



**Meeting of the Ipswich and East Suffolk CCG Governing Body held in public  
on Tuesday 21 May 2019 at Ropes Hall, Kesgrave Conference Centre, Twelve Acre Approach,  
Kesgrave, Suffolk,**

**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	Accountable 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
Dr Imran Qureshi	GP Governing Body Member (Part)
Jane Payling	Chief Finance Officer
Dr Ayesha Tu Zahra	GP Governing Body Member
Richard Watson	Chief Transformation Officer
Jane Webster	Acting Chief Contracts Officer

**IN ATTENDANCE:**

Jo Mael	Corporate Governance Officer
---------	------------------------------

**19/040 WELCOME AND APOLOGIES FOR ABSENCE**

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

The Chair reported that the CCG was due to hold a GP Leadership and Innovation event at Trinity Park on 22 May 2019.

**19/041 DECLARATIONS OF INTEREST**

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

**19/042 MINUTES OF THE PREVIOUS MEETING**

The minutes of the Ipswich and East Suffolk CCG Governing Body meeting in public held on 26 March 2019 were reviewed and **agreed** as a correct record, subject to point 4 of the public questions, in relation to Felixstowe Minor Injuries Unit, being revised to indicate the news was 'saddening' rather than 'disappointing' as written.

**19/043 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS**

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

#### **19/044 GENERAL UPDATE**

The Accountable Officer reported;

- That, together with Suffolk County Council, the CCGs were appointing a Director of Public Health. The arrangement was unique within the East of England.
- Lisa Nobes was congratulated on being shortlisted for Nurse Leader of the Year by the Nursing Times.
- Suffolk Family Carers had recently won a national award for its collaborative approach.
- The outcome of the CCG's Annual Assessment Review by NHS England was expected in July 2019.
- NHS England/Improvement had appointed Lynne Wiggins as the new Regional Team Lead.
- Work to establish Primary Care Networks continued.
- The Integrated Care System was currently pursuing recruitment of an independent Chair.
- Suffolk County Council's Children's Services had received an 'outstanding' rating from Ofsted.

**The Governing Body noted** the update.

#### **19/045 PATIENT STORY**

The Chair welcomed Olive Quinton and Ann to the meeting to present the patient story.

The Governing Body was informed that Lofty Heights was a homeward bound service which aimed to reduce delayed hospital discharges by making sure that homes were clean and safe for individuals to return to and to minimise the need for any re-admission.

Lofty Heights had been founded seven years ago and had initially been a loft emptying service to address fuel poverty. Much of its work now involved the clearing of cluttered homes in readiness for discharge, removing trip hazards, cleaning and checking heating and alarms. A 12 month pilot had commenced in June 2018 and the service currently received 11/15 referrals a month. Challenges were that often jobs could not be completed within the four hours allotted, and sometimes there was a lack of information provided which included location of the keys for properties.

The service was well received by all and it had developed good working relationships with its referrers.

Having questioned what further support might be provided, the funding for a mental health worker was highlighted.

With regard to those employed by Lofty Heights to carry out the work, the Governing Body was informed that opportunities and support were provided to young people from care.

**The Governing Body thanked** Olive and Ann for their informative presentation.

#### **19/046 INTEGRATED CARE SYSTEM OPERATIONAL PLAN 2019/20**

The Governing Body was reminded that it had received drafts of the Operational Plan in January and March 2019, and agreed that Chief Officers would review the final document once adjustments had been made. The STP Board had signed off the Operational Plan 2019/20 in April 2019, prior to its submission to NHS England.

The document was clear about why and how we plan to work together and set out what we would be doing during the financial year. Links to the health and wellbeing boards in Suffolk and Essex were clearly demonstrated on pages 12 and 13, and those Boards would set the vision for our system and high level outcomes/priorities for their areas.

As an ICS all local stakeholders including the NHS, local government, primary care, local charities and community groups were aligning their efforts so that the one million people living across Suffolk and North East Essex lived healthier lives for longer. The work would be driven through Primary Care Networks and Integrated Neighbourhood Teams, in localities through our three Alliances and across the whole system linking with other local systems in the East of England.

The document identified where people had been involved in our plans and strategic partners, Healthwatch Suffolk, had reviewed the plan.

Community Engagement Partnership volunteers had also reviewed and commented on the plan which had resulted in revision of the plan to make reference to carers where appropriate.

The plan, as attached to the report, had now been printed and would be sent to key stakeholders and posted on the CCG website.

The Lay Member for Patient and Public Involvement welcomed the plan which should provide an opportunity to work differently with local communities and increase the potential for engagement with Town and Parish Councils.

**The Governing Body noted** the Integrated Care System Operation Plan 2019/20 as appended to the report.

#### **19/047 IPSWICH AND EAST SUFFOLK ALLIANCE**

The Governing Body was in receipt of a report which provided an update of progress against delivery of the Ipswich and East Suffolk Alliance strategy; sought approval of the overarching governance framework; set out the Alliance's approach to risk management and currently listed core risks and went on to describe the priorities for action.

Having queried how the Alliance would report into the CCG's Governing Body, it was explained that would be facilitated by the minutes from the Alliance Board being regularly reported to the Governing Body.

Development of a joint council was welcomed, together with any opportunity to link Alliance members with patient user groups.

##### **The Governing Body;**

- 1) **Noted** progress over the last 12-months
- 2) **Approved** the following core elements of the governance framework: (1) An Executive Board with rotating chair; (2) a Financial Performance Committee; (3) an Integrated Quality Committee; a Clinical and Practitioner Council; and (4) An Executive (operational) Delivery Group
- 3) **Noted** the Alliance's current registered risks
- 4) **Noted** the priorities for action for the next 12-months

#### **19/048 IPSWICH AND EAST SUFFOLK ALLIANCE TRANSFORMATION FUND BRIEFING**

The Chief Transformation Officer introduced a report which provided an update on the 2018/19 transformation funding and set out a proposed approach in 2019/20.

In 2018/19 the CCG agreed to develop a Transformation Fund to the value of £3.5m for which

bids were received and evaluated by an Alliance Panel for funding. Appendix 1 to the report listed the successful bids. The Project Management Officer (PMO) for the CCG had RAG rated each bid against a number of criteria and continued to monitor each monthly via project highlight reports through to the Finance Performance Committee. Evaluation of each was to take place towards the latter part of the project and would be shared with the Clinical Executive and appropriate Alliance programme board.

Building on the approach in 2018/19 it was proposed for 2019/20 that the CCG ask the Alliance to develop and prioritise proposals for Transformation Funding investment of approximately £4.69million on a non-recurrent basis. The Alliance Board had considered how such a Fund could be best utilised to complement other national, ICS and CCG funds to deliver its agreed strategy and priorities for action. It was proposed that the funding was distributed as follows:

1. Joined Up Care and End of Life (£700k)
2. Enabling You to Stay Well and Prevention (£700k)
3. Mental Health (£700k)
4. One Team (£500k)
5. Digital (£500k)
6. Children and Young People (£600k)
7. Cross cutting requirements and contingency (£990K)

The funding identified was non-recurrent revenue to be allocated during the financial year 2019/20. It was not intended to support business as usual activities or service capacity gaps unless it could be demonstrated that it would deliver transformational change or return on investment.

All successful proposals would need to complete a benefit realisation document at an agreed point (defined in the proposal) to confirm how the funding had been used and the benefits gained. The process would be managed via the CCG Project Management Office.

As noted in the Alliance Update Report to the Governing Body, the Integrated Care System Board had awarded £748,000 grant funding to Suffolk Community Foundation for our Alliance area to develop and enable voluntary, community and social enterprise bodies (VCSE) to provide services in our localities, focused on two Higher Ambitions of reducing loneliness and reducing the burden of deprivation. Micro grants of up to £1000, medium sized grants of up to £50,000 and partnership projects of up to £70,000 would enable entrepreneurial individuals and organisations to bid. Alliance partners, specifically including our district, borough and public health colleagues, with particular expertise in community work would be involved in assessing the bids.

The Chief Transformation Officer reported that there was intention to present evaluation and distribution of funding information to a future meeting. It was likely that future funding approvals would need to be reviewed in line with themes to enable joined up thinking and increase opportunities for collaborative working. Monitoring of project delivery was carried out by the PMO Team who sought receipt of regular evaluation highlight reports from providers.

Support in bid writing offered by Suffolk Community Foundation was highlighted.

Having considered the report, **the Governing Body approved** the proposed approach to transformation funding in 2019/20 **and noted** the proposed approach to the ICS Higher Ambitions funding managed by the Suffolk Community Foundation.

**The Governing Body requested** a further update in November 2019.

The Governing Body was in receipt of a report which informed of progress made in turning the Mental Health and Emotional Wellbeing Strategy into reality and updated on the work commenced with Alliance partners to develop and transform mental health and emotional wellbeing services.

Ipswich & East Suffolk CCG (IESCCG) and West Suffolk CCG (WSCCG) (collectively the CCGs) had commenced programmes of work in April 2018 to develop a Mental Health & Emotional Wellbeing Strategy and future model for mental health services.

The Mental Health & Emotional Wellbeing 10 year strategy 2019-29 was approved by the Governing Body in January 2019 following significant engagement across the system.

The report went on to outline proposed steps to implement the Strategy.

Through the current CCG and Alliance Partners Group the following requires completion by the end of May 2019

- Mental health service summaries.
- Draft new service specification.
- Confirmation of interim team being brought together to support the further development of the model.
- Confirmation of the co-production offer to support the further development of the model.

The Chief Transformation Officer clarified that the figure being sought as mentioned in paragraph 2.9 of the report was £300k and not £200k as written.

#### **The Governing Body;**

- 1) **Noted** the progress made in turning the Mental Health and Emotional Wellbeing Strategy into reality.
- 2) **Approved** the release of £300k to the Alliances to support the creation of the proposed team being brought together to provide further capacity to transform mental health and emotional wellbeing services.

**(Dr Imran Qureshi left the meeting)**

#### **19/050 PROCUREMENT UPDATE**

The Acting Chief Contracts Officer introduced a report which updated the Governing Body on procurements completed since the last procurement, together with those currently in progress and planned.

Key points highlighted included;

**Home Care** - Suffolk County Council had released the tender documentation mid-December with a return date of the 4 February 2019. The submissions received were in the process of being evaluated by a panel which included CCG representatives. The contract start date was September 2019. Due to the large number of submissions expected against the tender, it was very difficult to secure patient representatives, therefore a patient question was developed by patients and inserted into the Invitation to Tender as part of the evaluated questions.

**Pathology Services** - the CCG currently commissioned Pathology Services with NHS West Suffolk CCG and NHS North East Essex CCG. After terminating the process of direct award of the contract to North Essex & East Suffolk Pathology Services (NEESPS) the CCG was set to undertake extensive market engagement and develop a renewed specification. Once the specification had been completed a review would be undertaken of the procurement options

open to the CCGs, and a decision paper presented to clinical executives and governing bodies in order to agree a way forward for pathology services across the STP. To cover that period a contract would be secured with NEESPS to ensure continued service delivery.

**Governance** - with the move towards more integration, alliances and shared decision making, a number of multi agency meetings were forming. In order to ensure robust due process the Lead for Procurement was working with finance and contracting colleagues to develop guides and protocols which confirmed governance routes for a number of situations.

The Health Service Journal had recently highlighted the CCG as one of those facing the most procurement challenges going forward. The Acting Chief Contracts Officer advised that could be a result of the CCG communicating well in respect of procurement and its fortunate position of being able to procure.

**The Governing Body noted** the content of the report.

## 19/051 **PROCUREMENT OF EARLY SUPPORTED DISCHARGE FOR STROKE SURVIVORS**

The Governing Body was in receipt of a report which set out proposals for a revised Early Supported Discharge Service procurement.

Early supported discharge was an intervention for adults after a stroke that allowed their care to be transferred from an inpatient environment to a community setting in a timely manner. It enabled people to continue their rehabilitation at home, with the same intensity and expertise that they would receive in hospital.

Early Supported Discharge (ESD) for stroke patients was currently hosted by Norfolk Community Health & Care Trust. The contract had been extended to March 2020 and now required re-procurement.

The contract value was reduced as part of the financial recovery in 2016/17 and the reduced service budget created the following changes that were implemented in January 2017:-

- *Service reduced from a 7 day week service to a 5 day week service*
- *Therapy time reduced from up to 5 times per week to 3 times per week*
- *Reduction of service delivery from 6 weeks to 4 weeks*
- *Speech and Language Therapy (S&LT) (dysphasia) supported by a role in the team but patients needing therapy for recovery referred to the Suffolk community services team*

On 2 April 2019 the CCG's Clinical Executive had agreed to move to competitive tender, and that the procurement documentation, including the financial envelope, would need sign off prior to release. The Clinical Executive had further agreed that the Speech and Language element would continue to sit with the Community Services Directorate (ESNEFT in East; WSFT in West).

The report went on to detail the key points of the procurement build and it was anticipated that a patient representative would be identified to be involved in the procurement process.

**The Governing Body subsequently;**

- 1) **Ratified** the weighting split for finance and quality – 90% quality/10% finance
- 2) **Approved** a contract length of 5 years plus 2 years
- 3) **Ratified** the ITT Questions
- 4) **Ratified** proposed timeline
- 5) **Ratified** proposed KPIs
- 6) **Ratified** panel inclusions

## 19/052 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, and primary care teams.

### Clinical Quality and Patient Safety

Key points highlighted included;

- **E-zec** – patient dissatisfaction continued in respect of waiting and journey times, and missed appointments. There had been a large turnover of staff since E-zec had taken on the contract and work was currently underway to review information.
- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – there continued to be inconsistencies in respect of process following the merger.
- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – the risk contained within the CCG's Governing Body Assurance Framework associated to NSFT had been increased to 25 as a result of multi-disciplinary team discussion. A key concern was the lack of access to services and general lack of assurance in respect of improvement. There remained constant input by the Care Quality Commission (CQC) and both the CQC and NHS England/Improvement were represented in the oversight group. There was concern that the current organisational restructure and cultural change programme being carried out by NSFT was delaying improvement to services. NHS Improvement had sought a review of patient flow and clarity in respect of the terms of reference of that review had been sought by the CCG. 70% of the work being carried out in relation to NSFT by the CCG was a result of patient concern.
- **West Suffolk NHS Foundation Trust (WSFT)** – the CCG now had a representative on the North East Essex and Suffolk Pathology Services Board (NEESPS) and there was increased confidence that improvements were being made.

### Finance

- At month 12 the CCG had achieved its financial target of a £3m surplus.
- There had been a strong delivery of QIPP.
- There had been underspends in prescribing, continuing healthcare and running costs.

### Transformation

- Integrated Care – A&E activity was 3% above plan and emergency admissions 4% above plan. Delayed Transfers of Care performance was currently below the national target.
- Elective Care – outpatient activity was 3.5% below plan and elective activity 1% above plan. The outpatient backlog continued to be an area of key focus.
- Children and Young People – a review of the Community Paediatric Service was underway.
- Mental Health – a dedicated paper about mental health had been presented earlier. A team had been established to take forward a review of key performance indicators associated to the eating disorder service. IAPT performance was improving.

In addition it was noted that, with regard to cancer performance, there was confidence that 62 day wait performance would improve in June 2019, although two week wait targets were not being met due to an increase in breast cancer referrals. **The Governing Body requested a**

cancer update to its next meeting.

### Contracts

- E-zec – due to the level of concern reports were scheduled to be provided to the CCG's Executive in the next few weeks.
- A winter learning review was taking place which was likely to highlight improved ambulance handovers over the period.

### Primary Care

- A more detailed report would be provided to the Primary Care Commissioning Committee meeting to be held in public at 2.00pm.
- The dementia diagnosis target had been exceeded.
- Quality Outcomes Framework achievement remained strong.
- The Care Quality Commission had introduced a new telephone based process.
- Targets associated with the prescribing of broad spectrum antibiotics had been met – thanks were extended to the Medicines Management Team and Practices for their hard work.

**The Governing Body** noted the report.

#### **19/053 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.

The Governing Body noted that a new risk associated to the out of hours service had been included.

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

#### **19/054 HEALTH AND SAFETY UPDATE**

The Chief Corporate Services Officer informed the Governing Body of work currently being undertaken in relation to Health & Safety (H&S).

The Health and Safety and Risk Committee had last met on 8 May 2019 and issues reviewed by the Committee included;

- The Committee was informed that as of 1 April 2019 the CCGs would provide health and safety services to the Suffolk Primary Care surgeries. Services would include (where necessary) fire risk assessment, workplace assessment and health and safety advice.
- The CCGs were helping both East Suffolk and West Suffolk Alliances with their risk logs. The risk logs were managed at both the Alliance Steering Group meetings.
- The latest version of the health and safety newsletter was presented. The contents included; Brexit and health and safety, driving for work, stress and mental health and the CCG's provision of health and safety services for the Suffolk Primary Care surgeries.
- There had been no health and safety related incidents since the previous meeting.

- A sickness absence deep dive had been carried out for the Chief Nursing Officer Directorate.

**The Governing Body noted** the report.

#### **19/055 SUB-COMMITTEE TERMS OF REFERENCE FOR APPROVAL**

The Governing Body was in receipt of revised terms of reference for both its Audit Committee and Clinical Scrutiny Committee, for approval.

**The Governing Body approved** terms of reference for the Audit Committee and Clinical Scrutiny Committee as presented.

#### **19/056 DECLARATION OF INTERESTS**

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 following the recent six-month review was attached.

**The Governing Body noted** the report **and requested** that the receipt of declarations from member practices be pursued at practice visits and the Annual General Meeting.

#### **19/057 CCG STAKEHOLDER SURVEY 2018/19**

The Governing Body was in receipt of a report detailing the outcome of the CCG Stakeholder Survey 2018/19.

**The Governing Body noted** the content of the report.

#### **19/058 MINUTES OF MEETINGS**

Presented by the Lay Member for Governance, consideration was given to minutes and decisions from the following meetings.

**a) Audit Committee**

*The unconfirmed minutes of a meeting held on 2 April 2019*

**b) Remuneration and HR Committee**

*The unconfirmed minutes of a meeting held on 9 April 2019*

**c) Finance and Performance Committee**

*The confirmed minutes of a meeting held on 19 March 2019, and unconfirmed minutes of a meeting held on 30 April 2019.*

**d) Clinical Scrutiny Committee**

*The unconfirmed minutes of a meeting held on 23 April 2019.*

**e) Community Engagement Partnership**

*Minutes from a meeting held on 11 March 2019*

**f) Ipswich and East Suffolk CCG Primary Care Commissioning Committee**

*The unconfirmed minutes of a meeting held on 27 March 2019*

**g) CCG Joint Collaborative Group**

*The unconfirmed minutes of a meeting held on 4 April 2019*

**h) Commissioning Governance Committee**

*The confirmed minutes from a meeting held on 26 March 2019 and unconfirmed minutes of a meeting held on 23 April 2019*

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

**19/059 DATE OF NEXT MEETING**

The next meeting was scheduled to take place at 0900-1300 hrs, Tuesday, 23 July 2019, Riverside Centre, Stratford St Andrew, Saxmundham, Suffolk, IP17 1LL

**19/060 QUESTIONS FROM THE PUBLIC**

The following questions were received;

- 1) In response to questioning from Mr Anthony Dooley, the Accountable Officer, Chief Corporate Services Officer, and Chief Operating Officer acknowledged that they were supportive of working in partnership with Unite.
- 2) It was queried whether there might be opportunity to use surplus investment to address the increase in suicides during the early summer months.

In response it was reported that a Suicide Prevention Strategy, led by Public Health, had been developed and there was opportunity for mental health funding to be utilised to explore what might be additionally done. Investment into Suffolk Night Owls had already been made.

- 3) The Governing Body was asked whether future patient stories might include those from patients that had had poor experiences which had impacted on their health needs not being addressed.

The Chair advised that such stories had been received in the past. The avenue for patients to articulate their experiences were through the Patient Advise and Liaison Service (PALS). GPs were able to report negative patient experience with the hospital via contracting lines.

- 4) It was queried why there was no data in respect of physical treatments as 50,000 pensioners were thought to have died whilst waiting for care packages to be put in place.

It was reported that process data was measured although it needed to be more outcome focussed.

- 5) The Governing Body confirmed that it would continue to monitor and review the performance of E-zec.