NHS
Devon
Clinical Commissioning Group

NHS Devon Governing Body Meeting
APPROVED 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 600,000 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 within 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 Integrated Delivery Group to improve performance. JWo added that the Northern locality is seeking to work more closely with voluntary sector organisations and break down barriers; making every conversation count and seeking early interventions to address wellbeing challenges to support the local population. The natural environment has a close link through Natural Devon and this sort of active programme supports people in feeling better. 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 for change for our population wellbeing. JWo described how One Northern Devon was formed from a 'bottom up' organisation and that guidance and funding was important and needed to be recognised. JWo 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 10**		Joint Locality Director, North and East (Health and Care) DCC and Devon CCG
Minutes approved	Date: 29 April 2021	Signed by chair: Dr Paul Johnson