



**Meeting of the Ipswich and East Suffolk CCG Governing Body held in public
on Tuesday 27 November 2018 at Two Rivers Medical Centre, 30 Woodbridge Rd East,
Ipswich, Suffolk, IP4 5PB**

PRESENT:

Dr Mark Shenton	GP Governing Body Member and CCG Chair
Dr Padmanabhan Badrinath	Consultant in Public Health Medicine
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Dr Dean Dorsett	GP Governing Body Member
Ed Garratt	Chief Officer
Dr Peter Holloway	GP Governing Body Member
Dr Lorna Kerr	Secondary Care Doctor
Graham Leaf	Lay Member: Governance and CCG Vice Chair
Amanda Lyes	Chief Corporate Services Officer
Irene Macdonald	Lay Member for Patient and Public Involvement
Lisa Nobes	Chief Nursing Officer
Dr John Oates	GP Governing Body Member
Dr Omololu Ogunniyi	GP Governing Body Member
Jane Payling	Chief Finance Officer
Dr Imran Qureshi	GP Governing Body Member
Dr Ayesha Tu Zahra	GP Governing Body Member
Richard Watson	Chief Transformation Officer
Jane Webster	Acting Chief Contracts Officer

IN ATTENDANCE:

Kirsten Alderson	Suffolk Family Carers (18/098 to 18/104)
Peter Devlin	Suffolk County Council (18/098 to 18/104)
Dr David Egan	Clinical Executive Member
Dr John Hague	Clinical Executive Member (18/098 to 18/104)
Anne Humphreys	Suffolk Patient Carer Network (18/098 to 18/104)
Margaret Little	Norfolk and Suffolk NHS Foundation Trust (18/098 to 18/104)
Jo Mael	Corporate Governance Officer
Vivian Peeler	Norfolk and Suffolk NHS Foundation Trust (18/098 to 18/104)
Eugene Staunton	Associate Director for Mental Health Transformation (18/098 to 18/104 only)
Andy Yacoub	Healthwatch (18/098 to 18/104)

18/098 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and no apologies for absence were received.

18/099 DECLARATIONS OF INTEREST

Dr John Oates declared a personal interest in agenda item 7 (Suffolk Draft Mental health and Emotional Wellbeing Strategy) and remained in the meeting when the item was discussed.

As Governing Body members with more than a three year term, Dr Mark Shenton, Graham Leaf, Dr Imran Qureshi, Dr Peter Holloway and Dr Lorna Kerr all declared an interest in agenda item 17 (Constitutional Refresh) but remained in the meeting when the item was discussed.

18/100 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Governing Body meeting in public held on 25 September 2018 were reviewed and **agreed** as a correct record.

18/101 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated.

18/102 GENERAL UPDATE

The Chief Officer reported; that Mental Health was the CCG's number one priority and remained a large challenge going forward. Thanks was expressed to those present and the CCG team for the co-production that had taken place in order to develop the Draft Mental Health and Emotional Wellbeing Strategy presented to today's meeting.

18/103 PATIENT STORY

The Chief Transformation Officer welcomed representatives from Suffolk County Council, Healthwatch, Norfolk and Suffolk NHS Foundation Trust, Suffolk Family Carers and Suffolk Patient Carer Network, to the meeting. All organisations had assisted with co-production of the Draft Mental Health and Emotional Wellbeing Strategy which would be received after a related patient story.

The following extract from the foreword of the strategy was highlighted *'that despite the best intentions and hard work of many people, the system for mental health and emotional wellbeing in Suffolk was failing; despite increased investment, the outcomes for people were not yet good enough. The system we had was also not adequately designed to meet the changing needs of our population'*.

The East and West Suffolk system wide programme of work had commenced in April 2018, to develop the Strategy which described our future model for mental health services in the context of:

- increased integrated working with other services focussing on early prevention and intervention for mental health and emotional wellbeing
- a need for the entire Suffolk system to raise the profile and identify its contribution to improving mental health and emotional wellbeing
- a shift in the focus and ongoing commitment to co-production
- our main local mental health NHS provider, Norfolk and Suffolk Foundation Trust (NSFT), was awaiting the outcome (at time of writing) of a recent Care Quality Commission inspection (September 2018), and was currently rated by the CQC as 'Inadequate'

The draft Mental Health and Emotional Wellbeing Strategy contained three key sections, those being;

- A Mental Health Needs Assessment for East and West Suffolk (completed by Public Health)
- The outcome of co-production and engagement events *#averydifferentconversation*
- An outline of future Suffolk Mental Health and Emotional Wellbeing Model set out in four quadrants.

The Governing Body then received a patient story from Linda who reported that, as a school teacher who had resigned due to work pressures and subsequent depression. Having seen a Psychiatrist following an Emergency Department attendance as a result of an attempted suicide, she had subsequently been followed up by her GP and referred to a link worker at the practice who had put her in contact with the Suffolk Wellbeing service where she had been placed on an anxiety/depression course prior to receiving some meditation and yoga therapy. In October of 2013, Linda had been able to receive some Mindfulness therapy which she had found of great benefit. Reunions of the group now took place on a regular basis and local groups had been established. Linda had since re-trained as a gardener and set up her own business. Companionship found at the Mindfulness group had been key to her recovery, together with being put in touch with Community Connector which was a social prescribing service that aimed to reach out to isolated people in rural areas. A Health Coach from the service had assisted with development of a personal care plan.

The Governing Body thanked Linda for her insightful story.

18/104 SUFFOLK DRAFT MENTAL HEALTH AND EMOTIONAL WELLBEING STRATEGY: 2019-2019

As previously mentioned work had commenced in April 2018, to develop a Mental Health and Emotional Wellbeing Strategy that described the future model for mental health services. The subsequent draft Mental Health and Emotional Wellbeing Strategy was appended to the report at Appendix One.

Those that had co-produced the Strategy had aimed to put the patient as the key focus of the development work. As part of the Strategy's development the co-production team had carried out three surveys and engaged with over 5000 people resulting in the receipt of 1500 comments. All organisations that had participated in the co-production had been required to think outside of organisational boundaries and had built good relationships for future work.

Key themes identified from the 'My Health/Our Future' survey carried out by Healthwatch had included a lack of access to services, crisis support, support on discharge and local service provision. It had also identified a need for more support within schools and improvements in the transfer of individuals from child to adult services.

The Public Health Mental Health Needs Assessment was completed throughout the summer of 2018 which had identified the following key messages;

- Mental health was not just about mental health services and needed to be everyone's business across Suffolk
- Mental health and physical health and social care services needed to be better integrated across Suffolk
- There was a need to improve the physical health of people living with serious mental illness in order to reduce deaths

- We needed to do more to prevent and support mental health crisis
- We needed to continue suicide prevention work
- We needed to tackle smoking, exercise and obesity and wider deprivation in order to improve wellbeing

The proposed future model was based on four quadrants as detailed within the report, which described a system-wide response to supporting the mental health and emotional wellbeing of the population of East and West Suffolk. The four quadrants were 1) Self Care, 2) Universal Health Primary Prevention and Care, 3) Access and Brief Community Interventions and 4) Specialist Secondary Mental Health Services.

Proposals in respect of each of the quadrants were detailed within the report.

It was intended that a further period of engagement would take place between 28 November 2018 and 10 January 2019 to share the draft document and summary with the East and West Suffolk population prior to the final Strategy being presented to the Governing Body in January 2019.

The Chair thanked all those that had participated in their work to develop and present the draft Strategy, and emphasized that it was the responsibility of everyone to effect change.

Comments included;

- The need to attempt to obtain the views of those individuals that did not complete surveys was emphasized, together with the views of Clinicians. It was important to capture any 'unmet need' such as learning disability, the elderly, and those with serious mental health illness.
- Work carried out was a good example of co-production which it was hoped could be rolled-out to other areas.
- The approach was welcomed and the need to have involvement from the voluntary and community sector emphasized.
- Having questioned how public support might be maintained going forward, it was felt that the four quadrants were simple and sound and it would be important to remain focussed on that and exclude no-body, There might be a need to work more closely with the media to ensure communications remained in line with the Strategy's aims.
- Having recognised that tackling deprivation was a key aspect, the need for basic structures to be in place in order to facilitate self-care was queried.
- The linkage of mental health to physical health was recognised and the measurement of patient experience would be a key element.

The Governing Body subsequently;

- **Approved** the draft strategy whilst noting that the final document would return to the January 2019 Governing Body meeting (including future commissioning options)
- **Noted** the further six week engagement period from 29 November 2018 to 18 January 2019
- **Agreed** the shape of the emergent future model with a focus on mental health services operating in an increasingly integrated way with other partners and, in particular, supporting primary care and community services with specialist advice and support
- **Noted** the future Suffolk system wide crisis model
- **Committed** to continuing to support the new approach to co-production in

mental health and other areas

18/105 COMMISSIONING INTENTIONS 2019/2020

2018/19 had been a year of significant change for the NHS both nationally with the expected ten year national NHS plan due in December 2018 and on a local level. Major developments locally included, the merger of Ipswich and Colchester Hospitals to form East Suffolk and North Essex Foundation Trust (ESNEFT) from July 2018 and, in May 2018, the approval of our local system as one of four wave two Integrated Care Systems (ICS). During that period health, care and wellbeing partners across Suffolk had been working together to set the strategic direction for local services through the ongoing development of our two local Alliances: West Suffolk and Ipswich and East Suffolk as a key part of the wider ICS development.

The letter attached to the report provided a summary of the progress made and the CCG's future plans, outlining commissioning intentions for the coming years and 2019/20 in particular.

The Governing Body noted the commissioning intentions 2019/20 that had been issued for the Clinical Commissioning Group (CCG).

18/106 ANNUAL HEALTH CHECKS FOR PATIENTS WITH LEARNING DISABILITIES INCLUDING SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)

The Chief Operating Officer introduced a report which sought to inform the Governing Body on work to improve the uptake, quality and outcomes of Annual Health Checks for People with Learning Disabilities in Ipswich and East Suffolk CCG.

Improving health outcomes and services for people with Learning Disabilities was a national and local priority. In 2009, NHS England introduced a Directed Enhanced Service (DES) for GP practices to deliver an Annual Health check for patients with Learning Disabilities (LD) to support that goal.

In 2018/19 the remuneration for delivery of a healthcheck was increased to £140 per patient with a requirement that by 2020, 75% of all patients with a Learning Disability would receive their Annual Health Check.

In Suffolk LD Health Checks were incorporated into the Primary Care PMS contract Development Framework as follows: "The practice would work towards maximising health checks carried out annually". All practices in Ipswich & East Suffolk had signed up to the LD Annual Health Check DES 2018/19.

The CCG's Primary Care Team monitored the number of LD Annual Health checks that were completed each quarter. Health check figures were detailed in Sections 2 and 3 of the report, with action taken to improve numbers set out in Section 4.

Having noted the aim for 75% of all patients with a learning disability to receive an annual health check by 2020, it was queried how the CCG might ensure the same individuals were not counted each year, whilst some patients might not ever have received a check. The CCG would be working closely with practices to facilitate uptake of health checks which might include some age-profiling of patients and discussion could take place at link visits.

The CCG's Community Engagement Partnership had felt that some individuals might require more than one health check per year and that the CCG should perhaps aspire to carrying out 100% of health checks for those with learning disability. In response it was highlighted that the initiative was not the only opportunity for individuals to have a health check.

Having noted previously that learning disability had been identified as a potential 'unmet need' within the draft Mental Health and Emotional Wellbeing Strategy, it was explained that Suffolk County Council was focussing on learning disability and a group had been established to refresh the Learning Disability Strategy which was of equal importance.

The Governing Body noted the report, **expressed an aspiration** to facilitate 100% of health checks for individuals with a learning disability, **and sought** the incorporation of learning disability within the draft Mental Health and Emotional Wellbeing Strategy,

**18/107 SUFFOLK SAFEGUARDING ADULTS BOARD – ANNUAL REPORT
SUFFOLK SAFEGUARDING CHILDRENS BOARD – ANNUAL REPORT**

The Suffolk Safeguarding Adults Board (SAB) and the Suffolk Safeguarding Childrens Board (SSCB) were required to produce annual reports, setting out achievements over a twelve month period and priorities for the forthcoming year. Both annual reports were being presented to the Governing Body for information.

The Chief Nursing Officer reported that domestic abuse was the highest risk within adult safeguarding and an independent adult safeguarding review had also identified workforce development as a concern going forward. A Self-Neglect and Hoarding Policy had recently been developed and multi-agency safeguarding policies were being reviewed to ensure processes were aligned prior to the launch of a Policy Framework in April 2019.

New legislation had been issued in respect of child safeguarding and the CCG was working jointly with the Police and Suffolk County Council on its implications for Suffolk. Key issues in respect of child safeguarding continued to be exploitation and domestic abuse.

The Governing Body noted the annual reports of the SAB and SSCB as presented.

**18/108 2018 EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR)
CORE STANDARDS AUDIT**

The Chief Nursing Officer introduced a report which advised of the CCG's rating in relation to Emergency Preparedness, Resilience and Response as part of the annual EPRR assurance process.

On 30 July 2018 NHS England had written to Accountable Emergency Officers outlining the expectations for the 2018/19 Emergency Preparedness, Resilience and Response [EPRR] assurance process, which was the means by which NHS England obtained assurance that NHS funded organisations were sufficiently able to respond to emergencies.

There are 43 EPRR Core standards applicable to CCGs, and the 2018/19 assurance audit also contained a deep dive of eight additional standards

looking at Incident Coordination Centers and Command Structures.

Overall the CCG was rated as fully compliant in all 43 Core Standards and the eight deep dive standards. The assurance audit was peer reviewed and moderated by the EPRR team from NHS England. Although fully compliant, a number of areas where improvements could be made to enhance resilience, were identified. A copy of the action plan was appended to the report.

There was a requirement for the outcome of the Core Standards Audit to be published within the CCG's Annual Report.

The Governing Body noted the result of the EPRR Core Standards Audit and attached action plan.

18/109 INTEGRATED PERFORMANCE REPORT

The Governing Body was in receipt of the Integrated Performance Report, which provided members with a summary of performance against national targets, contractual targets, clinical quality and patient safety issues, financial performance and acute activity, together with detailing work being carried out by the transformation, project management office and primary care teams.

Clinical Quality and Patient Safety

Key points highlighted included;

- Norfolk and Suffolk NHS Foundation Trust (NSFT) – the CCG had joint responsibility for oversight of the Trust along with NHS Improvement and Norfolk CCG. There had been improved performance in relation to the use of restraint and seclusion. Current focus was on access and assessment and a quality improvement visit had recently taken place in respect of learning disability inpatient and community services. Work on a harm review process was also a key area of focus.
- The East of England Ambulance Service NHS Trust (EEAST) – work continued to ensure that capacity was able to meet demand over winter. Resourcing continued to be a key concern and staff escalation over winter had been reviewed with an expectation that during December/January 6% more staff could be made available.

Having noted from the report that West Suffolk Hospital currently had a large number of vacancies, the need to be mindful of the situation at neighbouring hospitals was highlighted.

Cancer treatment delays were a key concern and the need for clinical representation at breach meetings was emphasized. **The Chief Officer and Chief Operating Officer agreed** to review communications to practices to ensure they reflected the Cancer Alliance perspective.

Finance

- The CCG was on track to meet its revised financial target of a £3m in year surplus. There was confidence that all risks had been mitigated and QIPP delivery remained strong.

Transformation

Integrated Care – performance was on track. Focus was currently on the key performance indicators associated to Delayed Transfers of Care (DTOCs) at community hospitals, and ambulance handovers. The CCG was due to carry out public engagement in respect of the proposed new model for the Felixstowe Minor Injuries Unit, prior to the model being presented to the Governing Body in January 2019.

Elective Care – the follow up backlog remained a key focus with specific emphasis on outpatients and cancer.

Children and Young People – projects had been rated as ‘amber’. The co-produced speech and language therapy business case was due for presentation to the Governing Body in January 2019

The End of Life Programme Board had been advised that there had been 10% less deaths within Ipswich Hospital compared to the previous year. The Secondary Care Doctor queried any effect on the hospital’s mortality rate and the **Chief Nursing Officer agreed** to investigate and report back outside of the meeting.

Contracts

- Ipswich Hospital – the winter plan which supported system escalation had been approved by NHS England. Work had taken place to reduce Delayed Transfers of Care (DTOCs) with current numbers being 13/14. Referral to Treatment times were being tracked although 62 day cancer waits remained a key concern and a recovery plan was in place.
- Norfolk and Suffolk NHS Foundation Trust – access to treatment times were a key focus although early intervention in psychosis performance had improved.
- East of England Ambulance Service NHS Trust – ambulance handover performance had improved although time at scene information was under review.

Primary Care

Flu status was satisfactory and work continued to encourage uptake. Quality Outcomes Framework data for 2017/18 indicated an improvement overall.

National Reporting Measures

As previously reported 62 day cancer performance was a key concern with performance currently at 73.9% against a target of 85% and national average of 79.2%. Ipswich Hospital was currently rated 103 out of 131 Trusts’ which was disappointing. Referrals from GPs had increased and there had been local changes to cancer services as a result of the STP and re-organisation of the Trusts.

Work was underway with the hospital to analyse the cause and that work included the tracking of patients. A recovery plan had been developed and it was hoped that performance would be on track by March 2019. Diagnostic capacity was also a concern and work was required to review pathways to ensure they were managed effectively. Investigation of information in respect of handovers to tertiary centers was also to take place.

Quality of treatment was not currently a concern. The need to attempt to capture patient experience information was emphasized.

The Governing Body was informed that reporting of the risk had recently been discussed at the Risk Forum and it had been included on a revised version of the Governing Body Assurance Framework.

The Governing Body noted the report.

18/110 GOVERNING BODY ASSURANCE FRAMEWORK

The Lay Member for Governance presented the most recent Governing Body Assurance Framework (GBAF) together with a summary of Chief Officer local risk registers.

Amendments and additions to the GBAF were detailed within Section 2 of the report, with key aspects of departmental risk registers being listed in Section 3.

Key points highlighted included;

Risk 26 – Norfolk and Suffolk NHS Foundation Trust – the Chief Nursing Officer reported that it had not been possible to reduce the risk as there had been no consistent improvement. **It was requested** that the risk be further reviewed in light of forthcoming publication of the CQC report. There continued to be poor performance in relation to access to services and recruitment challenges.

Risk 29 – Special Educational Needs and Disability (SEND) – progress included improved governance, joint leadership and quality monitoring. It was felt that the forthcoming mental health crisis work and speech and language therapy proposals would have an impact.

The Governing Body **noted** and **approved** the GBAF as presented.

18/111 HEALTH, SAFETY AND RISK COMMITTEE

The Governing Body was updated on work currently being undertaken in relation to Health & Safety (H&S). The most recent meeting of the Health, Safety and Risk Committee had been held on 8 November 2018 and issues reviewed by the Committee included;

- The Committee was given an overview of the Health Secretary's relaunch of a 'zero tolerance' approach to violence. The Care Quality Commission was to take on responsibility for scrutinising NHS Trusts on the quality of plans to reduce violence against staff. A new system would be introduced to allow NHS staff to record assaults more easily.
- Endeavour House had a planned fire drill on 6 November 2018. The building was evacuated in eight minutes 58 secs. Full re-occupancy was achieved in 15 minutes. The findings of the fire drill would be forwarded to the building occupants and actions outlined. Any actions for CCG staff would be relayed via Buzz and discussed at the next meeting.
- Concern was raised by an attendee from Landmark House that since CCG staff had occupied part of the building there had not been a fire drill. The Risk Manager had investigated and been advised by the facilities management company that there had been three evacuations in the last year.
- The Safetyboss representative gave details of H&S legislation in relation to Brexit. There was uncertainty if the regulations would transfer across to the UK.

- There had been one health and safety related incident since the last meeting. That occurred when a member of staff was attending an event in London and suffered minor abrasions in a fall whilst crossing the road, there was no time off work or any further action.
- The latest sickness absence figures were presented. The current sickness rate was 1.01% against a target of 2%.

The Governing Body noted the report.

18/112 DECLARATIONS OF INTEREST

The Governing Body was in receipt of a report which provided a public record of relevant and material interests declared by members of the Ipswich and East Suffolk CCG Governing Body, its sub-committees, decision making staff and member practices.

Declarations were sought on an annual basis in October with an update by exception in April of each year and the register published on the CCG's website. The updated register was attached to the report at Appendix 1.

The Governing Body was asked to review the current register and provide support, where possible, in obtaining outstanding declarations.

The Governing Body noted the report.

18/113 PROCUREMENT UPDATE

The Governing Body was in receipt of a report which detailed procurements completed since the last update and those currently in progress and planned.

Key points highlighted during discussion included;

Ophthalmology - on the 16 October 2018 the CCG had informed Newmedica that they would not be progressing with the award and mobilisation of the Lot 2 contract. Options going forward were currently being reviewed.

In response to questioning, the Governing Body was advised that no concerns had been raised by patients as no service change had been experienced.

Gastro - mobilisation of the Community Gastroenterology Service had started in conjunction with East Suffolk and North Essex NHS Foundation Trust, ready for the new contract to start on the 1 January 2019.

Home Care - discussions and joint working around the domiciliary care tender were underway with Suffolk County Council. The specification had been jointly created and the procurement would be managed by Suffolk County Council with involvement from the various CCG teams as appropriate.

The Governing Body noted the content of the report.

(In light of Dr Mark Shenton's and Graham Leaf's personal interest in the following item, Steve Chicken took over chairmanship of the meeting)

18/114 CONSTITUTIONAL REFRESH

The CCG was required by NHS England to make some minor changes to its Constitution to reflect recent statutory guidance e.g. in managing conflicts of

interest and some local administrative changes e.g. its move of premises to Endeavour House.

At the time of authorisation, the CCG's Constitution was based on the national model which had served the CCG well in ensuring good governance. A new national model constitution had recently been issued but there was no fixed timeline to move to that and it was important for the current version to be fully up to date before then.

The proposed changes were detailed in paragraph 2.2. The Chief Operating Officer had written to the Local Medical Committee (LMC) about the proposed changes in August 2018 and the LMC had confirmed that it was content with them. The Chief Operating Officer had then written to Members about the proposed changes in September 2018 and they had been discussed with Member Practices at Link Visits. All Member Practices had now agreed to the changes.

Subject to approval of the changes by the Governing Body, the revised Constitution would be sent to NHS England for its review and sign off. Given that similar changes had been made to the West Suffolk CCG's Constitution, no major issues were currently foreseen.

Whilst the need to facilitate arrangements for succession planning was emphasized, it was noted that healthy voting during elections gave an indication that people wanted to be involved.

The Governing Body subsequently approved the changes to the CCG's Constitution as set out in the report.

(Dr Mark Shenton took back the Chair)

18/115 MINUTES OF MEETINGS

Presented by the Lay Member for Governance, consideration was given to minutes and decisions from the following meetings. The Governing Body was asked to note that any commercially sensitive information had been removed from the minutes;

a) Remuneration and HR Committee

The unconfirmed minutes of a meeting held on 23 October 2018

b) Finance and Performance Committee

The confirmed minutes of a meeting held on 18 September 2018 and unconfirmed minutes of a meeting held on 16 October 2018

c) Clinical Scrutiny Committee

The unconfirmed minutes of a meeting held on 23 October 2018

d) Community Engagement Partnership

Minutes from a meeting held on 10 September 2018

e) Ipswich and East Suffolk CCG Primary Care Commissioning Committee

The unconfirmed minutes of a meeting held on 25 September 2018

f) CCG Joint Collaborative Group

The unconfirmed minutes of a meeting held on 18 October 2018

g) Commissioning Governance Committee

The decisions from a virtual meeting held on 22 September 2018 and minutes of a meeting held on 23 October 2018

The Governing Body **endorsed** the minutes and decisions as presented.

18/116 DATE OF NEXT MEETING

The next meeting was scheduled to take place at 0900-1300 hrs, Tuesday 22 January 2019, John Peel Centre, Church Walk, Stowmarket, IP14 1ET

18/117 QUESTIONS FROM THE PUBLIC

The following questions were received;

The Governing Body was informed that the provision of site specific information in relation to Ipswich and Colchester Hospitals would be welcomed.

The linkage between learning disability and safeguarding reports was highlighted and Suffolk's learning disability mortality questioned. It was explained that 15 reviewers had recently been trained and although the CCG was not where it needed to be a plan was in place. There was a need to ensure that work carried out was meaningful. A learning pack had been developed for discussion at a forthcoming training and education event.

The Governing Body was informed that the Chief Executive of East Suffolk and North Essex NHS Foundation Trust had previously stated at a public meeting in respect of the merger that it was important not to be hamstrung by targets – the Governing Body was asked if it shared that view.

In response, the CCG Chair advised that it was important not to aim to hit the target at the detriment of having higher aspirations. Quality of service provision should be key.