed the learning from the Population Health Management pilot to other areas of Northern Devon work.

Issues of concern or risk

- Maintaining focus on LCP priorities while simultaneously adopting ICS and LCP developments.
-

Support required and/ or barriers to progress
-

One Northern Devon report for meeting 07.4.21

onenortherndevon

Who are we?

We are a partnership of public, private, voluntary and community groups

What do we do?

We collaborate together, influence policy that affects Northern Devon, and work over the long term.

Why do we exist?

We want to improve the quality of life in Northern Devon, protect our shared natural environment, and address local inequality.

One Northern Devon Priority Projects for 2021-2022

- Youth Flow - Supporting disadvantaged young people into employment
- Workplace Wellbeing - supporting employers to promote healthy, supportive workplaces
- Home from Hospital and Connecting to Communities volunteer service
- High Flow – supporting people with multiple and complex needs – a whole system approach
- Primary Care Flow – a personalised care approach to population health management
- Community Mental Health Flow – supporting people discharged from mental health wards
- One Community delivery plans including developing mental wellbeing provision
- Fuel Poverty – a whole system plan for addressing fuel poverty

1. Opening Business

Minutes of the meeting held 3rd February 2021 can be found here

2. Business

2.1 OND work programme benefits

OND current work programme benefits can be found here

2.2 FINANCE

2a. Monthly finance report

Income		2020/2021 Budget	Year to Date	Carry over to 2021/22
Core Income				
2020/21 iBCF Core Cost funding		100,000	100,000	
Staffing Accrual and Ringfenced Income		123,317	123,317	
Total core income			223,317	
Commissioned Income				
Other Expected Income	Community Development Fund	26,250	26,250	
	iBCF Local	50,000	50,000	
	iBCF Prevention	8,750	8,750	
	Funding from Western Power	1,500	1,500	
	Flow 2020 Underspend	1,009	1,009	
	DPT funding	84,687	84,687	
	SWAHSN Flow report	4,100	4,100	
	food Network	7,934	7,934	
	SWAHSN YAP	1,900	1,900	
			0	
Commissioned income administered elsewhere			0	
	DWP	40,831	40,831	
	STP Funding for Flow workforce development	6,000	6,000	
	CCG Contribution to Programme Manager secondment	5,920	0	
Total Commissioned income			232,961	
Total Income for year			**456,278**	
Expenditure				
Core Staff Costs				
	OND Programme Manager/NDHT Secondment/CCG Contribution	5,920	5,920	
	Community Partnerships Manager	40,344	37,192	100
	One Communities Co-ordinator	12,334	7,127	5,145
	Admin Support Officer	9,665	7,582	1,456
			0	
Total core staff costs			57,821	6,701
Core Non-Pay Costs				
	Website and Media support	6,724	6,724	0
	Staff Travel and expenses	1,200	792	408
	Engagement Events	500	0	500
	Web and media hosting fees	1,000	1,522	-522
	GP Network development costs - rolled over	1,500	0	1,500
	Annual report	1,608	0	108
Total non-pay core costs			9,038	1,994
				0
Contingency costs				0
	OND infrastructure legal costs - rollover	5,000	0	5,000
	Contingency costs - rolled over	5,000	0	5,000
Total contingency costs			0	10,000
				0
Commissioned Activity				0
(fixed term)	Hi Flow salary costs	46,000	46,000	0
	Community Development salary costs (till Dec 2020)	69,750	69,750	0
	Social Prescribing and Flow Co-ordinator (till June 2020)	7,157	7,157	0
	OND Flow Team		0	0
	Youth hub contribution	8,205	1,950	6,255
	Youth Flow	40,831	40,831	0
	DPT Mental Health funding Community Developers (April - June)	70,286	0	70,286
	DPT MSVC funding	9,093	0	9,093
	DPT MH Flow work plan management	5,308		5,308
	IBCF Home from Hospital Community Developers (Jan - March)	45,359	40,776	4,583
	HFH MSVC (Oct - March)	4,656	0	-14,652
	Flow Co-ordinator - 5 month role (workforce development)	6,000	6,000	0
	SWAHSN Flow report	4,100	0	4,100
	Flow underspend (HFH)	1,009		1,009
	Western Power funding (HFH)	1,500	0	1,500
	Food network	7,934		7,934
	SWAHSN YAP	1,900	0	1,900
Total commissioned activity costs			212,464	97,316
Totals for Year			**279,323**	**116,011**

Previously we showed a predicated rollover of £28, 539. The final year rollover includes funding received this month allocated to next year.

2b. 2021/22 Finance

OND Financial Summary Income & Spend 2021/22	2021/2022 Full Year Budget	Rollover from 2020/2021	New funds	Forecast 2020/21
Core Income				
Carry over 2020/21		116,011		
Core income total		**116,011**		
Commissioned Income				
iBCF Local			50,000	
iBCF Prevention			26,250	
DCF Food Network			3,966	
Police High Flow			11,000	
Encompass High Flow			7,000	
Original High Flow fundng			11,500	
Commissioned income administered elsewhere				
DWP			57,169	
STP Funding for Flow workforce			6,000	
CCG Contribution to Programme Manager secondment			5,920	
STP (KT) Leadership development			10,000	
High Flow evaluation and case studies			10,000	
Trauma Development in Primary Care			5,000	
Awards for All			20,000	
BTC contribution to OB Community Developer			9,000	
OI contribution to OI Community Developer			6,340	
Commissioned income total income			**223,805**	
Income Total			**339,816**	
Expenditure				
Core Staff Costs				
OND Programme Manager/NDHT Secondment/CCG contributio	5,920		5,920	**0**
Community Partnerships Manager	40,962		40,962	**0**
One Communities Co-ordinator	5,871	5,871		**0**
Admin Support Officer	9,858	6,691	3,167	**0**
				0
Core Staff costs	62,611	12,562	**50,049**	**0**
Core non pay costs				
Website and Media support	5,795	5,795		**0**
Staff Travel and expenses	1,200			**-1,200**
Engagement Events	1,000			**-1,000**
Web and media hosting fees	1,000	5308		**4,308**
GP Network development costs - rolled over	1,500			**-1,500**
Annual report	1,500			**-1,500**
Core non pay costs	11,995	11,103	**0**	**-892**
Contingency costs				
OND infrastructure legal costs - rollover	2,500		0	**-2,500**
Contingency costs - rolled over	5,000	5,000	0	**0**
Contingency costs	7,500	5,000	**0**	**-2,500**
Commissioned Activity				
Hi Flow salary costs (till June 2021)	42,000		29,500	**-12,500**
One Community Developers	198,573	47,308	35,340	**-115,925**
OND Flow Intervention Fund	3,000		3,000	**0**
OND Flow Team	19,363		13,500	**-5,863**
Youth hub contribution (TTVS and Encompass from OI)	6,255	6,255		**0**
Youth flow (up to end of Oct 21)	57,169		57,169	**0**
DPT Mental Health Flow Encompass Staff (apr - jun)	27,651	-27,651		**0**
Multi Service Volunteer Co-ordinator	36,374	9,093	14,653	**-12,628**
				0
SWAHSN Flow report	4,100	4,100		**0**
Flow underspend (HFH)	1,009	1,009		**0**
Western Power funding (HFH)	1,500	1,500		**0**
				0
SWAHSN YAP	1,900	1,900		**0**
Commissioned activity costs	398,894	43,514	153,162	**-146,916**
Totals	**481,000**	**72,179**	**543,027**	**-150,308**

There is currently a predicted deficit of £150,000.

£115,925 is the current deficit for Community Developers.

One Barnstaple and One Ilfracombe Community Developers have both been allocated £10k each from Awards for All and contributions from Barnstaple Town Council and Ilfracombe Town Council. This funds both posts to the end of March 2022.

The other 5 Community Developers are currently only funded until July 2021.

2.3. Risk Register

Draft risk register can be found here

2.4 Project initiation process

A programme management group has been formed (Rob Passmore, David Relph, Andrea Beacham) to develop a programme framework for delivering against OND's Wellbeing Strategy priorities, where these are not commissioned (as commissioned work has its process set out by the funder).

The aim is to provide a process that can be followed consistently, which will allow us to gain partner commitment in the most efficient way possible, rather than starting from scratch each time.

We aim to use the Fuel Poverty project to test a set of templates that take us through the entire process from initiation to evaluation as outlined in the diagram below. These templates will then be able to be used by all projects as they are initiated.

As these are multi-agency projects, we need to work through the individual processes each partner needs to go through to get commitment to support (staff time/funds/other) to draw on for the three different competencies required at each stage of the process:

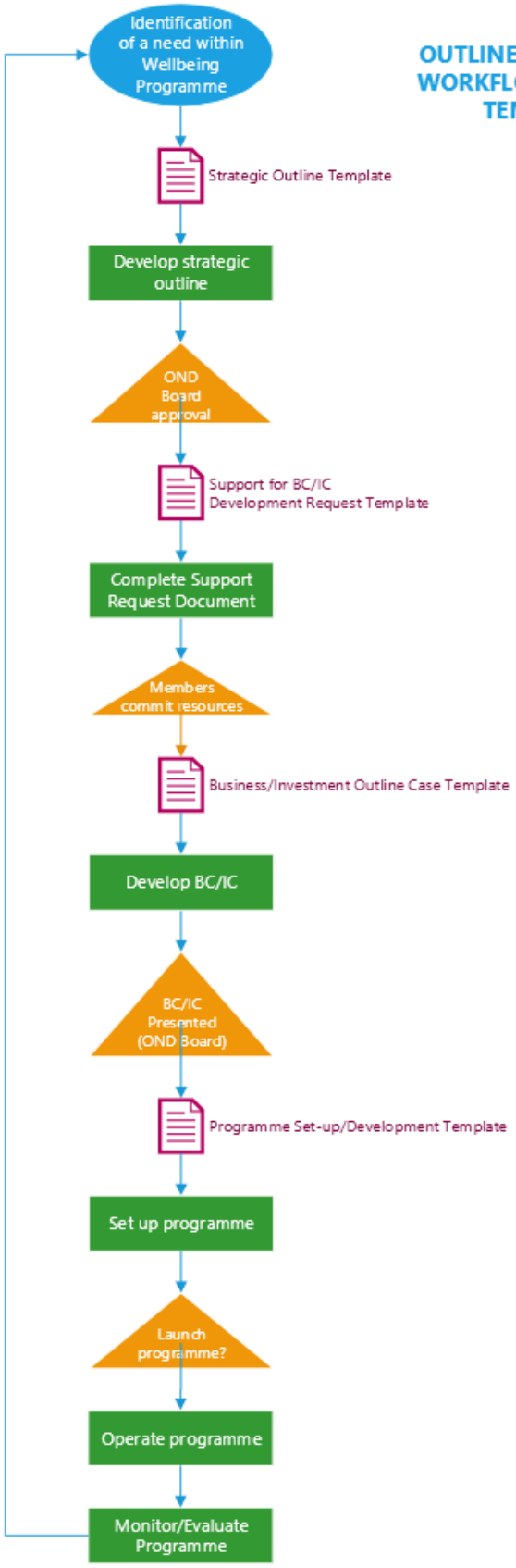
1. BC/IC development. Strategic service definition, planning, costs, etc
2. Programme management. From the 'go' decision to 'live'. Set up management
3. Operational management. Delivery of service against agreed standards.

Request

1. The programme management group asks that the process outlined below is agreed or amended.
2. That the programme management group develops the templates as described in the process and brings back to the OND board for approval.

onenorthterndevon

OUTLINE PROGRAMME WORKFLOW WITH DOC TEMPLATES



3 Progress Reports on the Delivery of the 10 Year Wellbeing Strategy Priorities

3.4 Living Well - Reports

Programme Title:	**Living Well Development Team**
Programme Lead:	Mark Doughty
Supporting Organisations:	Devon CCG,NDVS, TTVS, Devon and Cornwall Police, Devon Public Health, Action For Children

Key Development Opportunities and any System Barriers for Living Well Development Team
Update March 2021 Currently we are involved in reassessing the focus of our work in this area. I will be giving a more detailed report at the next board meeting.

Obesity / Healthy Weight Programme Team – Priority One	
Project Lead (s):	**Kay Brennan / Hannah McDonald**
Supporting Organisations:	**Devon CCG**

Project Summary

Obesity is a major factor in poor health, disease and life expectancy.
This strategy will place the most vulnerable as its central focus with all work streams prioritising disadvantaged groups.

- **Goals/outcomes**
- **We will work with partners to create healthy places**
  - Create a safe cycling and walking network and improve walking and cycling routes in Northern Devon by bringing all interested parties together to establish proposals
  - Maximise physical activity opportunities engaging with local leisure providers
  - Work with businesses and planning authorities to support healthy eating-out options
  - Improve access to places where people can grow and share healthy food
  - Promote healthy places of work by supporting all OND partner organisations to sign up to the Healthy Weight Declaration
- **We will promote healthy lifestyles**
  - Create a strong Northern Devon presence for national and regional physical activity initiatives and maximise funding and resources
  - Link with schools and local supply chain work to promote healthy eating at school
  - Support healthy lifestyle choices in pregnancy, early years and throughout life
  - Promote exercise for prevention, treatment & management of chronic disease
  - Establish network of 'healthy weight leads' in each key organisation in Northern Devon

Key Achievements and Progress to date

Update to Board – 19.3.21:

- Wellbeing at Work programme, in conjunction with the Youth Flow DWP funded project continues to work with a Barnstaple based motor repair company as a pilot site. They have a Wellbeing Champion in place who is being supported by the OND / TTVS team. NHDT's Health Improvement Specialist will be delivering a mental health first aid training package. Royal Marines from Chivenor, near Barnstaple will potentially provide educational and inspirational briefs on topics such as sleep and mindfulness and the Commanding Officer team of the base are keen to offer Youth Flow

placements with long term employment possibilities for local civilians. A military mental health role model is being identified. The SW Academic Health Science Network (SWAHSN) are supporting the evaluation.

- At Devon Partnership Trust's request, Kay Brennan (in collaboration with a PHE SW) has devised a proposal to the trust's Clinical Director, David Richardson that aims to provide education and upskilling of the entire DPT workforce on the benefits of physical activity for those with mental illness, and to support them develop their healthy lifestyle conversation skills. Focus areas include supporting staff in their own personal wellbeing, physical health assessments for those with a Serious Mental Illness and interventional based training that will be potentially involve the new Primary Care Network based MH workers, voluntary sector leaders such as MIND and public health practitioners/clinicians from the locality.
- One Northern Devon held its first Food Network Development meeting. The idea of this partnership and initiative is to develop collaboration and joint working between interested parties and will feed into the wider Strategic Devon Food Partnership.
- *Grow, Share, Cook* initiative which is hoping to be piloted for Northern Devon in Bideford and Barnstaple is still looking for funding opportunities.
- The Community Food Programmes has winter funding grants available for the provision of emergency food packs issued by small organisations. These are currently being mapped to understand who and what is being provided. Devon Community Foundation are setting up networks in each locality so that small community projects are kept updated.
- Active Travel group has a current focus on supporting the long term sustainability of cycling safety training for school aged children. They are also debating the rural challenges in implementing and influencing the Transport Infrastructure and Local /Neighbourhood Plans. Nik Bowyer from Devon's Net Zero Taskforce will present on the consultation outcomes of the Interim Carbon Plan.
- Healthy Weight and Physical Activity forum focused on Childhood obesity this month. There was a recent Government announcement of £100Million for weight loss and management support services and OND have been involved in the ongoing programme re-design on Tier 2 and 3 weight management services with local GP and dietician representation. Discussion within the group on the lack of sport/activity club engagement with local leisure sector providers at this current time. Schools are not booking back for swimming lessons suggesting lack of confidence in committing to activities crucial to childhood physical mental and social development. Parkwood's new centre in Barnstaple remains on track to open in Spring 2022. DCC lead 'Naturally Healthy May' will be promoted across the system.
- Petroc FE College is promoting online fun activities to its students such as the AoC Luna challenge and Active Devon's cycling toolkit which includes winter safety webinars, confidence sessions and volunteering opportunities. They are hoping that as learners are returning to in- person learning that they can begin outdoor activities such as wellness walks, community litter picks, gardening after Easter if guidelines allow. They are planning to plant fruit trees around the college grounds to provide free, healthy and accessible food for learners.
- Beat the Streets. No update given ongoing restrictions.
- Active Devon Workplace Walking Campaign 'Let's Walk' has had over 400 workplaces sign up with Devon CCG, DCC and OND all taking part.
- A Long Covid assessment and support service has been launched at NDHT. It is being run by a local GP with support from secondary and community-based specialist rehab teams and medical specialists including Kay Brennan in a Sports and Exercise Medicine/OND role to help enhance the collaborative approach to this service. One Small Step, Talkworks, Social Prescribers and VCSE are also involved.

Key Priorities for the next 3 Months

- Ongoing development of the Wellness at Work programme, in synergy with DWP sponsored Youth Flow. Focus on mental health in-house support and embedding the model into communities by working with partners and employers such as the armed forces.

- Continue to develop links with DPT by supporting them in key projects such as physical health assessment for those with serious mental illness and upskilling their workforces in healthy conversations and activity focused interventions. Involvement of community stakeholders in designing this training is crucial.
- Work with Active Devon, NDC and Bikeability instructors to create a sustainable cycling safety and Active Travel model for all schools in North Devon.
- Continue development of the Local Food Network to establish new partnerships that support those with low food security.
- Support local leisure providers, community based sports and activity groups and schools return to pre-Covid levels of engagement. Use Sport England's new strategy to gather momentum and explore new ways of engaging individuals with activities again.

System, support required and barriers to progress

- Funding for Wellness at Work co-ordinator to secure a lasting commitment from businesses and develop a self- running network
- Prolonged lockdown/general uncertainty means challenges to the commitment to the leisure industry. Fears that many groups have disbanded, and groups fail to return to community cohesive and positive wellbeing type activities.
- Leisure service providers struggling to remain solvent.
- Resources continuing to be focused on Cv19 recovery so limited investment in programmes and schemes aimed at prevention and management of long-term lifestyle related conditions
- Health and Social care reorganisation at county and locality level promote disorganisation, lack of clarity and momentum within population health focused projects.

Loneliness Programme Team – Priority Two	
Project Lead (s):	**Darren Hill**
Supporting Organisations:	**NDVS & TTVS**

Project Summary

Loneliness is fast becoming recognised as one of society's greatest challenges, a growing problem which not only reduces quality of life for large numbers of residents, but which also contains significant implications for health and care services. As well as being linked to early deaths on a par with obesity and smoking, loneliness can increase the risk of coronary heart disease, strokes, depression and cognitive decline. People who can feel particularly lonely include those aged between 16 and 24, widowed, having poor health, unemployed or have caring responsibilities.

What do we mean by loneliness?

The Jo Cox Commission on Loneliness describes loneliness as 'a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.' A person can be socially and physically isolated and not feel lonely, this is 'solitude'. Equally, a person can be surrounded by others and appear well-connected but can feel alone, this is 'loneliness'.

- **Goals/outcomes**
  - Supporting connections – providing support such as transport and technology to help develop and sustain relationships
  - Social prescribing - linking the individual to an activity and others that interests them
  - Asset based community development – utilising local assets ie natural environment
  - Information / signposting
  - Supporting learning/new skills development in a social setting
  - Good neighbour programme
  - Flow Together programme – connecting people in communities

Key Achievements and Progress to date

Update to Board: 22.3.21

A temporary pause has been put on this theme, therefore there is no report for the current period.

Key Priorities for the next 3 Months

As Above

System, support required and barriers to progress

As Above

Crisis Prevention and Support Programme Team – Priority Three High Flow	
Sub Project Lead (s):	**Toby Davies**
Supporting Organisations:	**Devon and Cornwall Police, Devon Public Health**

Project Summary

In January 2020, One Northern Devon launched 'High Flow', a personalised and holistic support programme for the 20 most intensive users of public services in Northern Devon. The High Flow programme aims to better meet the needs of these individuals and use the learning to improve the future system response.

- **Goals/outcomes**
  - Each person will have a key 'supporter' and a single plan shared with all agencies.
  - Additional capacity will be provided through a High Flow Case Worker.
  - Practitioners will be informed to recognise and respond to behaviours resulting from childhood trauma.
  - System leaders will support staff to overcome the barriers existing in the system that prevent people getting help they need.
  - The learning about barriers and solutions will be used to influence future policy and service design for high frequency service users.
- **Project size**
  - Support to be provided to the 20 nominated individuals.

- **Delivery Data staff and finances.**
- £17,147.21 was saved for the four organisations that have responded to the data requests (i.e Police, PCN, SWAST and PCN's) in the first six months. Currently awaiting responses to current data requests for all eight organisations
- The cost to run the High Flow service is £42K per annum which funds the High Flow caseworker and High Flow Project Coordinator (currently funded to 31st May 2021)

Key Achievements and Progress to date

Update 17.3.2021

The Organisations engaging in High Flow are:
NDHT, DPT, DCC, NDC, TDC, Police, SWAST, PCN's and Encompass.
An initial cohort of thirteen individuals was identified and three extra individuals have since been added. However, six of the individual cases have been closed due to a change in circumstance and reduction in demand and one client has sadly died. Ten are female and six are male.
Whilst the High Flow Case Worker is focussing her work on the nominated individuals, it has become clear that the best way to support some of the individuals is by ensuring some co-dependants also are supported. The consequence of not supporting those co-dependants is that their issues may negatively impact on the nominated individuals and inhibit their progression. Therefore, the High Flow team have also supported an additional 5 people in varying degrees to get the necessary support they need though no data is sought or gained on them.
We are still receiving requests from various professionals across Northern Devon to refer people into High Flow. Whilst these will be considered as and when capacity is freed, it does show the demand and need for High Flow is required.
It has been difficult to collect as much demand data as would have been preferable from all the organisations involved but usable data has been received from some namely SWAST, Police and NDHT. Costs for services supplied by Police, NDHT and SWAST have been used in the analysis of this data.
Data
The following are the organisational summaries and are the combined data for all individuals supported. They compare the relevant demand of organisations during the period of High Flow engagement compared to a similar length of time immediately prior to High Flow engagement.

SWAST data up to 31st December 2020

SWAST	Pre engagement	Post engagement	Percentage change	Cost saving £
Call only	36	15	-58%	159.39
Hear and Treat	16	10	-37%	254.76
See and Treat	39	30	-23%	1,700.91
See and Convey	35	15	-57%	5,370.60
			Aggregate demand reduction of 44%	Total saving £7,485.66

Police data up to 31st December 2020

Police	Pre engagement	Post engagement	Percentage reduction	Cost saving £
Non deployment log	19	7	-63%	120
Deployment log	71	37	-48%	9,486
Investigate victim of crime	18	16	-11%	300
Investigate offender	15	6	-60%	3,276
Arrest	5	0	-100%	2,000
			Aggregate demand reduction of 56%	Total saving £15,182

NDHT data up to 31st December 2020

NDHT	Pre engagement	Post engagement	Percentage change	Cost saving £
A&E attendance	43	13	-70%	4,500
Days admitted as an inpatient	54	49	-9%	10,000
			Aggregate demand reduction of 40%	Total saving £14,500

PCN data up to 15th October 2020 (There is no new data available to us for the next quarter)

Number of GP appointments pre-HF engagement	Number of GP appointments post HF engagement	Change in demand (%)	Cost saving / increase
175	164	6% increase	Increase of £330

Of the 4 organisations we have data from for the initial approximate 9-month period, we can evidence that there is an overall cost saving of £36,837. I fully expect that cost saving to increase over the coming quarters and as other organisational data trickles through.

Key Priorities for the next 3 Months

The current priorities for the High Flow project are as follows:

- Continuation of the work with clients particularly in light of lockdown arrangements
- Gathering of data and client video evidence to analyse project effectiveness and system learning.
- **Seek further funding opportunities in light of High Flow only being funded until 31st May 2021.**

System, support required and barriers to progress

System Change

A system success / learning index is being utilised to understand any system change opportunities within Northern Devon in relation to High Flow.

Success / Failure	Organisations involved	Details	Steps taken to resolve

23	NDC / TDA	On more than one occasion, we have found that NDC and TDA have allocated agency / temporary workers to support High Flow clients. When these workers change, it simply increases the uncertainty for chaotic individuals and inhibits their interaction with those agencies thereby impacting negatively on their support.	Raised with both organisations locally.

Crisis Prevention and Support Programme Team – Priority Three **Suicide Prevention**	
Sub Project Lead (s):	**Nicola Glassbrook**
Supporting Organisations:	**Devon and Cornwall Police, Devon Public Health**

Project Summary

- Local Authority Public Health Teams are responsible for coordinating a Multi- Agency response to preventing Suicide across Devon.
- To Prevent suicides across Devon
  - Improving population emotional wellbeing
  - Ensure a timely offer of support to people affected by suicide
- develop Safer Suicide Communities

Working across Devon County Council and Devon STP footprint.

Delivery Data staff and finances:

Real Time data collected and reported on monthly.

Annual Audit of Coroners Reports

In receipt of NHSE Transformation Funding - £235,000 per anumm for 3 years.

Key Achievements and Progress to date

Update 22.3.21

- Roll out of Suicide Bereavement Training continues to be successful with further dates planned for April – May
- Agreed On-line Training in Suicide Prevention. T4T happening in April and 6 people will be trained to deliver across Devon.
- Tender for a Suicide Bereavement Support Service across Devon is now complete. Pete's Dragons were awarded the contract which is for three years starting 01.04.20

Key Priorities for the next 3 Months

- Completion of Suicide Audit (2018/2019)
- Production of 2021 Suicide Prevention Action Plan for Devon
- Roll out 'on-line' suicide prevention training for targeted 'workforces'
- Set up an Innovation Fund that community groups can access to support 'grassroots' suicide prevention projects

System, support required and barriers to progress

Need to find a partner agency (agencies) to administer the Innovation Fund.

Crisis Prevention and Support Programme Team – Priority Three **GP Homeless Action**	
Sub Project Lead (s):	**Dr Simon Jones**
Supporting Organisations:	**CCG, Barnstaple PCN Network, Encompass, Freedom Community Alliance, DPT, NDHT, NDC**

Project Summary
This service is aimed at helping North Devon's homeless population to access a GP Service. It comprises of an outreach team including a GP to provide a clinic one day a week for Homeless people in North Devon and is based in Barnstaple.
Key Achievements and Progress to date
Update 22.3.21 • This service has now been launched and is being led by Dr Nigel Moody (Fremington medical centre) and Natasha Rowland (NDC). It is going really well. • Very successful covid vaccination of 18 rough sleepers. • Clinics now running.
Key Priorities for the next 3 Months
None to note
System, support required and barriers to progress
None to note

Crisis Prevention and Support Programme Team – Priority Three Flow	
Sub Project Lead (s):	**Anna Lewis**
Supporting Organisations:	**Barnstaple Primary Care Network** **Encompass South West**
Project Summary	
• To support individuals, in a Trauma Informed approach, with multiple needs to live the life that matters to them. • To ensure that the system flows around the person instead of the person being referred/bounced around the system. • To support practitioners and organisations to have "What Matters" conversation with their clients. • Manage the coordination and process for the individual with either a Team Around the Person (TAP), Community Around the Person (CAP) or a virtual Flow advice through an online portal/hub. • **Project size** Not defined but includes GP/Population Health Management, NDHT Acute and Community Team, One Communities throughout One Northern Devon. • **Delivery Data staff and finances.** Staff: Flow Coordinator (15 hours p/w)	
Key Achievements and Progress to date	
Update 22.3.21 • We are pre-piloting 3 patients for Barnstaple PCN, we have built a PCN Flow Toolkit • Patients have been through What Matter Conversations with GPs and Flow have debriefed with GPs • Identified goals and bringing Team Around the Person (TAP) meetings to identify needs and actions. • Started to gather data to record for reporting, including feedback from GPs and patients throughout the process. • We have also had steering group meetings to identify what is working, barriers and next steps to roll out • Funding bid for primary care flow rollout submitted to CCG.	

Key Priorities for the next 3 Months
• Review pre-pilot, analyse data, wider review • Begin to roll out to wider PCN as a pilot • Identify any gaps in the process • Confirm first cohort of GPs, Nurses, HCPs
System, support required and barriers to progress
GPs will have time constraints - how do we adapt Flow to the PCN

Child Poverty Programme Team – Priority Four High Flow	
Project Lead (s):	**Fran Giblin / Dr Simon Jones**
Supporting Organisations:	**Action for Children**
Project Summary	

• **Goals/outcomes**
• **Education & training**
  ○ Lead an FSM take up campaign – activities and food
  ○ Support a transitions campaign – primary to secondary, in year transitions and post 16
  ○ Increase 16- 24-year-old opportunities
  ○ Covid response – increase in digital access, equipment and WIFI
• **Health**
  ○ Oral Health Improvement programme
  ○ Was not brought – decrease the number of missed health appointment by families.
  ○ Parental mental health
  ○ Increase awareness of period poverty and make sure that all secondary schools are signed up to red box
• **Income & employment**
  ○ Understand local business employee requirements and opportunities and build appropriate skills and knowledge base in education and training in order to create opportunities and retain young adults locally
  ○ Reduce family evictions
• **Partnerships**
  ○ Raising the profile of families in poverty
  ○ Organisations proactively working together to reduce child poverty through DFCP locality partnership and One Northern Devon	

Key Achievements and Progress to date	
Update 22.3.21 • **Free school meal take up campaign** – 3750 children eligible; early signs that this has increased to 70% take-up from under 50%. • Proactive action across the child and family partnership (Children's social work, Public Health Nursing, Education, Early years settings, Children Centres, Space youth service, Young carers, domestic abuse services, council for voluntary services, police, Babcock) to **promote food banks and food networks to prevent children going hungry during the lockdown**. • **Digital access, equipment, and Wi-Fi** – increase in Laptops and other equipment for children during lockdown to help them with their school studies via local and countywide calls for help • **Reduce family evictions** – early notifications to housing has reduced risk • **Raise the profile across the partnership of families in poverty** – child poverty plan on a page produced by North's Child and Family Partnership • **Holiday Activities & Food Programme** - funding allocated to local providers and provider	

information being disseminated across the partnership and to families. Hot meals included with the offer which is leading to partnerships with Asda, Tescos local cafes and pubs. Working to get children and young people to take up the FREE places.

Key Priorities for the next 3 Months

- **Decrease the number of missed health appointments for children –** 1485 children missed more than one health appointments between April – Dec 2020. The hospital Safeguarding team are working with partner agencies to give details of appointments so that those who have the best relationship with the family can encourage them to attend/feedback barriers.
- **16-24-year olds career opportunities/improve employment opportunities to retain young adults locally –** we need to understand local business requirements and opportunities
- **Oral health improvement programme -** In 19/20 638 children had teeth extracted in Northern Devon, 526 due to dental decay. We are planning an oral hygiene campaign that reduces the need for dental extractions due to decay.
- **Increase awareness of period poverty –** our aim is to sign up all secondary schools to the red box project

System, support required and barriers to progress

- The Devon Child and Family Partnership has an employment subgroup; its aim is to join up local business, Careers South West and Petroc to identify the skills and knowledge required in education and training so that young people can obtain these, in order that they have the opportunities to apply for local employment/apprenticeships.

Should this subgroup link with OND's Economy, employment & skills Development workstream, the Supporting local employers workstream and the Increasing employment opportunities workstream or are these workstreams already achieving the aims?

3.5 Safe, Clean And Sustainable Places – Reports

Programme Title:	**Safe, Clean And Sustainable Places Development Team**
Programme Lead:	David Relph
Supporting Organisations:	361 Energy, North Devon Biosphere, One Communities Group

Key Development Opportunities and any System Barriers for Safe, Clean and Sustainable Places Development Team
Update March 2021 Currently we are involved in reassessing the focus of our work in this area. I will be giving a more detailed report at the next board meeting.

Fuel Poverty Team – Priority Five	
Project Lead (s):	**Rob Passmore**
Supporting Organisations:	**361 Energy**

Project Summary

Mission: Create a multi-organisational 'mobilisation strategy' to remove our region's fuel poverty by addressing its underlying causes and its impacts on our communities.

The fuel poverty issue:

- 30% of excess winter deaths (15,000 per annum – 40+ across northern Devon).
- A £2.5bn NHS cost burden (£6.8m across norther Devon).
- Concentrated pockets of severe fuel poverty, with up to 91% of residents living under its burden, raising energy justice questions (85% of FP in northern Devon is in just 11 wards)
- We are missing our statutory targets for Fuel Poor's household EPC ratings.
- We are not currently complying with NICE guidelines (NG6) on warm homes.

Goals/outcomes

- Reduce the region's Fuel Poverty from 16% to 5% by 2030, and 0% by 2040
- Bring Fuel Poverty in Ilfracombe, Bideford and Barnstaple Central to 10% by 2030, and 0% by 2040
- Achieve the Statutory improvements in household EPC ratings for 2025 (D)/2030 (C).
- Become compliant with the NICE guidelines (NG6) "Excess winter deaths and illness and the health risks associated with cold homes" to reducing the health risks (including preventable deaths) associated with living in a cold home.
- Create local employment by implementing this strategy which directly helps communities in fuel poverty through economic improvement and social mobility.

Strategy:

1. Create a multi-organisational working group with the mandate & resources to implement the strategy
2. Increase access to existing home energy advice through an increase in referrals to 361 Energy/LEAP
3. Launch a Healthy Homes Programme, based on NICE Pathway
4. Launch an end-to-end retrofit program based on national exemplars
5. Launch a Social Bond to finance the development of a retrofit program focussed on helping address fuel poverty, starting with the worst first.

Project size & delivery data staff and finances.

The project size/staff and finances needs to be confirmed by creating a Business Case for the work strands.

Key Achievements and Progress to date

Update 22.03.21

1. The OND Fuel Poverty Strategy has been co-created by the multi-organisational working group (highlighting the value of working in this integrated way
2. Strategic Outline has been signed off by OND Board and its member organisations

Key Priorities for the next 3 Months

- Secure resources/funding to create Full Business Case for:-
    - Healthy Homes Service
    - Able-to-pay retrofit service
    - Social Impact Fund for Fuel Poverty retrofit

System, support required and barriers to progress

- Lack of innovation pathway to support Business Case development
- Lack of funding/resource to create Business Case
- Lack of clear workflow from Strategic Outline Case through to operational service delivery

Strong and Resilient Communities Team – Priority Seven	
Project Lead (s):	**Hannah McDonald**
Supporting Organisations:	**One Communities Group**

Project Summary

Communities in Northern Devon have often expressed frustration at being 'done to' by larger councils and statutory bodies. The top down approach doesn't recognise that the people who know what's best for their community are the people that live and work in them.
Additionally, communities face very different challenges based on their geography, size, rurality, economy and social infrastructure. Some of our towns face particular issues of inequality with life expectancy and social mobility rates amongst the worst in the country.
Many people are willing to help their communities and their neighbours but there isn't always a clear route into different types of volunteer role matched to their skill in their community.

Effect of Covid-19 on Northern Devon Communities

Northern Devon will be disproportionately negatively affected by Covid-19 due to the economic impact on our tourism economy. People in the lowest paid and seasonal jobs are going to be particularly affected. Figures suggest that the South West had the highest number of people claiming benefits at this time and the medium-term economic impacts are not yet known. There may be an increase in people claiming universal credit and debt issues.
It is more important than ever to provide early access to practical support and help with such things as housing and benefit advice. Whilst there are lots of advice channels available people do not always know now to access it.
Conversely, communities have risen remarkably to the challenge of Covid 19 and the community spirit that saw people helping their vulnerable neighbours over the lock-down needs to be supported to continue.

- **Goals/outcomes**
    - Strengthen the 'One Community' approach so that agencies work 'with' communities and co-design solutions using the existing One Community infrastructure.
    - Collective Advice & Guidance package from all partners who provide an advice & guidance function. One–stop-shop portal with links to local and national support.
    - One Barnstaple Community Hub creation as a result of community engagement
    - One Bideford Community Hub creation as a result of community engagement
    - Suicide Safer Communities

- Safer Towns
- OND Good Neighbour Programme

Key Achievements and Progress to date

Update 22.3.21

Arts and Culture group set up with development of proposals for a pilot in Northern Devon for mental health project with young people

- One Northern Devon and the One Communities have been funded by DPT to undertake a project around understanding what provision there is around mental health within communities.
- One Northern Devon and the One Communities have been funded by Devon Community Foundation to do community-led intelligence and engagement around access to food and experiences around free school meals, access to food and whether there have been any difficulties to understand what is going on in different communities food and to identify how additional support can be provided with the possibility of additional funding to follow.
- A Second strand of the funding support was to assess the interest in development of a Food Network. The first meeting was held early in March.
- Holsworthy have agreed in principle to become a One Community
- Recruitment continuing for Home from Hospital volunteers. Inductions and infection control training sessions happening through NDHT at the moment.

Key Priorities for the next 3 Months

- Arts and Culture group to submit funding bid to Arts Council for Northern Devon Pilot Project
- Community Developers to continue to map Mental Health Provision and start to build resilience in communities and get support up and running to fill identified gaps
- Community Developers to continue to map and engage the community, in particular schools and families, in identifying the gaps around access to food.
- To run out the Food Survey by the end of March and analyse the results for a report back to the Devon Community Foundation by the end of April.
- To develop the strategy with regard to the food network based on the feedback from the first meeting
- To continue to support Holsworthy group in their move to becoming a One Community

System, support required and barriers to progress

Funding is still an issue for the Community Developers. All now have funding until the end of June, with some further funding secured for One Barnstaple and One Ilfracombe to continue the roles after June through Awards for All (National Lottery).

3.6 Economy, Employment and Skills Reports

Programme Title:	**Economy, Employment and Skills Development Team**
Programme Lead:	Tim Jones
Supporting Organisations:	North Devon Plus, North Devon Biosphere, Petroc

Key Development Opportunities and any System Barriers for Safe, Clean and Sustainable Places Development Team

Update March 2021

A detailed review of the main priorities has recently been undertaken to ensure that these have been adjusted to take account of the pandemic and market adjustments arising from departure from the EU. This has included a detailed review with key local stakeholders at both Torridge District Council and North Devon District Council. It is recognised that the need for the combined Local Authorities to drive the economic recovery agenda is fundamental to ensuring the speediest possible recovery for all local businesses. The review, therefore, has looked at how this economy group can be complimentary to organisations such as North Devon + and North Devon Futures.

The reworking of the priorities will be as follows:

- Well-being at work
- Health and Productivity
- Social Enterprise
- Digital/Artificial Intelligence - the implications on social prescribing in a commercial context.
- Health and integrated local supply chains.
- Skills including continuous work force development (particularly digital).
- Green Economy/ Sustainability

Supporting Local Employers Team – Priority Eight	
Project Lead (s):	**Alan Dykes**
Supporting Organisations:	**North Devon Plus**

Project Summary

Covid-19 related issues

- People are coping with a sudden loss of income.
- Many businesses affected do not have an HR department so support is needed by business owners and their staff to ensure that their mental health is well supported.

- **Goals/outcomes**

Easily accessible advice and support options, national and local around:

- Covid-safe working.
- Workforce resilience
- Debt counselling for employees
- Re-train
- Financial advice
- Housing advice

Future working options:

- Collate the positives that evolve out of this situation such as a better understanding of distance working, people having improved IT skills and reduced travelling and the opportunities this

presents.

Addressing skill gaps

- Middle and higher level skills. Work with Jobcentre Plus to apply for Community Budget funding specifically for fast track opportunities into middle and higher skilled jobs working with local employers to build in on-the-job training opportunities. In particular, we will target the growth industries identified below.

Trusted employer

- Best practice policies for improved workforce resilience, marginalised employees etc

Growth industries

- Healthy ageing
- Decarbonisation
- Digitalisation

Key Achievements and Progress to date
Key Priorities for the next 3 Months
System, support required and barriers to progress

Local Supply Chain Team – Priority Nine	
Project Lead (s):	**Tim Jones**
Supporting Organisations:	**North Devon Biosphere**

Project Summary

Supply chain management is currently tackled on a sector basis, yet the nature of integrated supply chains is complex and invariably covers a number of sectors and themes. Benefits are frequently not recognised, particularly in respect of indirect job creation.

Goals/outcomes

A coordinated approach to local sourcing with a specific focus on understanding and stimulating local supply chain development is a major opportunity to link wellbeing agendas with healthy economies and healthy communities. Maintaining a strategy that incorporates this overarching approach can be empowering and enable agreed economic and strategic outputs. North Devon Biosphere provides a vehicle for this. Examples against sectors include:

- **Environmental improvements**
  - Linked to enhanced biodiversity, natural capital gains, benefits to eco-tourism, benefits to hospitality and leisure businesses, opportunities for education.
  - Ensure land used for production is suited for it (Sustainable Land Use Policy). Ascertain which land use can be reduced & which increased to meet communities' needs.
  - Provide a market for goods
- **Natural Capital Economic Activity**

- Hubs for woodland and timber produce. Training apprentices in sustainable construction to produce affordable homes with prefabricated panels from local produce. Highly energy efficient and low construction price.
- Planting trees to improve carbon capture. Woodlands created provide new habitats and management opportunities. Primary and secondary industry creation including a wide range of timber products and potential for a hub to manufacture modular timber structures. Wide range of training and apprenticeship opportunities including forestry.

- **Food & Drink**

A sub regional approach to food and drink procurement has wide ranging implications across sectors. It can provide an effective business plan for the agricultural economy as it moves away from dependence upon single farm payments. A wide range of local small producer groups can extend product ranges. New food products, currently only sourced from national or international sources, such as fruit and vegetables, can be produced locally. The logistics of managing the food chain from farm to fork also provides opportunities in logistics, packaging (sustainable materials), branding, storage and general distribution. The need for product diversity and innovation is a major stimulus for research and innovation projects. There are also extensive opportunities for skills, apprenticeship and workforce development.

Key Achievements and Progress to date

Update 22.3.21

This programme has been delayed because of the Covid lockdown. Also, because there have been some adjustments to the pilot scheme for Food and Drink procurement following the initial commissioning request by Crown Commercial Services. The data analytics required to support this project has been postponed whilst resources focus on Covid recovery.

Key Priorities for the next 3 Months

As Above

System, support required and barriers to progress

As Above

Increasing Employment Opportunities Team – Priority Ten	
Project Lead:	**Alex Coull**
Supporting Organisations:	**DWP, Petroc, One Northern Devon, Encompass South West, One Northern Devon Business Community Partners**

Project Summary

People in the following categories are disproportionately under-represented in the employment market:

- Care leavers
- Ex-offenders/prison leavers
- Those with a history of illness
- People with learning disabilities
- People with low or no academic qualifications
- Homeless people and those insecurely housed
- People on low income/seasonal or zero hours contracts

This contributes to increasing health inequalities as meaningful employment plays an important part in a person's wellbeing and health outcomes.

Goals/outcomes

- Interventions need to be targeted to people who need support at different parts of the employment pathway:
  - Ready to learn or train
  - Support while learning or training
  - Support while in employment

- Target people within the cohorts described above through agencies and organisations that they are currently involved with. Campaign to describe the benefits and the available opportunities to get into learning or employment.
- Campaign to local businesses to highlight the issue of employment inequality.
- Create a support package for employers who are willing to engage in this campaign including package of health & wellbeing support.
- Create an Employee Mentor scheme where existing employees can volunteer and be trained to act as mentors to individuals in the above cohorts.
- Create an Employers' charter which includes best practice processes for supporting employees in the above cohorts. Promote local companies who are signed up to the charter.
- Expand on 'Flow' team around the person approach to support people to tackle the barriers they face to employment.

Key Achievements and Progress to date

Update 22.3.21
(Please Note - Youth Flow is dealt with as a separate report below.)

Kickstart

- 12 young people have started a Kickstart placement
- 13 live vacancies in North Devon offering 40 placements, across 8 sectors which includes Care, education, digital, logistics, public sector, education, hospitality and construction.
- 11 employers offering 21 placements planned to go live by mid-March in the North Devon area.
- North Devon + were approved as a Gateway Organisation on the 4th February 2021. They are offering 35 placements (which are starting to go live, that are not included in the stats above)

Key Priorities for the next 3 Months

- Kick-start is the no.1 priority at the moment in terms of matching the right young people to existing opportunities but to also encourage employers to offer new opportunities.
- Jobcentres re-opening full time:
- Over the next month, all Jobcentres are planning their return to full time opening hours and to re-introduce face to face appointments – the priority will be our young customers and the vulnerable.
- Mental Health support to go live very soon in North Devon – offering 100 people support with low level Mental Health conditions.

System, support required and barriers to progress

None at Present

Increasing Employment Opportunities Team – Priority Ten
Youth Flow

Sub Project Lead (s):	**Paul Jones**
Supporting Organisations:	**DWP, Petroc, One Northern Devon, Encompass South West, One Northern Devon Business Community Partners**

Project Summary

Funded by the Department of Works and Pensions (DWP) Youth Flow is a partnership made up of One Northern Devon, Encompass Southwest, TTVS and One Northern Devon business community partners. We will work with 100 young people who are long-term unemployed or in groups that are disproportionately under-represented in the labour market. Those groups are:

- Care leavers
- Ex-offenders/prison leavers
- Those with a history of illness
- People with learning disabilities
- People with low or no academic qualifications
- Homeless people and those insecurely housed
- People on low income/seasonal or zero hours contracts
- Long-term unemployed
- Young adult carers

Many of the young people we work with will have complex backgrounds and face several barriers that they need to overcome before being able to take advantage of the existing provision. The aim is to ensure that they will all have moved closer to employment by having a focused action plan and having been supported to address the barriers preventing them from meeting the goals in that action plan.

In addition, we know from previous engagement with young people that they have felt overwhelmed with the different agencies and schemes they are presented with. Our programme aims to support young people to find the programme, volunteering, training or work opportunity that is right for them and then support them through the journey.

We will provide young people with support that is tailored to their individual needs, using the wider One Northern Devon partnership to encourage all those involved in supporting the young person to support the goals that have been set that will bring them closer to employment by addressing the barriers that make this currently difficult to achieve. Where necessary, Youth Flow will bring together the Team Around the Person to better coordinate the shared progress plan. In addition, One Northern Devon has an Economy, Employment & Skills group who support this aim and we plan to work with and support local employers to create a network of workplace mentors. As part of this programme, in response to the need identified by businesses, we will provide a Wellbeing Programme to support employees' mental and physical health and wellbeing.

Key Achievements and Progress to date

Update 22.3.21

The latest Youth flow report is attached below and highlights the support being received by this DWP funded programme.

PDF

Youth Flow Reporting - February

In Summary:

Number of young people referred into the project: 28
Number of personal progress plans started: 17
Number of personal progress plans completed: 18
Number of appointments/interventions for all clients: 598
Number of Team Around the Person (TAP) meetings held: 1
Number of young people moved into training or education: 5
Number of young people volunteering: 1
Number of young people in work:

- For 1 month or more: 2
- For 3 months or more: 0

Percentage of young people who have made progress to or achieved their goals: 61%
Number of young people engaged in the Youth Advisory Panel (YAP): 4

Youth Progress Coaches Update:

With both coaches having worked with several of their referrals for a while, more and more young people are getting to the point where they are either placement or work ready. With this development the Youth Flow team has spent more time working on CV's. Recently, the Youth Flow team has generated ten CVs and have helped their Young People apply for ten placement or employment opportunities; several individuals have been successful in their applications.

As above, the Youth Flow project is explained on the One Northern Devon website; we are planning to develop our presence on the site so that when JCP Work Coaches send new referrals the link they gain a bit of an introduction - complete with profile pictures - to their Youth Flow Progress Coaches.

We are looking to build our engagement with the KickStart project which we hope will further support our young people towards employment whilst offering the mentoring, nurturing and investment that they require.

Feedback from the YAP Meeting on 10th March

The Main Points that this group wished to feedback were:

- Limited work experience opportunities at school
- Great feedback about Youth Flow especially Youth Progress Coach. Very supportive and described as amazing a number of times within this session
- More volunteering opportunities for YP needed
- Better awareness where to go when you have issues with a job – not a lot of YP know
- Idea of free training courses for YP to help them build their CV's as this can be a barrier
- Suggestion that OND could support with placements in businesses – create a network for people not in the Youth Flow process
- Loved the idea of peer mentors – would like to be able to choose who it is though – similar interests, something to make a conversation is very useful.
  They felt that a good Peer mentor would have the following qualities -
  - Calm
  - Confident
  - Knows how to talk to people
  - Knowledgeable
  - Approachable

Key Priorities for the next 3 Months

- Development / upskilling of Progress Coaches by DWP joining Operational Team weekly meeting.
- Further development of Youth Flow Wellbeing Mentor provision including media and training.
- Further development of workplace wellbeing package including media.

System, support required and barriers to progress

- Nothing new identified

4.4 Northern Locality LCP update

Northern Locality Mar 21 report V3

5.1 Community is the best medicine conference

One Northern Devon has been invited to present at the Kings Fund virtual conference below to talk about some of the benefits of the One Community infrastructure.

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Locality Update Report

Locality:	Eastern Devon
Period covered by update:	March-April 2021
Locality Director:	Tim Golby

Key achievements/progress

- The Eastern system continues to experience low levels of Covid infections; with teams returning to a focus on restoration and transformation. Primary care has seen high levels of demand from patients reporting frustration at the system as a whole. Building on positive relationships built during the last year, primary and secondary care teams will be working closely together via the Eastern Locality Delivery Group to manage some of these joint issues.

- An Eastern Flow Programme Board has been established, chaired by Zoe Harris, Divisional Director of Eastern Community Services. It has established four key workstreams that will oversee the performance and improvement of flow through and out of the hospital:
    1. Adherence to National Sit-Rep Requirements, Guidance and Policy
    2. Patient Experience and Bed Occupancy Improvements
    3. Improving Flow through Pathways 1, 2, 3
    4. Community care capacity

- The Eastern Locality Delivery Group has had an update from the Elective care restoration programme, and also a session on mental health urgent care. The group has continued to cover local vaccination planning and hot topics, including how to develop primary and secondary care interfacing.

- The Community Urgent Care project group facilitated a clinician workshop in February to review the proposed model of care across mid and East Devon. This was unanimously agreed and will be developed into activity modelling to inform an options appraisal. The model of care will incorporate the most recent national guidelines and be signed off by the 111 First programme board.

- Commissioners are exploring potential plans for a health and wellbeing hub development in Crediton, following an opportunity arising from the new build Crediton surgery site that has the potential for a second building. It could provide the opportunity for bringing together community health and care services from the local area. A case for change will be developed, with system partners and

community engagement so that the benefits and options available can be fully understood.

- All three groups within the Local Care Partnership (LCP) architecture are established and now meeting regularly.

- The Eastern Locality Forum (ELF) is clear on its purpose and has a collective and agreed understanding of the health and care priorities of Eastern Devon and the focus of its work which will be:
    - Carers
    - Mental Health, with a particular focus on loneliness and isolation

- Local examples of Population Health Management and the Eastern priorities are being showcased, understood, and encouraged across the Eastern LCP and a prevention workplan under construction.

Key priorities for the next three months

- The recovery and restoration of services, learning lesson from the Covid-19 response and taking these forwards into new ways of working.

- Progress the 4 workstreams of the Eastern Flow Programme.

- Continued development of the community urgent care options appraisal paper to inform the final commissioned service options within the approved timeline.

- Further development of engagement with community leaders and the development of proposals for an Eastern Locality Forum Conference in the Autumn.

- Understand how as an LCP we can shape and influence the priorities across Eastern Devon, including those within the Community Mental Health Framework and the Integrated Care Model.

- Understand what the ICS Strategic Outcomes Framework and the COVID-19 Framework mean across Place and at the neighbourhood level and how our work and priorities are impacted.

- Refining processes that ensure co-production at place. Identifying the best way to facilitate bottom-up influence so statutory organisations are connected to place and the priorities of communities and neighbourhood.

- Develop a case for change in collaboration with system partners and community engagement on the potential for a health and wellbeing hub in Crediton.

- Embedding the learning from the Population Health Management pilot to other areas of Eastern Devon, with a system data summit taking place on 15th April to support with this.

- Establishing the Northern and Eastern Contract framework including commissioning intentions and continuous improvement reporting.

Issues of concern or risk

- The timeliness for reform and the capacity and desire of health and care organisations to invest time and resource during the current escalation of COVID-19 alongside winter and the UK exiting the Customs Union.

- The need for an on-going resource to support and co-ordinate locality development and delivery

- The need to understand how the recent Health white paper will impact arrangements at system and place level.

Support required and/ or barriers to progress

The need for an on-going staffing capacity to support and co-ordinate locality development and delivery.

To resolve information governance issues in relation to the application of Population Health Management across Eastern, and Devon more widely.

NHS Devon Clinical Commissioning Group

Locality update report

Locality:	Plymouth/West Devon
Period covered by update:	April 2021
Locality clinical representative:	Dr Shelagh McCormick
Locality Director:	Anna Coles/Derek Blackford
Locality non-executive representative:	Nick Ball

Key achievements/progress

Plymouth:

- Ongoing due diligence and assurance activity with NHSE/I and Preferred Bidder for Integrated Care Partnership procurement
- Care Hotels, evaluated and de-commissioned

Plymouth & West Devon

- COVID vaccination programme continues to demonstrate positive examples of integrated working between Primary Care Networks (PCNs), community and acute providers and commissioners delivering strong rates of vaccination. Outreach mobile vaccination unit at sites targeted to population need over the Easter weekend in addition the mainstream services.
- Plymouth/Western embracing Devon-wide approach for Long COVID clinic with Livewell South West coordinating the triage Devon-wide. Further focus to improve pulse oximetry take up across the locality.
- Independent Sector (IS) providers came out of 'surge' status at the beginning of March meaning that the NHS no longer has access to 100% of the IS capacity. The IS providers will return to full 'Business as Usual' from the beginning of April and the CCG is working with all providers to restore full elective services and assess the requirements for recovery of performance.
- Planning started as a system for the 2021/22 operating plan and Phase 4 Recovery and Restoration.

Key priorities for the next three months

Plymouth:

- Conclude the Integrated Care Partnership procurement in line with assurance requirements
- Model of care stocktake
- Finalise the Plymouth Locality Profile

West Devon:

- Further development of the Local Care Partnership arrangements, next session planned for 13th April.
- Further development of the emerging themes and priorities and finalisation of a first draft locality profile.

Plymouth/West Devon:

- Develop Urgent Care Locality improvement plan to address key performance challenges including ambulance handover delays and ED improvement recommendations.
- Launch Performance and Improvement group for LCPs
- Review of the use of care home placements for 'Discharge to assess' to understand changes in utilisation and ongoing requirements to support market management work.
- Continued locality actions and planning in partnership with Public Health and Local Authority to ensure a sustainable COVID vaccine delivery programme.
- Implementation of the local Lower Back and Radicular Pain pathway in line with the agreed specification.
- Continuation and further development of work for Place based Population Health Management when appropriate for both LCPs (timetable for which has been amended given service pressures and operational priorities)
- Restore all planned care services as redeployed staff return to their substantive roles and gain a better understanding of demand, capacity and non-recurrent solutions required to address the backlog.
- Phase 4 operational planning

Issues of concern or risk

- Staffing capacity across the commissioning team to manage priorities and operational demand including increased reporting requirements, albeit with some new starters in the next few weeks filling some vacancies.
- Workforce capacity across all Providers including nursing, domiciliary care, pharmacy, voluntary sector
- Cornwall capacity across community specifically Care Home provision which impacts on UHP Length of delay performance.
- PCNs may not be able to recruit to additional roles effecting their ability to deliver the direct enhanced service (DES) requirements
- PCNs ability to continue vaccination programme and business as usual; mapping of provision Cohorts 10-12 to ascertain ongoing capacity with 5 PCNs stepping back
- Recruitment to vacant positions within Localities

Support required from CCG/system or barriers to progress

- Continued deployment of additional capacity to support Integrated Care Partnership (ICP) procurement
- Locality capacity returned as we move back to recovery phase

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Locality update report

Locality:	Plymouth
Period covered by update:	March 2021
Person completing template:	Anna Coles

Key achievements/progress

Delivery Highlights

- Successful decommissioning of Care Hotel
- Multi Agency responses to care home outbreaks
- Continuation of shielding response (Caring for Plymouth)
- Supporting “Everyone In” through the winter Months
- Ongoing due diligence and assurance activity with NHSE/I and Preferred Bidder for Integrated Care Partnership procurement
- Implementing the Mass Vaccination Programme with a particular focus on supporting vulnerable cohorts to take up the vaccine
- Embracing Devon-wide approach for Long COVID clinics with Livewell South West coordinating the triage Devon-wide. Focus to improve pulse oximetry take up across the locality
- Successful procurement of Sherford Primary Care provision - awarded to Beacon Medical Group
- Fortnightly huddle with PCN CD’s continues to ensure strong engagement with Primary Care locally, attended by UHP/LWSW/St. Lukes/LPC/LMC/LA

Local Care Partnership Delivery Group

- Board continues to meet and are overseeing a number of key developments:
  - Establishment of the Homelessness Prevention Board and Homelessness
  - Approval and roll out of the Community Empowerment Framework
  - A Bright Future- A new strategic plan for Children and Young Peoples Services
  - Recommissioning of Family Centres.
  - Further development and refinement of the Locality Profile
  - Leading a review of the LCP Priorities and workstreams

Proposed Leadership arrangements

Together For Plymouth Exec Group meeting monthly and Membership includes

- Devon CCG
- Livewell Southwest
- Plymouth City Council
- Primary Care Network Representation
- University Hospital Plymouth

The TFP Executive Group maintains effective and efficient governance links with other statutory boards. Specifically the Executive group reports to the Health and Wellbeing Board quarterly through a Chairs Report. LCP Delivery Group now established with wider participation including VCS and Healthwatch.

Primary Care Involvement: There has been a change in the Chair of the Western Colloborative Board. Meetings have taken with the Chair of the LCP to understand the function of the LCP. CCG has lead engagement with Primary Care and have developed in partnership with the Collaborative Board and PCN CD's the following support proposal.

- Assistance with administration of meetings including agenda planning and action tracking, support from the Clinical Advisors to provide some additional capacity for the PCN CD's to provide clinical input in to key local priorities including development of Fair Shares proposals, input from Head of ICM to ensure LCP reaches across to Collaborative Board.
- The proposal will be reviewed and refined over coming months in partnership with the new Chair.

Key priorities for the next three months

Priorities for the next three months:

1. Refresh of the Health and Wellbeing Strategy
2. Resetting of the LCP Priorities for 2021/22 and establishment of programmes of work
3. Development and roll out of Local Communication and Engagement approach
4. Establishment of the Performance group
5. Further development of local care model to inform estates priorities

Issues of concern or risk

Maintaining a focus on developing the LCP at the same time as managing a response to COVID-19
Capacity for Primary Care Networks to play a full role in the LCP

Support required and/ or barriers to progress

None

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Locality update report

Locality:	South
Period covered by update:	March 2021
Person completing template:	Derek Blackford – Locality Director

Key achievements/progress

Local Care Partnership (LCP) development:

South Local Care Partnership LCP Development:

An engagement plan for the LCP has been drafted and shared through the Executive Group with local communications and engagement leads in Partnership Organisations to further develop. An early draft has also been shared with the other locality teams.

The LCP Executive Group have reviewed a draft document proposing a refresh of the arrangements in respect of the infrastructure for the locality. This starts to set out a picture of how the existing groups that cover specific aspects of the work programme and how this feeds through to the LCP. The core groups in this area include the Executive, Delivery, Performance Improvement and Locality Forum.

The work done in relation to the emerging themes suggests a set of initial priorities that would include a focus on Discharge to Assess, Population Health Management and the Community Mental Health Framework. Specific areas for focus and inclusion include self-harm, suicide and alcohol to deliver against once the final priorities have been agreed. Following a brief review, the Delivery group will shortly be reinstated with clarity in relation to membership and purpose. An update on the programmes of work and delivery will be taken through the Executive group in May.

System flow:
Hospital flow has been an area of focus by the NHS England/Improvement national teams, both in relation to acute and community settings. A series of mini review/'deep dive' sessions monitoring the data began in January. This has helped build upon the CCG Discharge Cell scrutiny approach maintained throughout this last year and has until last week been operating daily meetings and reporting. A specific focus remained on creating capacity to support hospital discharge appropriately.

Vaccination Programme:
Links have been established between South Commissioning/Primary Care Teams and Torquay Public Health Vaccination Inequalities group. Specific sessions for homeless people are being provided at the Riviera Centre in Torquay by the Torquay Local Vaccination Service. All PCNs are signed up to continue to provide vaccinations to cohorts 10-12. Newton Abbott and Torquay are going to be hosting the Mobile

Vaccination Unit planned for the 7th April to the 10th April. New Pharmacy-run site opened in Brixham.

Same Day Emergency Care (SDEC):
Torbay and South Devon NHSFT joined the Acute Frailty Network (AFN) in September 2020 (a 12-month national programme) and this has been a catalyst for driving forward with an emphasis on identification and same day emergency care. Work has been undertaken to ensure that workforce capacity and processes are in place to ensure that people over the age of 65 years presenting at the Emergency Department and Medical Receiving Unit would be assessed with the agreed clinical frailty tool (Rockwood).

Analysis has also been undertaken to understand the patient journey/pathway upon arrival at the Emergency Department, number of moves, length of stay, intervention, and outcomes etc. This gives clearer insight into potential improvements. Recruitment is underway for a Frailty Nurse/Allied Health Professional, and a proposal submitted for a Consultant Geriatrician also to be based at the Front Door which will result in greater speciality presence and the ability to identify frail patients, whilst working closely with the Joint Emergency Team.

A Same Day Emergency Care self-assessment tool has been completed which scopes current provision, gaps, and specific areas of focus. A task and finish group will be established in April to discuss further.

Community Urgent Care Response:
Discussions have taken place with Community Service Managers, Rapid Response co-designed with SWASFT, regarding the process for paramedics to access 2-hour urgent community response. The process is being applied to 111 with ageing well funding obtained for external support, data collection and processing, which will enable accurate reporting and review.

Frailty and Healthy Ageing Partnership (FraHAP):
Following discussions earlier in the year on reviewing the aims, objectives of this group a change of name has been adopted, Torbay and South Devon Frailty and Healthy Ageing Partnership Group. It is felt that this better reflects the preventive aspects, as well as keeping a focus on the long-term condition that is frailty. The group will re-convene in April to review the work plan and agreed subgroups (communication and education, identification, stratification and proactive management, acute frailty, falls and bone health, end of life and delirium, dementia and cognitive disorder).

A Frailty Awareness Launch week is scheduled for w/b 05 April which will start to showcase Torbay and South Devon's vision for those living with frailty should be able to live longer and better, frailty is not inevitable and can be reversible. This will be included within the Chief Executives weekly Vlog and a series of screensaver messages have been developed; identify, enable, facilitate, support! In addition to communication within the CCG Bulletin. Future information will include detail about the frailty pathway which is being developed, advising that information is available on the South Devon Joint Formulary, Icon frailty pages and the Hive etc, development of the Comprehensive Geriatric Assessment (to be shared electronically system wide) and Care of the Elderly Advice and Guidance service.

Proposed Leadership arrangements

The LCP leadership arrangements have been revised, subject to review during the next 6 months, with Simon Tapley, CCG Accountable Officer taking the role of the Chair with Liz Davenport, Chief Executive, T&SDFT, being vice-chair.

Key priorities for the next three months

The key priorities for the next three months include:

1. The immediate focus in line with NHS Devon CCG's prioritisation matrix, the commissioning focus remains on areas included as:

   Priority 1: Pandemic response and vaccination programme, followed by,
   Priority 2: Think 111 First, Long-COVID and maintaining essential services.

2. The further development of the Local Care Partnership, finalising the engagement plan, establishing communications, and delivering against the priority ambitions.

   In addition, it is recognised that the following need to be addressed with further work to develop:

3. Local Performance Information/scorecard and sub-group arrangements.
4. Supporting the arrangements in respect of the rollout of the vaccination programme in conjunction with primary care networks and system partners.
5. Maintain focused attention on discharges and the robustness of associated data reporting in line with national expectations.
6. Embedding the learning from the Population Health Management pilot to other network areas.
7. Delivering against specific areas of the work programme described above including Same Day Emergency Care and the priorities of Frailty and Health Ageing Partnership (FraHAP).
8. Supporting the Mass Vaccination Programme and the further use of Mobile Vaccination unit in Torbay for homeless people.
9. Community Urgent Care Response.

Issues of concern or risk

The main areas to consider are:

- the capacity to manage respective priorities and pace, particularly whilst we look to shift our focus toward planning and restoration of services.
- maintaining focus on the development of the LCP priorities alongside those in relation to our response to COVID-19, vaccination programme & operational pressures will be key.

Support required and/ or barriers to progress

South Local Care Partnership

The following document sets out the revised arrangements proposed for the Local Care Partnership in the South of the Devon system. It includes some context in relation to the overarching Integrated Care System and then describes the architecture which currently exists or will, beneath that at locality level.

Devon Integrated Care System

Devon's system is a partnership of health and social care organisations working together with local communities. Our five Local Care Partnerships, 31 Primary Care Networks and growing capability in Population Health Management inform and enable delivery of that transformation, combining system and local perspectives, talents, relationships, and assets.

Our ambitions for our populations

Effective and efficient care	Reducing waste, tackling unwarranted clinical variation and improving productivity everywhere so that Devon taxpayers' money is used to achieve best value for the population.
Integrated Care Model	Enhancing primary care, community, social care and voluntary & community services to provide more care and support out of hospital care.
Equally Well	Working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism.
Children and young people	Investing more in children and young people to have the best start in life, be ready for school, be physically and emotionally well and develop resilience throughout childhood and on into adulthood.
Devon-wide Deal	Investing to modernise services using digital technology.
Digital Devon	Nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities across Devon.

Strong foundations: Local Care Partnerships

Our Local Care Partnerships are defined to make the most of strong, existing relationships and governance; but reconfiguring where we believe it will add to our capability to focus on and meet the needs of our Neighbourhoods and Places more effectively.

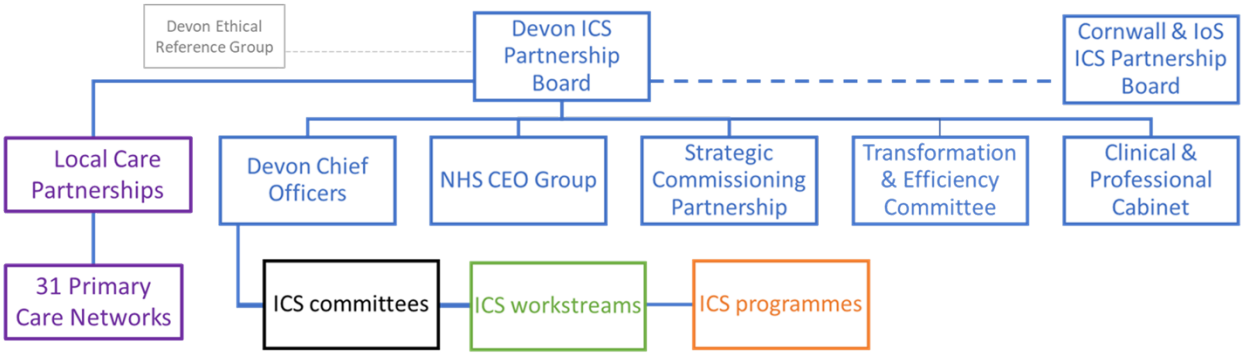
Devon's communities, at neighbourhood level, are represented by our Primary Care Networks. PCNs are partners in our Local Care Partnerships and the cornerstone of response to local need. Therefore, the cornerstone of local priority setting, planning and delivery.

All Local Care Partnerships are committed to VCSE representation with the sector core to the system capabilities we are developing.

Local Care Partnership Architecture & Terms of Reference

1. System arrangements

System architecture and governance, to be further developed Q1 & Q2 21/22 in preparation for ICS legislation.



- ICS committee structure supports oversight and assurance (e.g. Transformation & Efficiency Committee, System Performance Group, Finance Working Group).
- ICS workstreams define and deliver strategic integrated system infrastructure/capability/capacity (e.g. HIP2, PHM, digital, workforce).
- ICS programmes deliver transformational or other significant system change (eg 111 First, Vaccination, PCSS, Nightingale Board, LTP Implementation Board).
- Local Care Partnerships are defined across health, LAs, VCSE, PCNs and broader partners. Defined to support priority setting and delivery. There are 5 Place based LCPs and one Mental Health, Learning Disability & Autism Care Partnerships.
- Devon's relationship to CIoS is supported by the Peninsula Partnership Board for mutual programmes and strategic workstreams. Devon also is represented currently at the CIoS ICS Board by UHP, though a more defined ICS to ICS relationship is intended as part of our ICS development plan.
- The Devon Ethical Reference Group is an advisory group established on behalf of the system.

As part of the arrangements for the Integrated Care System, consistent LCP operating principles and responsibilities are set by the Partnership Board, with local flexibility for their architecture and working arrangements at Place and Neighbourhood. These build on existing effective relationships and governance but with clearer alignment between NHS and Local Authority boundaries.

2. Purpose

The purpose of the South Local Care Partnership is to set out and deliver against the health and care strategy that results in an improvement in outcomes for the local population in Torbay and South Devon. The arrangements consist of an Executive group which will set the strategic direction for the LCP and the Delivery Group which will oversee the delivery of the operating plans and respective priorities as part of the strategy.

There will also be a locality forum which will facilitate engagement and involvement in the development of the LCP and its programme of work and a performance improvement group which will link with and escalate through to the System Performance Group.

3. Responsibilities

The LCP Executive group will do this by:

- Ensuring the mandate from the ICS Partnership Board is delivered, including assurance of prescribed national measures and management of resources.
- Agree the Strategic health and care plan for the South LCP.
- Directing the development and delivery of a work plan by the LCP Delivery Group.
- Agree the LCP improvement plan to assure delivery of local priorities and improvement trajectories as set out within the strategy.
- Commissioning specific pieces of work from the sub-groups, analysing data, needs assessments and performance to inform and shape local priorities.

- Seeking joint solutions and support.
- Making best use of the resources that we have available and seeking/securing additional resources as required
- Receive routine reports from the Delivery Group to include progress against the following key themes:

Theme	Key areas
Urgent Care	Urgent care, performance, delivery, and transformation. Immediate priority area - community urgent care and 111 delivery.
Recovery and transformation	Planned care – Particularly Diagnostics, Cancer & Elective delivery. Recovery & Restoration of services.
Primary & Community Care	Out of Hospital Services – Discharge, Community and Primary Care Service Developments.
Prevention	Population Health Management; Prevention – Social prescribing, Health and Wellbeing, Voluntary Sector;
Mental health	Developing and improving the model of Community mental health and wellbeing support; Multiple complex needs;

4. Strategic Context

The vision of the South Local Care Partnership will be based around the development of services that adhere to four main principles that our work will be:

Person-centred & Strengths-based	Services are designed around the individual's needs and people are at the centre of the decisions.
Intelligence-based	Work done is informed and led by relevant health intelligence from appropriate data sources
Specialist led	Clinicians and practitioners, people with lived experience from across the health and care economy are leaders in designing services
Co-produced	Services are designed together with people with lived experience

5. Meeting Frequency

The meeting of the LCP Executive and associated groups will be held monthly and have a standard agenda, unless otherwise stated. Reports will be received outside of the meeting. The meeting will focus on the key themes, workplan delivery, identifying and mitigating key risks through a system approach and ensuring appropriate reporting and escalation.

6. Overview of groups and architecture

South LCP Health and Care Executive Group

- System leaders accountable for Health and Care performance to the ICS.
- Membership: CEOs (incl. nominated leads with delegated authority) of CCG, TC, DPH, DCC, DPT, T&SDFT, Primary Care Collaborative Board.

South Locality Delivery Group

- Engine room and delivery with a focus on Health and Care to South LCP Executive Group, developing an implementation plan, driving delivery, escalating risks as appropriate to the south locality care partnership executive group.
- Driving delivery of statutory performance issues across health and care, in detail through the performance group.
- System wide and national priorities and improvement trajectories, including the outcomes framework as set by the strategic commissioner
- Ensure that the strategy takes account of the wider determinants of health and sets out an approach that will reduce inequalities and target support for people with protected characteristics.

- Working collaboratively across the health and care system (primary, secondary, social care, mental health)
- Key links to operational neighbourhood Health and Care teams and existing groups in the community/voluntary and independent Sectors.
- Coordinating transformation across the South of Devon, in line with priorities
- Membership: CCG, TC & DCC (ASC, Children's & PH), DPT, T&SDFT, Primary Care (CCG Clinical rep, PCN CD's), VCSE.

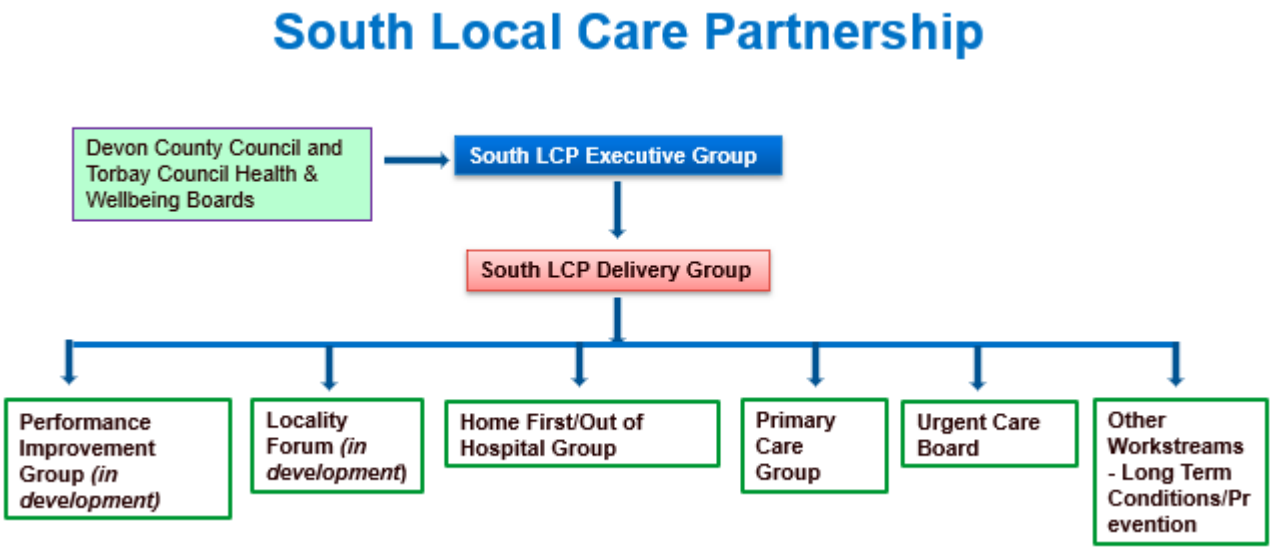
South Locality Forum

- Working collaboratively on wider determinants of health & wellbeing
- Ensuring systemwide participation and contribution across the south locality.
- Agreeing strategic health and wellbeing priorities reflecting local priorities based on local need analysis
- Leading on engagement for the population including links to health and wellbeing board and scrutiny function of councils
- Membership: T&SDFT, DPT, CCG, TC & DCC (ASC, Children's & PH), District Councils, Primary Care, VCSE, Devon Doctors, SWASFT, Healthwatch, Health & Wellbeing Board rep.
- *Wider membership considerations: Police, independent care providers, Fire Service, Local Economic Partnership.*
- Local Political engagement/ leadership.

Performance & Improvement Group

- Promoting our collective understanding of performance across all services, including primary care, prevention, mental health and community.
- Development of place-based integrated information which embraces quality, performance, outcomes, workforce and finance, which is also mindful of the system perspective.
- Facilitates constructive challenge through a culture of continuous performance improvement. As appropriate, utilising benchmarking and adopting best practice and innovation but which also seeks to look ahead and anticipate risks and inform collaborative solutions (e.g. mutual aid).

7. Governance Structure



8. Membership

Core Membership	Torbay and South Devon NHS Foundation Trust Devon Partnership NHS Trust NHS Devon Clinical Commissioning Group Devon County Council – Adult and Children's services Torbay Council – Adult and Children's services DPH/Public Health representative South Primary Care Collaborative Board representative
Chair/Leadership	Simon Tapley (Chair, NHS Devon CCG) Liz Davenport (Vice-chair, T&SDFT)
Extended Membership	Community, Voluntary and Independent sector representatives. Primary Care PCN CD's, Locality Clinical/Professional Leads.
Administration Support	Administrative support for this meeting will be provided by the CCG through the support to the Locality Director.

9. Quorum

No specific quoracy will be required as the timeliness of response will take precedence. This will be kept under review particularly with regard to decision-making, which is assumed to be achieved via majority agreement.

10. Register of Interests

Core meeting members will be asked by the Chair of the meeting to declare any interests to be recorded on a Register of Interests. Core members will be asked to note this declaration at the beginning of each meeting alongside any new declarations from additional attendees. If a Member feels compromised by any agenda item, they should declare a conflict of interest and leave for that agenda item.

11. Review

These Terms of Reference will be reviewed by the group in the next 6 months.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Locality update report

Locality:	West Local Care Partnership
Period covered by update:	March 2021
Person completing template:	Derek Blackford /Adam Morris

Key achievements/progress

- First development session took place on 15th March bringing together some of the key stakeholders and partner organisations.
- Final stages in pulling together an LCP profile separate from that of the previous Western Locality footprint, to support priority setting.
- Progress in engagement with District & Borough councils via their joint CEO, in respect of local council representation.
- Agreement regarding PCN CD representation and engagement in the development sessions and the formation of the LCP Executive and associated architecture.

Proposed Leadership arrangements

- Dr Adam Morris is currently undertaking the role of Chair for the initial six-month developmental period of the LCP.
- Discussions are ongoing with primary care regarding vice chairing role.

Key priorities for the next three months

- Follow-up developmental and business meeting of LCP Executive set for 13th April where focus is to confirm some of the arrangements and architecture which need to be in place to move us forward.
- The session will take forward the process toward agreement of a set of priorities, timeline and workplan for West LCP with tangible actions and impact.
- Define Executive and Delivery groups, and delivery/accountability architecture
- Development of an initial LCP strategy and workplan.

- Further work on the definition and agreement of ways of working for bilateral engagement between the West LCP and its neighbouring LCPs.

Issues of concern or risk

The capacity of all partners to engage with LCP development and the above priorities may be compromised a little further by competing pressures.

Support required and/ or barriers to progress

Completion of work currently underway to disaggregate system and provider level dimensions of performance and transformation to meaningful LCP level will support local partnership progress and tangible focus.

West Local Care Partnership

The following document sets out the revised arrangements proposed for the Local Care Partnership in the West of the Devon system. It includes some context in relation to the overarching Integrated Care System and then describes the architecture which currently exists or will, beneath that at locality level.

Devon Integrated Care System

Devon's system is a partnership of health and social care organisations working together with local communities. Our five Local Care Partnerships, 31 Primary Care Networks and growing capability in Population Health Management inform and enable delivery of that transformation, combining system and local perspectives, talents, relationships, and assets.

Our ambitions for our populations

Effective and efficient care	Reducing waste, tackling unwarranted clinical variation and improving productivity everywhere so that Devon taxpayers' money is used to achieve best value for the population.
Integrated Care Model	Enhancing primary care, community, social care and voluntary & community services to provide more care and support out of hospital care.
Equally Well	Working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism.
Children and young people	Investing more in children and young people to have the best start in life, be ready for school, be physically and emotionally well and develop resilience throughout childhood and on into adulthood.
Devon-wide Deal	Investing to modernise services using digital technology.
Digital Devon	Nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities across Devon.

Strong foundations: Local Care Partnerships

Our Local Care Partnerships are defined to make the most of strong, existing relationships and governance; but reconfiguring where we believe it will add to our capability to focus on and meet the needs of our Neighbourhoods and Places more effectively.

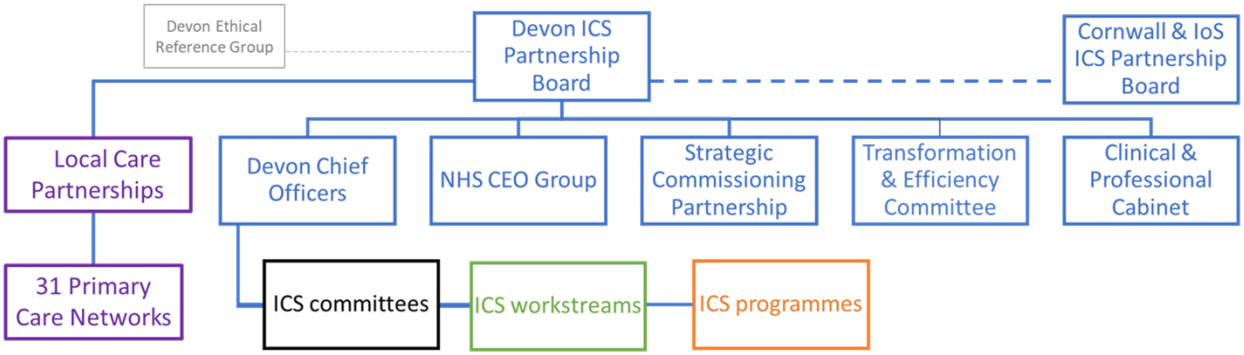
Devon's communities, at neighbourhood level, are represented by our Primary Care Networks. PCNs are partners in our Local Care Partnerships and the cornerstone of response to local need. Therefore, the cornerstone of local priority setting, planning and delivery.

All Local Care Partnerships are committed to VCSE representation with the sector core to the system capabilities we are developing.

Local Care Partnership Architecture & Terms of Reference

1. System arrangements

System architecture and governance, to be further developed Q1 & Q2 21/22 in preparation for ICS legislation.



- ICS committee structure supports oversight and assurance (e.g. Transformation & Efficiency Committee, System Performance Group, Finance Working Group).
- ICS workstreams define and deliver strategic integrated system infrastructure/capability/capacity (e.g. HIP2, PHM, digital, workforce).
- ICS programmes deliver transformational or other significant system change (eg 111 First, Vaccination, PCSS, Nightingale Board, LTP Implementation Board).
- Local Care Partnerships are defined across health, LAs, VCSE, PCNs and broader partners. Defined to support priority setting and delivery. There are 5 Place based LCPs and one Mental Health, Learning Disability & Autism Care Partnerships.
- Devon's relationship to CIoS is supported by the Peninsula Partnership Board for mutual programmes and strategic workstreams. Devon also is represented currently at the CIoS ICS Board by UHP, though a more defined ICS to ICS relationship is intended as part of our ICS development plan.
- The Devon Ethical Reference Group is an advisory group established on behalf of the system.

As part of the arrangements for the Integrated Care System, consistent LCP operating principles and responsibilities are set by the Partnership Board, with local flexibility for their architecture and working arrangements at Place and Neighbourhood. These build on existing effective relationships and governance but with clearer alignment between NHS and Local Authority boundaries.

2. Purpose

The purpose of the West Local Care Partnership is to set out and deliver against the health and care strategy that results in an improvement in outcomes for the local population. The arrangements consist of an Executive group which will set the strategic direction for the LCP and the Delivery Group which will oversee the delivery of the operating plans and respective priorities as part of the strategy.

There will also be a locality forum which will facilitate engagement and involvement in the development of the LCP and its programme of work and a performance improvement group which will link with and escalate through to the System Performance Group.

3. Responsibilities

The LCP Executive group will do this by:

- Ensuring the mandate from the ICS Partnership Board is delivered, including assurance of prescribed national measures and management of resources.
- Agree the Strategic health and care plan for the West LCP.
- Directing the development and delivery of a work plan by the LCP Delivery Group.
- Agree the LCP improvement plan to assure delivery of local priorities and improvement trajectories as set out within the strategy.
- Commissioning specific pieces of work from the sub-groups, analysing data, needs assessments and performance to inform and shape local priorities.

- Seeking joint solutions and support.
- Making best use of the resources that we have available and seeking/securing additional resources as required.
- Receive routine reports from the Delivery Group to include progress against the following key themes:

Theme	Key areas
Urgent Care	Urgent care, performance, delivery, and transformation. Immediate priority area - community urgent care and 111 delivery.
Recovery and transformation	Planned care – Particularly Diagnostics, Cancer & Elective delivery. Recovery & Restoration of services.
Primary & Community Care	Out of Hospital Services – Discharge, Community and Primary Care Service Developments.
Prevention	Population Health Management; Prevention – Social prescribing, Health and Wellbeing, Voluntary Sector;
Mental health	Developing and improving the model of Community mental health and wellbeing support; Multiple complex needs;

4. Strategic Context

The vision of the West Local Care Partnership will be based around the development of services that adhere to four main principles that our work will be:

Person-centred & Strengths-based	Services are designed around the individual's needs and people are at the centre of the decisions.
Intelligence-based	Work done is informed and led by relevant health intelligence from appropriate data sources
Specialist led	Clinicians and practitioners, people with lived experience from across the health and care economy are leaders in designing services
Co-produced	Services are designed together with people with lived experience

5. Meeting Frequency

The meeting of the LCP Executive and associated groups will be held monthly and have a standard agenda, unless otherwise stated. Reports will be received outside of the meeting. The meeting will focus on the key themes, workplan delivery, identifying and mitigating key risks through a system approach and ensuring appropriate reporting and escalation.

6. Overview of groups and architecture

West LCP Health and Care Executive Group

- System leaders accountable for Health and Care performance to the ICS.
- Membership: CEOs (incl. nominated leads with delegated authority) of CCG, DPH, DCC, DPT, UHP, Livewell Southwest, Primary Care Collaborative Board, District Council, VCSE.

West Locality Delivery Group

- Engine room and delivery with a focus on Health and Care to West LCP Executive Group, developing an implementation plan, driving delivery, escalating risks as appropriate to the west locality care partnership executive group.
- Driving delivery of statutory performance issues across health and care, in detail through the performance group.
- System wide and national priorities and improvement trajectories, including the outcomes framework as set by the strategic commissioner
- Ensure that the strategy takes account of the wider determinants of health and sets out an approach that will reduce inequalities and target support for people with protected characteristics.

- Working collaboratively across the health and care system (primary, secondary, social care, mental health)
- Key links to operational neighbourhood Health and Care teams and existing groups in the community/voluntary and independent Sectors
- Coordinating transformation across the West of Devon, in line with priorities
- Membership: CCG, DCC, PH, Livewell Southwest, DPT, UHP, Primary Care (CCG Clinical rep, PCN CD's), District Councils, VCSE.

West Locality Forum

- Working collaboratively on wider determinants of health & wellbeing
- Ensuring systemwide participation and contribution across the west locality.
- Agreeing strategic health and wellbeing priorities reflecting local priorities based on local need analysis
- Leading on engagement for the population including links to health and wellbeing board and scrutiny function of councils
- Membership: UHP, DPT, CCG, Livewell Southwest, DCC (ASC, Children's & PH), District Councils, Primary Care, VCSE, Devon Doctors, SWASFT, Healthwatch, Health & Wellbeing Board rep.
- *Wider membership considerations: Police, independent care providers, Fire Service, Local Economic Partnership.*
- Local Political engagement/ leadership.

7. Governance Structure

To be further developed along with links to other LCPs.

8. Membership

Core Membership	University Hospitals Plymouth NHS Trust Livewell Southwest Devon Partnership NHS Trust NHS Devon Clinical Commissioning Group Devon County Council – Adult & Children's services South Hams District & West Devon Borough Council DPH/Public Health representative VCSE Primary Care Collaborative Board representative
Chair/Leadership	Chair, tbc Vice-chair, tbc
Extended Membership	Community, Voluntary and Independent sector representatives. Primary Care PCN CD's, Locality Clinical/Professional Leads.
Administration Support	Administrative support for this meeting will be provided by the CCG through the support to the Locality Director.

9. Quorum

No specific quoracy will be required as the timeliness of response will take precedence. This will be kept under review particularly with regard to decision-making, which is assumed to be achieved via majority agreement.

10. Register of Interests

Core meeting members will be asked by the Chair of the meeting to declare any interests to be recorded on a Register of Interests. Core members will be asked to note this declaration at the beginning of each meeting alongside any new declarations from additional attendees. If a Member

feels compromised by any agenda item, they should declare a conflict of interest and leave for that agenda item.

11. Review

These Terms of Reference will be reviewed by the group in the next 6 months.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Finance & Performance Committee

Date of Governing Body: 29 April 2021

Dates of Committees covered in this report: 15 April 2021

(Minutes of these committee meetings to be available as an addendum)

Chair's Name and Title: Graham Turner, Non Executive Director, Finance & Remuneration

Contact Details: g.turner5@nhs.net

Reports discussed and assurances received

- **Risk Register Reports** – see Risk Register review below.
- **Quality & Performance Report** – the Committee received a verbal update on key quality and performance indicators for the period 1 April to 28 January 2021, including an update on improved performance on ambulance handovers at UHP, the continued challenges of meeting the 4 hour ED performance target, the current position regarding the 111 service recovery action plan and the significant increase in 52 week waits. The Committee noted that a full update would be given to the Governing Body on 29 April 2021.
- **Contracting Update March 2021 –** at its meeting in August 2020 the Committee had received a report on commissioning for contracts ending in 2021, which indicated that there was an opportunity to address a number of issues. The Committee received an update on the risks previously highlighted to committee, highlighting the mitigation being undertaken in respect of the concerns raised, and was also briefed on the proposed changes to procurement legislation. The Committee discussed an offer of a fuller briefing once the consultation on the Government's proposals had concluded and felt that this was best done for the whole Governing Body.

Reports received and noted

- **Devon CCG Monthly Finance Report** - the Committee received a verbal update report, which indicated that the current final year end forecast should be a balanced position, subject to reimbursement of eligible costs in relation to the Hospital Discharge Programme and Nightingale mass vaccination.
- **STP Monthly Finance Report** – the paper was presented for information to the Committee, outlining the position at Month 11.
    - The STP submitted a plan for months 7-12 which showed a deficit of £7.8m relating entirely to a shortfall in private / commercial income. The new plan includes an adjusted block contract payment to each provider.
    - A system allocation for COVID was received, but costs relating to Nightingale, COVID testing, PPE and Hospital Discharge Programme are being funded separately. An elective incentive scheme, whereby a penalty is enacted based on a shortfall in activity, was estimated to be £7.8m at the planning stage. It has been confirmed that this penalty will not be enacted in 20/21.

- As at month 11 the Devon system had a £20.2m YTD favourable variance (M10 £15.9m).
- The forecast outturn at M11 showed a £0.6m favourable variance to plan. (M10 £11.1m adverse)
  - The actual outturn on University Hospitals Trust, Royal Devon and Exeter Foundation Trust, Northern Devon Healthcare NHS Trust and Torbay and South Devon Foundation Trust forecast relates to an annual leave accrual, which, as reported previously will be nationally funded.
  - The actual outturn on Devon Partnership Trust's forecast relates to a gain on disposal of an asset.
- As at M11, there has been £128.8m of COVID related spend (M10 £112.5m), with an additional £7.9m on outside envelope (M10 £5.5m), £29.2m spent on Nightingale (M10 £28.1m), £5.9m spent on virus testing (M10 £4.6mm) and £1.8m spent on vaccination programme (M10 £0.8m).
- The spend on substantive staff is underspent by £7.8m as at M11 (M10 £8.2m) and forecast to be overspent by £11m at the year end (annual leave accruals). (M10 21.4m)
- M11 year to date overspend on bank of £7.7m (M10 £5.7m), forecast overspend on bank is £9.2m (M10 £8.9m).
- All organisations are over plan on agency spend year to date. Devon Partnership Trust, Torbay and South Devon FT and Northern Devon Healthcare Trust breached their agency ceiling at M11.
- YTD overspend on agency £4.0m (M10 £2.9m), forecast overspend on agency £5.6m (M10 £5.4m).
- System CDEL is £26.1m under plan as at M11. (M10 £21.6m)
- Forecast system CDEL is £3.0m under plan (M10 £3.0m), although the system has only been allocated £80.3m.
- Total CDEL is £12.2m over plan as at M11. (M10 £3.3m)
- Forecast CDEL is over plan by £88.4m. (M10 £81.2m) Forecast is over internal / approved PDC by £35.6m. (M10 £42m)
- Capital plans were set at month 5 and since then more schemes have been approved. The forecast includes schemes that are still pending approval with NHSI/E.
- As at M11 total risks to the system are £2.1m (M10 £1.7m) with mitigations of £14.1m (M10 £3.7) leaving a net negative risk of £12m. (M10 £2m).

Risk Register Review (changes and areas of concern)

- There have been no new risks, no risks recommended for closure, and no risk score movement.
- The Committee noted that the COVID incident risk register has been closed and risks are being monitored through the corporate risk register and team risk registers as appropriate. Corporate risk 124 Delivery of Control Total (COVID risk 12) will continue to be reviewed and monitored via the corporate risk register to this committee.

Committee Decisions

- The Committee received and noted the **Committee Effectiveness Review**, in particular the feeling that greater scrutiny of performance is required, and the move towards integrating finance, performance and quality reporting was again endorsed.
- The Committee asked the Chair to reopen discussions with the CCG Chair and other colleagues about the potential for reintroducing joint meetings with the Quality Assurance Committee to discuss the Performance and Quality report, and also to consider whether the Terms of Reference needed any amendment.

Recommendations for Governing Body

- **NHS Provider Selection Regime** - that a development session be organised for the Governing Body regarding the proposed changes to procurement legislation.
- **Approval of CCG Budget for April 2021 to September 2021 -** The Committee received a paper setting out details of the CCG budget for the period 1st April 2021 to 30th September 2021. The year will consist of two distinct financial regimes, covering the first 6 months (H1) and second 6 months (H2) of the financial year to 31st March 2022. Financial planning for the Devon Integrated Care System (ICS) and CCG will therefore replicate this approach. The main focus of this paper was on planning and budgets for H1, which are due for submission to NHS England on 6th May 2021.
- The Committee noted that: -
    - The financial regime to operate in H1 is a continuation of that in place for the second half of the year just ended 2020/21. Systems have been allocated financial envelopes for H1 that have been calculated by reference to the second half (H2) of 2020/21 funding.
    - The system envelope for Devon totals £1.165bn and there is an expectation that the system will achieve a breakeven position within that envelope. Indeed, this figure has about £13m of headroom in the envelope when compared to adjusted expenditure run rate at the close of 2020/21. In this context, the Devon system will be viewed as low risk by NHSEI and we must therefore produce a balanced plan.
    - The financial settlement for months 7-12 (H2) is not yet known but it seems reasonably clear that our focus during H1 should be to ensure the expenditure run rate is being reduced to the required level for H2 plans, and that we should anticipate that further reduction will be required both in H2, and in subsequent financial years to get back to the previous LTP trajectory.
- The Committee recommends that Governing Body approves the CCG H1 Budgets as set out in Table 3 in Appendix 1 (section 7), in order that the CCG officers may make authorised expenditure in line with its scheme of delegation. The proposal demonstrates that a balanced plan is being set for H1.

Recommendations for other Committees

- None.

Terms of Reference or other committee effectiveness issues

- The Chair agreed to review the Terms of Reference in the light of the discussion about the Committee effectiveness review.

Management of Conflict of interests:

Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via d-ccg.governance@nhs.net to update the central register.

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS
Devon
Clinical Commissioning Group

(FINANCE COMMITTEE)

Report title: Approval of CCG Budget for April 2021 to September 2021					
Date of committee: 15th April 2021 **Date report produced:** 8th April 2021					
Author (s) Name and Title: **John Dowell, Director of Finance** **Ben Chilcott, Deputy DoF** **Contact Details:** john.dowell@nhs.net			**Supporting Executive:** **Name and Title:** John Dowell, Chief Finance Officer **Contact Details:** john.dowell@nhs.net **Report Approved by:** John Dowell **Name and Title:** Director of Finance **Date:** 8th April 2021		
Public or Private (Governing Body only):			**Public**		**Private**
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL): N/A					
Purpose and scope of report:	**Consultation**		**Approval**	✓	**Information**
Does this report place individuals at the centre?			**Yes**	✓	**No**

Executive Summary:

This paper sets out details of the CCG budget for the period 1st April 2021 to 30th September 2021, the first half of the financial year 2021/22, referred to for planning purposes as H1.

The finance committee are asked to consider and approve this budget in order that the CCG officers may make authorised expenditure in line with its scheme of delegation.

Management of Conflict of interests:
Conflicts of interests are recorded on the register of interests, at each committee a list of recorded declarations is provided and confirmations of declarations are requested and noted. Any new declarations must be fully recorded and included in the minutes of the meeting and notified to the Governance team via **d-ccg.governance@nhs.net** to update the central register.

Committees that have previously discussed/agreed the report and outcomes:

N/A

Key recommendations and actions requested:
Note the key strands to the development of a revised financial expenditure forecast for the current financial year, set against the Current Financial Framework and the associated risks and issues which result. Key recommendations set out in Section 8.
Reference to other documents or accompanying papers:
N/A
Have the legal implications been considered?
N/A
Equality Impact Assessment:

Who does the proposed piece of work affect?	**Patients**	✓	**Carers**	✓
	Staff	✓	**Public**	✓

	Yes	**No**
1. Will the proposal increase discrimination for people in protected groups?		✓
2. Will the proposal reduce discrimination for people in protected groups?		✓
3. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?		✓
4. Will there be a positive benefit to the patients or workforce as a result of the proposed work?		✓
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than questions 2 and 4) or you are unsure of your answers to any of the above, you should provide further information using **Quality and Equality Impact Assessment**. If a quality and equality impact assessment is not thought to be required briefly explain why and provide evidence for the decision.

***Please add N/A if any of the sections are not relevant*

The CCG has made every effort to ensure this report does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

CCG INTERIM BUDGET – APRIL to SEPTEMBER 2021

1.0 Introduction & Purpose

This paper sets out details of the CCG budget for the period 1st April 2021 to 30th September 2021, the first half of the financial year 2021/22, referred to for planning purposes as H1.

The finance committee are asked to consider and approve this budget in order that the CCG officers may make authorised expenditure in line with its scheme of delegation.

2.0 Background and context

The NHSE Planning Guidance issued on 25th March 2021 outlined 6 key priorities for 2021/22

1. Supporting staff and growing the workforce.
2. Delivering the vaccination programme and treating patients with Covid-19.
3. Accelerating the recovery of elective, cancer, mental health and maternity care.
4. Expanding primary care capacity.
5. Transforming community and urgent and emergency care.
6. Working collaboratively across systems

This guidance also confirms that the year will consist of two distinct financial regimes, covering the first 6 months (H1) and second 6 months (H2) of the financial year to 31st March 2022. Financial planning for the Devon Integrated Care System (ICS) and CCG will therefore replicate this approach. The main focus of this paper is on planning and budgets for H1, which are due for submission to NHS England on 6th May 2021.

3.0 H1 Financial envelope and planning process

The financial regime to operate in H1 is a continuation of that in place for the second half of the year just ended 2020/21. This was put in place to support the NHS in responding to the demands of the pandemic.

Systems have been allocated financial envelopes for H1 that have been calculated by reference to the second half (H2) of 2020/21 funding

Details of the Devon system envelope totaling £1.165bn are set out in table 1 below.

Table 1: Devon ICS H1 21/22 Allocations				
	Core CCG Commissioning	Delegated Primary Care	CCG Running Costs	Total ICS
	£000's	£000's	£000's	£000's
Core Allocations	878,941	85,097	11,206	975,244
Topup to Breakeeven	26,814			26,814
Growth	4,803			4,803
System Topup	72,113			72,113
System Covid Fund	57,238			57,238
	1,039,909	85,097	11,206	1,136,212
Adjustments	-6,788			-6,788
NHS provider income loss	3,999			3,999
Free car parking	426			426
Acute IS	11,556			11,556
				0
CNST Inflation	2,116			2,116
Programme Growth	8,055			8,055
Delegated PC Growth		6,715		6,715
TopUp Growth	360			360
Covid Growth	504			504
MHIS	4,275			4,275
	1,064,412	91,812	11,206	1,167,430
System TopSlice Efficiency				-2,919
Total Allocation				1,164,511

There is an expectation that systems achieve a breakeven position within these envelopes.

NHS England and NHS Improvement have nationally calculated Clinical Commissioning Group (CCG) and Trust indicative organisational plans for the H1 period as a default position for systems and organisations to adopt, without needing to complete an extensive planning process. These default plans show that the Devon system is judged to have about £13m of headroom in the envelope when compared to adjusted expenditure run rate at the close of 2020/21. In this context, the Devon system will be viewed as low risk by NHSEI and we must therefore produce a balanced plan.

The system envelopes include funding to meet the Long Term Plan commitments for Mental Health Services and Primary and Community care. Systems are required to meet these commitments in full. Funding for elective recovery however is held in the Elective Recovery Fund which sits outside of the system envelopes, and is accessible only on achievement of a number of performance (output) based criteria.

Whilst NHSEI have calculated indicative plans by organisation, by mutual agreement, and on a net neutral basis, systems are permitted to amend the default organisational positions, including re-distribution of system funding.

Table 2 in Appendix 1 provides further detail on the construction and initial distribution of the System envelope. The ICS Finance Working Group will complete the detailed work required on planned expenditure, and recommend any adjustments to these indicative plans, in order to produce an H1 system plan that delivers financial balance both at aggregate system and individual organisational level.

The deadline for submission of H1 ICS Plans is noon on 6th May 2021

4.0 CCG H1 Opening budgets

Table 3 in Appendix 1 takes the same System Envelope and shows its full application across all expenditure areas. This represents the opening budget for the CCG for approval, and demonstrates that a balanced plan has been set for H1.

5.0 H2 Planning

The Government has agreed an overall financial settlement for the NHS for the first half of the year which provides an additional £6.6bn + £1.5bn for COVID-19 costs above the original mandate. In addition, the government has provided £1.0bn for elective recovery and £0.5bn for mental health recovery across 2021/22.

The financial settlement for months 7-12 (H2) is not yet known and will be agreed once there is greater certainty around the circumstances facing the NHS going into the second half of the year. Without this detail on the final allocation for the Devon system for H2 we cannot be sure of the exact size of the 'ask', however in his letter to systems that accompanied the H1 envelopes, NHSEI Finance Director Julian Kelly included the following statement (bold emphasis added)

> "The financial arrangements include an efficiency requirement applied to the second quarter and which **effectively sets the starting run rate for the second half of the year.** The efficiency requirement is made up of a general factor (0.28%) applied to all systems, and targeted reductions applied to those systems with carry-forward 2019/20 financial trajectory gaps which were funded through the H2 2020/21 arrangements. There will be a continued efficiency requirement into the second half of 2021/22. As **part of reverting back towards LTP trajectories**, the efficiency requirement will necessarily be no lower than the factors applied for the second quarter"

From this it seems reasonably clear that our focus during H1 should be to ensure the expenditure run rate is being reduced to the required level for H2 plans, and that we should anticipate that further reduction will be required both in H2, and in subsequent financial years to get back to the previous LTP trajectory.

From an ICS perspective, the FWG will model this to get an early view at both system and organisational level in preparation for H2 plans. Further updates on progress with H2 planning will be presented to Finance Committee over the coming months.

7.0 Recommendation

The Finance Committee is asked to

- **Note** the financial regime for the year, the allocated system financial envelope for H1 and financial planning process for H1
- **Approve** the CCG H1 Budgets as set out in table 3 below.
- **Note** the early indication and thinking on preparations for H2.

Table 2: Devon ICS H1 21/22 Draft Budgets

	Devon Partnership NHS Trust	Northern Devon Healthcare NHS Trust	Royal Devon And Exeter NHS Foundation Trust	Torbay And South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust	Livewell Southwest	Other CCG	Delegated Primary Care	Running Cost	System Reserve	System Contingency	Total ICS
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Core Allocations	67,358	76,398	164,707	168,965	111,161	50,833	239,518	85,097	11,206			975,243
Topup to Breakeeven	4,186	1,163	2,919	6,076	2,922		28,292			-18,744		26,814
Growth										4,803		4,803
System Topup	2,127	8,876	15,191	13,882	32,037							72,113
System Covid Fund	6,405	4,937	9,406	8,416	8,533		5,600			13,941		57,238
	80,076	91,374	192,223	197,339	154,653	50,833	273,410	85,097	11,206	0	0	1,136,211
Adjustments							-6,630			-158		-6,788
Computed Surplus	-20	-1,118	-2,557	-4,770	-3,017					11,482		0
System Contingency							-1,450	-459	-56	-3,873	5,838	0
NHS provider income loss										3,999		3,999
Free car parking										426		426
Acute IS							15,128			-3,572		11,556
CNST Inflation	-69	475	864	360	486							2,116
Programme Growth	395	570	1,166	1,444	773	453	3,662			-408		8,055
Delegated PC Growth								6,715				6,715
TopUp Growth	11	44	79	70	157							360
Covid Growth	75	57	109	98	99		65					504
MHIS							4,275					4,275
	80,468	91,402	191,885	194,541	153,151	51,286	288,460	91,353	11,150	7,896	5,838	1,167,429
System TopSlice Efficiency										-2,919		-2,919
Total Allocation	80,468	91,402	191,885	194,541	153,151	51,286	288,460	91,353	11,150	4,977	5,838	1,164,510

Table 3: Devon ICS H1 21/22 Draft Budgets

	Devon Partnership NHS Trust	Northern Devon Healthcare NHS Trust	Royal Devon And Exeter NHS Foundation Trust	Torbay And South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust	Livewell Southwest	Other CCG	Delegated Primary Care	Running Cost	System Reserve	System Contingency	Total ICS
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Expenditure Budgets												
ICS Contracts	80,468	91,402	191,885	194,541	153,151	51,286						762,732
Other Acute							35,806					35,806
Independent Sector							21,388					21,388
Other Community							17,786					17,786
Mental Health							11,833					11,833
CHC/FNC							46,278					46,278
BCF							25,456					25,456
Primary Care							125,525	91,353				216,878
Other							4,388		11,150			15,538
System Reserve										4,977		4,977
System Contingency											5,838	5,838
Total Budgets	80,468	91,402	191,885	194,541	153,151	51,286	288,460	91,353	11,150	4,977	5,838	1,164,510

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Primary Care Committee (Public)

Date of Governing Body: 22nd April 2021

Date of Committee covered in this report: 1st April 2021 (Minutes of this committee meetings to be available as an addendum

Chair's Name and Title: Judy Hargadon

Contact Details: judy.hargadon@nhs.net

This was a shortened form of PCCC meeting. The usual PCCC meeting was stepped down due to pressures on the capacity of the Primary Care Team during their support of Primary Care during priority COVID Vaccination

Reports brought to Committee for information, review, discussion and to be noted

Finance Report

- As of 01/04/2021 delegated (from NHSE) transaction management has gone live. 2 new team members have been added to the finance team to support this.
- Year-end close down is underway
- Planning guidance came out last week – There is similar planning in first half of this year as last part of last year with a change for the second half of this year – to be confirmed by NHSE closer to the time.
- Areas of national spending are being analysed and applied to our local situation.
- A full budget-setting paper will be brought to the Committee in May.

Deputy Director's Report – with updates on

- Audit on practice sites being used for vaccinations
- Phase 3/Phase 4 recovery
- Quality Outcomes Framework changes for 2021/22
- LMC Negotiations Committee – key outcomes from February meeting.
- GP access report – Healthwatch findings and recommendations

Covid Specific Vaccination Update (sustainable Mass Vaccination model)

- 4 key challenging areas were highlighted

1. Vaccination supply variability – a challenge to respond quickly enough to avoid vaccine wastage – good integrated support across the system
2. Site capacity – a real challenge but there has been excellent integrated system working

3. Patient demand and uptake – uptake has been very high so far – with younger cohorts this is more variable. Challenges are likely to increase in reaching and encouraging all cohorts to come forward for vaccination.
4. Demography of population – challenge in working to overcome inequalities and vaccine hesitancy. More pharmacy sites are also opening as well as a vaccine bus and pop-up clinics with a view to ensuring good access for all geographical areas.

- Plans in place for roll out of vaccinations for the next cohorts are in place
- The flexible workforce sustainability pools were listed.

The Primary Care Strategy Report for February/March 2020/21

A summary position of the progress against the metrics aligned to the pillars within the Primary Care strategy.

Internal Audit report on Primary Care Commissioning (contract oversight, management functions and governance).

- The draft report has been received.
- The overall conclusion was positive – The CCG has Appropriate processes in place
- Assurance: Satisfactory
- There are 6 recommendations for response
- Plans will be formed by 15th April and will be brought to May PCCC.

Recommendations for Governing Body
None
Recommendations for other Committees
None
Terms of Reference or other committee effectiveness issues
Committee Effectiveness Review Report – including Terms of reference review There was a high response rate from this committee showing excellent engagement There were 6 recommendations for review, response and action. Recommendation 1 - Continue developing forward planner Recommendation 2 –Summarise decisions at the end of the meeting Recommendation 3 - Consider ways to hold to account for late and/or missing papers/information Recommendation 4 – To address the committee role as CCG transfers into an ICS Recommendation 5 – To ensure internal stakeholders are sufficiently and appropriately engaged Recommendation 6 – Develop a clear process for committee members to have knowledge of information sharing to and from Governing Body There is a change in the Job title of a voting member as listed in the ToR – title of Associate Director of Primary Care is no longer in use. To be replaced with Associate/Deputy Director for Out of Hospital Commissioning with responsibility for Primary Care

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NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Commissioning Committee

Date of Governing Body: Thursday 29th April 2021

Dates of Committees covered in this report: Thursday 8th April 2021 (Minutes of the committee meeting are to be available as an addendum)

Chair's Name and Title: Jo Turl, Director of Commissioning (Out of Hospital)

Presented by Dr Nick Kennedy, Independent Secondary Care Clinician

Contact Details: jo.turl@nhs.net / nick.kennedy3@nhs.net

Reports received and noted

Committee Decision Making Process
The committee were provided with a useful presentation on the decision-making processes within the CCG. It was agreed by the Committee that the Commissioning Checklist would be updated to reflect and align with the CCG's objectives and commissioning priorities.

Update on Use of Nightingale
The committee were provided with a presentation on the update and future use of the Nightingale for various aspects of Elective Care.

Integrated Care Partnership in West
A brief paper and update was provided on the latest position of the Integrated Care Partnership, it was noted to the Committee members that the Integrated Care Partnership has separate reporting arrangements via an Integrated Care Partnership Executive Group which reports directly to the Governing Body. The Integrated Care Partnership updates are shared with the Committee for information only.

Risk Register Review Updates

The Committee endorsed the recommendations within the risk report to:

- **Support the risk coordinators to ensure all risks are recorded, updated, and have all the assurances, controls and mitigating actions recorded with regular reviews undertaken by all the teams.**
- **Identify any risks reporting to the Commissioning Committee that need to be added to the risk register or amended.**
- **Consider the adequacy and effectiveness of the controls and assurances identified in the management of risk including measures to address gaps in controls and assurances and identify any further action that should be taken to manage the key risks.**
- **Note the reduction in risk score of risk 121 Mental Health Inappropriate Out of Area bed trajectory (appendix 2)**

Committee Decisions
Commissioning Committee Effectiveness Review Report **The committee approved the recommendations within the Commissioning Committee Effectiveness Review Report, as outlined below:** • **Continue developing forward planner ensuring key information reports are factored into future agenda's and ensure sufficient time is set aside for individual items that require discussion, debate and summarise what worked well and not so well at the meeting** • **Recommendation 2 –Summarise decisions at the end of the meeting where the committee has sought assurances which have resulted in successful improvements being made.** • **Recommendation 3 - The committee should consider ways in which it holds its officers and other providers to account for missing information and assurances, late and/or missing papers** • **Recommendation 4 – Ensure that the agenda gives equal prominence to the key areas of the committee remit** • **Recommendation 5 – To address the committee role as CCG transfers into an Integrated Care System ensuring there a balance in focusing on the role in providing clinical challenge and assurance as well as executive assurance** • **Recommendation 6 – Develop a clear process for information sharing to and from Governing Body which is transparent to all members of the committee** **Proposal for Children's Complex Care Framework** **The Committee approved the recommendations made within the Children's Complex Care Framework, as outlined below:** • **The Commissioning Committee are asked to note the contents of this paper and approve the recommendation not to exercise the option to reopen the children's framework this year, but instead establish a programme of work to procure an all ages complex home care framework.** • **Once approved a project team will be established and a period of stakeholder and market engagement will be undertaken to shape the proposed service and grow market interest and awareness for this service type.** • **The project group will report back to Commissioning Committee before the procurement is commenced to seek approval of the developed model.** **The committee advised for additional work to be put in place with the Local Authorities for the Children that are within the scope of the review.**
Items of concern to be escalated to the Governing Body
None.
Recommendations for Governing Body
None.
Recommendations for other Committees

None.
Terms of Reference or other committee effectiveness issues
None.

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NHS
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Clinical Commissioning Group

GOVERNING BODY

Report title: Committee Chair Report – Quality Assurance Committee (QAC) Public Part 1

Date of Governing Body: 29 April 2021

Dates of Committees covered in this report: 15 April 2021

Chair's Name and Title: Glynis Atherton, Non-executive lay member (Chair of Quality Committee)

Contact Details: glynis.atherton@nhs.net

Reports discussed and assurances received

The Committee received updated reports as detailed below

Reports received and noted

Quality and Safety Report
Highlights from the report are:-
University Hospitals NHS Trust (UHPT): ED performance, there were a number of actions, put in place on 17th March 2021, relating to improving ambulance handover times. More detail will be available when the end to end plan for NHSE is completed mid-April 21. Actions include:

- Split from START and re-introduction of ambulance corridor
- Fit to sit options
- Direct access into resus.
- Move to HALO if 3 ambulances in 3 waiting 3 on the way. Guaranteed HCA support for HALO
- GP expects assessment unit on MAU– crews will bypass ED
- Changes the threshold to admit to SAU
- Direct route to Neurosurgery in place
- Expanding of discharge lounge and focus on ensuring fully utilised
- Focus on early in the day discharges

The figures show good improvement in ambulance transfers and the trust have been in OPEL 2 for all apart from one day when they moved to OPEL 3 from 17th March 2021 when the changes took place.

Devon Partnership Trust (DPT): are progressing against their completed SI trajectory, due to outsourcing in the most part and this is reflected in a reduction in CCG Risk 102 score from 15 to 8. Reduction in risk score reflects the engagement and progress between DPT and the CCG in addressing this process. Proactive work continues to be undertaken by the Trust to look at long term solutions using the work in Cornwall; being a pilot site for the new Patient Safety Strategy.

North Devon Healthcare Trust (NDHT) and Royal Devon Exeter Foundation Trust (RDEFT): Within NDHT, the breast care team won an HSJ award for an innovative restructure. This allowed them to work safely with less senior oversight through implementing a nurse led program for breast cancer patients in a rural symptomatic unit.

This March the NHS Devon CCG, Devon County Council, and Westbank/Devon Carers won the category nomination of System Led Support for Carers at the national HSJ awards. The work won as it *"demonstrated extraordinary integration with the leadership of carers being critical to the work that has been achieved. There is a strong culture of trust and esteem across the system partners and their teams where carers are confident that commitments will be followed through. The programme produced outstanding health and well-being outcomes for carers and provided clear benefits to the sustainability of health and care services."*

Children and Young People Autism and Special Educational Needs and Disability (SEND) Annual Report: There continues to be prolonged delays in the Autism assessment service. 2954 children and young people are currently waiting up to 18 months for a diagnosis. The length of time that children are waiting has also increased by 30% from February 2020 to February 2021 (median 82 weeks).

A waiting list improvement plan was instigated which includes internal efficiency improvements to increase clinical capacity via increased productivity and pathway re-design. The impact of these improvements has recently started to manifest with a small improvement in waiting times. The pace of this work has been stepped up in March to provide an additional 70 assessments per month, which at the current referral rate, will enable the service to keep pace with demand. Children and Families Health Devon, and the NHS Devon CCG have agreed to commit significant additional finance to clear the backlog and this will be undertaken between April 2021 and November 2021 (subject to staff breaks) over a period of 25 weeks, supported by a full delivery plan.

The Quality Assurance Committee supports the actions being taken where areas are highlighted or escalated.

Risk Register Review Updates

Quality Risk & Assurance Report including Risk Register:
Risk Register Review (changes and pertinent areas). Data was extracted for this report on the 1 April 2021 of which it informs the Committee of any changes since the last Quality Assurance Committee (QAC) on the 18 March 2021. Sixteen risks report to QAC.

There are two new risks to report to the committee:
Risk 146 Assurance Concerns UHPT
Risk 147 Designated Doctor Child Protection capacity

- **Noted** the decrease in risk score for Risk 102 - Overdue Serious Incident Reporting (DPT)
- **Note** the decrease in score for Risk 136 - Care Home & Care at Home

Committee Decisions

- None

Items of concern to be escalated to the Governing Body

- Autism waiting times and trajectories
- DPT improvement in trajectory for SI's.
- NDHT and RDEFT National HSJ awards to breast care team in NDHT
- NHS Devon CCG, Devon County Council, and Westbank/Devon Carers were awarded by National HSJ - System Led Support for Carers.

Recommendations for Governing Body

To note the reports received and positions of assurance by the Quality Assurance Committee.
Recommendations for other Committees
None
Terms of Reference or other committee effectiveness issues
• Safeguarding Steering Group to be formalised as a subgroup of the Quality Assurance Committee. • Patient Group Direction Virtual Review Panel to be formalised as a subgroup of the Quality Assurance Committee.

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NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

Report title: Accountable officer report				
Date of committee: 29 April 2021 **Date report produced:** 11 April 2021				
Author (s) Name and Title: Jane Milligan, chief executive Sam Cush, internal communications manager		**Supporting Executive:** **Name and Title:** Jane Milligan, chief executive **Contact Details:** **Report Approved by:** **Name and Title:** Jane Milligan, chief executive **Date:** 19 April 2021		
Public or Private (Governing Body only):	**Public**	**X**	**Private**	
Please state reason for inclusion as a private paper (and mark as CONFIDENTIAL):				

Executive Summary:

This report contains updates on:

1. Our thoughts are with the Royal Family
2. Thanking you for my warm welcome
3. Waiting lists
4. CCG objectives
5. Coronavirus update
6. Experiences of health and care in Devon for BAME communities and staff

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Committees that have previously discussed/agreed the report and outcomes:

N/A

Key recommendations and actions requested:
This report is for information only.

Impact on our objectives
(Delete as applicable) 1. Commission high-quality and safe services that reduce health inequalities and improve health outcomes 2. Improve service performance 3. Achieve financial sustainability 4. Effective, well-led organisation with an empowered and inclusive workforce 5. Lead the system's response to the coronavirus pandemic

Reference to other documents or accompanying papers:

Does this report have implications in any of the areas highlighted below?

	If Yes, please give details	No
Quality of Services		x
Health Inequalities		x
Equality (staff or public)		x
Resource and Finance		x
Legal		x
Engagement and Consultation		x
Risk		x

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Accountable officer's report

1. Our thoughts are with the Royal Family

It is with great sadness that we heard of the death of His Royal Highness Prince Philip, The Duke of Edinburgh earlier this month.

On behalf of the NHS in Devon, we send our deepest sympathies to Her Majesty the Queen and the Royal Family at this time.

The Duke had strong connections to Devon, particularly through the county's strong military tradition, and we know his loss will be felt keenly by many people here, who admired his commitment, service and steadfast support to Her Majesty.

Dame Suzi Leather DL, Dr Paul Johnson, and I have sent a letter to Buckingham Palace to express our condolences.

2. Thank you for the warm welcome

It's a real pleasure to have joined at the start of this month as the chief executive for the Integrated Care System for Devon (ICSD) and the CCG.

Through both roles, I will work with our many system partners to build on the achievements over the past few years to improve collaborative working so we can commission and provide better care for our local population.

During my first couple of weeks, I've been busy meeting people across the system including chief executives, chairs, and other stakeholders. I'm grateful for the warm welcome I've received, and I'm looking forward to getting to know everyone over the coming months.

I would like to take this opportunity to thank Simon for everything he has done over the past two years and I'm looking forward to working closely with him.

3. Waiting lists

It is now more than 14 months since the Covid-19 pandemic first began to affect us in Devon. Things are finally starting to improve, and the virus is under control.

The pandemic has, however, caused significant disruption to NHS services and we now face the huge challenge of dealing with the wider effects of the pandemic.

Whilst the NHS in Devon ran many essential and emergency services during the pandemic, such as cancer and diagnostic services, there is a real long-term impact as many patients face a long wait for treatment because routine and non-urgent procedures were delayed.

There are now thousands of people in Devon who have waited a year or more for treatment. Sadly, we expect this to grow as there are still many who didn't come forward during the pandemic and it will take a long time to understand the true extent of this.

Our focus now is to prioritise the most urgent patients and those who have been waiting the longest. All our hospitals in Devon are working together to make the best use of resources and we will continue to use the independent sector to help us reduce those waiting lists.

We know long waits will cause anxiety and impact many people's day to day lives. While it may be hard to provide some people with a treatment date at this stage, we will ensure people are kept informed.

Covid-19 has further highlighted the fact that some of our communities here in Devon live longer and healthier lives than others. People from more deprived areas, ethnic minority groups, and those with learning disabilities experience greater health inequalities. Addressing this will be one of the highest priorities as we

tackle our waiting lists.

While we work hard to reduce the waiting lists, we must also balance this with the need for our staff to rest and recover from the unprecedented challenges of the last year. Staff across the country and here in Devon have worked tirelessly throughout the pandemic. Not only have they cared for patients with Covid-19 but also rolled out the vaccination programme and safely maintained as many other essential services as possible.

The task ahead is significant and will require all partners across the Integrated Care System in Devon to help tackle it.

4. CCG objectives

I was pleased that the CCG has introduced objectives for 2021/22 last month by the chief communications, IT and people officer, Andrew Millward.

The objectives, which will be monitored and RAG-rated, were co-produced with a wide range of staff and the CCG governing body.

Directors have been assigned to each objective, with actions below each one to help achieve them.

The governing body will receive updates on a quarterly basis, beginning this month, following by updates in July, October and January.

5. Coronavirus update

Lockdown restrictions were further eased on 12 April meaning care home residents are allowed a second regular visitor, which I know will be welcomed by many.

Visitors must have a COVID-19 test and wear personal protective equipment before entering a home.

Pubs and restaurants serving outside have also reopened, along with non-essential shops, gyms and hairdressers, but the rule of people meeting outside in groups of up to six or two households remain.

While this is undoubtably good news and shows the progress we are making, we're continuing to encourage local people to remain careful and follow the national guidance when meeting with others.

We are continuing to make good progress with vaccinating local people, with more than 650,000 first doses delivered in Devon, including the vast majority of people over 50.

Due to national supply constraints, appointments have been limited during April, but we have continued to vaccinate people who were due their second dose during that time.

6. Experiences of health and care in Devon for BAME communities and staff

The COVID-19 pandemic has placed a spotlight on BAME health inequalities, both nationally and within Devon.

Building on a wide range of pre-existing programmes and processes to tackle inequalities, Devon commissioned Nous Group to better understand health and care experience, access and outcomes among Black, Asian and Minority Ethnic (BAME) communities and staff across Devon; and to identify improvement opportunities.

This project identified a range of recommendations for the ICS, which apply at both the system-wide level, and at the local level. Once finalised, these will be presented to the governing body.

More broadly, the COVID-19 pandemic has significantly raised the profile of BAME health inequalities both nationally and in Devon.

This project has identified significant appetite for change, and many pockets of good practice and emerging bright spots – including Devon's roll-out of the vaccination programme, which has incorporated many of the principles of local community engagement and understanding discussed in this report.

At the same time, the transition to formal ICS arrangements presents an opportunity to lock in new structures, processes, cultures and ways of working to tackle inequalities – and draft ICS governance arrangements, which embed responsibilities for inequalities at both system-wide and local levels are promising.

NHS
Devon
Clinical Commissioning Group

GOVERNING BODY

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5. Coronavirus update

Lockdown restrictions were further eased on 12 April meaning care home residents are allowed a second regular visitor, which I know will be welcomed by many.

Visitors must have a COVID-19 test and wear personal protective equipment before entering a home.

Pubs and restaurants serving outside have also reopened, along with non-essential shops, gyms and hairdressers, but the rule of people meeting outside in groups of up to six or two households remain.

While this is undoubtably good news and shows the progress we are making, we're continuing to encourage local people to remain careful and follow the national guidance when meeting with others.

We are continuing to make good progress with vaccinating local people, with more than 650,000 first doses delivered in Devon, including the vast majority of people over 50.

Due to national supply constraints, appointments have been limited during April, but we have continued to vaccinate people who were due their second dose during that time.

6. Experiences of health and care in Devon for BAME communities and staff

The COVID-19 pandemic has placed a spotlight on BAME health inequalities, both nationally and within Devon.

Building on a wide range of pre-existing programmes and processes to tackle inequalities, Devon commissioned Nous Group to better understand health and care experience, access and outcomes among Black, Asian and Minority Ethnic (BAME) communities and staff across Devon; and to identify improvement opportunities.

This project identified a range of recommendations for the ICS, which apply at both the system-wide level, and at the local level. Once finalised, these will be presented to the governing body.

More broadly, the COVID-19 pandemic has significantly raised the profile of BAME health inequalities both nationally and in Devon.

This project has identified significant appetite for change, and many pockets of good practice and emerging bright spots – including Devon's roll-out of the vaccination programme, which has incorporated many of the

principles of local community engagement and understanding discussed in this report.

At the same time, the transition to formal ICS arrangements presents an opportunity to lock in new structures, processes, cultures and ways of working to tackle inequalities – and draft ICS governance arrangements, which embed responsibilities for inequalities at both system-wide and local levels are promising.