NHS Devon Clinical Commissioning Group

NHS Devon Governing Body Meeting
APPROVED minutes held in PUBLIC

Date: 27 May 2021 Time: 11:00 – 13:00 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. The chair welcomed everyone to the Devon Clinical Commissioning Group (CCG) meeting which was held in public and reminded the members for discussions to be verbal and only to use the chat bar function if there was a need to draw the Chair's attention. **Patient experience** PJ was pleased to welcome Neomi Alam (NA), Director of Inclusive Exeter who was in attendance to share her experience in support of the vaccination programme. She said it had been a privilege working with the team in delivering vaccinations at the Exeter Mosque and noted that there have been discrepancies with statistics and the take up of the vaccinations in the BAME community. Hesitation in the BAME community remains and this was due to relationships with clinicians, anti-vaccination, and misinformation. The Exeter Mosque has supported and helped people by providing solid information, facts, and safety messages to the Muslim community. NA did point out that the Mosque was also open to the wider community for take up of the vaccine. NA described the logistical procedure required to deliver an operation such as this which was her first experience on a such a large scale and the learning from the first phase will support the second vaccinations due on or around the 21 July. NA re-emphasised that facts help informed decision making along with building up relationships, continuing with dialogue and conversations to break down barriers for people making the decision to take up the vaccine. PJ shared his experience when he recently visited the Mosque where he was made most welcome and had useful and engaging discussions with members of the Mosque. AM thanked NL for her help off in getting the vaccination programme at the Mosque off the ground and looked forward building on this and engage as a service on an on-going process. AD acknowledge the importance of getting information out to people and asked if it had been identified this would be done differently in the future. NA responded and described the make-up of the Muslim communities and how they access information and highlighted mis-information on digital platforms.	

	NA added that most people are happy to ask GPs about vaccinations but there should be further exploration around other means of accessing information and messaging to people of all demographics, age and colour. PJ wished NA well as she was moving away from Exeter and thanked her for what she has started in Exeter and that we would build on that for the future.	
2	**Welcome and Apologies** PJ welcomed everyone to the busines section of the meeting, and the following apologies were recorded for: Charlotte Burrows Dame Suzi Leather Steve Brown Ruth Harrell – Sarah Lees deputy PJ gave a warm welcome to Ann James, CEO and Jo Beer, Director of Integrated Care Partnerships, University Hospitals Plymouth to the meeting who were in attendance for item 8	
3	**Register of Interest (ROI)** PJ referred to the ROI included in the pack. GApp noted that she was no longer an employee of Northern Devon Healthcare Trust. There were no other declarations or amendments made. There were no other conflicts of interests declared pertaining to the agenda items scheduled for this meeting. **The Governing Body received and noted the ROI and declarations made.**	
4	**Minutes of the last meeting** PJ led a page by page review of the minutes of the last meeting held on 29 April 2021. These were approved as a true and accurate record of the meeting. **Action Log** 1. This action was in progress and agreed for formal closure. 2. This action was in progress and a briefing paper on the promotion of volunteers to be brought to the Governing Body in July. This has been added to the forward planner and it was agreed for formal closure of this action. 3. This action was completed and agreed for formal closure 4. This action was completed and formally closed 5. This action was completed and formally closed.	
5	**Schedule of what the Governing Body is to achieve** PJ drew the members attention to the main items of focus for this meeting which included: • The Integrated Care Proposal • The recommendations from the BAME review • Focus on the Plymouth locality local care partnership (LCP)	

6	**Chair's report** PJ did not propose to go into his report in detail but highlighted the opportunity and support for the transition period. He acknowledged and understood the importance of clinical leadership and that we must build on this to ensure we maintain, improve, and diversify that. **The Governing Body received and noted the contents of the Chair's report.**	
7	**Accountable officer's report** JM directed the members to her report and noted the accelerator programme funding and section 6 reaching out to communities to understand peoples use of services given pressures and we will use the intelligence to adapt services. The ICS development process continues and she mentioned that we are still waiting for further information which was due in early June. JM added that we are factoring in all needs from across the system. JM noted that she was keen to work with the new CEO of the NHS following Sir Simon Stevens departure to ensure that we get Devon on the map. NB asked about the orthopaedic consultant workforce and the increased activity for the Nightingale (NGE) Exeter. JF confirmed there was no risk and that there was a programme of work to recruit staff to the NGE. GT was encouraged with the progress made around equality and diversity and JM confirmed we are looking at disability issues and this will be part of the work of the staff partnership forum as part of the inclusion approach across the CCG and ICS. JWo referred to section 5 and virtual voices and did this group have a blend of ethnic heritage groups as part of the panel. AM was pleased to confirm this was the case and the virtual voices panel were available to support local care partnerships (LCPs) to engage with communities. **The Governing Body received and noted the contents of the Accountable Officer's report.**	
8	**Integrated Care Partnership (ICP) – contract award Western Devon** *Sonja Manton (SMa), Ann James (AJ), Jo Beer (JB), Michelle Thomas (MT), Anna Coles joined the meeting* JT thanked the guests for joining this meeting and for their leadership shown in developing this proposal and the significant hard work that had been undertaken. JT reminded the members of the journey and strategic direction of vertical integration which will mean that we will commission differently than before by moving from tradition collaboration and focus on outcomes collectively. JT shared her screen and displayed a power point presentation She highlighted what would be covered and talked about what the difference the ICP model of care will make. She handed over to SMa who talked through the specifics for patients.	

SMa referred to a picture of the model and talked about how they will access care and a different way of working. She described in detail the priorities for year 1 including what it will look like and how it will feel. SMa drew attention to the system working in transformation delivery and the system performance improvement framework.

SMa noted that a lot of thought about relationships and learning from the pandemic had been included in the process and how we can truly work together. For this year given the challenges bespoke arrangements were put in place do share intelligence and identify risks.

JT guided the Governing Body to the recommendations and PJ asked the Governing Body to consider the risk and ask they are satisfied with the mitigations and whether they agreed with the contractual arrangements and governance to support this.

Feedback was offered and included:

- JH liked the importance of the executive group focus on issues in the early period and JT confirmed there was an agreement to work collectively early on to tackle challenges and was confident that the partners would work together to achieve that.
- JT confirmed that advise from the lawyers had been considered and the risk register mitigation had been agreed by the CCG partners and was confident that the mitigation process and governance set up would continue.
- JH raised concern around whether prevention services applied to all residents the outline scope of complex needs such as mental health services, learning disability, autism. AC explained the wellbeing provision and collaborative joint work of University Hospitals Plymouth (UHP) and Livewell Southwest which will be embedded into the wider community support to deliver. She also described the scope of the contract.
- DG noted the new model of care was not new and was an integration journey we had been on for a long time and ask we pull all existing work together
- JT described the process to date including the process with NHSE/I and scrutiny relating to risks. NB provided some examples including additional legal advice around the timescales.
- NB wanted it placed on record that JT, SMa, and AC had worked hard on the ICP procurement and this was a good result for Plymouth and the rest of Devon.
- It was confirmed that ICP risk log post mitigation rag rating was on track and satisfactory
- SK queried whether there was a contingency relating to provider landscape changes. JT responded to acknowledge that not all primary care problems in Plymouth can be solved but the strategy would impact and give focus in support of patients at the highest risk and embedding population health management will help support general practice.
- A local communications approach will be developed to support the signposting the members of the public to alternative services that that can access.
- SMc informed the Governing Body (as a member of the QEIA panel) that quality and equality impacts assessments for all workstreams were planned to be undertaken to address inequalities.
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PJ summarised and added that a significant amount of work had gone into this programme of work and there had been a robust assurance process along the way and gave recognition to the relationships and transparency.

The Governing Body:

	• **Reflected on the strategic risks that have been considered and mitigated through this process, particularly in relation to capacity and capability to deliver the contract, contingencies for provider landscape change and partnership working arrangements,** • **Reflected on the transformation benefits and delivery plans,** • **Reflected on the contractual terms and governance arrangements to support this** • **Unanimously approved the Integrated Care Partnership procurement subject to approval by Plymouth City Council's Executive as the associated commissioner with statutory responsibility for adult social care. There were no votes against or abstentions.** PJ added this was a resounding vote of confidence with regards to the word that has been done and the plans and opportunities that will open for Plymouth and the Governing Body was excited too see what comes of this.	
9	**Understanding the experiences of health and care in Devon for BAME communities and staff: Final report and proposed implementation plan** AM referred to the commissioned report and heritage ethnicities. He felt it was important to highlight there was more work to do in Devon for staff and service users. He drew attention to the report that heritage ethnicity has worse experiences and staff are underrepresented at senior level in the organisation and added that as an organisation we do take gender seriously. He mentioned that there had been a numbers of reports in the past and not much has changed and that we are determined to work closely with Lincoln Sargeant (LS) on the inequalities framework to help us identify actions to progress as a system. This final report in the pack had been reviewed in detail in early May and approved by the inequalities group and we have now begun to share the findings of the report to all of those involved. The next step is to plan to publish the report once when it has been approved by the Governing Body and this will be accompanied with a short film that will bring to life experiences people have faced and will also be available in all accessible formats. AM added that there will also further work with local influencers in the community hubs to further build upon relationships. LS referred to the national principles as well as our local principles which will be equally applied to improve access and experience for everyone and all our population. He noted that we will ensure that we capture data and ensure this is reflected to the front line. LS pointed at that staff are important ambassadors to influence families and communities. Feedback was offered: • The report was commended. • JH queried the reference to provider HR responsible for improving staff experience and AM confirmed that this should also include the CCG	

	• Assurance was given by AM that the report would be available in all accessible formats including different languages and audio. • GS confirmed each provider is supportive and committed to the recommendations and the executive leads will meet on a bi-monthly basis to monitor uptake and progress • AD asked about the plans for senior level representatives from heritage minorities and AM acknowledged this was a CCG objective to make sure our workforce is more diverse, and we are trying to encourage all range of backgrounds to join our organisation **The Governing Body:** • **Considered the full report and recommendations** • **Approved the allocation of the recommendations** • **The CCG was committed to fulfill all actions they have been assigned and the wider system actions** • **Looked forward to seeing outputs of work because of this review** • **Noted that a health inequalities progress update would be brought back to the Governing Body in February 2022.** ***Post meeting update this has been added to the forward planner.***	
10	**Local care partnership reports** <u>Northern</u> There was nothing further to add to this report. <u>Eastern</u> There was nothing further to add to this report. <u>Southern</u> There was nothing further to add to this report. <u>Western</u> There was nothing further to add to this report. <u>Deep Dive – Plymouth</u> AC not it was important to recognise that the LCP relationship between Plymouth and West Devon is critical to ensure Primary Care Networks face both PCNs collaborative to address the needs of the resident population. It is hoped there will be opportunities for improvement once rather than separately out of LCP arrangements. There is work in progress and AC acknowledged that we may not get right, but that we are work with PCNs who are keen for collaboration. AC referred to paper and the priority areas on166 and that Plymouth and Western are challenged in the urgent and emergency care and that there has been collective agreement on a range of activities for change. It is believed that the Integrated Care Partnership transformation will provide the key foundations for change across system, whether managing demand or wrap around support. The six programmes of work and key areas include: 1. Compassionate City 2. Primary Care 3. Community empowerment 4. CYP agenda	

	5. Homelessness prevention 6. Integrated care agenda AC was pleased to report that there is good partnership working in place and a good foundation to take forward priority areas for the future. GT wondered if the changed political administration recognise and have signed up to the plan. AC replied to say that it is not unusual in Plymouth City for changes in administration and explained how we will engage with both political parties and she was confident that the priorities set out are aligned with the new administration and right for the City of Plymouth. She added that there was early engagement around the Plymouth plan which was broadly support and the health and wellbeing agenda had been aligned to the ambition. JWo asked about the community empowerment programme and AC described the opportunities that have been taken to join together wellbeing facilities together which has shown a real sense of community ownership and there is continued work building up relationships, hubs and PCNs co designed by the community. SK was impressed with the tangible indicators and evidence of integrated ways of working developing in LCPs and how this can be used to learn from each other. AC referred to the appointment of the locality directors given this action to provide support and it will be there responsibility to share best practice from all areas across Devon how we are learning and innovating together. PJ thanked AC for providing this update to the Governing Body. **The Governing Body received and noted the contents**	
11	**Assurance committee chair's reports** <u>Finance</u> There was nothing further to add to this report. <u>Primary Care</u> There was nothing further to add to this report. <u>Commissioning</u> There was nothing further to add to this report. <u>Quality Assurance</u> There was nothing further to add to this report.	
12	**Reflections:** This item was not discussed.	
13	**Any other business**	
14	**The meeting closed at 13:15**	

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) **	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
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 (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 of 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
Sheila Roberts (SR) **	Interim Chief Operating Officer, Devon CCG
Shelagh McCormick – Dr (SMc) **	Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST)**	Interim Accountable Officer, Devon CCG
Steve Brown (SB) A	Director of Public Health, Devon County Council
In Attendance	
Sonja Manton – Dr (SMa) ** **-Item**	Executive Director and SRO for Integrated Care Partnership (Western Devon), Devon CCG
Nikki Coombes (NC) ** **Minute Taker**	Executive Assistant, Devon CCG
Dame Suzi Leather (DSL) A	Chair of the Integrated Care System for Devon (ICSD)
Anna Coles (AC) ** **item**	Service Director of Integrated Commissioning. Plymouth City Council (PCC)
Ann James (AJ) ** **item**	Chief Executive Officer, University Hospitals Plymouth
Jo Beer (JB) ** **item**	Chief Operating Officer, University Hospitals Plymouth
Michelle Thomas (MT) ** **item**	Interim Chief Executive Officer, Livewell Southwest
Sarah Lees (SL) ** ***for Ruth Harrell***	Consultant in Public Health, Plymouth City Council
Minutes approved / Date: 01 July 2021	Signed by chair: Nick Balll