NHS
Devon
Clinical Commissioning Group

NHS Devon Governing Body Meeting
APPROVED minutes held in PUBLIC

Date: Thursday 31 March 2022 Time: 09.30 – 11.45 Location: Via Microsoft Teams

Item	Discussion	*Action*
	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	
1	**Patient Experience** The chair welcomed everyone to the meeting held in public and a warm welcome was given to the guest speakers Grahame Flynn, CEO, and Judy Pride of Devon in Sight and Tracey Harper the spouse of a service user. Grahame Flynn (GF) gave context of Devon in Sight, the region's leading sight loss charity established in 1925. GF shared that 6 million people are estimated to be living with a sight threatening condition in the UK today and more than two million are estimated to be living with a sight loss which is severe enough to significantly impact on their daily lives. The biggest determinant of the onset of sight loss is older age, and this is a particular issue for Devon due to our higher than average aging population. It is estimated that by 2030 the number of people with sight loss in Devon and Torbay will increase 43% to nearly 56,000 people. GF shared the many ways in which the charity supports people both with emotional support (nationally only 17% of people are offered any emotional support in relation to their deteriorating vision) and practical support including gadgets to make life easier and the independent living service. It was highlighted that the charity also supports children and young people and their families, particularly around special needs, education and transition into work and independent living. Judy Pride (JP) ran through some of the telephone-based offers for people with sight loss can access. GF provided a visual representative of macular degeneration by using a filter. It was highlighted that appointment letters from hospitals were difficult to read in 12-point font and requested the CCG to consider appointment letters and information be in 16-point font to be more accessible. It was shared that when being discharged from hospital patients are being left with no onward support Tracey Harper (TH) the spouse of a service user shared the experience that her husband had been through since his sudden sight loss and highlighted there had not been follow up support offered by the hospital following his diagnosis. PJ identified that it was an accident that Devon in Sight was signposted to the family and shared this will be taken back as a challenge to providers.	

	AW offered to meet with Grahame and colleagues to take forward some of the areas discussed. GF shared he had been contacted by someone working in the eye unit who expressed concerns over being trained to give bad news to patients and families. PJ confirmed that this would also be discussed with providers. DG asked if the charity would be able to become involved much earlier in the process around shared decision making before patients make their decisions around surgical intervention. GF and JP felt that would provide a great opportunity for people to meet others and find out what it is like to live with sight loss. TF felt terminology is important when dealing with patients who have had bad news especially around counselling. GApp asked who can refer into the service. GF confirmed it is a self-referral service as well as GP and hospital led referrals. PJ thanked GF and JP for their presentation into what the staff at Devon in Sight are doing and thanked TH for her insights which were helpful to understand the difficulties faced. PJ shared a question from a member of the public around services available for the deaf community and commented that a full response would be provided in writing. PJ felt it was right to acknowledge that experience for people with hearing impairment is not always as good as it should or could be. However, there are things in place. There is a contract with sign solutions and with Relay UK to help people make their appointments. Devon Partnership Trust, who provide a lot of our psychotherapy services, use signed solutions in order for people to pre book sign language video interpreters. There is access to national services for children and young people and for adults to receive mental health support if they also have hearing loss.	
2	**Welcome and apologies and questions from members of the public** PJ welcomed everyone to the business section of the meeting, and the following apologies were recorded: Nick Kennedy Sarah Wollaston	
3	**Register of Interests** There were no amendments or new declarations made. DG has expressed a private conflict of interest. PJ confirmed this does not conflict with any of the items on the agenda.	
4	**Minutes of last meeting and action log** PJ led a page-by-page review of the minutes of the last meeting held on 24 February 2022. JWo commented in section 14, the Northern report, if the wording needed to be changed slightly, where it says the LCP is being effective in moving beyond the wider determinant of health, it should say into the wider determinant of health. Actions:	

	1. DA provided an update on the action around conversion rates for other cancers given the breast cancer figures showed similar data as pre pandemic. Confirmed data will be brought back to the next meeting. 2. ST confirmed the fair shares report has not yet been shared, however this will be circulated following the meeting.	
5	**Clinical Chair's Report** PJ shared there are discussions happening with non-executives and clinicians around how a shadow board of the ICS will work in parallel to the CCG Governing Body. This will ensure a smooth transition while the CCG still has statutory responsibilities to Commission for the population of Devon.	
6	**Accountable Officer's Report** JM shared that transition plans are well on track. There are still some questions around the interface with region in terms of delegated commissioning and areas which will change and have impact on areas such as staffing, governance and architecture. The continued Covid challenges were acknowledged with particular highlight to the significant staff sickness impacts. JM thanked everyone for their continued hard work. It has been identified that there are urgent care pressures as well as throughout the whole pathway. It was shared that work will be starting with social care colleagues, domiciliary care colleagues and care home collaboratives in terms of looking at the models of care within reablement. There has been a meeting around the SOF4 update, related to the CCGs performance, finance and the Devon transformation plan. It was acknowledged there is more work to do on this. The transition of board members process has begun with capturing how the successes and achievements of the CCG have been driven forward. GA asked when the Children's services review report would likely to be shared and about mental health, learning disabilities and autism and reducing the waiting list. JT shared that there is a draft report which has been undertaken in collaboration with our providers, this will be presented in the next couple of months. GA requested the current Governing Body to see the report before transition. JT confirmed the analysis around the waiting times had been undertaken however due to the effects of Covid the CCG are now working with providers around what is needed to be done differently. There has been additional investment to bring the waiting list back down to 18 weeks. DG highlighted that for ADHD and Autism there seems to be no service between the age of 16 and 18 and that due to the waiting list length the referral will be returned to the GP. JT confirmed this is not commissioning policy and requested to understand the details of the specific case to look into this. **Action – DG to share information of returned patient referral with JT to look into further. JT to bring back an understanding of support for 16 – 18 year olds around ADHD and Autism to next meeting.** DG asked if the CCG are satisfied caring for people in ambulances outside of hospitals is a safe model of care and shared concerns of those patients sat waiting for an ambulance	

	without being assessed due to delays at the hospitals in offloading. DA confirmed the CCG are not satisfied it was a safe model of care however shared the risks are balanced across the whole system. DA shared the CCG are looking at models of care are also looked into support for SWAST. PJ concurred that the CCG does not accept this as an acceptable level of care. SK requested to understand discussions around moving forward as a collaborative partnership from the supported meetings with NHSE/I. JM confirmed the work around the transition workstream and the work with provider collaboratives is a work in progress. SK asked if there is a plan to deliver the spring booster programme to housebound and care home patients. DA confirmed the spring booster programme will be ran as a hub and spoke model utilizing the vaccination centres. The plan for housebound patients is close to being signed off as if the plan for care homes. **The Governing Body received and noted the contents of the Accountable Officers report.**	
7	**PROGRAMME OF WORKS – items for recommendation, decision and assurance**	
	Devon Integrated Performance and Quality Report DA presented the report, confirmed the report has been through various sub committees and been evolved. The report now covers the 'so what' element in terms of the actions and the impacts. Highlights from the report were shared • Long waits in planned care remain high, high and sustained Covid numbers in March will impact this • Long waits along urgent care pathways • Reduction in ambulance attendances to ED, however, walk in attendances have increased as has a high abandonment rate in 111. • 6000 hours of ambulance handover hours lost in February. • Planned care pathway is being looked at particularly around harm. • Bed capacity within the care home market has increased with discharges down to 8.9 days with ambition to go down to five days by the end of April. • Covid patients are at some of the highest throughout the pandemic which is having significant impacts on flow and pathways. • CAMHS referrals continue to increase, metrics are being looked at and the conversations around the referral acceptance rates and the appropriateness of referrals. • Access to eating disorders remains a challenge and has been added to the risk register • Staff sickness continues to increase, however turnover has stabilized • Good feedback around primary care access PJ thanked DA for a very comprehensive report. JWo discussed workforce and felt the vacancies in Northern Devon were particularly high and shared it is very hard to provide a service due to this. DA shared there is overseas recruitment coming soon and there will be a national level of attraction to the South West.	

	In Northern Devon the CCG are trying to understand the hard to recruit roles and how this can be designed differently. JWo requested to understand if the merger between NDHT and RDE will support with vacancies. DA felt this would improve eventually but not sure when. DG queried whether the work around conversation rates and appropriateness into children's mental health referrals is also happening in adult mental health. DA confirmed this was the case. JH congratulated the work that has gone into evolve the report, however expressed a concern that while the CCG is working in crisis mode whether there is someone in place who is looking at the full report and reviewing whether there will be problems a year down the line. DA confirmed There will be someone coming in to lead this very soon and will pick up the areas mentioned. SK highlighted that if patients are being transferred out of the area there is a process to bring them back. JF reassured the Governing Body that for each patient a package of transport, accommodation and visitors is overseen by Carl Trimble and the transfer does not happen until this is all in pace. SK commented that the Primary care digital locum pool may not be working for all and that this has increased some areas of work. JT provided some clarity of the Primary care digital locum pool and the positive successes this has brought whilst acknowledging there may have been issues in particular practices. *Anna Coles joined the meeting and was asked to present at 11.20am.* AD queried where the report is being presented. DA and PJ confirmed there is a Governing Body briefing scheduled on 7th April where the report will be presented Comfort Break 10.57am.	
	Month 11 Finance Report JD presented the report and focused on the year-end position which remains on target for a £5.3 million surplus and is confident that the month 12 report will show the same. JD highlighted that for the last 2 years there has been significant additional resource received into the system, specifically about £140 million to deal with the direct impact of COVID and about £39 million to support with the restoration of elective care and as the CCG moves into the next financial year, financial challenge starts to become an issue. There will be a report to the governing body in due course on the operational plan. However, the report does continue to show stability. PJ good to know there is a good position for the next challenging year as the CCG moves out of Covid funding. SK asked whether pay increases will be an issue for primary care in the coming years if funding agreements and arrangements will become difficult due to being funded at a different rate. JD confirms the constraints from national arrangements remain and that national policy will be followed on this. JT recognized the general practice strategy is being consulted on and the system will look to see how support can be provided and the funding will also be looked at.	

	The Governing Body received and noted the contents of the finance report.	
	Integrated Urgent Care Service JT presented the paper and explained that this had been through various routes and is now well understood. It was highlighted that the final decision around the procurement had been made in private due to the risks around needing to inform all bidders and the incumbent organisation. The recommendations highlighted in the report were: To acknowledge the completion of the process to support the appointment of Practice Plus group and in particular note the next steps There will be a senior oversight group led by a senior member of the commissioning team with executive oversight to take this forward A show of hands from the members of the Governing Body confirmed that the decision to appoint PPG was supported. Thanks, and appreciation were given for a well written report and mobilization during the contracting process.	
8	**LOCAL CARE PARTNERSHIP (LCP) REPORTS** Southern DB highlighted the significant challenges, particularly around Torbay and the LCP in terms of the workforce and local market challenges. The Southern LCP is working hard with system partners on where we are. There have been signs of recovery at the time of writing the report however over the over recent weeks that has worsened due to COVID numbers. There will be a refocus on the ambulance handover improvement arrangements and system flow arrangements and a refocus of the South Urgent Care Board and being clear about the membership. LS highlighted there were other priorities within the system that had not been reflected in the report. DB agreed that there is a balance to strike about the current pressures and priorities and the broader programs of work. Western DB highlighted the place development programme has started looking at the PHN module including mental health challenges and elderly frailty. Voluntary, Community and Social Enterprise (VCSE) discharge coordination in South Hams hospitals are working well. SM shared she was initially dubious but now having attended a session now feels this is in a good place and is now fully prepared to be involved in the process. *Ruth Harrell left the meeting 11.28* Plymouth AC highlighted a focus on the here and now, with the significant pressures across urgent care. Focus on ambulance handover, system flow and discharges. The Dementia assessment unit has now opened and is a good step-down facility with good partnership work. Covid has significantly impacted with 49 facilities affected currently. LCP development work is continuing. Northern/Eastern TG highlighted urgent emergency care projects being worked on, one around low acuity tendencies and one around frequent attendees, trying to mirror and build upon the high	

	flow work that's been done in North Devon. There has been some Exeter University civic funding support for that. VCSE relationships are developing well. This sees 3 sub locality settings with a sector expert attending the locality forum. It was highlighted that the balance between the business as usual (BAU) daily reporting and system flow is impacting service provision and highlighted that a development day has been stood down. There are two minor injuries units not operating due to staffing and building works, this will need to be reviewed ahead of the tourist influx. A further risk factor is Cornwall patients where there have been some significant issues with discharges that are now being more robustly managed. One Northern Devon has continued to develop and TG will share the report to go out with the minutes. SM queried whether conversations around discharges are also happening with the Devon / Somerset border. TG agreed these boundaries are equally important and will be looked at. JWo felt it a challenge with the PCN which stretches across the Cornwall / Devon border and having to deal with different teams and CCGs. GT highlighted all reports reflect workforce issues and asked where this is being discussed and reviewed. JM shared that there is a People Board being developed and work is happening around pulling together analysis from Health Education England (HEE) and other sources. The workforce strategy is being developed and this will set out the road map. Workforce is one of the biggest priorities and will be pulled out. **Action – JM to share slides with members**	
9	**ASSURANCE COMMITTEE'S – including items of escalation**	
	Finance SK queried the scoring of Risk 160. GT confirmed the risk scoring is being reviewed by the Finance team.	
	Primary Care Commissioning Report taken as read, nothing further to escalate	
	Quality Assurance Report taken as read, nothing further to escalate	
	Audit NB shared a challenging conversation which took place around the Section 256 payments and that Grant Thornton were not prepared to give advice to the CCG as to whether we have been able to satisfy the requirements. JD confirmed the Finance team are continuing to work with Grant Thornton to enable this to be completed.	
10	**Any other business** None	
	Close of meeting 11.43	

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

Lincoln Sargent – (LS) **	Director of Public Health, Torbay Council
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
Jane Milligan (JM) **	
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 – West, Devon CCG
Judith Hargadon (JH) **	Non-Executive Director/ Lay Member – Primary Care
Matt Fox (MF)	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) **	Clinical Chair, Devon CCG
Ruth Harrell – Dr (RH)**	Director of Public Health, Plymouth City Council
Sarah Wollaston – (SW) A	Designate Clinical Chair, Devon ICB
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 (SM)	Executive Director and SRO for the Integrated Care Partnership in Western, Devon CCG
Steve Brown – (SB) **	Director of Public Health, Devon County Council
In Attendance	
Jodie Howland (Minute Taker)	Governance and Facilities Business Manager
Sam Cush	Internal Communications Manager
Darin Halifax	ICS Lead for the Voluntary, Community and Social Enterprise
Charlie Read	Delt IT Technician
Grahame Flynn	Devon in Sight
Judy Pride	Devon in Sight
Tracey Harper	Spouse of a service user
Anna Coles (item 9 only)	Service Director of Integrated Commissioning - Plymouth City Council
Derek Blackford (item 9 only)	Director of Adult Social Care – Torbay City Council
Tim Golby (item 9 only)	Director of Adult Social Care – Devon County Council
Minutes approved / Date: 28 April 2022	Signed by chair: Dr Paul Johnson