



**Meeting of the Ipswich and East Suffolk CCG Governing Body held in public
on Tuesday 22 January 2019 at The John Peel Centre, Church Walk,
Stowmarket, Suffolk, IP14 1ET**

PRESENT:

Dr Mark Shenton	GP Governing Body Member and CCG Chair
Maddie Baker-Woods	Chief Operating Officer
Nicola Brunning	Deputy Chief Contracts Officer
Steve Chicken	Lay Member (Part)
Nichole Day	Deputy Chief Nursing Officer
Dr Dean Dorsett	GP Governing Body Member
Ed Garratt	Chief Officer
Dr Lorna Kerr	Secondary Care Doctor
Graham Leaf	Lay Member: Governance and CCG Vice Chair
Amanda Lyes	Chief Corporate Services Officer (Part)
Dr John Oates	GP Governing Body Member
Dr Omololu Ogunniyi	GP Governing Body Member
Jane Payling	Chief Finance Officer
Dr Imran Qureshi	GP Governing Body Member
Dr Ayesha Tu Zahra	GP Governing Body Member
Richard Watson	Chief Transformation Officer

IN ATTENDANCE:

Jo Mael	Corporate Governance Officer
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19/001 WELCOME AND APOLOGIES FOR ABSENCE

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

Dr Padmanabhan Badrinath	Consultant in Public Health Medicine
Dr Peter Holloway	GP Governing Body Member
Irene Macdonald	Lay Member for Patient and Public Involvement
Lisa Nobes	Chief Nursing Officer
Jane Webster	Acting Chief Contracts Officer

19/002 DECLARATIONS OF INTEREST

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

19/003 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Governing Body meeting in public held on 27 November 2018 were reviewed and **agreed** as a correct record subject to removal of the words 'to ensure they reflected the Cancer Alliance perspective' from minute 18/109 and the action log.

19/004 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

19/005 GENERAL UPDATE

The Chief Officer reported;

- The CCG had received an 'outstanding' rating from NHS England in relation to diabetes and staff and clinicians involved in the work were congratulated.
- A Care Quality Commission/Ofsted inspection into Special Educational Needs and Disability (SEND) was currently taking place with feedback from the inspection expected later in the week.
- The NHS Long Term Plan had been published and it covered areas such as integration, outpatient transformation and urgent care reform, prevention, health and quality. There was focus on mental health, workforce, IT and finance and it indicated a move to system control totals and structural reform.

19/006 CHAIR/CHIEF OFFICER ACTION – 01/2018 – WINTER FOOD

The Governing Body was in receipt of a report outlining action taken by the Chair and Chief Officer in November 2018 to approve investment of £60,000 to the Emergency Winter Food Programme.

Having queried how many other CCGs made similar contributions, the Chief Officer explained that such action was unusual but not unique.

There was concern that whilst the action was morally correct it might sit outside of the commissioning remit of the CCG as being something that GPs could prescribe or refer. In response it was explained that GPs were able to refer individuals to the Citizens Advice Bureau to obtain food vouchers and it sat within the wider determinates of health.

The Governing Body endorsed the Chair and Chief Officer Action 01/2018 **and requested** that it be presented with evaluation feedback to its July 2019 meeting.

19/007 PATIENT STORY

Alan Rose, Chair of Howard House, Felixstowe Practice Patient Group (PPG) and Roy Gray, Chair of the Friends of Felixstowe Hospital and Walton GP Practice Patient Group (PPG) were welcomed to the meeting to share reflections of patient and public involvement in Felixstowe regarding health and care services in the town.

To date there had been a relatively strong level of engagement in how services were developing which had incorporated, public meetings, drop-in events, seminars, social media, flyers and liaison with PPGs. Three examples of recent engagement were;

- 1) The merger of Colchester and Ipswich Hospitals – a large public meeting had been held by the Trust followed up with a more recent meeting. The public meeting had attracted a large audience and had helped acceptance and understanding of the merger.
- 2) Frailty Services hub at Felixstowe Hospital – patient representatives had been involved from the beginning and there was excitement as to what could develop over the next two years.
- 3) Alterations to the existing Minor Injury Unit at Felixstowe Hospital – there had been engagement over many months and certain aspects of the proposals, such as reducing early and late hours when activity was low made sense. Public reaction to the proposed 'walk-in' accessibility was however 'incredulous' and 'strongly negative' and had been

voiced from the beginning. It was felt that the CCG report on today's agenda was misleading in that it indicated broad support for the proposals.

There was concern at the strict interpretation of the new national standard for urgent care provision which insisted that the facility could not be 'walk in' and that individuals would be required to call their GP first. A proposed alternative was to call the 111 service which was concerning as calls were processed via an algorithm and its directory of services required update.

There was much concern within the town from members of the public, and clinicians at the pursuance of the specific access conditions which appeared to have no care or clinical logic and which it was felt would cause delay, frustration and potential confusion for patients at a time when they would be under stress.

The Governing Body was thanked for providing the opportunity to speak and asked to reconsider prior to approving the access element of today's report in respect of the Felixstowe Minor Injury Unit.

The Chief Officer was concerned at the suggestion that the Governing Body was being misled by the report which indicated 'broad' support and that there appeared to be no care or clinical logic. He questioned whether it was logical or purely a requirement from NHS England. There was a need to acknowledge the issue and carry out further work.

The Chair thanked Alan and Roy for representing the local community with such passion and for being open and honest and welcomed the support for the Frailty Services Hub.

19/008 FELIXSTOWE MINOR INJURY UNIT (MIU) RE-PROVISION AND FRAILTY OFFER

The Chief Transformation Officer thanked the presenters of the patient story for providing the view of the local community and went on to introduce a report which sought ratification of a proposal to re-provide the Felixstowe Minor Injury Unit (MIU) service and, in time, deliver a new Frailty Offer for local people.

As part of the process for designating an Urgent Treatment Centre (UTC) in Ipswich and East Suffolk, a desktop review of the Felixstowe Minor Injury Unit (MIU) was undertaken late in 2017. The MIU had met 11 of the 27 NHS England (NHSE) criteria. In March 2018 Ipswich and East Suffolk Clinical Commissioning Group (CCG) advised NHS England (NHSE) that, for that reason, the MIU would not be seeking designation as a UTC.

Whilst the MIU had not met the UTC standards for designation, the mandate from NHSE had been that walk-in functions needed to be re-configured to be replaced by a GP-led 'hub'-style model.

It was subsequently agreed by the Ipswich and East Suffolk Integrated Care Network (ICN) in February 2018 to pursue an option to look at a proposal to further develop the existing MIU service (which was being used on average by just one new patient an hour) to potentially establish an integrated urgent care hub. It was proposed that the hub would be accessed by bookable appointments only (no walk in option) and provided by a multi-disciplinary team (MDT) consisting of General Practitioner (GPs), Advanced Nurse Practitioners, staff nurses, generic workers, and potentially community paramedics, physiotherapists and mental health workers. The recommendation to explore that option was endorsed by the Clinical Executive in February 2018.

A multi-agency Task and Finish Group was established to work up the detail of the proposal which included consideration of proactive management of the frail population of Felixstowe as an integrated health and care system building on work and practice already in place.

As a result of work undertaken, it was proposed that from 1 April 2019 the service would move to a bookable only service accessed via local GP practices or NHS111 in line with NHS England guidance. A further proposal was that the MIU opening hours would reduce in line with patient utilisation to 8am – 8pm each day.

It was anticipated that the proposed new Frailty Offer, as detailed within the report, would enhance health and care services in the local area building on service integration and practice.

The Chief Transformation Officer explained that further to the previous presentation the 'broad' support mentioned in the report was aligned to the wider proposals and issues associated to 'access' had been noted. If co-production was to be embraced consideration should be given to endorsing the proposal to reduce the hours of operation and the frailty offer, whilst continuing the Task and Finish Group in respect of access, working with practices in relation to an 'on the day' access hub, and discussing the issue further with NHS England.

The Governing Body subsequently approved;

- 1) the proposal, as set out within the report, ONLY insofar as it related to the reduction of hours of the MIU and the frailty offer.
- 2) that the Task and Finish Group meet to carry out further work in respect of access which should include working with practices in relation to development of an 'on the day' access hub.
- 3) that the issue of access be discussed further with NHS England.
- 4) that a further report be presented to the March 2019 meeting.

(Steve Chicken entered the meeting)

19/009 EAST AND WEST SUFFOLK MENTAL HEALTH & EMOTIONAL WELLBEING STRATEGY (2019-2029)

The Governing Body was reminded the draft East and West Suffolk Mental Health and Emotional Wellbeing Strategy had been discussed at its November 2018 meeting. In the intervening six-week period the co-production partners (Suffolk User Forum, Suffolk Family Carers, Suffolk Parent Carer Network and Suffolk Healthwatch) had supported an engagement process to share the draft strategy with the Suffolk system and invite responses to a survey hosted by Suffolk Healthwatch asking if anything had been omitted and whether people felt engaged.

Today's report set out the key findings of the survey. In addition to the survey, co-production partners had supported drop in sessions in Kesgrave (East) and Elmswell (West) in early January 2019 to provide an opportunity for the Suffolk population to hear about the strategy and contribute to the dialogue. Co-production partners had also worked with their networks to promote the strategy and encourage responses to the survey. Clinical leads from the CCGs and Norfolk and Suffolk NHS Foundation Trust (NSFT) had also been met with NSFT teams within localities to promote the strategy and invite feedback.

Section 4 of the report sought agreement for additional funding within the voluntary sector to expand and develop services in support of the strategy and mental health and emotional wellbeing of the East and West Suffolk population.

The Chief Transformation Officer explained that it was intended that a report detailing how the Strategy would be implemented would be presented to the March 2019 meeting.

Comments included;

- It was recognised that a lot of work could be carried out early on within the 10 year period

of the Strategy and pilots had already been carried out in some areas.

- It was important to ensure there was no unmet need going forward and that there was robust governance between services which was explicit at any early stage.
- There was less caution with regards to the investment being sought in light of the increased emphasis nationally on mental health and the CCG's allocation containing specific mental health monies.

The Governing Body;

- 1) **Noted** the content of the report and update on the six week engagement process.
- 2) **Approved** the additional investment within the voluntary sector as set out in the report to compliment the implementation of the strategy and deliver the CCG's commitment to closer working between statutory partners and the voluntary sector.
- 3) **Approved** the final East and West Suffolk Emotional Health and Wellbeing strategy as presented.
- 4) **Committed** to working directly with the CCG's health and other system partners to implement the strategy in order to make mental health and emotional wellbeing truly '*everybody's business*'.

19/010 SPEECH, LANGUAGE AND COMMUNICATION

The ability to establish effective language and communication skills was fundamental to the development of all children and young people. Those skills impact on a child or young person's ability to reach their full potential in education and the contribution they can make throughout their childhood and later in adulthood.

The Suffolk system had recognised the need to develop its approach to supporting the speech, language and communication needs of children and young people and had asked representatives from a broad range of services, together with parents and carers to develop the response to that challenge.

The presented business case set out the current position in Suffolk, introduced evidence drawn from both local and national intelligence and recommended a way forward that sought an active role for those who supported children across education, social care and health.

A summary of the proposed model was set out in Section 3 of the report, and the report went on to detail the demand profile, activity and financial information, patient and public engagement, and the associated timetable.

Points highlighted during discussion included;

- Having highlighted that the ring-fencing of money would be key to success of the service going forward, the Chief Finance Officer advised that whilst there was no ring-fencing the Governing Body could approve 'in principle' subject to it being part of the budget priorities for next year.
- The Special Educational Needs and Disabilities (SEND) inspection had highlighted waiting times as an issue and it was important that the model was aligned to those objectives and that appropriate key performance indicators were set.
- The Governing Body was concerned to learn that 10% of children and young people had a speech and language need and that mainstream schools made up 37% of the overall caseload.
- The team was thanked for its work and it was suggested that the Governing Body receive a future patient story on the subject.

The Governing Body;

- 1) **Approved** that the proposed model - Option Two as set out within the report be taken forward into full implementation.
- 2) **Approved 'in principle'** additional ring-fenced funding within the Suffolk Community Health contract of £330,326 in financial year 2019/20 and £300,022 in financial year 2020/2021 **subject to** it being part of the budget priorities for next year.

19/011 OPERATIONAL PLAN 2019/20 AND 2020/21

The Governing Body was in receipt of a report which set out the national requirements for organisational-level Operational Plans and system-wide Operating Plans for 2019/20 and 2020/21. The report went on to seek endorsement of the CCG's intended approach to development of the Operational Plan as detailed within the report.

The Governing Body was informed that a working group had been set up within the CCG to ensure the Operational Plan supported the guidance received and the Ten Year Plan. The working group would also ensure the CCG met the required timescales for delivery of the operational plan.

As set out within the NHS Operational Planning and Contracting Guidance 2019/20, all commissioners and all providers were required to submit a full suite of operational plan returns to the deadlines in the national timetable. Key dates being;

- 12 February 2019 - draft 2019/20 organisation-level Operational Plan submission date.
- 19 February 2019 - draft System 2019/20 system-level Operating Plan submission date.
- 4 April 2019 - final 2019/20 organisation-level Operational Plan submission date.
- 11 April 2019 - aggregated 2019/20 system-level Operating Plan submission date.

The Governing Body noted the national requirements for organisational-level Operational Plans and system-wide Operating Plans for 2019/20 and 2020/21, **and endorsed** the CCG's organisational-level Operational Plan approach as presented.

19/012 INTEGRATED PERFORMANCE REPORT

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

Clinical Quality and Patient Safety

Key points highlighted included;

- Norfolk and Suffolk NHS Foundation Trust (NSFT) – the Trust continued to give cause for concern. Access performance remained poor and had been escalated via quality assurance processes. A quality improvement visit, together with unannounced visits had taken place and a service review was to be carried out. A new senior nurse was now in post.
- The East of England Ambulance Service NHS Trust (EEAST) – performance had improved and a recent recruitment campaign had proved beneficial.
- East Suffolk and North Essex NHS Foundation Trust (ESNEFT) – policy and key performance indicator alignment across the two hospitals remained a key issue and was resulting in a lack of provision of timely data in order to facilitate scrutiny. Cancer performance was a key focus.

- North East Essex and Suffolk Pathology Services (NEESPS) – a transformation plan was being developed with CCG input.
- Transforming Care – performance was recovering and the team was thanked for its hard work.

In relation to NSFT there was a need to be cautious with regard to any quick improvement in performance levels as sustained improvement over the longer term was required and would indicate that there had been a real change of culture. Together with the quality visits mentioned above, monitoring calls were being held on a weekly basis.

The lack of timely data received from ESNEFT was raised as a concern, particularly in light of seeking to gain assurance re quality of care in relation to SHMI performance.

Finance

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

Transformation

The Chief Transformation Officer reported that the structure of the presentation was to be revised for future meetings to make them easier to read and ensure that key points were highlighted.

The Alliance Steering Board was to review alignment of Project Management Office teams (PMO) at its meeting in February 2019.

Contracts

- ESNEFT – cancer and emergency department performance remained topics of key focus for improvement and recovery plans were in place. Weekly meetings were being held in respect of cancer performance with recovery expected in May 2019.
- Care UK – the CCG had been advised of staffing challenges. A performance notice had been issued in January 2019 and a recovery action plan was in place with recovery expected in March 2019. Performance over the Christmas and New Year period had been better than expected.

In light of concern at ESNEFT's overall performance, it was queried whether the CCG's Governing Board Assurance Framework (GBAF) might require review. **The Chief Corporate Services Officer agreed** to investigate.

In light of the staffing issues reported by Care UK, it was important to ensure any subsequent recruitment did not result in resource gaps elsewhere within the system.

Primary Care

- The CCG's Primary Care Commissioning Committee would be meeting 'in public' later in the day.
- There had been a slight drop in dementia diagnosis performance to 68% although that remained above target.
- Improvement to Learning Disability Health Checks and Serious Mental Illness Physical Health Checks was expected.
- The outcomes from recent Care Quality Commission inspections was being reviewed.
- There were no list closures at present.

The Governing Body noted the report.

19/013 GOVERNING BODY ASSURANCE FRAMEWORK

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

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

Key points highlighted included;

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

19/014 FREEDOM OF INFORMATION

The Chief Corporate Services Officer introduced a report which provided an update on Freedom of Information activity within the CCG.

The report covered the second and third quarters of 2018/19 to the end of December 2018.

Requests continued to be received at an average of around 20 per month. In July and August 2018 37 and 35 requests had been received respectively.

All the requests had been answered within the 20 working days allowed under the Act.

The source of requests remained consistent with the majority being received from requesters identifying as members of the public. Interest groups were also responsible for high numbers of requests and patterns seemed to develop depending on what was being reported in the newspapers and on TV. The media (local and national) also made a number of requests, generally related to issues currently being discussed by parliament or other media sources.

The main topics requested had been varied.

The Governing Body noted the report.

19/015 PROCUREMENT UPDATE

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

Key points highlighted during discussion included;

- **Home Care** - Suffolk County Council released the tender documentation mid-December with a return date of the 4 February 2019. The procurement would establish a framework of domiciliary care providers within 16 geographical lots across the county. The contracts would run for up to ten years, but the framework would open periodically throughout that time to allow new providers to enter the framework. Individuals from the CCG will be involved in the evaluation of the submissions.
- Three future procurements reported were GP Direct Access, 24 hour ECG and Early Supported Discharge.

The Governing Body noted the content of the report.

19/016 BREXIT PLANNING

The Governing Body was in receipt of a report which provided information in relation to health and social care planning for the UK exit from the European Union.

A scenario in which the UK left the European Union (EU) without agreement (a 'no deal' scenario) was becoming a more likely event. Whilst the Parliamentary meaningful vote on the EU Withdrawal Agreement had been delayed until 15 January 2019, the Department of Health and Social Care (DHSC) published EU Exit Operational Readiness Guidance on 21 December 2018, that having been developed and agreed with NHS England & NHS Improvement.

Key risks for the system included;

- The ability to retain an EU workforce in a 'no deal' scenario.
- The potential loss of specialist and unskilled labour especially impacting the carer workforce.
- Legal changes to data framework in a 'no deal' scenario.
- Failure or disruption to critical suppliers for drugs, vaccines, clinical and non- clinical supplies and services.
- Increased administration with an end to EU reciprocal healthcare provisions.
- An increased demand on health and social care by British expatriates returning from EU countries.
- Access to public service contracts
- Possible financial constraints on top of existing financial pressures within the NHS social care
- Political instability

It must also be noted, that any perceived opportunities following Brexit were at present unclear and some way off given the uncertainties around a possible 'no deal' scenario. As such, the health and social care community was expected to focus upon the very real risks and how they might be mitigated.

The report went on to detail central guidance that had been issued and actions that had been taken locally to prepare for a 'no deal' Brexit.

The Governing Body noted the Brexit planning update.

19/017 REMUNERATION AND HR COMMITTEE – TERMS OF REFERENCE

The Governing Body received revised Remuneration and HR Committee terms of reference for approval.

In line with its Terms of Reference the CCG's Remuneration and HR Committee had carried out an annual review of its terms of reference on 23 October 2018. As a result of that review the Committee had agreed a change to its terms of reference in relation to the frequency of meetings, and had been concerned about an issue recently raised by NHS England in regard to Remuneration and HR Committees making recommendations to the Governing Body rather than, as had previously been understood, their having delegated responsibility for decision making.

Subsequent to further discussion and clarification, amendments to the terms of reference had now been agreed which addressed the Members concerns about the Committee's function, whilst also addressing NHS England's requirements.

The Governing Body subsequently approved the attached Remuneration and HR Committee revised terms of reference.

19/018 MINUTES OF MEETINGS

Presented by the Lay Member for Governance, consideration was given to minutes and

decisions from the following meetings. The Governing Body was asked to note that any commercially sensitive information had been removed from the minutes;

a) Audit Committee

The unconfirmed minutes of a meeting held on 4 December 2018

b) Finance and Performance Committee

The confirmed minutes of a meeting held on 20 November 2018 and unconfirmed minutes of a meeting held on 18 December 2018.

c) Community Engagement Partnership

Minutes from a meeting held on 12 November 2018

d) Ipswich and East Suffolk CCG Primary Care Commissioning Committee

The unconfirmed minutes of a meeting held on 27 November 2018

e) CCG Joint Collaborative Group

The unconfirmed minutes of a meeting held on 6 December 2018

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

19/019 DATE OF NEXT MEETING

The next meeting was scheduled to take place at 0900-1300 hrs, Tuesday, 26 March 2019, Hadleigh Town Hall, Market Place, Hadleigh, Suffolk, IP7 5DN

(Amanda Lyes left the meeting)

19/020 QUESTIONS FROM THE PUBLIC

The following questions were received;

- 1) The Governing Body's attention was brought to the Felixstowe Local Plan consultation documentation which indicated that the size of the town was to be increased by a third. It was highlighted that the community hospital currently had 16 beds which was four less than the recommended size for a community hospital. Surprise was expressed that the CCG had not appeared to make any request via the consultation process for an increase to medical services via Section 106 funding.

The Chief Transformation Officer advised that there was currently no threat to Felixstowe Community Hospital and that a workshop was scheduled to take place next week to consider Section 106 funding. Phasing and timing would be key together with review of the present capacity of primary care providers, space and staffing.

- 2) The knock on effect of not addressing speech and language issues amongst the younger population was emphasized.
- 3) Department of Work and Pension Disability Employment Advisors that were present, advised that they had attended in an attempt to forge links with GPs in respect of common situations and social circumstances. There was a need to know where to direct people seeking advice and ensure that resources were deployed appropriately.
- 4) Concern was raised at the poor performance of E-Zec the non-emergency patient transport provider.

It was reported that there had recently been an increased number of complaints received in relation to the service and work was underway to identify themes and a response. A performance plan had been sought from the provider. Challenges in relation to

mobilisation of the new service had been recognised and there was confidence that work was being carried out to improve performance.

- 5) The Chief Finance Officer explained that “other programmes’ as reported within finance papers was the decision to reinvest contingency.
- 6) The availability of ESNEFT Board papers was questioned and although the responsibility of ESNEFT itself, Governing Body members agreed to feedback the concern to the Trust.

Unconfirmed