



GOVERNING BODY

Agenda Item No.	18
Reference No.	IESCCG 19-12
Date.	22 January 2019

Title	Minutes of Meetings
Lead Chief Officer	Amanda Lyes, Chief Corporate Services Officer
Author(s)	Jo Mael, Corporate Governance Officer
Purpose	<p>Minutes of Meetings: <i>To receive a report from the Lay Member for Governance seeking the endorsement of minutes and decisions from Ipswich and East Suffolk CCG Sub Committees, those being;</i></p> <p>a) Audit Committee <i>The unconfirmed minutes of a meeting held on 4 December 2018</i></p> <p>b) Finance and Performance Committee <i>The confirmed minutes of a meeting held on 20 November 2018 and unconfirmed minutes of a meeting held on 18 December 2018.</i></p> <p>c) Community Engagement Partnership <i>Minutes from a meeting held on 12 November 2019</i></p> <p>d) Ipswich and East Suffolk CCG Primary Care Commissioning Committee <i>The unconfirmed minutes of a meeting held on 27 November 2018</i></p> <p>e) CCG Joint Collaborative Group <i>The unconfirmed minutes of a meeting held on 6 December 2018</i></p>

Applicable CCG Clinical Priorities:		
1.	To promote self-care	✓
2.	To ensure high quality local services where possible	✓
3.	To improve the health of those most in need	✓
4.	To improve health & educational attainment for children & young people	✓
5.	To improve access to mental health services	✓
6.	To improve outcomes for patients with diabetes to above national averages	✓

7.	To improve care for frail elderly individuals	✓
8.	To allow patients to die with dignity & compassion & to choose their place of death	✓
9.	To ensure that the CCG operates within agreed budgets	✓

Action required by Governing Body:

To endorse the minutes and decisions as attached to the report whilst noting that 'unconfirmed' minutes remain subject to change by the relevant Committee/Group



**Minutes of a Meeting of the Ipswich and East Suffolk Clinical Commissioning Group
Audit Committee held on Tuesday, 4 December 2018**

PRESENT

Graham Leaf - Lay Member for Governance (Chair)
Steve Chicken - Lay Member

IN ATTENDANCE

Neil Abbott - Head of Internal Audit
Colin Boakes - Governance Advisor, CCG
Emily Bosley - Project Accountant
Mark Game - Acting Deputy Chief Finance Officer
Debbie Hanson - Ernst and Young: External Audit
Amanda Lyes - Chief Corporate Services Officer
Jane Payling - Chief Finance Officer
Alison Riglar - Ernst and Young: External Audit
James Thompson - Financial Accountant

18/083 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and apologies for absence were noted from;

Lisa George - Local Counter Fraud Specialist, TIAA
Kevin Limn - TIAA
Dr Mike McCullagh - Governing Body GP Member

18/084 DECLARATIONS OF INTEREST

No declarations of interest, other than those already published, were received

18/085 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Audit Committee held on 31 July 2018 were **approved** as a correct record.

18/086 MATTERS ARISING AND REVIEW OF THE ACTION LOG

There were no matters arising and the action log was reviewed and updated with comment as follows;

18/067 - Audit Committee Effectiveness Toolkit – the Acting Deputy Chief Finance Officer advised that he would be carrying out a comparison using the toolkit available on the Ernst and Young website, for report back to the February 2019 meeting.

18/093 – Personal Health Budgets – the Committee was in receipt of a paper that set out progress since the previous Audit Committee in July 2018. Continued work on wheelchair budgets, as set out within the paper, was highlighted and the

Committee informed that a Personal Health Budget Coordinator had been appointed. Work continued to review systems to support the process.

In response to questioning, the Committee was reassured that, at present, progress was good due to the relatively low volumes. Any expansion on current numbers might prove to be challenging with re-assessment required at a later date.

18/087 EXTERNAL AUDIT BRIEFING

The Committee was in receipt of the most recent External Auditor's briefing and the Committee's attention was directed to the following sections;

- Economic briefing which highlighted the NHS deficit with particular focus on a table on Page 3 which set out the largest issues facing the NHS.
- Aligning the work of NHS England and NHS Improvement.
- Digital change in health and social care.
- NHS England (NHSE) and
- Key Questions for the Audit Committee

Having reviewed the key questions, as set out within the briefing, the Committee was content that all issues were being addressed by the CCG, and that it was on track to deliver its revised control total at year end.

The alignment of the work of NHS England and NHS Improvement was not thought to result in any immediate changes for the CCG, and as yet there was no detail with regard to any national re-structure.

With regard to data security, the Committee was reassured that the CCG had dedicated GDPR support and there was confidence that the CCG was doing what it could to mitigate any data breaches.

The Committee noted the external audit briefing.

18/088 2018/19 AUDIT PLANNING REPORT

The Committee was in receipt of Ernst and Young's 2018/19 Audit Planning Report with key points highlighted being;

The following two risks had been identified;

- Misstatements due to fraud or error
- Risk of fraud in revenue and expenditure recognition

The CCG's materiality level had been increased to 2% which was the highest that could be set and which reflected the CCG's strong financial position.

The CCG's arrangements in the following three areas would be considered in relation to a value for money assessment;

- Taking informed decisions;
- Deploying resources in a sustainable manner; and
- Working with partners and other third parties.

The Auditors would carry out a risk assessment which would include considering the steps taken by the CCG to consider the impact of Brexit on its future service provision.

The Committee noted the external audit plan.

18/089 INTERNAL AUDIT PROGRESS REPORT INC RECOMMENDATION TRACKER

The Head of Internal Audit presented the internal audit progress report with highlighted points being;

Four audits had been completed since the previous meeting and were detailed under agenda item 8. A further audit in respect of the CCG's Governing Body Assurance Framework (GBAF) had been completed with the draft report expected to be issued in the near future. A 'substantial' assurance level had been achieved with recommendations including highlight of increased opportunities from the use of Datix.

Having discussed future audits with the Chief Finance Officer, it had been felt that, in light of Kings Fund work associated to the STP/ICS that the audit should be postponed with those audit days being utilised for carrying out the required audit of primary care delegated commissioning subject to approval under agenda item 9.

Recommendation Tracker

There were currently three recommendations that had exceeded their original completion dates although comments had been included.

It was anticipated that the personal health budget 'follow up' audit would take place prior to the next Audit Committee in February 2019 and that the outstanding four audits would be completed by year-end. Terms of reference for the audits were currently being pursued.

The Committee noted the content of the report.

18/090 INTERNAL AUDIT REPORTS

The Committee received the following reports from internal audit:

a) ICT review of GDPR compliance

The assurance assessment for review of ICT review of GDPR compliance had resulted in an overall 'reasonable' assurance level being achieved.

b) Review of Quality – Patient Involvement

The assurance assessment for review of Quality – Patient Involvement had resulted in an overall 'substantial' assurance level being achieved.

c) Payments Health Check

The assurance assessment for review of Payments Health Check had resulted in an overall 'reasonable' assurance level being achieved

d) Review of Key Financial Assurance

The assurance assessment for review of Key Financial Assurance had resulted in an overall 'substantial' assurance level being achieved

The Committee accepted the reports **and noted** their recommendations.

18/091 INTERNAL AUDIT FRAMEWORK FOR DELEGATED CLINICAL

COMMISSIONING GROUPS – IMPLICATIONS FOR INTERNAL AUDIT PLANS

NHS England had issued its guidance on the 'Internal Audit Framework for delegated Clinical Commissioning Groups' on 28 August 2018. The framework required that each CCG had its arrangements for delegated Primary Care services audited annually, starting in 2018/19, or 2019/20 at the very latest if audit days could not be accommodated within existing plans (that must be due to other higher risk/priority areas needing independent assurance).

The framework set out four areas which were to be in the scope of the audit as follows:

- Commissioning;
- Contract Monitoring;
- Finance;
- Governance (of all the above).

The Head of Internal Audit and the Chief Finance Officer had discussed the options presented within the current Internal Audit plan, and identified that the audit planned to review STP/ICS governance arrangements would be best deferred to 2019/20, as the system was still being developed and was being reviewed by the King's Fund. Subject to approval by the Audit Committees, that would release 10 days for the delegated commissioning audit.

It was estimated that each area would take approximately four days to audit, therefore the total number of days required to cover everything would be 16 days. It was also recommended that 10 days were used from the STP/ICS Governance audit, and two days from contingency to undertake the audit.

The Audit Committee subsequently approved the deferral of the STP/ICS Governance audit and its replacement with an audit of Primary Care Delegated Commissioning, scoped as indicated above, using an additional two days from contingency.

18/092 LOCAL COUNTER FRAUD PROGRESS REPORT

The Committee was in receipt of the Local Counter Fraud progress report with key points highlighted being;

- On-line counter fraud training for staff continued. **The Chief Corporate Services Officer agreed** to pursue re-publication of the training to staff.
- A gambling proactive review report had been issued and a management response was awaited.
- A fraud alert on phishing emails had been issued.
- Work continued, in liaison with the Continuing Healthcare Operational Manager, in respect of continuing healthcare individual placements, with further information expected to be presented to the next meeting.

The Committee noted the report.

18/093 CRIMINAL FINANCES ACT 2017

The Criminal Finance Act 2017 was written to introduce a new class of offences making bodies corporate (including CCGs) legally liable for the actions of persons associated with them where those persons facilitated tax evasion. CCGs were a body corporate, under the Health and Social Care Act 2012, Part 10, and as such they were covered by the act.

A summary of the Act was outlined within Section 2 of the report which included the appropriate preventative measures required to provide a defence under the Act, which consisted of the following six principles;

- 1) Assess the nature and extent of our exposure, document the risk assessment, and keep the assessment under review.
- 2) Take proportional, risk-based prevention procedures.
- 3) Show top level commitment to tackling tax evasion.
- 4) Apply due diligence to the persons captured under Section 44, Para 4, using a risk based approach.
- 5) Ensure that the procedures are communicated, embedded and understood throughout the organisation. That included training where required. Training should be proportionate to risk, include explanations of when and how to seek help, including direction to relevant whistle blowing procedures and defining tax evasion. Communications should show a zero-tolerance policy for tax evasion or the facilitation of tax evasion.
- 6) Monitor and review the preventative procedures and make improvements where necessary. That could include seeking internal feedback from staff, conducting formalised periodic review, and working with other organisations.

Next steps included consideration of implementation of the six preventative measures detailed above, particularly updating procedures and ensuring that those were communicated and embedded within the CCG.

The Committee was informed that the IR35 process posed the largest risk to the CCG and policies were currently being reviewed. The need to consider the facilitation of staff training was highlighted.

The Committee noted the content of the report **and requested** a further report on progress in respect of the Criminal Finances Act in February 2019.

18/094 GENERAL DATA PROTECTION REGULATION (GDPR)/DATA PROTECTION ACT 2018

The General Data Protection Regulation (GDPR) came into effect on 25 May 2018, which also saw a change in the United Kingdom's Data Protection Act from 1998 to 2018. The GDPR/DPA was giving more power and control to an individual on how their personal information was used.

Work undertaken included;

- Increased awareness for staff with creation of an Information Governance Section on the staff intranet where they could access different fact sheets on data security ie, how to make up a password, how to password protect documents. Find the latest Information Governance Policies, key staff, what do to if a data breach occurred. Lunch and learn sessions have also been held.
- The GDPR was now business as usual as we continue to implement the new processes ie, Data Protection Impact Assessments (DPIA).

Over the last 14 years, health and care organisations had had to complete a self-assessment called an Information Governance Toolkit which needed to be submitted annually by 31 March. From April 2018 the IG Toolkit had changed to the Data Security and Protection Toolkit (DSPT) and focussed around the 10 Data Security Standards that had been implemented by Dame Fiona Caldicott (National Data Guardian) and the Secretary of State. TIAA was due to carry out a DSPT audit early February 2019.

- In May 2018 the CCG was at 96% (2017/18) of staff that had completed annual IG training. The CCG was now starting to get staff to complete their annual IG Training (2018/19) through the e-learning Data Security Awareness module. The deadline for 95% was 31 March 2019.
- From April 2018, NHS England had delegated Information Support for GP's through the GP IT Operating Framework. The CCG had appointed a Primary Care Information Governance Manager who was currently meeting with all the GP Practices. An IG Information Pack for GP practices was currently being created with templates, how to guides etc. Training sessions were being planned for the new year on subjects, such as Subject Access Request (SARS), and how to complete the Data Security and Protection Toolkit. They also had a section under Primary Care on the CCG website for practices and a monthly newsletter.

As previously mentioned a 'reasonable' assurance level had been achieved from a recent audit which was a fair reflection of the CCG's current position. The Primary Care Information Governance Manager had been received well within primary care, with practices accepting that the role was supportive with responsibility for submissions remaining with the practices themselves.

The Audit Committee noted the report.

18/095 GOVERNING BODY ASSURANCE FRAMEWORK AND RISK REGISTERS

The Committee was in receipt of the latest Governing Body Assurance Framework (GBAF) and risk registers.

The Audit Committee's role was to satisfy itself that an appropriate process was in place and it was noted that the content of the GBAF was regularly reviewed by the Chief Officer Team and Clinical Scrutiny Committees, with approval by the Governing Body.

The Committee was informed that the documentation had been enhanced in line with internal audit recommendations which included improved review by the Chief Officer Team and the CCG's Risk Forum. The Risk Forum was also utilising Datix, to gain a better understanding of risks associated to the Alliances.

Risks with regard to cyber security and Brexit had been included.

The Chief Corporate Services Officer agreed to review risks associated to mental health and cyber security in light of questioning with regard to the differences between mental health risks and future availability of funding for cyber security.

The Committee noted the GBAF as presented.

18/096 WAIVERS OF COMPETITIVE TENDERING

The Committee received the following waiver of competitive tendering:

052 - Norfolk Community Health and Care – Early Supported Discharge Service

The Committee noted the presented waiver of competitive tendering.

18/097 AUDIT COMMITTEE SELF-ASSESSMENT

The Audit Committee was in receipt of feedback from its recent self-assessment exercise.

Having noted that the questionnaire had only been issued to Members of the Committee, it was queried whether it might be more beneficial to widen it to other participants.

The Audit Committee noted the feedback, **and requested** that the Acting Deputy Chief Finance Officer and Governance Advisor review the questionnaire alongside the Audit Committee Effectiveness Toolkit and recently published Audit Committee Handbook.

18/098 POLICIES FOR APPROVAL

No policies had been received.

18/099 ANNUAL PLAN OF WORK

The Committee reviewed and the annual plan of work and noted that it would be updated in line with today's discussions.

18/100 ANY OTHER BUSINESS AND REFLECTION

As previously mentioned the new Audit Committee Handbook had recently been published.

As the new edition seemed to imply that GPs should not sit as Members of the Audit Committee, and that there should be a minimum of three Members, there was a need to review membership of the Committee.

The Committee requested that the Governance Advisor and Chief Finance Officer review membership of the Committee in line with the new Audit Committee Handbook.

18/101 DATE OF NEXT MEETING

The next meeting of the Committee was that scheduled to take place on 5 February 2019 at 2.00pm in the Wolsey Room at Endeavour House, 8 Russell Road, Ipswich, Suffolk, IP1 2BX.



**Minutes of a Meeting of the Ipswich and East Suffolk CCG
Financial Performance Committee held on Tuesday, 20 November 2018**

PRESENT:

Steve Chicken	Lay Member (Chair)
Ed Garratt	Chief Officer (Part)
Jane Payling	Chief Finance Officer
Dr Imran Qureshi	GP Member (Part)
Dr Mark Shenton	GP Member, CCG Chair
Jane Webster	Acting Chief Contracts Officer

IN ATTENDANCE:

Simon Aldridge	Head of Programme Management Office
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Val Butcher	Acute Commissioning Finance Specialist
Emily Bosley	Project Accountant
Jo Mael	Corporate Governance Officer

18/105 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and apologies for absence were received from

Dr Michael McCullagh GP Member

It was noted that Dr Qureshi would be arriving late and therefore the meeting would be inquorate until his arrival.

18/106 DECLARATIONS OF INTEREST

No declarations, other than those already published, were received.

(The Chair advised that the minutes of the previous meeting would be considered for approval at such time as the meeting became quorate)

18/107 MATTERS ARISING AND REVIEW OF ACTION LOG

There were no matters arising and the action log was reviewed and updated with comment as follows;

18/095 – 30 Day Payment Policy – the CCG's Chief Finance Officer reported that the Trust had confirmed that a 35-day payment period was set as standard on its computer systems. The Trust's Chief Finance Officer had agreed to discuss the issue when attending a forthcoming Committee meeting.

The Committee noted that reports on the Clinical Academic Reserve and Acute Activity Trend had been included within the papers and that it was intended the Acute Activity be discussed as part of the financial report, with the CAR report taken at the end of the meeting.

18/108 E-ZEC ACTIVITY LEVELS AND FINANCIAL SPLIT

The CCG's Governing Body had recommended that the Financial Performance Committee receive the presented report, confirming activity, and clarifying the financial split between the two Suffolk Clinical Commissioning Groups.

In 2017 the CCGs had retendered the Non-Emergency Patient Transport Service (NEPTS) contract, bringing together all aspects of non-emergency transport into a block contract which included the requirement for both High Dependency (HDU) and a proportion of GP 'urgents'. As a result of not being able to fully determine activity and attached finances the requirement was retained with potential providers being told not to include that element within financial costings supplied.

E-Zec Medical Transport was successful in its bid, and had been providing the NEPTS since go-live on 1 April 2018. The contract was for a five year period with a two year extension option.

The contract went live on 1 April 2018 with higher than anticipated activity. Initially, the Governing Body asked for a review in which the CCG was able to consider performance, activity and data submitted for the first four months of the contract. Further information in respect of Months 5 and 6 was set out in Section 3 of the report provided to the FPC.

The CCG continued to monitor the Provider's performance on a weekly basis and weekly reporting on KPIs had been varied into the Contract.

In response to a question it was explained that the non-standard financial split between the two Suffolk CCGs was due to an element of the initial funding being transferred from the Ipswich Hospital guaranteed income contract.

After consideration, **the Financial Performance Committee was assured** that activity in months 5 and 6 had remained in line with months 1-4, **and noted** the financial split as set out within the report.

(Dr Imran Qureshi joined the meeting making it quorate)

18/109 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 16 October 2018 were **agreed** as a correct record.

18/110 FINANCIAL REPORTING MONTH 07

The Committee was in receipt of a report which set out the CCG's financial position at month seven, key points highlighted included;

- The CCG was currently on plan to meet its revised year-end forecast and control total of a £3m surplus as declared to NHS England. It should be noted that there remained opportunity to revise the forecast at a later date.
- Risks and mitigations were balanced and the underlying surplus position had been maintained. Key risks were associated to additional contract risks, overspend on GP delegated budgets, Category M prescribing cost pressures and potential increase to continuing healthcare claims. These risks were being mitigated by contingency and reserves.
- QIPP delivery was currently 112%.
- Key variances included acute overspend associated to Addenbrooke's which was being offset by underspend at Norfolk and Norwich Hospital and non-contracted activity. Whilst

an overspend had previously been reported in respect of the North East Essex Pathology Service (NEEPS), its financial position was now in line with forecast.

- The Committee was advised that, following a request to explore allergy activity, it had been identified that, whilst some work might have been carried out within specialities, Ipswich Hospital had not previously recorded any specific allergy activity. All allergy activity was taking place at Addenbrooke's where activity numbers had remained static. Having been advised that previous activity at Ipswich Hospital might be attributed to ENT **the Acute Commissioning Finance Specialist agreed** to investigate further.

The Committee noted the additional report in relation to Acute Activity Trend and recognised that it was difficult to compare like for like. Having suggested that trends be reviewed in community and acute spend it was highlighted that some community services remained within the acute data and therefore an exact picture was not feasible.

(Ed Garratt left the meeting)

- In light of recent uplifts to the budget and anticipated additional funding, the need for planning in order to reflect the requirement to fund community providers going forward, was highlighted.
- Prescribing spend had been slightly over budget at month five. Category M expenditure had, to date, not been as significant as anticipated.
- East Suffolk and North Essex Foundation Trust (ESNEFT) – data issues continued as a result of the merger, with different local tariffs and business rules being applied. Work was underway to align processes and business rules. It was highlighted that the guaranteed income contract with Ipswich Hospital had been managing demand with the key issue going forward being the hospital's ability to manage cost.

The Committee noted the report.

18/111 FINANCIAL PLANNING 2019/2020

The Chief Finance Officer advised that, whilst planning guidance for 2019/20 from NHS England had not yet been received, the presented paper had been produced using information received to date. The paper set out assumptions as far as they were known, together with national and local timetables.

The need to ensure that the timetable allowed for discussion of the acute Trusts' management of costs, was highlighted.

The Committee noted the report.

18/112 PROJECT MANAGEMENT OFFICE (PMO) REPORTS

The Committee was in receipt of a report from the Head of PMO with key points highlighted being:

- QIPP delivery at month seven was at 112%.
- Most projects were progressing well with the exception of Pro-active Care and Children and Young People (CYP)/Maternity. 'Deep Dives' had taken place and recommendations were being taken forward. It had been suggested that the CYP/Maternity project required more support and resource.
- Quality Premium – there was a need to focus on the over-arching Premiums and the **Chief Finance Officer agreed** to take the matter forward for discussion by the Chief Officer Team. It was agreed that the discussion should include consideration as to whether Premiums should be offered to providers.

(Ed Garratt returned to the meeting)

- Rightcare plans were included in the report and were currently all 'amber'. Documentation had been submitted to NHS England and comments received. NHS England was seeking delivery of 20% and the CCG was currently delivering 18%.
- Transformation Fund – the first month's highlight reports had been received with the key issue going forward being the release of funding which was dependent upon agreement of contracts.

The Committee noted the update.

18/113 INTEGRATED URGENT CARE SERVICE FINANCIAL UPDATE

The Chief Finance Officer reported that there had been no significant change since last month's report.

18/114 STP FINANCE DASHBOARD

The Committee was in receipt of the STP Finance Dashboard and reminded that information contained within it was one month behind that of the CCG.

There was no major change from last month's report. The likelihood of the acute Trust reporting its underlying position was queried. The Committee was informed that, whilst there was no formal requirement on the Trust to report its underlying position, as the CCG would be leading on the planning process across the STP there was likely to be opportunity to ask the question.

The Committee noted the report.

18/115 INTEGRATED CARE SYSTEM UPDATE

The Chief Finance Officer reported that, at a recent away day, the STP Directors of Finance had discussed financial planning, together with how a system control total might work in practice.

Representatives from the national team had been present to update on overall progress with the ICS programme and in particular to discuss how an efficiency workstream might operate. Work is planned to review the STP wide results on national savings programmes, such as rightcare and model hospital, in order to identify where the system might be an outlier.

The Committee noted the update.

18/116 SELF-ASSESSMENT SURVEY

The Committee was in receipt of a self-assessment survey that had been drafted, using the template designed for the Clinical Scrutiny Committee self-assessment, but updated to consider the specific role and terms of reference for the Financial Performance Commission.

The survey was being presented for review and agreement prior to it being issued to members to complete electronically. It was anticipated that feedback from the survey would be brought back to a future meeting.

The Committee agreed the survey for issue to members, with report back in December 2018

18/117 CLINICAL ACADEMIC RESERVE (CAR)

The Committee was in receipt of a report that reviewed the CAR (Clinical Academic Reserve)

reports, as well as the outlay from both the CCG and all CCGs that contributed to the reserve. Key points highlighted included;

- Whilst the initial plan had been high, it should be noted that contribution had fallen by 31% over the last five years and was due to continue to fall as and when individuals retired.
- There were a wide range of professors/consultants within the CAR undertaking teaching and clinical work.
- A full report had been produced in 2016 with six monthly updates provided since then. The next full report was expected early 2019. The full report was available to members of the Committee if required.
- The 2016 report had provided analysis on different types of research and its impact, with 15% of the publications produced in the top 2% of journals.
- The Oversight Committee continued to meet and its last meeting had been held two months ago. The CCG was entitled to send a representative to those meetings and the next one was due in Spring 2019.

Having noted that the contribution should fall when individuals retired, it was suggested that thought be given to facilitating negotiation of a minimum input requirement going forward.

As a result, **the Committee noted** the report **and requested** that the Chief Finance Officer explore the establishment of research funding principles going forward.

18/118 ANY OTHER BUSINESS

No items of other business were received.

18/119 REFLECTION

The Chair gave a reflection on business conducted at the meeting and actions to be taken forward.

18/120 DATE OF NEXT MEETING

The next meeting was scheduled to take place on **18 December 2018** 0830-1030hrs in the Abbey/Snape Room at Endeavour House.



**Minutes of a Meeting of the Ipswich and East Suffolk CCG
Financial Performance Committee held on Tuesday, 18 December 2018**

PRESENT:

Steve Chicken	Lay Member (Chair)
Ed Garratt	Chief Officer
Dr Michael McCullagh	GP Member
Jane Payling	Chief Finance Officer
Dr Imran Qureshi	GP Member
Dr Mark Shenton	GP Member, CCG Chair
Jane Webster	Acting Chief Contracts Officer

IN ATTENDANCE:

Simon Aldridge	Head of Programme Management Office
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Emily Bosley	Project Accountant
Jo Mael	Corporate Governance Officer
Emma Saunders	Executive Assistant

18/121 WELCOME AND APOLOGIES FOR ABSENCE

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

18/122 DECLARATIONS OF INTEREST

No declarations, other than those already published, were received.

18/123 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 20 November 2018 were **agreed** as a correct record.

18/124 MATTERS ARISING AND REVIEW OF ACTION LOG

There were no matters arising and the action log was reviewed and updated with comment as follows;

18/110 – Allergy Activity – the **Committee noted** the update **and asked** that the Acting Chief Contracts Officer take the issue forward via the Planned Care workstream.

18/112 – Quality Premium – having noted that the Chief Officer Team was to discuss the Quality Premium at its next meeting, the Committee was informed that planning guidance remained outstanding which, once received, might contain information as to whether the Quality Premium was to continue going forward.

18/117 – Clinical Academic Reserve (CAR) – the Committee was reminded of the need to nominate a representative to attend six monthly meetings in respect of the CAR. **The Committee agreed** that Dr Mark Shenton be the nominated representative for Ipswich and East Suffolk CCG.

18/125 FINANCIAL REPORTING MONTH 08

The Committee was in receipt of a report which set out the CCG's financial position at month eight, key points highlighted included;

- The CCG was currently on plan to meet its revised year-end forecast and control total of a £3m surplus as declared to NHS England.
- Risks and mitigations were balanced and the underlying surplus position had been maintained. Key risks were associated to additional contract risks, overspend on GP delegated budgets, Category M prescribing cost pressures and potential increase to continuing healthcare claims. These risks were being mitigated by contingency and reserves.
- QIPP delivery was currently 111%.
- Key variances included acute overspend associated to Addenbrooke's which was being offset by the release of provisions last year. Transport costs associated to a high cost patient attending Guys Hospital had now been reduced. Overperformance by the 111 service was being offset by the Out of Hours contract.
- Prescribing was indicating a large underspend as anticipated Category M costs had not materialised. The need to carefully monitor the cost of generic medications going forward, was highlighted.
- Data reported in respect of Ipswich Hospital was at month six as there had been a delay in the receipt of month seven data which was currently subject to validation.

Having noted the report, the need to closely monitor Addenbrookes and Papworth activity going forward was highlighted.

Having queried the feasibility of the CCG seeking to carry out an audit of other Clinical Academic Reserve members, the Committee was advised that further information could be sought via the CCGs Research Strategy when finalised.

In response to questioning, the Committee was informed that no firm financial had been made to ESNEFT and the CCG currently awaited the Trust's proposal. It was anticipated that any system funding support would only be granted in order to assist the acquisition of Provider Support Funding with expectation that North East Essex CCG would make a similar offer. It was noted that ESNEFT's Finance Director had been invited to participate in the next Committee meeting prior to a report being presented to the CCG's Governing Body in January 2019. The merits of convening a joint meeting with ESNEFT's Finance Committee was discussed and the **Chief Finance Officer agreed** to attempt to convene a meeting in the New Year to discussion ongoing finances and the year end and future position.

It was expected that further information with regard to control totals would be available after the Christmas and New Year period. As previously requested, the **Chief Finance Officer agreed** to circulate the final 2017-18 activity and finance position for Ipswich Hospital to Members outside of the meeting.

The Committee noted the report.

18/126 FINANCIAL PLANNING 2019/2020

The Chief Finance Officer reported that financial planning guidance had not yet been received from NHS England although it was expected by the end of the week.

(The Chair advised that agenda item 07 (PMO report) would be taken at the end of the meeting)

18/127 STP FINANCE DASHBOARD

The Committee was in receipt of the STP Finance Dashboard and reminded that information contained within it was one month behind that of the CCG.

Key points highlighted included;

- The main change from month six was that the cash position had deteriorated across all Trusts, despite increased borrowing. Savings forecasts had improved slightly within Suffolk County Council with the rest largely unchanged.
- Control totals for the three CCGs had been updated to show delivery of in year surpluses.
- Other than a small underachievement in Ipswich Hospital (for Q1) all NHS organisations were forecasting delivery of their planned savings.
- A new reporting tool had been received from the Regulators for use by STPs.

The Committee raised concern at the reported cash position and amount of borrowing and highlighted the need to gain assurance in respect of the ESNEFT financial position.

The Committee noted the report.

18/128 INTEGRATED CARE SYSTEM UPDATE

The Chief Finance Officer reported that there was nothing major to report other than that governance arrangements continued to be reviewed.

The Committee noted the update.

18/129 SELF-ASSESSMENT SURVEY

The Committee was in receipt of feedback from its recent self-assessment survey which had, in the main, been very positive with a general feeling that the Committee was meeting its key objectives.

Having recognised that the feedback had highlighted whether linkage and reporting between Committees could be improved, it was explained that the provision of reports was driven by the national reporting timetable which remained tight.

The need to consider how the Committee might link into the Alliance was queried although it was recognised that linkage and governance in respect of overall quality, finance and performance required exploration. The importance of ensuring that governance followed determination of purpose was emphasized.

The Committee noted the feedback **and requested** that the Chief Finance Officer explore how the financial workstream of the Alliance might link with the CCG's Financial Committee.

18/130 PROJECT MANAGEMENT OFFICE (PMO) REPORTS

The Committee was in receipt of a report from the Head of PMO with key points highlighted being;

- QIPP delivery at month eight was at 111%.
- Quality Premium – there remained a need to focus on the over-arching premiums.
- Rightcare – plans were currently all 'amber'. Having been previously been advised by NHS England of the need to increase delivery to 20% from 18.6% across the STP, the CCG had reviewed prescribing plans in order to achieve the target. That target had since

been further revised to delivery of 25% and work was currently underway to identify options to achieve the revised target.

- Additional Transformation Funding – highlight reports from providers were included within the report. Following a visit to the providers of the Stepping Home Project, the PMO team had been informed that cessation of the scheme in December 2019 would be difficult and the providers had asked whether it could either be ceased earlier in September 2019 or continued onto March 2020. **The Committee agreed** that the issue should be referred to the Integrated Care Board for decision. The Discharge to Assess scheme had been delayed due to funding issues which were being addressed in conjunction with Suffolk County Council.

Having reviewed the report, the **Head of PMO was asked** to explore and identify savings and reduced activity in respect of the React Team.

The Committee noted the report.

18/131 ANY OTHER BUSINESS

No items of other business were received.

18/132 REFLECTION

The Chair gave a reflection on business conducted at the meeting and actions to be taken forward.

18/133 DATE OF NEXT MEETING

The next meeting was scheduled to take place on **15 January 2019** 0800-0930hrs in the Abbey/Snape Room at Endeavour House.



Meeting of the Community Engagement Partnership

Monday 12th November 2018
5.00 – 7.00pm
The Key, Ipswich, IP4 2BB

PRESENT:

Vicky Thomson-Carr	Co-Chair	VTC
Claire Martin	Co-Chair	CM
Irene MacDonald	IESCCG GB Lay Member for Patient & Public	IM
Richard Squirrell		RS
Gill Jones	Healthwatch Suffolk	GJ
Susie Mills		SM
Caroline Webb		CW
Tina Rodwell		TR
Gill Orves	IHUG	GO
Pat Durrant		PD
Jenny Pickering		JP

IN ATTENDANCE:

Maddie Baker-Woods	Chief Operating Officer, IESCCG	MBW
John Troup	Acting Head of Comms, IESCCG & WSCCG	JT
Marielena Giner	Patient & Public Involvement Officer	MG

APOLOGIES:

Paul Gaffney		PG
Jo Marshall	Voluntary Sector Representative	JM
Marian Carter		MC
Linda Hoggarth		LH
Ann Nunn		AN
Lynda Cooper		LC

MEMBERS OF THE PUBLIC:

None

No	Item
1	Welcome and Declaration of conflicts of interest
	<p>CM welcomed everyone to the meeting.</p> <p>The minutes from the previous meeting were reviewed and the following points in terms of accuracy were raised:</p> <ul style="list-style-type: none"> • It was noted that the 'next meeting' date was incorrect. • It was requested that we change the wording 'Suicide Statement' to 'Suicide Prevention Statement' under the section titled Action Log. • It was requested that we change the name 'Troupy' to JT.

	<p>Agreed Action: MG to amend minutes</p> <p>There were no declarations of conflicts of interest.</p>
2	<p>Action Log – review and report on actions</p> <p>Wellbeing website: This issue has been escalated to the Contracts and Quality team.</p> <p>It was reported that NSFT has responded to say that they have met the contractual agreement in providing this website. The website was updated in August 2018 using all the feedback obtained from service users and no further work is required. However, this does not appear to be the case and on checking the website, it is felt that the feedback has not been taken into account and there are still issues with the Suffolk/Norfolk split.</p> <p>A request was made to obtain the feedback list from NSFT to understand what changes have been made.</p> <p>Action: JT to follow this up with Pete Devlin from NSFT.</p> <p>Rheumatology: It was reported that a report from a recent ‘red to green’ exercise undertaken by ESNEFT will be available soon. Once this has been received, the CCG and ESNEFT will holistically review the information. It was highlighted, however, that the varying conditions makes this a very complex service in regard to diagnosis and treatment pathways.</p> <p>The CEP agreed to wait for the report. In the meantime, MG will meet with colleagues at the CCG and Ipswich Hospital to gain more understanding, and will also work closely with IHUG in relation to the ongoing issues.</p>
3	<p>Member Updates</p> <ul style="list-style-type: none"> • SM reported that a comment had been made on social media regarding diabetes needles. GP practices are apparently now refusing to take in needles/yellow boxes and a query was raised as to whether this is correct. Three members reported that their GPs take them back without any issue. MBW advised that there have been some discussions around waste and collection of needles but will find out the latest information from NHS England. Action: MBW to obtain information from NHS England • MG reported that an engagement group is being set up for the Learning Disability (LD) Reviews work, and requested CEP members to share this information within their networks. GO advised that Roger Blake at Ipswich Hospital runs a user group for LD and they have some great people involved. Action: MG to speak to GO outside of the meeting for more information. • RS has been informed by members of the community, that there are some issues with discharge from the Integrated Delivery Team; they have 3 operational days to issue a summary and the GP should receive this information within those 3 days. However, this is not happening within that timeframe and the information itself is factually incorrect. It was agreed that the GP must be aware if a patient has been discharged and what issues they may have. • It was highlighted that 17th November is ‘Suicide Loss Day’. It would be appreciated if everyone spare a thought for those affected by the hundreds of

	<p>lives lost.</p> <ul style="list-style-type: none"> • CW reported that the next Ranch meeting is this week in Bury. An update will be submitted for us. MBW advised that there is a care home group that CW can access. <p>Action: CW to send to MG to forward.</p> <p>TR reported that she attended an ME meeting where it had been announced that funding had been approved locally. It was agreed that this is very positive news.</p>
4	CCG Update
	<p>MBW provided an update, the key points of which included:</p> <ul style="list-style-type: none"> • Alliance working is continuing to be developed between the CCG, ESNEFT, Suffolk County Council, District and Borough Councils, Voluntary and community partners, Suffolk GP Federation and NSFT. • The strategy for the East Suffolk Alliance was presented to the Health and Wellbeing Board in public last Thursday (this is accessible to everybody). • The strategy includes various actions which include 'enabling' actions (IT, workforce) addressing inequalities, changing how we invest/resources and prevention, some of which require significant further development. • The Alliance would like to invite people to get involved in these conversations so that there is an enquiry based approach. • There is a clear delivery plan for clinical transformation and workforce, and work will be undertaken within integrated neighbourhood teams in localities, engaging PPGs and local communities. <p>Questions from members included the following;</p> <ul style="list-style-type: none"> • It was agreed that working within the community is a good place to break down barriers. A query was raised as to what kind of work will be done to help the many people who will be affected by the Universal Credit changes? It was highlighted that there are many people who are currently unable to afford basic essentials like food and they often do not want to go to a food bank. It was acknowledged that the Alliance needs a robust plan to help support the most vulnerable people in our area. It was noted that 'food' is a very legitimate area for the CCG to be engaging with. • SM reported that she and her colleagues have been inundated with requests from people wanting to help over the Christmas period which is wonderful. However, there is a need to remember that homelessness goes on all year round. • It was commented that Public Health should be directing/steering the role of prevention. We cannot expect this to all fall to the CCG but there are cuts within the council and many local services. • IM reported that the CCG's Clinical Executive has been having the same conversations and that there is a need for a collaborative approach. In our Terms of Reference for the CEP there is a specific item relating to equality and diversity for this group and we all have the responsibility of representing the community.
6.	Lay Member Update
	<p>IM provided an update, in which the following points were made;</p> <ul style="list-style-type: none"> • After the joint CEP/CEG meeting in Elmswell last month, along with the three Patient and Public Involvement Workshops that were held with CCG staff, a lot of interesting feedback has been received. The change that people want to see in terms of involving patients is more radical than expected. Views

	<p>from members would be welcome in terms of how we coproduce in the future.</p> <ul style="list-style-type: none"> • A meeting was held with MBW and Alison Smith from ESNEFT about the strategy for Alliance working. It would be useful to do some mapping work to understand what everyone is doing at the moment and to understand what is working well, and not so well. • Feedback was given to say that the Elmswell meeting was really useful and a great event all round. It was also noted that for some members the venue was quite noisy and chaotic and it would be helpful to consider this when planning future meetings. • CCG staff commented that it would be extremely helpful to understand from an individual point of view if the CEP committee is working for the individual members. It was suggested that one to one conversations could take place with either MBW, IM or MG over the coming weeks.
7.	Chair Matters
	<p>VTC, Co-Chair of the CEP, brought up the following points for members to consider;</p> <ul style="list-style-type: none"> • VTC will be leaving her co-chair position in April and as such a new co-chair will be required from May 2019. • VTC was on the procurement of non-emergency transport for patients travelling to and from Ipswich Hospital. A lot of concerns have been raised from people saying that the transport is very unreliable and sometimes not turning up at all. It was suggested that a report from the company (Ezec) be requested for the January meeting, along with obtaining feedback from the community. <p>JT advised that Ezec has been in the media recently for the issues reported, and agreed that this would be a good idea.</p> <p>Action: JT to contact Ezec and invite someone to attend the January CEP meeting.</p> <ul style="list-style-type: none"> • For the December meeting it was proposed that the first hour be used for standard business items on the agenda - minutes/action log, CCG update on the winter plan and member updates, followed by a festive get-together. A concern was raised that last year some of the food contributions had gone to waste. It was agreed that this year we should be more mindful of the amounts provided to ensure minimum waste. In addition, if food could be brought in original packaging any unused items could be taken by SM to assist with supporting the homeless community.
8.	Any other business
	None.
	Date of Next Meeting
	Monday 10 th December from 5:00 – 7:00pm at The Key, Ipswich



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

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement, IESCCG
Steve Chicken	Lay Member, IESCCG
Maddie Baker-Woods	Chief Operating Officer, IESCCG
Ed Garratt	Chief Officer, IESCCG
Dr Lorna Kerr	Secondary Care Doctor, IESCCG
Jane Payling	Chief Finance Officer, IESCCG
Jane Webster	Acting Chief Contracts Officer, IESCCG

Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton	Chair of Ipswich and East Suffolk CCG
Christine Watts	Local Medical Committee

IN ATTENDANCE:

Ameeta Bhagwat	Head of Financial Planning and Management Accounts, IESCCG
David Brown	Deputy Chief Operating Officer, IESCCG
Louise Hardwick	Head of Primary Care Partnerships, IESCCG
Jo Mael	Corporate Governance Officer, IESCCG
Claire Pemberton	Head of Primary Care, IESCCG
Caroline Procter	Primary Care Commissioning Manager, IESCCG
Dr Ayesha Tu Zahra	GP Governing Body Member, IESCCG

18/66 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Wendy Cooper	NHS England
Lucy James	NHS England
Simon Jones	Local Medical Committee
Cllr James Reeder	Health and Wellbeing Board
Andy Yacoub	Healthwatch

18/67 DECLARATIONS OF INTEREST

Dr Mark Shenton and Dr Ayesha Tu Zahra both declared an interest as holder of a Personal Medical Services (PMS) contract.

Dr Mark Shenton also declared an interest in agenda item 10 (Care Quality Commission) insofar as it related to Stow Health, and remained in the meeting when the item was discussed.

18/68 MINUTES OF PREVIOUS MEETING

The minutes of meetings of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on 24 July 2018 and 25 September 2018 were **approved** as correct records.

18/69 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

18/70 GENERAL UPDATE

The Chief Operating Officer reported;

- An Integrated Care System Primary Care Leads meeting had recently been held with issues discussed including how primary care was developing in line with Government guidance with the establishment of Integrated Neighbourhood Teams (INT). There had been positive feedback from a recent training and educational event held for INT professionals, which had provided opportunity to communicate the strategic vision to those that would be working in the teams.
- As reported in the earlier Governing Body meeting the CCG had approved a 1% funding uplift to Primary Care.
- The CCG, along with representatives from the Local Medical Committee, had discussed the PMS Development Framework and agreed an approach to the review for 2019/20.

Having queried whether any future transformational monies identified by NHS England for the development of Integrated Neighbourhood Teams might be made available to the CCG in retrospect, the Committee was informed that proposals had been put forward to NHS England, the outcome of which were awaited.

18/71 PRIMARY CARE CONTRACTS AND PERFORMANCE REPORT

The Committee was in receipt of a report which provided an overview of primary care information dashboard data and an update on primary care contracts where relevant.

The report provided information and outlined ongoing actions in respect of the following areas;

- Quality Outcomes Framework (QOF)
- Prescribing and Medicines Management
- Learning Disabilities (LD) Health Checks
- Severe Mental Illness Physical Health Checks

Key points highlighted during discussion included;

QOF - QOF was the annual reward and incentive programme to focus GP services on particular quality indicators. It rewarded practices for the provision of quality care and helped standardise improvement in the delivery of primary medical services. The average practice achievement across the CCG had increased over the last two years and demonstrated continuous quality improvement. There are six practices in Ipswich and East Suffolk CCG which had scores below the national average and 12 below the CCG average.

The QOF included the concept of 'exception reporting' to ensure that practices were not penalised where, for example, patients did not attend for review, or where a medication could not be prescribed due to a contraindication or side-effect. It was the responsibility of NHS England to review all declared QOF achievement

reports prior to financial sign off. The variance in rates across the CCG showed the lowest overall exception reporting rate of 2.77% and the highest 9.94%, which demonstrated an improvement from 2016/17 where the highest rate was 29.07%.

One of the elements of the PMS Development Framework required PMS practices to remain at or below the England average (5.99%). Each practice above the average had been asked to provide assurance to the CCG that its exception coding was correct and appropriate protocols were in place. NHS England reserved the right to audit any practice that was unable to provide a sufficient level of assurance.

LD Health Checks - work continued to promote LD health checks in practices and it remained a high priority for the CCG. The CCG target for health checks completed was 75% by the end of 2019/20. The current position was 28.1% based on Q1 and Q2 data 2018/19. At the same point in 2017/18 the position was 20.4% with a final end of year achievement of 59.2%.

Severe Mental Illness Physical Health Checks - the CCG was working on ways to improve the uptake of Physical Health Checks for those patients with a Severe Mental Illness (SMI). As a result, a local enhanced service (LES) was implemented in July 2018 which was intended to increase the number of comprehensive SMI Physical Health Checks. The number of Physical Health checks reported to date (July-September) was 5.2%. Having raised concern at the low percentage of reported health checks, the Committee was advised that further work was to be carried out to validate the number of reported health checks and an update would be provided to the next meeting.

The Committee was informed that whilst liaison in relation to LD health checks was usually with carers, in respect of SMI physical health checks it was with the individuals themselves and a high number of practice appointments were not attended. Partnership working was key to the engagement of patients. It was envisaged that further comparative information would be provided to a future meeting of the CCG's Clinical Executive for review and discussion.

The Committee noted the content of the report and recognised the excellent progress made in relation to patient care records. **The Chair agreed** to write a letter of thanks to all those involved in the process.

18/72 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

The Committee was provided with an overview of the Primary Care Delegated Commissioning Budget at month seven.

At the end of month seven the GP Delegated Budget spend was £255k over spent, with other Primary Care monies indicating an under spend of £397k.

There was a significant change in the year to date spend from month five which represented year to date cost pressures in relation to the revised GMS global sum rate that was now reflected in the year to date position. That had been partially offset by prior year benefits and the remaining overspend would be mitigated by the Primary Care Contingency in the Local Enhanced Service (LES) budget.

Other risks not reflected in the full year forecasts were further increases to list size and rent reimbursement and additional practice management support.

In response to questioning, it was reported that the registered list size across the

CCG had increased by 2500 patients since January 2018. The need for population growth information to feed into Estate Strategy discussions, was highlighted.

The Committee noted the financial performance at month seven and that the Chief Finance Officer and Chief Operating Officer continued to meet on a monthly basis to review the budget.

18/73 PRIMARY CARE TRANSFORMATION RESOURCES

The Committee was in receipt of a report which provided an update in respect of progress regarding the utilisation of the £2.50 per head of funding.

The CCG had approved an investment of £2.50 per patient transformation funding for practices under two sets of criteria. The first was £1.50 towards continued development of the organisational collaborations. The second tranche of £1 per patient was to facilitate practice engagement and development within the geographical Integrated Neighbourhood Teams. A Local Enhanced Service had been issued for the latter, along with a standard set of criteria. The focus of the report was the resources to be allocated to the further development of organisational collaborations.

The development of New Models of Care including primary care collaboration was a core element of the CCG's Primary Care Strategy and GP Forward View Plan. Last year transformation funding not only enabled both the further development of fledgling collaborations, Suffolk Primary Care and the Deben Health Group but also stimulated the creation of Coast and Country and the engagement of Ipswich practices within the Ipswich Primary Care collaboration.

There was now only one practice out of forty outside of an organisational collaboration. Each collaboration had been mapped in terms of its maturity against a national set of metrics and an assessment made of the likely position within the next 12-months. Whilst development of the collaborations was a clear expectation of the Integrated Care System Memorandum of Understanding, there was no national model or template.

The report went on to detail collaborations, the proposals submitted and criteria applied to the evaluation process.

The investment should produce a range of benefits, such as;

- Improvements in services to patients
- Improved workload management
- Strengthening of joint working arrangements between practices, hence developing the foundations of joint working and working at scale

It was anticipated that further updates would be provided to the Committee as the schemes started to come to fruition. At the Training and Education event to be held in April 2019 it was planned for each of the practice collaboratives to show case what they had been doing, lessons learned, issues identified etc to help disseminate some of the learning across all 40 practices. The Chief Operating Officer suggested it might be useful for Committee Members to attend the event, **and agreed** to extend an invitation when arrangements were finalised.

The potential for confusion from the use of differing terms such as 'Primary Care Networks' by NHS England for what the CCG had identified as Integrated Neighbourhood Teams, was emphasized.

The Chief Finance Officer reported that information in respect of transformation

funds for 2019/2020 would be made available once the CCG had obtained more clarity in respect of its own funding allocation.

The Committee noted the schemes in place, **and welcomed** future progress updates and terminology clarification at a later date.

18/74 PRIMARY CARE NETWORKS – MATURITY MATRIX

The Committee was provided with an update in respect of Primary Care Networks and the national Maturity Matrix tool.

“Primary Care Network” was not a new concept but a new national term which was known locally as Integrated Neighbourhood teams (geographically focused), ‘localities’ or ‘practice collaborations’.

The national Integrated Care System (ICS) team recently asked the three CCGs that make up the STP to conduct a maturity matrix and mapping exercise for all primary care networks in the STP area. The matrix set out four stages of maturity for practice networks and was detailed in appendix 1 of the report.

The national ICS team had then asked to meet with the CCG to discuss the outcome of the exercise and local progression against the matrix. They were also keen to develop a better understanding of the wider issues and challenges, and where their support might benefit our progression.

The purpose of the exercise was to a) highlight local progress nationally and b) to provide a benchmarking tool that the CCG could adopt locally to continue to focus transformation initiatives and support the development of those practice collaborations with aspirations to work at scale.

As part of the Suffolk and North East Essex STP (shadow ICS) wave 2 site, it also provided the CCGs with a potential investment opportunity into Primary Care Networks.

The national team was to return in January 2019 to follow up on the primary care network developments in the CCG area with their visit providing an opportunity to flag some of the challenges to working at scale.

The result of the exercise concluded that each PCN (Suffolk Primary Care, Deben Health Group, Ipswich Primary Care and Coast and Country Primary Care) were currently at Step One with some progression into Step Two anticipated by March 2019.

The Committee noted the content of the report.

18/75 CARE QUALITY COMMISSION (CQC)

The Committee was in receipt of a report which informed on the outcomes of Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions proposed to address issues, share good practice and enable continuous improvement.

The CQC was currently in Ipswich and East Suffolk conducting inspections of GP practices and since the previous report in September the following practices had been inspected and received their final report:

Stowhealth	Inspected 04.10.18	Overall rating: Good
Hawthorn Drive	Inspected 09.10.18	Overall rating: Requires Improvement

The following practices had been inspected and were awaiting their final report:

Hadleigh & Boxford Medical Practice	Inspected 23.10.18
Badcock & Son (Felixstowe Road)	Inspected 07.11.18

A total of eight practices had now been inspected using the new regime. Of those ratings, four GP practices had retained their 'good' rating and three had changed; one from an "outstanding" to "good", two from a "good" to "requires improvement" rating and one remained at "requires improvement".

Barham and Claydon was due to be re-inspected by the CQC in the near future.

Each practice continued to be offered individual support prior to, and after an inspection. The need for the CCG and Local Medical Committee to liaise in respect of the support offered to practices was emphasized. On the basis of learning from the new inspections, a further set of CCG-led workshops for all practices was being planned and a communication to practices was being developed.

The Committee noted the report.

18/76 CLOSURE OF THE CLAYDON AND SOMERSHAM SATELLITE CLINICS

The Committee was notified of an application received from the Needham Market Country Practice to close its Claydon and Somersham satellite clinics. The report provided supporting background information on the process to be followed when such an application was received prior to seeking a decision on the application.

The Needham Market Country Practice was a GMS Contractor, with its main surgery situated at Needham Market. It also had two satellite clinics operating at Claydon Pharmacy, 1 Station Road, Claydon and at The Village Hall, Main Road, Somersham. The Practice had submitted an application to close the latter two satellite clinics with effect from 1 January 2019. The Claydon and Somersham premises were listed in the GMS Contract as premises to be used by the Contractor for the provision of services under the Contract.

The closure of the premises would constitute a variation to the GMS Agreement as it would result in an alteration to contracted service provision; and thus the Commissioner must agree to the closure. Potentially, the closure could be a significant change to services for the registered population and the Commissioner would want to understand the consequences and implications of that.

The report went on to outline points to consider in line with NHS England's guidance on premises closures, and outlined consultation that had taken place in respect of the application.

Factors for consideration included;

Although the GP facilities at both Claydon and Somersham were satellite clinics rather than full branch surgeries, formal approval for closure was still required because the premises were listed within the Practice's GMS Contract as being places used for the provision of GMS services.

The closures application had been made for the following reasons:

1. The rooms used were no longer fit for purpose and did not meet CQC standards nor infection control standards
2. Lack of confidentiality (due to waiting and consulting rooms being close to each

- other with no sound proofing)
3. IT issues
 4. Chaperone issues
 5. The rooms were not suitable for carrying out procedures

The nearest practice to the Claydon satellite clinic was The Barham & Claydon Surgery, 0.2 miles away. The nearest practices to the Somersham satellite clinic were The Barham & Claydon Practice (2.8 miles away) and the Needham Market Country Practice (3.5 miles away).

The Practice's list size was 12,434 (as at 1 October 2018). In the past 11 months, 102 appointments were able to be offered at the Claydon clinic, with only 78 of those utilised. In the past seven months, 45 appointments were offered at the Somersham clinic, with only 24 of those utilised. The Practice had stated that it could have offered more appointments at the main surgery site in Needham Market, with its modern facilities.

The Practice was no longer able to use the Claydon satellite clinic from 24 October as the Claydon Pharmacy were about to refurbish and reconfigure the building, taking out the room used by the surgery to make way for an expansion of the shop and dispensary.

Somersham Parish Council believed that the number of unused appointments at the Somersham satellite clinic was due to a lack of awareness of the service there on the part of patients; and offered to assist the practice with promoting the clinic, with a request to postpone the closure in the meantime. The Practice responded and stated that it was no longer viable to hold clinics at Somersham due to the premises standards now required; and that it would be able to provide a better quality of care at its main surgery.

The Practice had stated that its GPs would continue to offer home visits to the housebound and vulnerable in the villages concerned. Through its working at scale with Coast and Country, it had jointly employed paramedics to provide an increased home visit service to patients who are unable to get to the surgery.

There was no significant adverse or positive financial impact for the CCG / NHSE arising from the application as the rent reimbursement for the premises was quite small.

Should the closures be approved, a contract variation would be prepared at the appropriate time, to remove the premises from the GMS Agreement. Any rent reimbursement would also cease at that point.

The Committee therefore retrospectively approved the closure of the Claydon satellite clinic **and approved** the closure of the Somersham satellite clinic from 1 January 2019.

18/77 ANY OTHER BUSINESS

No items of other business were received.

18/78 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled to take place from 2.00pm – 4.00pm, on Tuesday, 22 January 2019, John Peel Centre, Church Walk, Stowmarket, Suffolk – meeting to be held 'in common' with West Suffolk CCG's Primary Care Commissioning Committee

18/79 QUESTIONS FROM MEMBERS OF THE PUBLIC

The locations of surgery mergers was queried, and in response, the Deputy Chief Operating Officer advised that, to date, one of the surgeries was today's venue at Two Rivers and another was planned on the old Tooks Bakery site. There were currently no definite plans for others due to a lack of capital investment and expressions of interest from practices to work together.

The potential for practices to work together was likely to be more apparent in urban rather than rural areas.

**Ipswich & East Suffolk Clinical Commissioning Group
West Suffolk Clinical Commissioning Group**

**Minutes of the CCG Collaborative Group meeting held on
Thursday, 6 December 2018, 11.00am in the Kersey Room, Endeavour House**

PRESENT

Steve Chicken (SC)	CCG Collaborative Group Chair
Dr Christopher Browning (CB)	Chair, West Suffolk CCG Governing Body
Geoff Dobson (GD)	Lay Member (Governance) West Suffolk CCG
Graham Leaf (GL)	Lay Member (Governance) Ipswich & East Suffolk CCG
Dr Mark Shenton (MS)	Chair, Ipswich and East Suffolk CCG Governing Body
Ed Garratt (EG)	Chief Officer, Ipswich & East Suffolk and West Suffolk CCGs

IN ATTENDANCE

Jo Mael (JM)	Corporate Governance Officer
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Minute	Action
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18/049 Welcome and apologies

The Chair welcomed all to the meeting and there were no apologies for absence.

18/050 Declarations of Interest

No declarations of interest were received.

18/051 Minutes of meeting held on 18 October 2018

The minutes of a meeting held on the 18 October 2018 were **agreed** as a correct record.

18/052 Matters arising and review of action log

There were no matters arising and no outstanding actions.

18/053 Accountable Officer Update

The Collaborative Group was in receipt of a paper from the Chief Officer, which provided an update on the work of the CCGs. Points highlighted included;

Finance

- Both CCGs were delivering ahead of plan.
- Alliance Transformation Fund had issued £5m of funding following successful bids from a range of organisations.
- A range of non-recurrent investments had been agreed at the end of November 2018 for priority areas.

Alliance Working

- Mental Health transformation was making good progress – draft Strategy developed and approved by the Governing Bodies and now out for a six week period of engagement.
- East Suffolk Alliance away day was planned for December 2018.
- Kings Fund Review nearing finalisation with proposed ICS arrangements.
- North East Essex CCG Board had agreed one Accountable Officer across three CCGs in Suffolk and NE Essex – interim from 1/1/19 with wider recruitment process in April 2019.

Primary Care

- Care Quality Commission inspections were underway.
- There had been an increase in LD health checks – although there were concerns re severe mental illness checks.
- 1% uplift had been approved for practices.
- Flu uptake was increasing, work continued with practices.

Performance

- Winter plans were in place, and the escalation team was at full establishment.
- Cancer 62 day waits at Ipswich and West Suffolk Hospitals of concern and an action plan was in place/in development.
- Norfolk and Suffolk NHS Foundation Trust performance concerns persisted (long waits for assessment, EIP, dementia diagnosis, eating disorders) – action plans were in place to improve.
- Winter plans had been submitted to NHS England and had been assured.

Organisational Development

- Your Needs Met programme had been launched for staff – sessions scheduled for January 2019, with excellent uptake.
- Eight development opportunities for staff had been launched over the last 16 weeks with excellent take up.
- Time to Change Pledge had been submitted and formal sign off expected in January 2019.

Quality

- Norfolk and Suffolk NHS Foundation Trust – Care Quality Commission report overall rating ‘inadequate’ for third time.
- West Suffolk Hospital NHS Trust - concerns continued to exist with the Blood Transfusion Service following the most recent MHRA inspection.
- East of England Ambulance NHS Trust follow up Risk summit on 19 November 2018.

The Collaborative Group was pleased to note the content of the report.

18/054 Norfolk and Suffolk NHS Foundation Trust

The Accountable Officer gave a verbal update on Norfolk and Suffolk NHS Foundation Trust following publication of the most recent Care Quality Commission report.

The Collaborative Group noted the update and expressed its support for the current direction of travel which was in line with the CCG’s draft Mental

Health Strategy.

18/055 Integrated Care System

The Committee was in receipt of the draft Stage One Governance Framework for Suffolk and North East Essex Integrated Care System.

The need to ensure that terminology was consistent throughout the document in respect of Lay Member and Non-Executive Directors was highlighted.

The Collaborative Group noted the content of the report.

18/056 Review of Terms of Reference

The Group was in receipt of its current terms of reference for annual review.

The Group approved its terms of reference whilst recognising that they might require further review and change over the coming months.

18/057 Any Other Business

No items of other business were received

18/058 Date of Next Meeting

The next meeting of the CCG Collaborative Group was scheduled to take place on 7 February 2019 at 11.00am in the Kersey Room at Endeavour House, 8 Russell Road, Ipswich, Suffolk, IP1 2BX. Graham Leaf advised that he would be late for the start of that meeting.

The Group agreed that the meeting scheduled to take place on 4 April 2018 be brought forward to commence at 0830 hrs in order to accommodate Assurance Meetings with NHS England planned for later that day.