NHS
Devon
Clinical Commissioning Group

NHS Devon Governing Body Meeting
APPROVED minutes held in Public

Date: 25 November 2021 Time: 11:30 – 14:09 Location: Via Microsoft Teams

Item	Discussion	*Action*
1	These minutes are a precis of the meeting which was streamed live. If you would like to view the recording of this meeting please click here. **Patient Experience** The chair welcomed Kristy Cooper (KC) who agreed to join this meeting to share her experiences on behalf of the Deaf (British Sign Language BSL users) community across Devon, and she was joined by her interpreter Tim Griffin (TG) KC thanked the members for inviting her to the board to look at how deaf people can be supported better and she shared her experience on booking a phone appointment with a GP with the support of the video relay service, this is when two parties in two separate locations are connected remotely via a sign language interpreter. KC also touched on the issues with GP systems that hold medical information where it would be of a huge benefit if the patient record identified if the patient was deaf and how they preferred to communicate such as through an interpreter, lip reading or written communication. KC drew the members attention that there are low numbers of deaf people that use the complaints procedure as unfortunately there are not enough staff that are trained to support deaf people in making complaints about services. KC suggested that access for mental health counselling for the deaf in Devon needs to be reviewed, as people are struggling to access services. There are only two people qualified to provide counselling for the people in Devon and only around 25-30 qualified counselors in the United Kingdom that are trained to level 6. KC referred to Video Relay Directory (access to services for deaf BSL users) and that it would be nice if Devon GP practices' home page had a link or logo to this directory to support people with access and connection with GPs. KC mentioned the vaccination programme and the changes to government social distancing measures and that it was hard for deaf people in keeping up with the changes and where Sign Video UK can provide instant access to BSL interpreting through video conferencing. SK thanked KC for sharing her experience and suggested that messaging to GP practices in updating their websites for services to support deaf people could be done through collaborative board clinical directors.	

	AM felt that some of the issues outlined by KC could easily be solved with effort and proposed that the Primary Care Webinar could be the forum to promote the use of Sign Video UK. CB wondered if KC needed to access services in an emergency and what was the experience. KC explained when she accompanied her mother in A&E in the Torquay area where staff were worn. Some staff removed their masks to communicate via lip reading with others not removing masks. She talked through the inability to book an interpreter at short notice and referred to Sussex and Hampshire who have rolled out the use of iPads and was this something that could be considered in Devon. SMC wondered whether the clear masks would be more helpful for deaf people and KC acknowledged that they would be helpful in certain situations, but it was an individual choice for people to wear these. KC informed the members that she had worked with deaf people for 12 years and was trained as a deaf advocate and has recently taken on a new project support the deaf community as a vaccination champion. JM thanked KC and acknowledged that there were some actions that the CCG can take away from her experience and that we will make a Devon commitment to follow these up as a cultural shift to further understand the work we are developing around health inequalities. DA, chief nurse was pleased to hear that KC was a vaccination champion as there has been some challenges in our pop-up centers' but was pleased to report that the use of a video system had worked well and had been successful in some of our clinics. NB thanked KC for sharing her experience and TG for joining as interpreter. *Kristy Cooper and Tim Griffin left the meeting.*	
2	**Welcome and Apologies** NB welcomed everyone to the business section of the meeting, and the following apologies were recorded for Gaynor Appleby and Ruth Harrell	
3	**Register of Interest (ROI)** There were no amendments or new declarations made.	
4	**Minutes of the last meeting** NB led a page-by-page review of the minutes of the last meeting held on 28 October 2021, and these were approved as a true and accurate record of the meeting. Actions *1.* The recovery support group action notes had not been shared with the Governing Body and ST asked NC to take this action forward. *Post meeting update this action has been completed.* 2. In hand, and underway. 3. Feedback has been taken on board and there is confidence that the CCG is confident aiming high in terms of green national standards 4. This action was completed and formally closed 5. This action is part of a bigger piece of work of the primary care strategy refresh and this would be covered at development session next week on 2 December	

	Matters arising NB drew the members attention that Devon CCG and the Integrated Care System for Devon would be losing two extraordinary individuals. CB has been a member of the Governing Body for the past two and half years and represented several groups across the NHS such as mothers and children. She has brought a completely different perspective to the Governing Body in a different way and challenged and raised the profile of maternity services and spoken up for patients. On behalf of the Governing Body NB thanked CB for her contribution and wished her well for the future This was also the last meeting for DSL who had served for around three and half years undertaking and impossible roles as the ICS chair for Devon, and that he had done a fantastic job of bringing health and social care people together as a fantastic communicate. DSL thanked the Governing Body and staff for their professionalism and personal kindness in allowing DSL to attend more recently the Governing Body meetings and she was optimistic for the future of the ICS having secured Jane Milligan and Dr Sara Wollaston's leadership in supporting the wider system leadership in moving forwards. NB was pleased to record in the minutes that Jane Milligan has been confirmed in post as CEO for the Integrated Care System for Devon and officially welcomed her to the ICS.	
5	**Clinical Chairs Report** PJ did not propose to go through his report in detail, but also conveyed his thanks to DSL and congratulations to JM, which was good news and was pleased that Dr Sarah Wollaston would take up her new role as designate Chair of the ICS for Devon from the beginning of December. PJ was delighted to have co-presented the staff awards ceremony recently and was important in rewarding great work from staff that have been working in tough circumstances. He thanked staff that not only won, but those that were nominated which represented a small proportion of the hard work that has happened over the last year. **The Governing Body received and noted the contents of the clinical chairs report.**	
6	**Accountable Officers Report** JM personally thank DSL for the support she had given JM since April 2021. JM was also pleased that Dr Sarah Wollaston would be taking up her role office from the 1 December and that an induction programme was being set up. JM noted that the Integrated Care Partnership has moved forward but not without challenge, and this was due to changing national guidance for the health and social care bill. JM gave thanks to DA and the wider team for the challenging and amazing amount of work that had been undertaken to support the vaccination programme. The vaccination rates were fantastic although there will still some gaps more work still to do. Mental health was a challenged time for the NHS and we are refreshing our collective approach in this area working across health and social care.	

	JM also touched on the staff awards where time was given to take stock and thank people and she was pleased to have been involved in this event. SK asked about the vaccination plans for the housebound and DA confirmed this is being picked up through the roving pop-up models of the programme.	
7	**Financial plan for 1st October 2021 to 31st March 2022 (H2 of 2021/22** JD presented the financial plan budget for Devon CCG for the second half of 2021-22 and referred to page 33. JD noted the noted the changes in allocation for H1 and H2 which was set out at the bottom of page 35. He added that the impact of the pay award made across the system had been fully funded in the allocated and that we were working through the impact of a shortfall, but this will be managed through our overall allocation. The COVID funding has started to reduce by 6% but funds were still available in H2 to deal with additional COVID costs. Efficiency driver are at 0.28% for the fist half of the year and a further reduction in resources for the system furthers away from the financial target. He signposted the members to page 36 and the funding for targeted support for the elective recovery fund which is available and supporting our plan but was not part of our financial envelope. The hospital discharge plan will continue for H2 but will come to the end of H2 and with are working with our local authority on the financial impacts and sources of funding. JD referred to table 1 and gave context around the overall allocation for the system set alongside H1 and a reduction of funding for H2. He directed the members to table 4 the allocation for the system and noted that we are planning for some surpluses and deficits aggregates for the total system and this was a good illustration of true system working. JD highlighted table 7, 8 and 9 and mentioned the efficiency savings programme and mechanisms that have been reinstated to deliver that and noted that that It was a challenging environment to achieve those savings. JT explained the risks and ST described the actions being taken and that there was confidence with the savings plan which is being monitored through the oversight group which has been set up. Savings have been identified in the independent sector for the fist six months, with continuing healthcare (CHC) being challenged and work was continuing the hospital discharge programme around additional capacity. DG asked about the suspension of elective care and JD described the flow of funds and noted there was variability. SK queried the surplus deficit and savings not realized and JD replied that it was expected the delivery of the plan with system wide commitment. ST described the process for hospital discharge monies and the process for assessments and GT thanks JD and the wider team for their work and the work that had been undertaken with our system partners.	

	NB wondered if there was a providers version of table 7 (21/22 H2 operational budget) and JD confirmed there was an equivalent of this for each part of the system and took and action to share this with the Governing Body. **ACTION:1** **JD to share the system 21/22 H2 operational budgets with the Governing Body.** **Following discussion, the Governing Body:** • **Approved the budgets set for the CCG for H2 of 21/22** • **Approved the level of efficiency requirements as set out** • **Noted the risks and mitigations that have been identified**	
8	**Devon Integrated Performance and Quality Report** DA presented the latest iteration of the integrated report and that we are now starting to see the state of Devon narrative based on this data. He warned the members that the presentational format will continue to evolve and acknowledged there were some gaps with regards to safeguarding and the community and this continues to reflect the pressures in the teams for the acute trusts, mental health and primary care settings which has been sustained since last winter. He highlighted the following • Infection prevention and control, there has been a focus in this area since the pandemic and we have seen challenges with E-coli, and we are starting to look at the impact of supporting the system • Urgent care pathways this remains a challenge along with referral to treat times • We have seen an increase in diagnostic requests but the increase in capacity for the accelerator programme we will see an improved picture. • Discharges flows is challenged and is an area of focus across health and social care • Children and young people and families remains a concern particularly autism referral rates and this is being reviewed through the Quality Assurance Committee • We have seen an increase in demand with Maternity and these relate to shifts for nursing or midwifery birth ratios – • Never event has also seen an increase and we are now reviewing thematic analysis • Workforce figures is a continued challenge where we have seen a moderate increase in sickness SM queried as to whether we are missing an opportunity to be more directive with flu jabs in care settings and are we confident we are doing enough to support care homes. DA responded that the flu programme has been brought together with the care provision cell using nurses, videos, and local communities to support vaccination hesitancy. DA gave an example of the domiciliary care pathway and the further development of resources. AD raised concern for children and autism spectrum disorder (ASD) rates which remained the same as back in April. DA agreed that trajectory had remained static but would be further discussed at the Quality Assurance Committee in December.	

	CB asked if the maternity multifaceted pathway had been looked at in detail. DA confirmed that a deep dive had not been undertaken but this was an area of concern and committed to investigate this area with more depth. GAth wondered about the voluntary sector and how this could be resourced. DA was pleased to report there were good models in Western Devon that had been developed and that we are working with the local authorities, local community groups and other models from Somerset to test. NK enquired as to how quickly meaningful results would be produced for community urgent services and DA was hoping this would be report in December. DG referred to the ambulance handover figures and how are we keeping people safe where evidence shows people are waiting longer and not coming to harm. DA explained the process and assured the Governing Body there was a continued focus in this area and we are starting to articulate the potentials of harm. SK noticed that referrals appeared to be down compared to 2019-20 and DA confirmed that the data is being validated for understanding and JT explained how GP practices record activity. **The Governing Body:** • **Received and noted the contents of the Devon Integrated Quality and Performance Report** • **Noted the issues highlighted and actions being undertaken**	
9	**Emergency Preparedness, Resilience and Response (EPRR) Core Assurance Standards** AM presented this report which was an annual report detailing compliance on these standards for Devon CCG and our partner organisations. He added that he had recently met with the NHS England lead responsible for EPRR Ian Phillips who fully endorsed this assessment. AM noted that the CCG had undertaken a self-assessment and were fully compliant and that there was a range of compliance by organisation. Torbay and South Devon (TSD) were partially compliant achieving 36 out of 46 core standards, this was due to not having an EPRR lead personnel in place and some concerns with the incident planning elements, but this has now been addressed. The CCG has since met with TSD and were confident with the new lead in place this will help them move forward over the course of the year. NK asked whether there was confident that TSD would be able to respond to a major incident. AM responded to confirm that adjustments have been made and there will be follow up meetings but was confident that TSD was in a better place to respond to a major incident than they may have done in the past. GT wondered if there was a formal system response process in place for EPRR mutual aid, and it was confirmed this was in place for all organisations and does extend regionally. **The Governing Body:**	

	• **Received and approved the position statement of its compliance with the NHS England Emergency Preparedness, Resilience and Response (EPRR), Core Standards 2021.** • **Received the assurance ratings of our provider organisations and that these outcomes are being presented to each providers' Board**	
10	**Plymouth West End Wellbeing Hub** JT introduced this item which was to provide the Governing Body with a general progress update. The business case was underway with the project now in the design phase with the timetable leading to the business case submission planned for mid-August with anticipated planned completion in 2024. She talked through the model of care vision and the reasons for the models of care for those that had not been included. JT confirmed that the CCG would be the owners of the wellbeing centre which in turn would be owned by the ICS and this will not impact on any contracts or employed practice staff they would merely be working in a different model of care in an integrated way. Clive Shore (CS) talked through the economic case summary process and how we arrived at the preferred option and the new building mandated and funding by the NHS. He referred to the proposed summary of service mix which were subject to approval, but the signs were encouraging. CS went through the proposed site and floor plans. SMC asked for assurance that the building was disabled friendly and would have the right accessibility. CS responded to confirm that there had been an independent design panel involved in the process including the Royal National Institute for the Blind (RNIB) and other to ensure all accessibility angles have been covered. JWo liked the middle floor but wondered if there was enough waiting space and CS explained there would be an observational waiting area which would also include a technical element that could be used as appropriate. SK wondered if the local community may see this new wellbeing hub as an opportunity for a 'walk in' facility and would there be resuscitation equipment available. CS confirmed that thorough assessment has been undertaken with regards to equipment and it was being considered as to where signage and direction will be placed in the building. CS described the commercial summary and walked the members through the P22 nine step process. BC explained the capital, revenue, and affordability costs, and that the revenue was affordable based on a set of assumptions, but there would be revenue consequences. JH queried the benefits of cash releasing changes, expenditure and depreciation and was there verifiable commitment from other providers. BC responded to confirm that a meeting was planned with Livewell Southwest to walk through any implications. Gath asked if the assumptions had been confirmed by the national panel, and BC said this had not been confirmed in wiring at this stage but there had been encouraging signs from NHS England who are working with the national team.	

	JT drew the Governing Body to the recommendations and, **The Governing Body:** • **Confirmed that the health and wellbeing centre planning application can be submitted on condition that the National Panel also gives approval at its meeting on 6th December.** • **Approved Devon CCG as P22 Contracting Authority** • **Agreed that John Dowell or Ben Chilcott can have delegated authority to confirm the selection of the P22 contractor.**	
11	**Local Care Partnership Reports** There was nothing further to add to these reports included in the board pack, but DG added there was limited capacity for non-urgent care referrals and made a plea for the maximum use of communications, advice, and guidance to support the public and he made a commitment to speak with the Southern LCP chair.	
12	**Chairs Reports – confidential assurance committees** <u>Finance</u> There was nothing to add to this report. <u>Audit</u> There was nothing to add to this report. <u>Primary Care</u> There was nothing to add to this report. <u>Quality</u> There was nothing to add to this report. <u>Commissioning</u> There was nothing to add to this report.	
13	**Review of the public and private sessions focused on the objectives set out for the meetings** This item was not discussed.	
14	**Any other business** None	
15	**The meeting closed at 14:09**	

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) **	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
Jane Milligan (JM) **		Chief Executive of the Integrated Care System for Devon (ICSD) and NHS Devon Clinical Commissioning Group (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		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) **Clinical Chair** **		Clinical Chair, Devon CCG
Penny Harris – (PH) A		Director, 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
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) **		Chair of the Integrated Care System for Devon (ICSD)
Kristy Cooper (KC) ** item 1		Living Options
Tim Griffin (TG) ** item 1		Interpreter
Clive Shore (CS) **		Estates Adviser, Integrated Care System for Devon
Ben Chilcott (BC) **		Deputy Finance Director, Devon CCG
Rebecca Peer (RP)**		NHS Graduate Management Trainee, Devon CCG
Minutes approved	Date: 24 February 2021	Signed by chair: Dr Paul Johnson