NHS
Devon
Clinical Commissioning Group

NHS Devon Governing Body Meeting
APPROVED minutes held in PUBLIC

Date: 17 December 2020 Time: 14:30 – 17:12pm Location: Via Microsoft Teams

Item	Discussion	*Action*
1	**Welcome and Apologies** The chair welcomed everyone to this meeting held in public for December. PJ noted that the technology being used would be as user friendly as possible, and presentation slides and films that would be shown during the meeting would be displayed on screen. PJ drew attention to additional information that Devon CCG had received from Devon County Council (DCC) Overview and Scrutiny relating to Modernising Health and Care Services in the Teignmouth and Dawlish Area and this information would be made available on our website as an addendum to the papers for this meeting. PJ noted that there would be many comments and questions raised in relation to agenda item 7.1 and he explained the process for members of the public to follow when asking a question. Apologies were recorded for: Dr Caroline Dimond Dr Ruth Harrell Penny Harris It was noted there was no written questions submitted by members of the public in advance of this meeting. The chair explained that a short video would be played, featuring local health and care staff which would explain how the current model of care works and how a health and wellbeing centre in Teignmouth would further support it.	
2	**Register of Interest (ROI)** PJ referred to the ROI included in the pack and no amendments or new declarations were made. There were no conflicts of interests declared pertaining to the agenda items scheduled for this meeting. **The Governing Body received and noted the ROI**	
3	**Minutes of the last meeting** PJ led a page by page review of the minutes of the last meeting held on 26 November 2020. These were approved as a true and accurate record of the meeting.	

	Action Log 1. This action had been taken forward and Devon CCG are waiting for a response from Picker, who carry out research. The outcome of the response would be reported back to the members and it was agreed to formally close this action.	
4	**Chairs Report** PJ acknowledged this was the last Governing Body meeting of the year and was aware the key issue for this meeting was around modernising health and care services in Teignmouth and Dawlish. He wanted to use this verbal report as an opportunity to reflect, give thanks and to look forward. PJ referred to a recent Panorama programme which brought back memories and different phases of the pandemic and mentioned the 23 March when the country was placed into lock down. He touched on a shift to virtual working for primary care, emptied wards to be prepared and the greatest challenge early on was personal protective equipment (PPE). Care homes were an area of concern and the CCG became involved and supported local authorities and delivered primary care webinars. PJ thanked the Governing Body members who did not stop caring, supporting and working hard. This was massively helpful for all the staff in the CCG including the executive directors and the staff awards demonstrated what people are capable of. PJ also gave thanks to staff for adapting to new ways of working and health and care staff beyond the CCG and risks they had taken for patients who have worked above and beyond in keeping the public and community safe. PJ felt that in many ways the past year is one that we may choose to forget but one to remember to build and learn from. In looking forward to the start of a new year as one ends with the coronavirus still present and the vaccine there was hope we would return to normality. It was recognised this would be challenging to rebuild and restore services and to catch up. **The Governing Body received and noted the verbal Chair's report.**	
5	**Accountable Officer's Report** ST referred to when he was informed of the outbreak of the pandemic initially in Torbay and how the CCG immediately responded and has continued to respond throughout the process including our provider colleagues. He acknowledged this has been difficult but has brought the best out from health and public services. ST drew attention to section 6 and was proud that the CCG had retained its green star rating for engagement which was pertinent given the main emphasis of this meeting. The CCG has retained the ability to engage with the public in innovative settings using digital platforms and virtual voices. We have built upon reaching people to take views good and bad which feeds into our decision making, we have continued to do this through this difficult year. It was wondered whether the Governing Body would have a chance to review the Integrated Care System (ICS) national engagement process and ST confirmed there would be an opportunity for members and individuals to comment and contribute and this would be further discussed post submission at the Governing Body in February.	

	ACTION 1 **NC to add ICS national engagement process submission to the Governing Body forward planner for 25 February 2021. Post meeting update: This action has been completed and recommended for closure.** JWo passed on his congratulations to the engagement team for the recent green star rating and wondered if there were any plans for digital access to engagement to be available for localities similar to the Sustainability Transformation Programme (STP) and the CCG so they can engage effectively with local people. ST responded and confirmed that a request for this had already come through. SK formally thanked the primary care team for their help in making the transformation changes during our response to the pandemic. He drew attention to section 8 European Exit (EU) Transition and measures for mitigation regarding potential issues that might arise. SM explained the planning assumption process and stressed the importance of the preparations that had been put in place earlier in the year, which remain in place and still applied. CB welcomed the update in the AOs report on domestic violence and the appointment of the CCGs first domestic abuse and sexual violence lead. **The Governing Body received and noted the contents of the AOs Report.**	
6	**Modernising Health and Care Services in the Teignmouth and Dawlish Area** PJ thanked the members of the public for joining the meeting for this item. He acknowledged the comments and questions that have been raised throughout the consultation and that the consultation won't be revisited but welcomed questions and clarification around the process at this meeting and this would be done through the chat bar of Microsoft Teams and would cover as many questions as possible. PJ reminded the Governing Body that they would be asked to decide on the recommendations and asked the members to fulfill the following requirements before any decision making: • Assure themselves the case for change had been presented in a robust way • Assure themselves the consultation process happened sufficiently • Assured themselves that the output of the consultation had been properly assessed and considered the final proposals presented PJ handed over to JT who described her role in leading this programme of work. She acknowledged the team effort and personally thanked Healthwatch for undertaking the consultation and producing the report, the public and extended her thanks to the wider team for their input. JT clarified the areas that the CCG were consulting on and the CCG's duty and responsibility for quality of services and changes to where and how they are delivered. She noted that the CCG would not be consulting on the health and wellbeing centre or the movement of the general practice in Teignmouth into the health and wellbeing centre. JT explained who would be supporting the delivery of the power point presentation and that there would be an opportunity for members of the public to comment. JT gave a potted history of the background and journey to date and handed over to DG.	

DG talked through the reasons for change and drew attention to the new model of care to look after people more effectively and how the new service will support people to have more control over their own health. He referred to the collection and robust analysis of data gathered regarding the rehabilitation beds and that we can look after more people with new model and safeguard the future of GP practices.

He moved through in detail the four proposals taken to the consultation and handed over to Alex Cameron (AC) who talked through the elements of the consultation which included how long this ran for, how we reached people which included a mixed approach using remote technology and traditional methods to reach all demographics.

AC referred to the delivery of documentation to local households, social media campaigns including facebook, advertising in newspapers and a prominent homepage on the CCG's website for the digital audience. Press releases were used during the consultation campaign and was reported locally through the news and radio.

The digital approach and on-line public meetings were hosted by Healthwatch to ensure impartiality and independence and offered the opportunity for questions and answers for people watching. There was also an offer to attend local groups for more direct engagement through smaller meetings. He was pleased to report that response levels to consultation was good and all activity was recorded.

JT confirmed the pre- consultation business case was approved by NHS E and the Governing Body in February. This resulted in asking the public's view and to seek alternative options. The return rate was good, and most respondents were from the Teignmouth and Dawlish area over the age of 55. JT talked through the proposal slide in detail including the model of care and overall support. She reported that feedback from the survey showed a support for integration of services however it was noted the concerns around the lack of parking, transport and the loss of a community asset and local services.

JT mentioned that in November during the consultation period a petition was received by Health and Adult Care Scrutiny Committee which included 467 signatures emphasising the value of the community asset and letters had also been sent to Anne-Marie Morris MP.

JT explained the role of Healthwatch and the evaluation of the proposal and to identify if there were any other options the CCG may not have thought of. The quality, equality and impact assessment (QEIA) options were updated in January and further refreshed in December 2020 and full details were available in the board pack including the benefits of a more modern facility that would conform with safety standards to improve patient experience.

JT referred to the 5 tests of strong public engagement, consistency of patient choice, clear clinical evidence and patient care test and further talked through the gunning principles.

JT attended a Health and Adult Care Scrutiny Committee in September 2020 to provide and update on the process and methodology used. At that meeting it was minuted that the quality and clarity of the material provided and distributed during the consultation was commended by the scrutiny committee who gave confidence and assurance.

JT drew attention to a late paper received from scrutiny following a spotlight review on 14 December on the consultation and the CCG's proposal and wanted the members to be made aware of their concerns and she talked through them in detail.

PJ offered for any points of clarification or questions from the Governing Body members:

- How were the evaluation stakeholder group members made up?
    - Members included coastal engagement group and voluntary sector representatives.
- How much data modelling has been undertaken to ensure there is community and social care capacity to maintain a sustainable model of care?
    - Every effort has been taken as possible to get GPs into the right buildings and integrate services in primary care as the next step towards sustainability. More services in the community does make it a more attractive place to work and add to workforce retention.
- Recognition that there was an expansion on the range of demographics who have contributed to the consultation compared to past experience, and that it was important to get wider views from members of public regarding healthcare provision

JT introduced Liz Davenport Chief Executive Officer, Torbay and South Devon Foundation Trust (TSDFT) and she described the work that will be developed to support sustainability for the future including caring for people at home, workforce modelling, therapy models and capacity planning. She further added that TSDFT is forward thinking and working with their partners around education, recruitment and retention.

PJ referred to a question submitted by a member of the public enquiring about:

- care at home
- emergency admissions over 70
- emergency readmissions after discharge and delayed transfers of care.

LD responded and described the current position around delayed transfers of care and acknowledged the challenges. She noted TSDFT is working closely with partners to address the issues which has led to a significant improvement around the coordination of care discharge.

JH referred to the scrutiny report and asked if the CCG was surprised to receive these comments. JT noted the CCG had been working closely with the scrutiny committee over the past 6 months who had been supportive of the process so far but hoped that the Governing Body were reassured at this meeting of the process that had been undertaken.

PJ drew attention to a question received from Cllr Sylvia Russell who asked if the Governing Body had considered alternative options to deliver options at an enhanced campus. JTur confirmed that this option has been evaluated twice and consideration was given to do a new build or refurbishment. This was discounted as it didn't add integration of primary care and the building was not sustainable, fit for purpose or adequate access and the decision was made to not to take this proposal forward to the Governing Body.

PJ gave the Governing Body the opportunity to raise any concerns regarding this alternative option and no concerns were raised.

GT thanked the presenters for delivering a thorough presentation and report and gave congratulations on the consultation exercise which was exemplary and that this should be used as best practice for others to follow.

GT drew attention to the parking and transport issues and acknowledged that transport was not a health service or social care responsibility. He wondered if we could facilitate initiatives with regards to transport and proposed adding an additional recommendation into the proposal. To support, enhance and develop the implementation of this we could work with the TSDFT, Local Authority and voluntary sector to see if we can make things easier for the vulnerable to get access to excellent services.

JT responded and agreed that this was a good suggestion and gave assurance to the Governing Body that access to transport would have affected some of the negative responses and positively supported this recommendation.

NK asked if the CCG had investigated whether public transport providers would possibly consider increasing services and is there more we can do. JT confirmed that the CCG and TSDFT would take this suggestion forward and will work with the district council to further explore transport options including cycle routes to help resolve this issue.

GAth asked whether it had been considered following the pandemic for the future there would be a move to more digital appointments. JT stated that prior to the launch of the consultation the CCG had started to work with providers to understand where positive changes could be made regarding digital consultations. LD added that following our response to the pandemic we are seizing the opportunity to continue to build on our strong intentions to progress the digital strategy for our communities

JWo commended the Healthwatch report and understood that social challenges need to be addressed but clinical model remains the priority.

JT thanked Sarah Bickley and Kevin Dixon for their support during the consultation process.

PJ noted that it was helpful to hear from LD who reiterated the commitment from TSDFT and the delivery of services albeit from a new site and also the commitment in continuing to build out of hospital home based services to enhance quality and expand the community facing offer into the future.

The members were assured that beyond this consultation process the CCG is committed to engagement with the voluntary sector and community providers to build on the success of previous engagement. JT noted the importance of engaging with all groups and carers to ensure the CCG has close link in making sure that voices are being heard consistently especially when developing services.

SMc asked whether the assessment and impact around parking difficulties and staff impact had been considered. LD confirmed that staff had been engaged and that work continues with the council around optimum parking and all options are being explored to make a difference how staff work and the reduction in travel.

JT directed the Governing Body to the slide deck and asked the members the following questions:

1. Was the Governing Body assured that the evidence and rationale is clear for the location of the high-use community clinics in the Health and Wellbeing Centre?

2. Was the Governing Body assured that the evidence and rationale is clear for the location of the specialist clinics (except ear, nose and throat and orthopaedics) in Dawlish Community Hospital?
3. Was the Governing Body assured that the evidence and rationale is clear for the location of the ear, nose and throat and orthopaedics specialist clinics in the Health and Wellbeing Centre?
4. Was the Governing Body assured that the evidence and rationale is clear for the location of the day case procedures in Dawlish Community Hospital?
5. Was the Governing Body assured that the case for continuing with community-based intermediate care and reversing the decision to have 12 rehabilitation beds at Teignmouth Community Hospital has been robustly made?
6. Was the Governing Body assured that all options were adequately reviewed and is in agreement with the decisions made by the Steering Group during the evaluation process?
7. Was the Governing Body assured that the feedback from the consultation (including the suggestions from the public) and the Quality and Equality Impact Assessments have been taken into account?
8. Was the Governing Body assured that the CCG has met the Gunning Principles for public consultation?
    - Public bodies need to have an open mind during a consultation and not have already made the decision
    - They must give enough reasons for proposals to permit 'intelligent consideration'. People involved in the consultation need to have enough information to make an intelligent choice and contribute to the consultation
    - There must be adequate time for consideration and response
    - The feedback and responses given at consultation must be conscientiously taken into account

There were no comments or questions raised with regards to each of the eight questions asked.

After a lengthy discussion and scrutiny of the case for change, public consultation Process, feedback and the evaluation process PJ directed the members of the Governing Body to the recommendations:

The members of the Governing Body approved the recommendations and the amendment to recommendation (h).

a) Approved the move of the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre
b) Approved the move of specialist outpatient clinics, except ear nose and throat clinics and specialist orthopaedic clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
c) Approved the move of day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
d) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital
e) Approved the move of specialist ear, nose and throat clinics and specialist orthopaedic clinics to the Health and Wellbeing Centre
f) Request Torbay and South Devon NHS Foundation Trust consider in detail the suggestions put forward for additional services at the Health and Wellbeing Centre
g) Request Torbay and South Devon NHS Foundation Trust consider providing

	secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses **h) Request Torbay and South Devon NHS Foundation Trust work with Teignbridge District Council to mitigate parking issues and with the voluntary sector and bus operators to further support and enhance the development of community transport to mitigate transport issues when accessing services at Dawlish Community Hospital for staff and patients as far as possible.** SMC asked about the x-ray facilities available at Dawlish and the impact on the Health and Wellbeing Centre. This had been discussed and LD confirmed that the details around efficient pathways for x-ray facilities were being worked through. On behalf of the Governing Body the chair thanked JT, JTur, AC, the wider team and the public and their contribution in the engagement and consultation process. He also thanked the Governing Body for their decision in benefitting the South Devon area and looked forward to seeing the on-going development and co-location of home support for the coastal region.	
7	**NHS Devon CCG Engagement Highlights 2019/20** AM was pleased to report for the second year that the CCG on behalf of system has gained green star rating for engagement, labelled outstanding out of four categories. He highlighted some of the work we have been doing, such as the long term plan where we have engaged with members of public and patients about was important for Devon, and with NHS funding we have formed a virtual voices panel and used them actively during the first wave of the coronavirus to understand barriers which has helped our campaign in reassuring patients to come to hospital and continue with their appointments. We have sensitively worked with diverse groups and Dame Suzi Leather, Devon STP Independent Chair with regards to the ethical framework which has been put in place during our response to coronavirus which gave us a chance to ask local people views and this work is active and on-going. The CCG is keen to continue to involve local communities more such as Holsworthy and more engagement brings benefits to the health service and can help tailor services to meet people's needs. AM personally thanked Nellie Guttman, Jean Almond and Jon Sewell for their engagement work in designing different ways of engaging people to reach out to them using different technology and techniques. PJ further added and passed on his thanks to the communications and engagement team as this was a testament to AM's leadership and their skills. GAth congratulated AM on the green star award but asked what we are we doing about engaging with people without access to a digital platform AM acknowledged that this was challenging however we have started to work with local communities the voluntary sector, providers and local authorities to increase our engagement. AM also noted that training is being put in place with our commissioners with regards to the commissioning cycle and he has also spoken with Dame Suzi Leather how we design an engagement process for the 5 local care partnerships.	

	SMc referred to equalities and health inequalities and asked if we are doing enough communication with people with disabilities such as deafness and blindness. AM replied that we were not doing enough in that area and we need to do more to contact hard to reach groups and people with challenges and diverse communities. However, AM did assure the Governing Body there were pockets of good practice to build on for the year ahead. PJ was pleased to hear that there were plans to improve further from where we are, in effective communications. AM further added that the CCG does have ambitions and will bring plans back to a future Governing Body meeting. On reflective learning around engagement CB felt it was an important factor to learn how the commissioning cycle works to strengthen and be effective in going forward and she passed in her congratulations to the communications team. **The Governing Body received and noted the contents of the NHS Devon CCG Engagement Highlights 2019/20 Report.**	
9	**Assurance Committee(s) - items of escalation** The assurance committee Chair's reports were taken as read and there were no items of escalation to bring to the attention of the Governing Body. **The Governing Body noted and received the assurance committee Chair's reports**	
10	**Localities – items of escalation** There was nothing further to add to these reports and no items of escalation to bring to the attention of the Governing Body.	
11	**Any other business** There were no further business items raised for discussion. The Chair wished everyone a Merry Christmas and a more hopeful 2021.	
12	**The meeting closed at 17.12**	

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
Caroline Dimond – Dr (CD) [A]	Director of Public Health, Torbay Council
Charlotte Burrows (CB) **	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) **	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 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
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) **		Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) **Chair** **		Clinical Chair, Devon CCG
Penny Harris – (PH) **		Director, Commissioning in hospital, Devon CCG
Ruth Harrell - Dr (RH) A		Director of Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **		Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc)**		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
Alex Cameron (AC) ** **item 6 only**		Media and Publications Manager, Devon CCG
Jenny Turner (JTur) ** **item 6 only**		Head of Integrated Care – South, Devon CCG
Liz Davenport (LD) ** **item 6 only**		Chief Executive, Torbay and South Devon NHS Foundation Trust
Sarah Bickley (SB) ** **item 6 only**		Healthwatch Representative
Kevin Dixon (KD) ** **item 6 only**		Healthwatch Representative
Minutes approved	Date: 28 January 2021	Signed by chair: Nick Ball In the absence of Paul Johnson