



**GOVERNING BODY**

<b>Agenda Item No.</b>	<b>18</b>
<b>Reference No.</b>	<b>IESCCG 19-50</b>
<b>Date.</b>	<b>23 July 2019</b>

<b>Title</b>	<b>Minutes of Meetings</b>
<b>Lead Chief Officer</b>	Amanda Lyes, Chief Corporate Services Officer
<b>Author(s)</b>	Jo Mael, Corporate Governance Officer
<b>Purpose</b>	<p><b>Minutes of Meetings:</b>  <i>To receive a report from the Lay Member for Governance seeking the <b>endorsement</b> of minutes and decisions from Ipswich and East Suffolk CCG Sub Committees.</i></p> <p><b>a) Audit Committee</b>  <i>The confirmed minutes of an Extraordinary meeting held on 20 May 2019 and unconfirmed minutes of a meeting held on 26 June 2019.</i></p> <p><b>b) Remuneration and HR Committee</b>  <i>The unconfirmed minutes of a meeting held on 11 June 2019</i></p> <p><b>c) Finance and Performance Committee</b>  <i>The unconfirmed minutes of a meeting held on 18 June 2019.</i></p> <p><b>d) Clinical Scrutiny Committee</b>  <i>The unconfirmed minutes of a meeting held on 25 June 2019.</i></p> <p><b>e) Community Engagement Partnership</b>  <i>Minutes from meetings held on 13 May 2019 and 10 June 2019</i></p> <p><b>f) Ipswich and East Suffolk CCG Primary Care Commissioning Committee</b>  <i>The unconfirmed minutes of a meeting held on 21 May 2019</i></p> <p><b>g) CCG Joint Collaborative Group</b>  <i>The unconfirmed minutes of a meeting held on 6 June 2019</i></p> <p><b>h) Commissioning Governance Committee</b>  <i>Decision from a virtual meeting held on 31 May 2019</i></p>

**Applicable CCG Clinical Priorities:**

<b>1.</b> To promote self-care	<input checked="" type="checkbox"/>
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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 an Extraordinary Meeting of the Ipswich and East Suffolk Clinical Commissioning Group Audit Committee held on Monday, 20 May 2019**

**PRESENT**

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

**IN ATTENDANCE**

Colin Boakes - Governance Advisor  
Emily Bosley - Project Accountant  
Mark Game - Acting Deputy Chief Finance Officer  
Mark Kidd - RSM UK, Counter Fraud Specialist  
Jane Payling - Chief Finance Officer  
Debbie Hanson - Ernst and Young: External Audit  
Alison Riglar - Ernst and Young: External Audit  
Jo Mael - Corporate Governance Officer  
Liz Wright - RSM UK, Internal Audit

**19/038 WELCOME AND APOLOGIES FOR ABSENCE**

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

Dr Mike McCullagh - GP Clinical Executive Member  
Amanda Lyes - Chief Corporate Services Officer

**19/039 DECLARATIONS OF INTEREST**

No declarations of interest, in addition to those already published, were received.

**19/040 TERMS OF REFERENCE**

As a result of discussion at the previous meeting the Committee was in receipt of revised terms of reference for agreement.

Having reviewed the terms of reference, the Committee queried whether there was a clear policy in place for the engagement of external auditors to supply non-audit services and requested that clarification be provided.

**The Committee subsequently agreed** its revised terms of reference as appended to the report **and recommended** them to the Governing Body for approval.

**19/041 AUDIT RESULTS REPORT AND CONCLUSION ON THE CCG'S ARRANGEMENT FOR SECURING ECONOMY, EFFICIENCY AND EFFECTIVENESS IN THE USE OF RESOURCES.**

The Committee was in receipt of the Audit Results Report from Ernst and Young

the CCG's External Auditors.

Having completed audit of the financial statements of the CCG for the year ended 31 March 2019 and having performed the procedures outlined in the Audit Planning Report. Subject to satisfactory completion of the outstanding items as listed within the report, Ernst and Young expected to issue an unqualified opinion on the CCG's financial statements and an unqualified regularity opinion in the form which appeared in Section 3 – Audit Report.

Other key points highlighted included;

- The audit procedures were performed using a materiality of £11million. The threshold for reporting misstatements that had an effect on income, and misstatements in the primary statements was £300,000. That was lower than the figure of £500,000 reported in the Audit Planning Report, and had been reduced to be consistent with the WGA reporting threshold set by the National Audit Office (NAO).
- There was one unadjusted audit difference within the financial statements relating to provisions. The CCG had included £0.778 million as a non-current provision which did not meet the criteria of International Accounting Standard (IAS) 37 – Provisions, Contingent Liabilities and Contingent Assets. There were no adjusted audit differences to bring to the Committee's attention. The Committee advised that the matter had been carefully considered by the CCG's Financial Performance Committee and the CCG was not minded to make an adjustment. Rationale as to why the error would remain unadjusted had been included within the Letter of Representation.
- There were no value for money issues to report.
- The Audit Planning Report had identified a number of significant risks and key areas of focus for audit of the financial statements of the CCG. The Audit Results Report set out the Auditors observations and conclusions in relation to those areas. Consideration of those matters and others identified during the period was summarised within "Areas of Audit Focus", section 2 of the report. There were no matters, other than those reported by management or disclosed in the report, which the Auditors believed should be brought to the attention of the Audit Committee. The Committee advised that it was not aware of any other significant areas of risk or focus to report to the Auditors.
- The Auditors were required to report to the National Audit Office that the CCG had made two 'discretionary payments', to another NHS body within the same Sustainability and Transformation Partnership (STP) area.

The External Auditors thanked the CCG's finance directorate for assistance provided during the 2018/19 Audit.

**The Committee noted** the content of the reports and **thanked** the External Auditors and Finance Team for their work.

## **19/042 ANNUAL REPORT AND ACCOUNTS**

The Committee was in receipt of a report that provided an updated version of the Annual Report and Accounts and draft Letter of Representation.

Key points included;

- There were no comments with regard to the annual accounts and the Committee was satisfied with the wording of the Letter of Representation. It was requested that where applicable 'Audit Committee Chairman' should be replaced with 'Audit Committee Chair'.
- The Annual Report and Accounts were due to be presented to the Governing Body for approval on 21 May 2019.

Having considered the latest version of the Accounts and reviewed the appropriateness of the management response to the Audit Results Report, **the Committee recommended** that the CCG Governing Body approve the Accounts and draft Letter of Representation.

#### **19/043 EXTERNAL AUDIT BRIEFING**

The Committee was in receipt of the External Audit Briefing with points highlighted including;

- Having queried whether the CCG had met the Mental Health Investment Standard, the Chief Finance Officer advised that monthly reports continued to be provided to NHS England and the CCG had met the standard. The External Auditors intended to schedule associated work during August 2019 and were currently carrying out a pilot elsewhere in order to inform expected timescales for an audit.
- It was recognised that there was a need to carry out further work to review and analyse the CCG's financial sustainability in relation to the national level as reported by the National Audit Office.
- A new version of the General Accounting Manual was expected in the near future.

**The Committee noted** the briefing.

#### **19/044 INTERNAL AUDIT STRATEGY 2019/2020**

The Committee was in receipt of the Internal Audit Strategy for 2019/2020 which, it was explained, had been agreed by the CCG's Clinical Executive.

Points highlighted during discussion included;

- Section 2 contained the detailed internal audit plan and appendix B outlined a proposed three year strategy which, it was explained, could be reviewed and refreshed along the way.
- In response to questioning, it was explained that whilst the financial planning and QIPP audit included reference to East Suffolk and North Essex NHS Foundation Trust (ESNEFT) as it was currently perceived as a higher risk than West Suffolk NHS Foundation Trust (WSFT), it was intended that a whole system approach be adopted.
- There was recognition that work carried out by the previous internal auditors would be reviewed, with any outstanding issues being carried forward. RSM intended to also track progress against its recommendations.

**The Internal Auditors agreed** to circulate key performance indicators and the Internal Audit Charter to members outside of the meeting.

**The Committee accepted** the Strategy.

#### **19/045 COUNTER FRAUD WORK PLAN 2019/2020**

The Committee was in receipt of the Counter Fraud Work Plan 2019/2020. The intention was that RSM would focus on working alongside CCG management and staff in targeting resources in those areas considered at risk from fraud and bribery occurring. The work plan reflected the standards for all NHS healthcare commissioners developed by NHSCFA.

The Committee was advised that initially RSM intended to carry out a counter fraud assessment in order to identify key fraud risk areas within the CCGs. The Committee was reassured that where the work of internal audit and counter fraud overlapped both would liaise and work together.

**The Committee accepted** the Counter Fraud Work Plan 2019/2020 as presented.

**19/046 DATE OF NEXT MEETING**

The next meeting of the CCG's Audit Committee was to be held on **26 June 2019** in Ground Floor room 13, West Suffolk House, Bury St Edmunds.



**26 June 2019**

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**Chairman (Graham Leaf)**

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**Date**



## Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk Clinical Commissioning Group Audit Committee held on Wednesday, 26 June 2019

### PRESENT

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

### IN ATTENDANCE

Emily Bosley	-	Project Accountant
Nick Fanning	-	RSM UK, Internal Audit
Mark Game	-	Acting Deputy Chief Finance Officer
Jane Payling	-	Chief Finance Officer
Alison Riglar	-	Ernst and Young: External Audit
Jo Mael	-	Corporate Governance Officer
Lynda Tuck	-	Lay Member for Patient and Public Involvement, WSCCG

### 19/047 WELCOME AND APOLOGIES FOR ABSENCE

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

Colin Boakes	-	Governance Advisor
Dr Mike McCullagh	-	GP Clinical Executive Member
Amanda Lyes	-	Chief Corporate Services Officer

### 19/048 DECLARATIONS OF INTEREST

No declarations of interest, in addition to those already published, were received.

### 19/049 MINUTES OF PREVIOUS MEETING

The minutes of an Audit Committee meeting held on 2 April 2019 and Extraordinary meeting held on 20 May 2019 **were approved** as correct records.

### 19/050 MATTERS ARISING AND REVIEW OF ACTION LOG

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

Having reviewed the updated recommendations tracker, as attached to the action log, the Committee noted the following;

- Four recommendations remained outstanding and were for transfer to the new RSM tracker.
- Care Home Contracts – it was clarified that nine contracts had now been signed.
- Patient and Public Involvement Review – **West Suffolk's Lay Member for Patient and Public Involvement agreed** to ascertain progress in respect of the standardisation of form templates.

- Recovery of duplicate payments continued.

#### **19/051 ANNUAL AUDIT LETTER 2018/19**

The Audit Committee received the Annual Audit Letter for the year ended 31 March 2019 which, which was to be submitted to the July Governing Body meeting.

The Committee noted there were no significant issues and the Auditors had given an unqualified opinion on the financial accounts for the year.

The Committee's attention was drawn to a new section of the Annual Audit Letter in relation to data analytics which set out how data was used by the Auditors. Having queried what was included within the 'system by volume' portion of pie charts on page 18 of the report, **the External Auditor agreed** to investigate and report back.

It was noted that the CCG was required to publish the Annual Audit Letter on its website. The need for language contained within the document to be meaningful to members of the public was emphasized.

**The Committee noted** the content of the report **and thanked** the External Auditors for their work.

#### **19/052 INTERNAL AUDIT PROGRESS REPORT**

The Committee was in receipt of the current internal audit progress report, although it was recognised that no audits had yet been carried out by the new internal auditors. Provisional dates for reviews had been circulated.

The Committee was informed that the scheduled review of safeguarding had been postponed in light of forthcoming new national guidance. It was suggested that thought be given to identifying another area for which the audit time could be used.

A review of procurement was to be incorporated within the review of key financial controls and would be aligned with a similar review at North East Essex CCG.

In response to questioning, the Committee was informed that it was intended reporting on audits would be spread throughout the year.

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

#### **19/053 INTERNAL AUDIT STRATEGY 2019/2022**

The Committee was in receipt of the Internal Audit Strategy for 2019/2022, which was to be revised in respect of the postponement of the safeguarding audit, and the review of key financial controls being aligned with a review at North East Essex CCG, as previously mentioned.

**The Committee accepted** the Strategy, **subject to** the above changes, **and noted** that there was opportunity for flexibility throughout the year.

In response to questioning, the Committee was informed that it had been too early to produce a Counter Fraud report for today's meeting. RSM's Counter Fraud Representative had attended a recent Chief Officer Team meeting and it was intended that the Counter Fraud report would be presented to all future Audit Committee meetings.

#### **19/054 GOVERNING BODY ASSURANCE FRAMEWORK (GBAF)**

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 Committee, with approval by the Governing Body.

The necessity for monthly meetings of the CCG's Risk Forum was questioned and participation by North East Essex CCG in the Risk Forum could be pursued, if appropriate, after establishment of the new structure.

**The Committee noted** the GBAF as presented.

#### **19/055 DRAFT AUDIT COMMITTEE ANNUAL REPORT**

The Committee was in receipt of the current draft of the Annual Audit Committee Report for comment.

Points highlighted included;

- Removal of the spare 'chief' in the 'others in attendance' section within the table at paragraph 3.1.
- There was a need to revise some wording associated to Section 4 in relation to specific duties and responsibilities.

**Subject to the above amendments, the Committee approved the report** for presentation to the Governing Body in July 2019.

#### **19/056 BRIEFING ON ASSURANCE ENGAGEMENT ON THE MENTAL HEALTH INVESTMENT STANDARD**

The Committee was in receipt of a report from the Chief Finance Officer which sought to make committee members aware of the requirements of the Assurance Engagement on the Mental Health Investment Standard and the actions being taken to ensure its timely completion.

The Mental Health Investment Standard required the CCG to increase its spending on specified areas of mental health (i.e. excluding dementia and learning difficulties) at a faster rate than its general spending increases. NHS England had mandated that CCGs must publish a statement on their websites stating whether or not they met the standard and that the statement must be audited. The final briefing for the audit was received from NHS England on Wednesday 12 June 2019.

NHS England required the audit of the amounts spent on mental health in both 2018/19 (the Current Year for the purposes of the engagement) and 2017/18 (the comparative year). In future years, only the year just completed would need to be audited, as the comparative year would have been previously audited.

NHS England had mandated that the procedure must be completed as a reasonable assurance engagement, rather than a limited assurance engagement.

NHS England expected the audit to be "well under way" by 31 August 2019, and had recommended that the CCG engage its statutory auditors for the work, within the permitted boundaries of the CCG's standing orders and financial policies.

The CCG was required to have published the statement on its website by 30 September 2019, alongside the auditors' report on that statement.

The External Auditors reported that following work at a pilot site, they had raised concerns to NHS England in relation to scoping for the work. To date, those concerns had not been addressed.

**The Committee noted** the content of the report **and requested** an update for the next meeting.

#### **19/057 WAIVERS OF COMPETITIVE TENDERING**

The Committee received the following waivers of competitive tendering:

**056** – Cyber Security Software 'Dark Trace'

**057** – My Care Record

**058** – Mobile Phones

**059** – Summary Care Records

**The Committee noted** the presented waivers of competitive tendering.

#### **19/058 AUDIT COMMITTEE SELF-ASSESSMENT FEEDBACK**

The Audit Committee reviewed feedback from its recent self-assessment exercise, with points highlighted being;

- Attempts were being made to recruit new members in order to address quoracy issues.
- It was queried whether review of key data against quality dimensions came under the role of the Clinical Scrutiny Committee.
- It was noted that the new internal auditors had issued a formal charter and had addressed whether internal audit complied with the Public Sector Internal Audit Standards.
- It was felt that committee objectives were set via the External and Internal Audit Plans.
- The receipt of reports from other Governing Body Committees was felt to be addressed via individuals attendance at such Committees. It was noted that all sub-committee minutes were regularly reported to the Governing Body.
- It was suggested that it might be useful for the Committee structure to form part of the induction process for new Lay Members.

**The Audit Committee noted** the feedback.

#### **19/059 POLICIES FOR APPROVAL**

No policies were received for approval.

#### **19/060 ANNUAL PLAN OF WORK**

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

#### **19/061 ANY OTHER BUSINESS AND REFLECTION**

Being aware of a national exercise in respect of procurement fraud, the internal auditors were asked to provide assurance that there were no consequences for CCGs.

The Committee felt that the meeting had been conducted in an efficient manner.

**19/062 DATE OF NEXT MEETING**

The next meeting of the CCG's Audit Committee was to be held on 1 October 2019, at 2.00pm in the Britten Room, Endeavour House.

The pursuance of Committees in common with North East Essex CCG was queried and the **Chief Finance Officer agreed** to investigate and report back.



**Unconfirmed Minutes of a meeting of the Ipswich and East Suffolk Clinical Commissioning Group Remuneration and Human Resources Committee Meeting held on Tuesday 11 June 2019**

**PRESENT:**

Graham Leaf	Lay Member for Governance (Chair) (Part)
Irene MacDonald	Lay Member for Patient and Public Involvement
Dr Mike McCullagh	GP Governing Body Member

**IN ATTENDANCE:**

Amanda Lyes	Chief Corporate Services Officer
Jo Mael	Corporate and Governance Officer
Giles Turner	Head of Workforce (Part)

**19/036 WELCOME AND APOLOGIES FOR ABSENCE**

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

**19/037 DECLARATIONS OF INTEREST**

No declarations of interest were received.

**19/038 MINUTES OF THE PREVIOUS MEETING**

The minutes of the Ipswich and East Suffolk CCG Remuneration and Human Resources Committee meeting held on 9 April 2019 were reviewed and confirmed as a correct record.

**19/039 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;

19/034 – Conflicts of Interest Training – the Chief Corporate Services Officer reported that a communication to staff had been drafted which sought to clarify who was required to carry out the training. There was confidence that training numbers would increase to the required level within the relevant timescale and a progress update would be provided to the October 2019 meeting.

**19/040 WORKFORCE INTELLIGENCE REPORTING DEMONSTRATION**

The Head of Workforce gave a demonstration of the capabilities of the Electronic Staff Record (ESR) software, which was to be rolled-out for use by all staff.

Information contained within the software such as sickness/absence, payroll,

and mandatory training progress formed the foundation of the workforce report. It was anticipated that wider use of the software would facilitate more efficient work processes and cost savings.

The Committee was reassured that appropriate checks and balances were in place in respect of usage and noted that the software contained a trackable history record.

**The Committee noted** the demonstration **and looked forward** to receiving a progress update in respect of the software roll-out in October 2019

**(Giles Turner left the meeting)**

#### **19/041 MANAGEMENT RUNNING COSTS**

The Committee was provided with an overview of the year to date management running costs at the end of March 2019.

The CCG running cost allocation for 2018/19 was £8,551k but budgeted to spend £7,979k, the balance of the allocation was being used to fund programme costs.

Based on the full year costs, actual spend per head was £17.91 compared to funded spend per head of £21.06

#### **Alignment of costs across the ICS**

The finance teams across SNEE had been working more closely together during 2018/19, with Suffolk's finance team providing financial support to NEE following the withdrawal of services by its CSU.

As part of that work, a review of CCG running cost budgets focussing particularly on how they are charged between programmes and running cost allocations has been undertaken.

To improve alignment with NEE, the areas of clinical work had been recoded from running costs to programme for 2018-19 and would continue to be coded to programme costs in 2019-20.

The impact of those changes was included in the appendix to the report.

**The Committee noted** the content of the report

#### **19/042 LEARNING LESSONS TO IMPROVE OUR PEOPLE PRACTICES**

The Chief Corporate Services Officer introduced a report that shared recent correspondence from NHS Improvement in respect of policies and procedures surrounding summary dismissals, and invited the Committee to comment and seek assurance that the CCGs had appropriate policies and procedures in place.

The Committee was informed that whilst such instances were less common within the commissioning environment it was important that the CCGs had appropriate policies and procedures in place, both in respect of process and in order to facilitate appropriate care for individuals.

The Committee was advised that initiation of the process would be via a Chief Officer in liaison with the Chief Corporate Services Officer. The process contained a right of appeal facility. Instances would be reported to the

Remuneration and HR Committee prior to being notified to the Governing Body.

Having queried whether the CCGs providers were required to have such policies and procedures in place, **the Chief Corporate Services Officer agreed** to seek advice from the Acting Chief Contracts Officer.

**19/043 SUFFOLK AND NORTH EAST ESSEX STRUCTURE TIMELINES PHASE 1 AND 2**

The Committee was in receipt of the proposed timetable associated with the Suffolk and North East Essex CCGs structure. Staff were advised of the timetable at a recent staff briefing and it had been shared with partner organisations.

Senior Management Team posts would be subject to panel interview with the panel consisting of the Accountable Officer, three CCG Chairs and an NHS England representative. It was anticipated that the Senior Management Team recruitment would be completed by the end of July 2019.

**The Committee noted** the report and that it would receive a further update in October 2019.

**19/044 REVISION TO THE RECRUITMENT PROCESS**

The Committee was in receipt of a report that advised of a revision to the previously presented recruitment process instigated to address the 20 per cent savings that the CCG was required to make in its running costs by working collaboratively across the three CCGs in the Suffolk and North East Essex STP.

Having reviewed the procedure, both the Suffolk and North East Essex executive teams had identified even more scope to work in partnership across all three organisations, and would be introducing an additional stage to the recruitment process.

In future a recruitment panel would meet on the first Monday of every month to sign off all new vacancies, with the first panel meeting taking place on 3 June 2019. The deadline for submission of posts to the recruitment panel would be the third Monday of every month.

**The Committee noted** the report.

**19/045 INTEGRATED CARE SYSTEM (ICS) UPDATE**

The Chief Corporate Services Officer reported that stakeholder panels in respect of recruitment to the role of Independent Chair of the Integrated Care System were due to take place on 14 June 2019 with interviews scheduled for July 2019.

The Committee recognised the importance of the relationship between the Independent Chair of the ICS and the ICS Executive Lead and suggested there be opportunity for the ICS Executive Lead to provide feedback to the recruitment panel.

**The Committee noted** the update.

**19/046 POLICIES FOR APPROVAL**

The Committee was in receipt of the Staff Volunteering Policy for approval.

It was explained that the policy had been instigated from the Suffolk Minds survey and intended to provide staff with the opportunity of two paid days a year for volunteering activities.

Having queried whether, in light of where staff might live, volunteering was restricted to Suffolk, together with how community and voluntary organisations might be supported;

**The Committee subsequently;**

- 1) **Approved** the policy **subject to** where appropriate, it being revised to state volunteering would be 'primarily' in Suffolk.
- 2) **Requested** that work be carried out to explore support for organisations that might wish to become more involved in health.
- 3) **Requested** that it receive a further update in October 2019

**(The Chair advised that Any Other Business would be taken next)**

**19/047 ANY OTHER BUSINESS**

The Committee highlighted concern that opportunities for promoting the good work being carried out by the CCGs did not seem to be taken and suggested that the Chief Officer Team give some thought to strategic communications going forward.

**(Graham Leaf left the meeting)**

**19/048 HEALTH SAFETY AND RISK COMMITTEE**

The Committee was advised of work currently being undertaken in relation to Health & Safety which included;

The last meeting of the Committee had been held on 8 May 2019 with highlights being;

- The Committee was informed that as of 1 April 2019 the CCGs were to provide health and safety services to the Suffolk Primary Care surgeries. The agreement was for one day per month at each of the surgeries so each surgery received a visit per year. The services included (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. The newsletter would be circulated to all three CCG sites.
- The Terms of Reference for the Committee were reviewed.
- There had been no health and safety related incidents since the last meeting.

- A sickness absence deep dive had been carried out for the Chief Nursing Officer Directorate. The current sickness rate was 2.21% against a target of 2%.

**The Committee noted** the content of the report.

#### **19/049 JOINT STAFF PARTNERSHIP COMMITTEE**

The Committee received an update on the Joint Staff Partnership Committee meeting held on 25 April 2019. The Committee had received the following updates;

Staff Policies – a working group had been established to develop a workplace menopause policy, which was due to be launched by summer 2019.

Partnership Agreement - the renewed partnership agreement was signed by Amanda Lyes and George Shephard on behalf of staff side to continue the excellent working relationship between NHS Ipswich and East Suffolk and NHS West Suffolk CCGs and key employer representatives.

Health & Wellbeing - Suffolk Mind Update - the second Emotional Needs staff audit would commence in early May. Staff information sessions had been arranged.

The next training taking place was Supporting Staff Mental Health for Managers, the one-day course gave managers the knowledge and skills to support mental health at work.

Sickness Absence report - the group was presented with a deep dive sickness report for a particular directorate within the CCG. All agreed it was a useful exercise.

Trade Union Workshop - the STP Social Partnership Forum would be organising a Trade Union Workshop in the summer for trade union reps across the system.

STP/ICS Update - for Committee was informed that the STP/ICS was in the process of recruiting an independent chair.

**The Committee noted** the content of the report.

#### **19/050 ANNUAL PLAN OF WORK**

**The Committee noted** its current annual plan of work and that it would be revised in line with actions agreed at today's meeting.

#### **19/051 DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled to take place on 8 October 2019, at 11.00am in the Garrod Room, EndeavourHouse.



Key points highlighted during discussion included;

- The reporting template was the same as that used for 2018/19.
- Discussions continued with NHS England in relation to variance from plan and how regional support might be identified. It was expected that clarity in respect of reporting would be received prior to development of month 03 reports.
- At the end of month 02 the CCG was on target to achieve its £1.9m in year surplus.
- The CCG had reported a balanced risks and opportunities position to NHS England. Identified risks were additional contract risks, overspend on GP delegated budgets and anticipated cost pressures on prescribing and continuing healthcare budgets. Those risks were mitigated by the use of contingency, reserves and year end flexibilities.
- QIPP delivery was on plan.
- Brain injury placements continued to be area of concern and previous agreement to provide a report to the Clinical Executive was noted. **The Committee requested** the report incorporate consideration of the feasibility of continuing healthcare support.
- Prescribing – as month 01 figures were not yet available, it was noted that March 2019 expenditure had been lower than anticipated which had provided a good start to 2019/20.
- Alliance funding expenditure was to be identified separately within future reports.
- ESNEFT – the unvalidated position as reported by the Trust was that it had planned to spend £17.8m year to date, with actual spend being £17.5m.
- In response to a question the Committee was informed that the CCG's cash position fluctuated throughout the year.

**The Committee noted** the report.

#### **19/054 PROJECT MANAGEMENT OFFICE (PMO) REPORTS**

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

- QIPP delivery was on track with key areas of concern being prescribing and continuing healthcare. The Committee was reassured that should there be any significant concerns prior to the next meeting they would be reported to the Clinical Executive.
- Having questioned whether information as tracked across years, **the Chief Finance Officer agreed** to review past prescribing and continuing healthcare information to identify any long term trends and report back to the next meeting.
- Quality Premium – £768k of quality premium had been achieved in 2018/19. The CCG awaited final notification of 2019/20 premium indicators and calculation.
- RightCare – there was an additional respiratory scheme for 2019/20.
- Transformation Funding – from 35 schemes there were eight that were not on track, with most being delayed due to recruitment issues.  
The need for scheme providers to identify where money was being spent was highlighted and **it was agreed** that a relevant item should be added to the Alliance Finance Group agenda. It was also suggested that thought should be given as to how future funding might be aligned to outcomes.

**The Committee noted** the report **and requested** that future reports identify monies spent to date in relation to transformation funding.

#### **19/055 FINANCIAL PLANNING UPDATES**

##### Primary Care

The Chief Finance Officer reported that key issues associated to the primary care delegated budget were as follows;

Estates – having received a report in respect of Estates to its May 2019 meeting, the CCG's Primary Care Commissioning Committee had identified that a prioritisation process was

required. As a result a Primary Care Estates Group had been established to review current and potential estate issues. The Committee was informed that prior to NHS England having responsibility for primary care estates regular reviews had taken place.

The report went on to outline a number of cost pressures on the primary care delegated budget, many of which resulted from the additional charges associated with the development of Primary Care Networks (PCNs) for which additional funding had not been received. This report had been written at a point in time when the number of PCNs was expected to be 10 (now 11). The finance team had relooked at the budget and increased its estimate of the anticipated cost pressure to be £1,814k.

There was extreme dissatisfaction that the development of Primary Care Networks was not to be fully funded nationally which, it was felt, was not in the spirit of the Long Term Plan or Direct Enhanced Service. **The Committee agreed** that a primary care financial pressures report should be presented to the Governing Body in July 2019.

**The Committee noted** the report.

#### Alliance Transformation Funding

The Committee was provided with a summary of the Alliance funding, its allocation and processes.

The Committee raised concern at the lack of bids indicating partnership working in previous transformation funding rounds and it was felt that identification of at least one partner should perhaps be incorporated within the application process. Future bids were to be reviewed by the East Suffolk Alliance Board prior to approval by the CCG.

The finance team was maintaining a log of expenditure items which had been approved against the funding via the CCG Clinical Executive or Governing Body. Expenditure progress would be monitored via the Alliance Financial Performance Committee and reported to the CCG's Clinical Executive/Financial Performance Committee.

**The Committee noted** the report.

## **19/056 INTEGRATED CARE SYSTEM UPDATE**

#### Operation of System Control Totals 2019/20

The Committee was in receipt of a report that provided an update on the position regarding the operation of organisational, alliance and ICS control totals.

The Chief Finance Officer reported that whilst there had been an expectation that control totals be managed centrally there had been some reluctance to its instigation in the wave 1 of ICS. As a result there was now a requirement for organisations to make available, at a system level, 15-100% of Provider Sustainability Funding (PSF), with the remainder being earned at organisational level. Directors of Finance had therefore agreed that 15% of PSF funding would be made available at a system level with 85% at local level.

The need to carefully manage potential conflicts of interest within the Alliance space was highlighted together with determining rules and governance.

**(Dr Mike McCullagh entered the meeting)**

#### Update on Financial Governance

The Committee was reminded that in February 2019 it had agreed to move to a new structure for financial governance which would operate at the three levels of CCG, Alliance and Integrated Care System (ICS).

In April 2019 it had agreed that a separate meeting was required to discuss financial risks at ESNEFT – that group had a working title of the CCG/ESNFET financial risk working group (FRWG), and draft terms of reference and an agenda were attached to the report. It was suggested that the name of the group be revised to Financial Risk Oversight Group (FROG).

Having queried where the FRWG/FROG would report to it was agreed that reports should be provided back to the CCG's Financial Performance Committee, with consideration given to providing a headlines report to the Alliance FPC.

Progress had been made on setting up the Alliance Financial Performance Committee and the FRWG/FROG with initial meetings of both groups planned in July 2019. Alliance partners had been asked to put forward a finance and a clinical/operational management representative for the Alliance FPC. Having queried topics for the Alliance FPC, it was suggested the Committee be asked to consider how the financial view might be managed across the system; questions that needed answering and acceptance of tolerance.

**The Committee noted** the update.

#### **19/057 ANY OTHER BUSINESS**

No items of other business were received.

#### **19/058 REFLECTION**

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

#### **19/059 DATE OF NEXT MEETING**

Although the next meeting was scheduled to take place on 17 September 2019 0830-1030hrs in the Abbey/Snape Room at Endeavour House.



**Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk CCG  
Clinical Scrutiny Committee held on Tuesday, 25 June 2019**

**PRESENT:**

Dr Imran Qureshi	GP Clinical Scrutiny Committee Member (Chair)
David Brown	Deputy Chief Operating Officer
Dr Lindsey Crockett	GP Clinical Scrutiny Committee Member
Dr Dean Dorsett	GP Clinical Scrutiny Committee Member
Dr David Egan	GP Clinical Scrutiny Committee Member
Ed Garratt	Accountable Officer
Dr John Hague	GP Clinical Scrutiny Committee Member
Dr Peter Holloway	GP Clinical Scrutiny Committee Member (Part)
Dr Imaad Khalid	GP Clinical Scrutiny Committee Member
Dr Lorna Kerr	Secondary Care Doctor
Graham Leaf	Lay Member: Governance and CCG Vice Chair
Amanda Lyes	Chief Corporate Services Officer
Lisa Nobes	Chief Nursing Officer
Dr John Oates	GP Clinical Scrutiny Committee Member
Dr Omololu Ogunniyi	GP Clinical Scrutiny Committee Member
Dr Mark Shenton	GP Clinical Scrutiny Committee Member
Dr Ben Solway	GP Clinical Scrutiny Committee Member
Dr Ayesha Tu Zahra	GP Clinical Scrutiny Committee Member
Richard Watson	Chief Transformation Officer
Jane Webster	Acting Chief Contracts Officer

**IN ATTENDANCE:**

Jo Mael	Corporate Governance Officer
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**19/029 WELCOME AND APOLOGIES FOR ABSENCE**

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

Dr Padmanabhan Badrinath	Consultant in Public Health Medicine
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Dr Juno Jesuthasan	GP Clinical Scrutiny Committee Member
Irene Macdonald	Lay Member: Patient and Public Involvement
Dr Michael McCullagh	GP Clinical Scrutiny Committee Member
Jane Payling	Chief Finance Officer

**19/030 DECLARATIONS OF INTEREST**

No declarations, in addition to those already published, were declared.

**19/031 MINUTES OF MEETING HELD ON 23 APRIL 2019**

The minutes of the meeting held on 23 April 2019 were **agreed** as a correct record.

**19/032 MATTERS ARISING AND REVIEW OF ACTION LOG**

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

19/005 – Eating Disorder Service - it was agreed that further information be provided to the August 2019 meeting following establishment of the Eating Disorder Team

19/005 – Wheelchair Service – the Acting Chief Contracts Officer reported that a paper would be presented to the CCG’s Executive prior to presentation to the Governing Body in July 2019.

19/022 – Discharge Summaries – the Committee was informed that the backlog of discharge summaries had reduced and IT solutions continued to be explored. There had, to date, been little progress in relation to integration with SystemOne although a Joint IT Board between ESNEFT and the CCG had been established. **It was agreed** that a progress update be provided to the next Clinical Scrutiny Committee in August 2019.

### **19/033 INTEGRATED PERFORMANCE REPORT**

The Committee received key headlines in respect of each area of the Integrated Performance Report as follows:

#### Clinical Quality and Patient Safety

- **Integrated Urgent Care** – assurance visits had been carried out to the Clinical Advice Service (CAS) and Out of Hours (OOH) service. The visits had provided verbal assurance that breaches were being managed and a follow up assessment visit was to take place. The quality of out of hours processes and protocols were being reviewed. The CCG was encouraged and reassured that progress would be made going forward.
- **East of England Ambulance Service Trust (EEAST)** – recruitment and retention concerns continued. Verbal feedback had been received in relation to the Trusts recent Care Quality Commission review. The CCG had been invited by NHS England and NHS Improvement to participate in regional performance meetings in order to align approach.

Having queried whether suggestions made by the CCG’s Integrated Care Network to improvement handover times had been pursued by the Trust, **the Accountable Officer agreed** to ask David Allen from the Trust to attend a future meeting.

- **E-zec** – complaints continued to be received in relation to transfer to appointments and a performance notice had been issued on 22 May 2019. Sustained improvement was required.
- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – CCG service reviews continued and it was intended that a summary report including actions would be presented to a future Clinical Executive. Whilst there had been some improvement in in-patient areas, Child and Adolescent Mental Health Services (CAMHS) remained a key concern.

The Committee was informed that representatives from the CCG had been invited by NHS England to attend a meeting on 4 July 2019 and **it was agreed** that those attending be briefed on key issues prior to the meeting.

- **West Suffolk NHS Foundation Trust (WSFT)** – a quality improvement visits in

respect of North East Essex and Suffolk Pathology Services (NEESPS) was planned. The provision of discharge summaries remained a key issue and concern was expressed at the quality of the summaries which, it was thought, were formatted by NHS Digital.

- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – areas of concern were poor compliance by the Emergency Department in respect of the sepsis care bundle. A Care Quality Commission review of acute and community was expected.

It was suggested that separate reporting of acute and community information with future reports would be beneficial.

- **Care Homes** – there were currently no ‘inadequate’ rated care homes within the CCG area.
- **Individual Funding Requests** – it was queried whether costing information might be included within future reports and the **Chief Nursing Officer was asked** to explore the feasibility of providing a more detailed report to a future meeting.
- **Continuing Healthcare** – the Committee was advised that legal challenge was becoming more prevalent. A Deprivation of Liberty Safeguards (DOLS) practitioner was now in place.

#### Finance

- At the end of month 02 the CCG was on target to achieve its £1.9m in year surplus.
- The CCG had reported a balanced risks and opportunities position to NHS England. Identified risks were additional contract risks, overspend on GP delegated budgets and anticipated cost pressures on prescribing and continuing healthcare budgets. Those risks were mitigated by the use of contingency, reserves and year end flexibilities.
- QIPP delivery was on plan.

In response to questioning the Committee was reassured that challenge had been made to NHS England in relation to the proposed funding of primary care networks.

#### Transformation/PMO

- **Integrated Care** – activity had increased across the region and a demand management workshop had recently been held, information from which was to be reviewed by the CCG’s Integrated Care Network. £1.3m had been assigned to integrated care for demand management. The CCG’s was to receive a report in respect of the End of Life review within the next few weeks which would incorporate progress in relation to the instigation of ‘My Care Choices’. The urgent care treatment centre business case was to be received by ESNEFT’s Board prior to presentation to the CCG’s Governing Body in July 2019. A meeting had been scheduled within the next few weeks with Care UK and the Suffolk GP Federation in respect of the Integrated Urgent Care Service.
- **Elective Care** – the pace of progress by the Trust in relation to improved elective pathways and reduced activity was a concern. There was a lack of confidence in relation to demand/capacity planning. Forthcoming focus would be on six specialities with revised models of care and an action plan expected by the end of July 2019. The Committee was advised that the inability of the Trust to recruit a Consultant Dermatologist was a national issue. A formal Memorandum of Understanding in respect of cancer was awaited and non-

breast cancer two week wait performance had declined with modification of the pathway being explored.

- **Children and Young People (CYP)** – the CCG had appointed a new Associated Director for CYP. A bid for schools mental health support had been successful and the speech and language therapy service had recruited to all vacant posts which should result in an improved service for Suffolk. A review of the community paediatric service was underway. Childhood obesity would be a key focus going forward with development of a tier 3 service.
- **Mental Health** – additional funding had been acquired to develop a 24 hour Crisis service and a Mental Health Board had been established.

#### Contracts

- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – 62 day cancer target had not been achieved. The Trust had re-submitted an improvement plan and performance was expected to be on trajectory by September 2019. Occupancy was currently at 94% and escalation beds were open.

#### Primary Care

- **Learning Disability Health Checks** – there had been an improvement in performance.
- **Antibiotic Prescribing** – there had been an improvement in performance.

Having queried how the CCG identified those practices that might be struggling, the Committee was advised that it was mainly a result of the acquisition of soft intelligence although increased use of A&E by patients and increased complaints could also be early warning signs.

**The Committee requested** that it receive a more detailed report on practice issues to a future meeting.

**The Committee noted** the report.

### **19/034 GOVERNING BODY ASSURANCE FRAMEWORK (GBAF)**

The Committee was in receipt of the current version of the CCG Governing Body Assurance Framework (GBAF) which was reviewed by the Chief Officer Team every month and by the Governing Body and Audit Committee at each of their meetings.

Amendments/additions were detailed within paragraph 2.2 of the report. Key points highlighted included;

- A new risk in relation to patient transport had been included.
- A Financial Risk Working Group had been established.

Workforce was identified as a key risk that was not currently on the GBAF and the **Chief Corporate Services Officer agreed** to provide a future report on that risk and the work of the training hub and the Local Workforce Action Board (LWAB) to a future meeting.

In response to questioning the Committee was informed that the rating of the risk associated to the East of England Ambulance Service Trust was to be reviewed.

**The Committee reviewed and approved** the GBAF as presented.

(Dr Peter Holloway left the meeting)

**19/035 SUMMARY HOSPITAL-LEVEL MORTALITY (SHMI) REPORTS 2018: EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST (ESNEFT)**

The Committee was reminded that it had requested further information in respect of ESNEFT SHMI data as ESNEFT was one of 11 trusts cited as having a 'higher than expected' number of deaths for 2018/19. The report included actions being taken by ESNEFT to address the situation which included;

- Ensuring that in-hospital deaths were reviewed in line with national guidance for Learning from Deaths and discussed at specialty Mortality and Morbidity meetings.
- Appointment of Medical Examiners who would provide additional scrutiny by assessing the quality of care as described in the health record and through discussion with the bereaved.
- Ensuring that issues identified through mortality reviews and the following systems were investigated and that any learning identified was shared with the relevant team and trust-wide if appropriate:

The Committee was informed that the Trust had extended an invitation to the CCG for it to have representation on its Learning from Deaths Group.

The CCG intended to follow up on the actions identified within the report and continue to monitor SHMI data on a monthly basis. The CCG would request a formal response from the Trust in relation to SHMI data and information from a 'deep dive' exercise into deaths that had taken place in the last year was awaited.

**The Committee noted** the report.

**19/036 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) ACTION PLAN**

The Committee was in receipt of key performance indicators and the action plan agreed by the SEND Programme Board/Department of Education and NHS Improvement which, it was explained, formed the basis of quarterly reports.

The education of front line practitioners, access to child and adolescent mental health services and access to the well-being service remained issues of key focus.

Having recognised that Outcome 1 (Parents, children and young people to get the right support at the right time and feel that they are listened to and in control) formed the basis for all other outcomes, measurement on an annual basis was questioned. The Committee was reassured that measurements were under monthly review by the SEND Board that had oversight of performance against the KPI's and action plan.

**The Committee noted** the report.

**19/037 POLICIES FOR APPROVAL**

No policies had been received.

**19/038 CHAIR'S SUMMARY/REFLECTION/FOLLOW UP ON GB PATIENT STORY**

Any other business;

- 1) Having suggested that the two week wait soft tissue cancer sarcoma form be revised, the Committee was advised that work was already underway.
- 2) Chief Officers were asked to consider how the implementation of one management team across three CCGs might impact on individual workloads.

**19/039 DATE OF NEXT MEETING**

The next meeting of the Clinical Scrutiny Committee was scheduled to take place on **27 August 2019**, from 0830-1100hrs at Endeavour House, Ipswich.



**Unconfirmed minutes of a Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 21 May 2019, in public, in Ropes Hall, Kesgrave Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk**

**PRESENT:**

Irene Macdonald	Lay Member: Patient and Public Involvement, IESCCG
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Ed Garratt	Chief Officer
Jane Payling	Chief Finance Officer, IESCCG
Jane Webster	Acting Chief Contracts Officer
Wendy Cooper	NHS England Representative
Simon Jones	Local Medical Committee
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton	CCG Chair
Andy Yacoub	Healthwatch

**IN ATTENDANCE:**

Jo Mael	Corporate Governance Officer
Claire Pemberton	Head of Primary Care
Caroline Procter	Primary Care Commissioning Manager
Anna Sheldrake-Cochrane	Head of ICT and Informatics
Julie White	Primary Care Development Manager

**19/25 APOLOGIES FOR ABSENCE**

Apologies for absence were noted from:

David Brown	Deputy Chief Operating Officer
Dr Lorna Kerr	Secondary Care Doctor
Cllr James Reeder	Health and Wellbeing Board

**19/26 DECLARATIONS OF INTEREST**

Dr Mark Shenton declared an interest in the agenda as holder of a Personal Medical Services (PMS) contract and a specific personal interest in agenda item 07 (Primary Care Networks – Approval of Configuration) as his wife was identified as a Clinical Director of one of the proposed primary care networks. As a non-voting member he remained in the meeting when that item was discussed.

**19/27 MINUTES OF PREVIOUS MEETING**

The minutes of a meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on 27 March 2019 were **approved** as a correct record.

## **19/28 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS**

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

## **19/29 GENERAL UPDATE**

The Chief Operating Officer advised that all items to update were already highlighted within papers on the agenda.

## **19/30 PRIMARY CARE CONTRACTS AND PERFORMANCE REPORT**

The Committee was in receipt of a report which provided an update on contractual and performance related matters in respect of GP Practices, together with actions taken.

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

- Public Health
- Prescribing and medicines management
- Learning Disabilities (LD) health checks
- Severe mental illness physical health checks
- Use of NHS resources
- Quality Outcomes Framework reporting
- PMS Development Framework and Local Enhanced Services

Key points highlighted during discussion included;

- Severe mental illness physical health checks - at the end of Quarter 4 the number of SMI patients on the IESCCG register was 3337 and a total of 1233 patients (36.9%) had received all six checks in primary care. Although the target was 60%, the CCG remained above the regional and national average. Eight primary care workers had been recruited to facilitate uptake going forward and performance was expected to improve.
- Learning disabilities health checks - the CCG target was for 75% of health checks to be completed by the end of 2019/20. The final position for 2018/19 was 67.1% which was a 7.9% increase on last year figures.
- Quality Outcomes Framework exception reporting – exception reporting rates across the CCG indicated a lowest overall exception reporting rate of 4.76% and a highest of 12.14%. The CCG average was 8.63% with the regional average being 9.35%.

**The Committee noted** the content of the report and thanked CCG practices for their engagement and good performance.

## **19/31 PRIMARY CARE NETWORKS**

The Committee received a report which provided an update on progress associated with the development of Primary Care Networks (PCNs). The report went on to seek approval of the proposed configurations and associated governance arrangements.

NHS England had recently introduced the concept of Primary Care Networks

(PCN). The policy, which had been jointly developed with the BMA represented the most significant shift in how GP services were commissioned and organised since the inception of the NHS.

The key elements of the PCNs were outlined in Section 2 of the report.

All 40 practices within Ipswich and East Suffolk CCG had agreed to come together to form 11 PCNs. Appendix A to the report provided detail on each of the networks and evidenced that the applications in each case met the initial criteria; sensible geography, size, named clinical director and identified an organisation to hold the funds.

Assuming the configurations were approved by the Committee, the PCNs would be notified and start to develop and agree their final version of the network agreement, setting out the decision making process, financial arrangements and how they would govern themselves and relate to each other.

Details of the proposed configuration would also be considered by the STP Partnership Board on the 14 June 2019 and by the local Alliance Board on the 11 June 2019 to ensure that local partner organisations understood the agreed arrangements. The final agreed configuration would be notified to NHS England.

Primary Care Networks would be launched on the 1 July 2019 and would develop incrementally over the next five years.

Having queried why one of the proposed Networks had identified four named Clinical Directors it was explained that could be due to current uncertainty surrounding the level of commitment required for the role. It was pleasing to note that new GPs were stepping into leadership roles and that one of the Clinical Director roles was to be carried out by a Physician Associate.

It was noted that the Primary Care Networks provided good overlap with Integrated Neighbourhood Teams which should facilitate good collaborative working.

As a result of questioning in respect of potential issues surrounding the future ownership of practices, it was explained, that ownership was only applicable to those with specific personal medical services, general medical services or alternative provider medical services contracts.

Having been advised by the LMC representative that the LMC was supportive of the proposals, **the Committee approved** the proposed Primary Care Network configurations as presented.

## **19/32 INTEGRATED NEIGHBOURHOOD TEAMS (INTs)**

The Committee was in receipt of a report which informed on the progress and involvement of GP practices with social care, community services and wider parties in Integrated Neighbourhood Teams.

In October 2018, the CCG had offered practices a Local Enhanced Services to provide protected time to meet with social care and community service leads in their area and together to (i) build working relationships, (ii) identify needs and (iii) agree priorities for action. The different INT areas and the projects they were working on were detailed in paragraph 2.1 of the report.

Next steps included;

- To review how Primary Care Networks would align and work with Integrated Neighbourhood Teams.

- To establish INT Core Leadership Teams to progress plan development and implementation.
- To provide additional transformation, project management and business support to each INT.
- To align social prescribing plans to each core INT. Social prescribing providers had now been appointed for each INT area,
- To provide local data packs to each INT including demographic, social economic, disease prevalence and current local performance data to inform further development of plans. Those were currently being prepared by Public Health and would be completed by September 2019.
- To consider whether additional resources were required to enable practice engagement with INTs.
- To develop local INT performance metrics.
- To continue the review and delivery of co-location opportunities.
- To support local organisational development.

It was suggested that the relationship between each INT and their patient participation groups might be further developed.

**The Committee noted** the content of the report.

### **19/33 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT**

The Committee was provided with an overview of the Primary Care Delegated Commissioning Budget at month 12.

At the end of month 12, the GP Delegated Budget spend was £659k over spent, with other primary care indicating an under spend of £878k as forecast due to NHS England core contract provision being less than required. Key variances and detail were set out in Section 2 of the report.

**The Committee noted** the financial performance at month 12.

### **19/34 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 facilitate improvement.

The CQC had changed the way it carried out inspections and was introducing an annual regulatory review. That meant that inspectors would formally review information held on practices to determine whether the quality of care might have changed since the last inspection or, in time, annual regulatory review. The CQC would contact the CCG prior to contacting practices via telephone to gather soft intelligence, although they would not share the date of the practice call.

Since the last report in March 2019 the following practices had been inspected and received a final report:

**Walton Surgery** Inspected 23/1/19 Rating was **Inadequate**

The practice had a very challenging visit. They received “Good” ratings for caring and responsive and “inadequate” for the domains of safety, effectiveness and leadership. The key issues related to insufficient attention to safeguarding, patient correspondence not managed in a timely way, inadequate systems and processes to ensure appropriate monitoring was in place before medicines were reissued.

A robust remediation was in place and a follow up inspection had taken place with the outcome, as yet, unknown.

**Saxmundham** Inspected 20/2/19 Rating was **Requires improvement**  
The CQC had rated the practice as “requires improvement”, the areas highlighted for action were safety and leadership. In particular there were a number of patient notes not summarised, The governance processes for monitoring the completion of identified actions from the fire, health and safety risk assessments, infection control audit and significant events were not always effective. The practice had an action plan in place and the CCG was supporting the practice to rectify its summarising backlog.

**Stowhealth** Called 7/5/19 Rating was currently **Good**  
The practice felt the call went well and was awaiting the outcome. The practice had also provided the CQC with feedback on its new process.

**Needham Market** Call was due however date unknown, their rating was currently **Good**

**Constable Country** The Committee was informed that since publication of the agenda it had been confirmed that the practice had received a ‘good’ rating.

**Leiston** Call was due however date unknown, their rating was currently **Good**

A briefing describing the CQCs new process had been shared with practices and any learning about the new approach would be shared. The Head of Primary Care would also liaise with individual practices pre and post inspection.

Healthwatch reported that its GP report would be available for presentation to the next meeting and **the Committee requested** that it be included on the agenda.

**The Committee noted** the report.

## **19/35 PRIMARY MEDICAL CARE POLICY AND GUIDANCE MANUAL (PGM (V2))**

The Committee received a report which provided notification of the existence of NHS England’s (NHSE) recently refreshed Primary Medical Care Policy and Guidance Manual (PGM) (v2).

In May 2018, the Committee had considered and reviewed NHS England’s revised Primary Medical Care Policy and Guidance Manual (PGM). In April 2019, NHSE had published a refreshed version of its PGM (v2), incorporating latest guidance and legislation. To remind the Committee, the PGM provided commissioners with the context, information and tools to commission and manage GP contracts. The PGM described mandatory functions (i.e. those proscribed in legislation) as well as guidance or best practice.

All the existing, new and revised policies therein exist to support the consistent and compliant commissioning and contract management of primary care; through which, local commissioners could respond to local issues. Without such policies, inconsistent and non-complaint approaches could jeopardise the quality of services delivered to patients; and could increase fiscal and legal risks.

The Suffolk CCGs had fully delegated responsibility for the commissioning and contract monitoring of GP services in their localities; with NHSE having overall accountability. It was therefore important to confirm that the CCG’s Primary Care Commissioning Committee had reviewed and considered the refreshed PGM (v2) so that NHSE could be assured that the CCG was fulfilling its delegated responsibilities in a proper manner.

Key points to note were detailed in Section 2 of the report. The Committee was being asked to note and consider the content of the report and to comment and ask questions as appropriate. Members were also asked to indicate if they would welcome further training on any aspect of the PGM (v2) herein described.

**The Committee noted** the content of the report **and requested** that consideration be given to providing a briefing on the Primary Medical Care Policy and Guidance Manual to Committee members in respect of the type of decisions most likely to be presented

## **19/36 WORKFORCE UPDATE**

The Committee was in receipt of a report which provided an update on the work of the Primary Care Development Team in delivering the Suffolk and North East Essex workforce plan; and the Suffolk and North East Essex Training Hub and its impact on local workforce.

The NHS Long Term Plan, the GP Contract and the development of Primary Care Networks were all having an impact on the general practice workforce. NHS England and Health Education England were channelling resources into the ICS and CCGs to develop the workforce to deliver those strategies.

General Practice faced a major challenge created by an aging workforce. There were, however, some exciting new opportunities being created by the establishment of multi-disciplinary teams that were providing more appropriate, specialised patient care.

The development of collaborative working provided by Primary Care Networks was offering career development opportunities through training and upskilling programmes.

Delivery of the workforce plan was a key focus for the Primary Care Development Team which was leading on NHS England Primary Care Workforce Plan and HEE Training Hubs.

The Suffolk and North East Essex Workforce Plan provided the strategic framework to deliver the general practice workforce key projects as outlined in Section 4 of the report.

The Committee requested that it be presented with an indication of the number of vacancies that existed across practices to a future meeting.

To date, one international recruit had been employed at the Two Rivers practice. Language remained a key challenge to such recruitment and work was being carried out to explore whether language tuition could be provided in countries of origin prior to recruitment.

Six GPs had returned to work and the CCG was investigating the feasibility of identifying another cohort. The Committee noted that 71% of trainees did not complete GP training and there were currently a large number of national nurse vacancies across primary care.

The need to promote new models of care, the benefits of general practice, team support and explore alternative ways of working such as remote working, was emphasized.

**The Committee noted** the content of the report **and welcomed** a further update to the next 'in common' meeting

## **19/37 INTEGRATED CARE SYSTEM UPDATE**

The Chief Operating Officer reported that it was an NHS England requirement that Integrated Care Systems (ICS) wishing to access funding had a primary care strategy and established primary care programme board to facilitate the governance of funds.

Work was required by the CCG to explore options to take that work forward with one option being to utilise the CCG's GP Forward View plans as the basis of a strategy. It was anticipated that the draft strategy would be presented to the ICS Board on 14 June 2019. In the meantime, the draft strategy would be circulated to the Local Medical Committee and primary care colleagues prior to presentation to the Primary Care Commissioning Committee in July 2019.

It was suggested that thought be given to the feasibility of holding an 'in common' meeting across the three CCG's.

**The Committee noted** the update.

## **19/38 IT UPDATE FOR PRIMARY CARE**

The Committee was in receipt of a report which set out IT primary care initiatives going forward.

Key points highlighted during discussion included;

- A new version of the NHS England GPIT Operating Model was expected within the coming weeks, and there was an expectation that more services would be devolved locally.
- There had been significant capital investment in GPIT within Suffolk and Estates and Technology Transformation Funding (ETTF) had been used to support infrastructure and general practice fast network services. Standard infrastructure was less than five years old across practices and good security measures had been established.
- The introduction of Primary Care Networks would bring challenges but the direction of travel was already being followed.

**The Committee noted** the update **and thanked** the team for its hard work and success in the acquisition of funding streams.

## **19/39 ANNUAL PLAN OF WORK**

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

## **19/40 DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled to take place from *2.00pm – 4.00pm, on Tuesday, 23 July 2019, Riverside Centre, Stratford St Andrew, Saxmundham, Suffolk*

## **19/41 QUESTIONS FROM MEMBERS OF THE PUBLIC**

A Patient Participation Group Chair highlighted that recent NHS changes in respect of the development of East Suffolk and North Essex NHS Foundation Trust, Primary Care Networks, Integrated Neighbourhood Teams, and the introduction of Care Navigators and Physician Associates, was very confusing for patients. The Committee was asked to consider the development of communications to explain the recent changes and initiatives.

**The Committee requested** that the CCG's Chief Officer and Communications Teams consider the development of such communications.

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

**Unconfirmed Minutes of the CCG Collaborative Group meeting held on  
Thursday, 6 June 2019, in the Kersey Room, Endeavour House**

**PRESENT**

Geoff Dobson (GD)	Lay Member (Governance) West Suffolk CCG (Chair)
Dr Christopher Browning (CB)	Chair, West Suffolk CCG Governing Body
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)	Accountable Officer, Ipswich & East Suffolk and West Suffolk CCGs

**IN ATTENDANCE**

Helen Farrow (HF)

<b>Minute</b>	<b>Action</b>
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**19/020 Welcome and apologies**

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

Steve Chicken (SC) CCG Collaborative Group Chair

In his absence **the Group agreed** that Geoff Dobson would take the Chair.

**19/021 Declarations of Interest**

No declarations of interest were received.

**19/022 Minutes of meeting held on 4 April 2019**

The minutes of a meeting held on the 4 April 2019 were **agreed** as a correct record.

**19/023 Matters arising and review of action log**

19/015 Alliance Working: the Chair asked for clarification as to what was intended regarding exploration of Non Executive input into STP governance work. EG clarified that this was in relation to the development of finance and quality committees, where, for example, the West Suffolk CCG COO was going to approach GD regarding attending the West Suffolk system finance meeting.

EG **agreed** to chase the West Suffolk COO on this issue.

19/014: since the last meeting, GL reported the situation had changed and discussion at the Lay Member Forum on 4 June indicated that Lay Members were now keen to support.

**19/024 Accountable Officer Update**

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

#### Finance

- The 2018/19 accounts have now been closed, with both CCGs achieving financial balance. Thanks were expressed to the Finance team for the hard work to ensure the accounts were completed to deadline
- The decision to support acute trusts with PSF had paid off in the system
- Work was being undertaken on efficiency plans for the whole system

#### Alliance Working

- The ICS Operational Plan was submitted to NHS England in April
- Alliance governance work was progressing well with integrated teams in both East and West Suffolk as well as locality groups established
- Interviews for an independent ICS chair are scheduled for 14 June
- EG was appointed as Joint Accountable Officer for Suffolk and North East Essex CCGs. His appointment as Executive Lead for the ICS in Suffolk and North East Essex has also been confirmed
- A Programme Director for the mental health work was close to being agreed
- A joint Director of Public Health, working with the CCGs and Suffolk CC, was appointed and would commence in post in late August. Essex CC are looking to mirror this appointment in Essex
- A System Analytics role was being developed which would be joint across the Suffolk & North East Essex CCGs, Suffolk CC and Essex CC

#### Primary Care

- Primary Care Network (PCN) development was excellent in both east and west Suffolk
- There were concerns with the new integrated urgent care service – out of hours seems to be split

#### Performance

- 62 day cancer targets were delivered at West Suffolk Hospital and were on track for Ipswich Hospital
- A&E performance was difficult to judge at West Suffolk Hospital as the Trust is one of 14 NHS trusts trialing new 4 hour ED standard reporting as part of an ED Clinical Standards Review. The new standards would drive targets for high acuity patients. Performance at Ipswich Hospital remains inconsistent
- 18 week RTT performance at both trusts remains challenging

#### Organisational Development

- 20% running costs and recruitment were being addressed through a new recruitment policy and a fortnightly recruitment panel
- A successful staff long service awards event was held in April, celebrating staff achieving 30, 20 and 10 years NHS service
- The annual staff 'away day' is to be held on 9 July
- A Volunteering Policy had been developed which would be submitted to Remuneration Committee in June, giving staff the opportunity to take two paid days per year for voluntary work. This follows feedback from the MIND survey which indicated staff felt disconnected from the community

#### Quality

- There were concerns with E-zec Medical who run the non emergency patient transport service in Suffolk. E-zec have been issued with a Contract Notice and a Remedial Action Plan developed to improve performance
- Lisa Nobes, Chief Nursing Officer, was nominated for a national nursing award

The Collaborative Group **noted** the content of the report.

#### 19/025 CCG Management Team

- EG presented proposals for a joined up management team across the three CCGs in Suffolk and North East Essex, setting out the rationale for the proposal and the benefits this would have for the CCGs, Alliances and ICS

The Collaborative Group **supported** the proposal and the proposed way forward

#### 19/026 Integrated Care System

The Collaborative Group heard that:

- Interviews for the independent chair of the ICS were scheduled to take place on 14 June.
- The independent chair would be accountable to the ICS Chairs Group
- There was discussion around the way forward for a collective commissioning function

The Collaborative Group **noted** the ICS 360 stakeholder survey as submitted

#### 19/027 Norfolk and Suffolk NHS Foundation Trust

EG reported the strategic work was progressing well, and the Trust was being co-operative, with resulting improvements in recruitment and people culture. EG met with the new CEO, who recognised the difficulties and challenges the Trust was facing

#### 19/028 Any Other Business

Running Costs Allocation:

GD tabled a paper prepared by the CFO, following agreement in January 2018 of the basis for apportioning costs.

Key points to note were:

- Where a verified and agreed basis for allocating costs between CCGs exists, this would be used
- Where there was no agreed basis, a 'splitting' formula would be used based on the most appropriate CCG allocation

The Collaborative Group **noted** the calculation of splits and **endorsed** the formula for 2019/20

Lay Member Forum:

GD and GL reported that the Lay Member Forum was now amenable to holding Committees in Common for Audit Committee and Remuneration Committee. The Lay Members had agreed to hold the Primary Care Commissioning Committee in common twice yearly, but would continue with individual PCCC meetings.

Communications:

The Collaborative Group was keen to promote the good work of the CCGs and ICS more widely and on the national stage. This in turn would assist with attracting GPs and nurses to the area.

There was discussion around how this could be achieved.

EG **agreed to discuss** with ICS Programme Director to establish whether this could be incorporated in ICS Communications work.

Clinical Academic Reserve (CAR):

GD provided feedback on the recent meeting he attended of the CAR Committee. He **agreed** to share the slide pack presented at the meeting.

**19/029 Date of Next Meeting**

It was agreed to amend the date of the next meeting to 1 August at 11.00 a.m. and to invite the NEE CCG Chair – Hasan Chowan, and Vice Chair – Pam Donnelly



**Decisions from a virtual meeting of the Ipswich and East Suffolk CCG  
Commissioning Governance Committee held on 31 May 2019**

**Commissioning Governance Committee Members:**

Graham Leaf, Lay Member for Governance  
Irene Macdonald, Lay Member for Patient and Public Engagement  
Ed Garratt, Chief Officer  
Jane Payling, Chief Finance Officer  
Jane Webster, Acting Chief Contracts Officer

**Declarations of Interest**

No declarations of interest were received.

- 1 Primary Care Transformation Resources**  
***To receive and approve*** a report from the Deputy Chief  
Operating Officer

Report No:  
IESCCG/CGC 19-05

**Decision**

To approve the payment of the £25,000 on a non-recurrent basis  
to the North West PCN.