



**Meeting of the Ipswich and East Suffolk CCG Governing Body held in public
on Tuesday 26 March 2019 at Hadleigh Town Hall, Market Place, Hadleigh, Suffolk,**

PRESENT:

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

IN ATTENDANCE:

Dr John Hague	Clinical Executive Member
Sue Jones	Patient Story (Item 19-027 only)
Margaret Little	Norfolk and Suffolk NHS Foundation Trust (Items 19/031-32 only)
Jo Mael	Corporate Governance Officer
Nesta Reeve	Norfolk and Suffolk NHS Foundation Trust (Items 19/031-32 only)
Eugene Staunton	Associate Director Transformation (Items 19/031-32 only)

19/021 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 Imran Qureshi	GP Governing Body Member

19/022 DECLARATIONS OF INTEREST

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

19/023 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Governing Body meeting in public held on 22 January 2019 were reviewed and **agreed** as a correct record.

19/024 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

19/025 GENERAL UPDATE

The Accountable Officer reported;

- Simon Stevens had been appointed as Chief Executive of NHS England and NHS Improvement, and Ann Radmore had been appointed as NHS England's new East of England Regional Director – key focus for the CCG would be delivery of 18 week referral to treatment and 62 day cancer waiting times.
- The CCG was to attend its annual assurance meeting with NHS England next week.
- Marie Gabriel had been appointed as the new Chair of Norfolk and Suffolk NHS Foundation Trust and Professor Jonathan Warren its new Chief Executive.
- The Accountable Officer had been invited to attend a meeting in April 2019 with MPs from Norfolk and Suffolk to discuss the mental health strategy.
- A recent Special Educational Needs and Disability (SEND) re-inspection had proved challenging and significant work was required to address its recommendations.
- Work was being progressed nationally and locally to facilitate the development of Primary Care Networks.
- As a result of all CCGs being required to reduce running costs by 20% a new recruitment process had been implemented.
- Brexit remained under continual review.
- NHS partners including the CCG were taking over responsibility for the Ipswich Park Run on 30 March 2019.

The Governing Body noted the update.

19/026 CHAIR/CHIEF OFFICER ACTION – 01/2019 – GP DIRECT ACCESS PATHOLOGY SERVICES

The Governing Body was in receipt of a report outlining action taken by the Chair and Chief Officer to clarify a decision taken at a previous Governing Body meeting in respect of GP Direct Access Pathology Services

The Governing Body endorsed the Chair and Chief Officer Action 01/2019.

19/027 PATIENT STORY

The Chair welcomed Sue Jones to the meeting to present the patient story.

Sue reported that in 2015 she had experienced a severe chest infection which, following a visit to her GP, had resulted in her being given a diagnosis of borderline Chronic Obstructive Pulmonary Disease (COPD). On Christmas Day in 2017 she became very unwell with a severe cough and difficulty breathing which had necessitated her using a rescue pack that she had been issued with. A visit to the doctor had resulted in her use of a nebuliser after which she had returned home and been off work for four weeks.

Having visited a COPD nurse Sue had been invited to attend a pulmonary rehabilitation course which had introduced her to the 'My COPD' Application that she now used on a daily basis to gain knowledge, and monitor her progress. Sue had found the App to be extremely beneficial and it had meant that she required less visits to her GP.

Having questioned whether Sue's doctors were able to access the App to review her progress it was explained that the App had initially been offered by secondary care doctors who were able to access information. Further roll out of the App within primary care was intended.

The Governing Body thanked Sue for her informative presentation.

19/028 RESPIRATORY TRANSFORMATION

The Governing Body was in receipt of a report which provided an update on respiratory transformation work.

Section 2 of the report detailed the 2019/20 programme of work and key points highlighted during discussion included;

- Having recognised that 'My COPD' empowered patients to comply with their medication regimes, enhance their lifestyle and better understand "what was normal for them", it was questioned how patients with less technical ability might be reached. In response it was reported that reaching out to those patients remained challenging and alternatives ways of communication continued to be explored.
- It was noted that Improving Access to Psychological Therapies (IAPT) carried out some specific courses for patients that experienced stressful episodes.
- Exploration of the use of similar Apps for other conditions was highlighted although the need to ensure they demonstrated benefit for patients was recognised.
- A member of the CCG had been nominated to participate in an entrepreneur programme being established by the National Lead for Innovation.
- The need to apply statistical process control to ongoing monitoring was emphasized, together with exploring National Institute of Health Research opportunities.

The Governing Body;

- 1) **Noted** the work of the Respiratory Operational Group
- 2) **Approved** the direction of the proposed programme of work.
- 3) **Thanked** Peter Woods for his contribution and hard work as the patient representative involved in respiratory transformation work.

19/029 FELIXSTOWE MINOR INJURY UNIT (MIU) RE-PROVISION AND FRAILTY OFFER – FOLLOW UP

The Governing Body was reminded that at its meeting held on 22 January 2019 it had been asked to approve the proposal to re-provide the Felixstowe MIU service and delivery of a new frailty offer for local people.

In response to feedback from local patients, all elements of the proposal had been approved with the exception of closing the walk in element of the minor injury unit from 1st April 2019. The Felixstowe Task and Finish Group (project team) was subsequently tasked to pause and reconsider that element of the proposal and bring back a final recommendation to today's meeting.

Following careful consideration of the risks and benefits by key stakeholders it had now been agreed to proceed with the original proposal, that from 1 April 2019 the service would move to a bookable only minor injury clinic accessed via local GP practices or NHS111 in line with NHS England guidance. That had been negotiated on the basis of an agreed assurance list of 'conditions', as detailed within paragraph 2.1 of the report, to support mobilisation planning and delivery ensuring that timely access to the service was not compromised.

The entire end to end process from a patient phoning NHS 111 or their GP practice to be given an appointment would be tested in March 2019 prior to go-live on 1st April 2019.

The Felixstowe Task and Finish Group (project team) had agreed to hold a follow up meeting after the mobilisation date to review the assurance list ensuring that all aspects of mobilisation

were running smoothly. That meeting had been scheduled for 2 May 2019.

The Chair read out the following statement which had been received from members of Patient Participation Groups that had attended the previous meeting who had not been able to attend today;

Statement from Patient Representatives – Roy Gray and Alan Rose

“Firstly, apologies from each of us for being unable to attend the meeting today.

As patient representatives, we have been pleased to have been invited to join Task Group meetings to work through the proposed changes to our Felixstowe Hospital’s minor injuries service.

As you have previously heard, we’re disappointed to have been told that patients will no longer be able to “walk in” at Felixstowe Hospital when they have an injury.

However, we really appreciate the way in which the CCG and colleagues from the GP Fed, the Practices, 111 and others have worked extremely hard in recent months to address our concerns. We know that considerable effort has been made to ensure that communication from patients through Care Navigators and 111, and the related software and operating procedures, should be able to efficiently and appropriately arrange appointments at the Clinic.

We are also pleased that signage is being addressed, more public communications being prepared and that evaluation of the new processes in the coming months is being fully thought through and arranged.

Thank you for engaging with us and we look forward to continued involvement, development and monitoring of this and other services in our community.”

The Chief Transformation Officer reported that the frailty element of the scheme continued and a new clinic was to be established which would facilitate the pro-active management of patients.

The Governing Body subsequently approved the proposal that from 1st April 2019 the minor injury unit would move to a bookable only minor injury clinic accessed via local GP practices or NHS111 in line with NHS England guidance.

19/030 2019/20 OPERATIONAL PLAN

The Governing Body was in receipt of a report from the Chief Finance Officer which set out, for approval, both the current activity and performance trajectories together with the financial plan for 2019/20.

It was reported that 2019/20 represented the first year of system wide planning which pulled together individual organisational plans for our constituent provider and commissioning organisations as they worked together to deliver the NHS 10 year plan.

To support delivery of the 10 year plan, operational planning guidance and CCG allocations were issued in January 2019. The guidance set out a clear timetable for the development and submission of plans.

The presented report addressed two of the technical elements of the CCG’s operational plan: activity and performance trajectories and the financial plan both of which were appended to

the report.

Comments included;

- The national growth model had been used in respect of population, and growth within A&E had been built into the plan.
- The financial plan had been developed taking into account the 0.5% mandated contingency.
- Guidance from NHS England in respect of the primary care budget was awaited and would be reviewed in detail when received.
- The CCG was indicating QIPP delivery of 1.7% within the plan.
- It was explained that prescribing budgets were set on spend within the previous year.
- It was suggested that the prevention workstream might like to consider how to address the issue of obesity across the system.

The Governing Body subsequently;

- **noted and approved** the current activity plan and performance trajectories (appendix A);
- **noted and approved** the financial plan for 2019/20 (appendix B); and
- **delegated authority** to approve any minor changes to Chief Officers and any significant changes to the Financial Performance Committee.

19/031 SUFFOLK IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) – LONG TERM CONDITIONS SERVICE

The Chief Transformation Officer together with representatives from Norfolk and Suffolk NHS Foundation Trust and Transformation Team colleagues, introduced a report which described the key benefits of providing psychological therapies for people with depression and anxiety disorders in the context of long term physical health conditions, and outlined the proposed costed service offer to deliver the national IAPT target from 15% to 25% by 2021.

It was queried whether chronic pain had been addressed within the business case, and if there was likely to be workforce issues going forward. In response it was explained that pain had been identified as work to be carried out in year two. It was recognised that due to a lack of qualified staffing resource there was likely to be a need for the service to train its own staff, although it was felt some posts could attract applications from allied health professionals.

The Governing Body approved option one within the business case for additional investment in the IAPT and Wellbeing Service to ensure the service met the national must dos to achieve a 22% access rate in 2019/20 and 25% in 2020/21. The investment amount being £898,596 in 2019/20 (part year effect) and £1,702, 362 in 2020/21 (full year effect).

19/032 MENTAL HEALTH CRISIS RESOLUTION HOME TREATMENT (CRHTT)

In November 2016, the Mental Health Five Year Forward View (5YFV) had identified the need for all areas to provide Crisis Resolution and Home Treatment Teams (CRHTT). Teams would deliver a 24/7, community-based crisis response and intensive home treatment, as an alternative to an acute admission. Those CRHTTs needed to be resourced to operate in line with nationally recognised best practice guidance, called Core Fidelity Criteria. The Long Term Plan (January 2019) required delivery by 2019/2020 – a year ahead of the original timetable.

NHS England had subsequently advised that to progress that ambition incrementally and yearly, CCGs should deliver on the following:

- *In 18/19 all CCGs must be able to evidence additional investment in CRHT's and spend against this. NHS England will be looking for spend that particularly moves forward the 24/7 agenda for community crisis and home visits.*

- *The minimum requirement by the end of March 19/20 is that the 24/7 elements are fully implemented for both home visits and community crisis. There will be additional asks in 19/20 that NHS England expect to be clarified in the final planning guidance but as a minimum expect these to include open access and adequate staffing.*
- *As the national expectation (detailed in a letter from Claire Murdoch) was that the 24/7 elements should be in place before last winter (18/19), and the expectation is that CCGs will have made significant headway in implementation of the 24/7 elements before winter 19/20.*
- *In 18/19 NHS England therefore expect all CCGs to be able to evidence that there are robust long term implementation plans, (matched by investment plans), in place that ensure 24/7 delivery and are inclusive of the additional requirements that are expected to be announced shortly.*

Over the past 12 months a system wide task and finish group had worked up a draft model as set out in the business case (appendix1). The draft model set out the east and west Suffolk response which had been influenced by the Cambridge and Peterborough vanguard approach.

Key issues and financial information was contained within Section 2 of the report.

Demand management concerns were raised and the need for continual monitoring and evaluation going forward was recognised.

It was important that the evaluation had context to ensure it matched the expectations of the local population and workforce. A better understanding of the proposed data report and qualitative information was requested and the **Chief Transformation Officer agreed** to provide such a report to a forthcoming meeting of the CCG's Clinical Executive.

After consideration **the Governing Body approved** the proposed new mental health crisis model from 2019/20 as set out in the business case amounting to £589,908 in 2019/20 and £1,378,272 recurrently in 2020/21.

(Dr John Hague left the meeting)

19/033 NEW GP CONTRACT INCLUDING PRIMARY CARE NETWORKS

The Chief Operating Officer introduced a report which provided an overview of the recently published document titled, Investment and evolution; a five year framework for GP contract reform to implement the NHS Long Term Plan. The report highlighted the key elements of the document and, in particular, the introduction of Primary Care Networks (PCNs).

All practices were anticipated to be a member of a Primary Care Network (PCN) by the end of May 2019, and needed to determine which PCN they wished to be a member of.

Whilst there were well developed foundations in Ipswich and East Suffolk in respect of practices working together, at scale in organisational collaborations, those groups were not all geographically coherent and were larger than the 50,000 upper figure for PCNs.

Once configurations are agreed, each PCN would be required to submit an application by the 15 May 2019 which would be considered by officers before being taken to the Primary Care Commissioning Committee and then the Governing Body for agreement. Any proposals required support from the Local Medical Committee and the STP.

In response to questioning as to GP reaction to the document, it was explained that, as yet, the terms and conditions remained unknown although it was recognised that there was benefit from working in an integrated way. The need to ensure that primary care continued to be attractive to the workforce was emphasized.

The CCG's Primary Care Commissioning Committee was to be presented with a similar report at its meeting to be held on 27 March 2019 and presented with the proposed process in May

2019.

The Governing Body noted the publication of *Investment and evolution; a five year framework for GP contract reform to implement the NHS Long Term Plan*, and the approach being taken by the CCG to implement the policy.

19/034 INTEGRATED PERFORMANCE REPORT

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

Clinical Quality and Patient Safety

Key points highlighted included;

- East Suffolk and North Essex NHS Foundation Trust (ESNEFT) – focus continued to be on 18 week referral to treatment and 62 day cancer wait performance. Work continued to better understand and gain reassurance from SHMI outcome data. The CCG had requested to see the Trust's plans following its recent staff survey.
- Norfolk and Suffolk NHS Foundation Trust (NSFT) – there had been positive work in respect of learning disability (LD) inpatient areas and it was anticipated that there would be no LD inpatients from early next week. A new clinical lead had been employed for adult inpatients and performance had improved. Concern remained in relation to access of services by children and young people and weekly review meetings were being held.
- Transforming Care – there had been major improvement in performance and the team was thanked for its hard work.

Finance

- At month 11 the CCG was on track to meet its revised financial target of a £3m in year surplus. There was confidence that all risks had been mitigated and QIPP delivery remained strong.

Transformation

- Integrated Care – a good report had been received from Healthwatch in respect of 'discharge to assess'. Delayed Transfers of Care performance remained positive. Activity remained above plan and would be a key focus in 2019/20.
- Elective Care – the CCG's Clinical Executive was to receive a report in respect of stroke and early supported discharge. The outpatient backlog was not improving and was a key area of focus.
- Children and Young People – a plan was in place to reduce the backlog and a new neuro-developmental model was being explored.

Contracts

- ESNEFT – 62 day cancer wait performance was being monitored closely and 18 week referral to treatment time performance was expected to be compliant by August 2019.
- Care UK – a performance notice had been issued in January 2019 in respect of the 60 second response target. Performance had improved with the service currently averaging 40 seconds.

All major contracts had now been signed and Easter plans were being reviewed.

The Governing Body was reassured that all contracts contained the facility to give notice should it be required.

Primary Care

- There were currently no list closures in place.
- Walton Surgery had been given an 'inadequate' rating by the Care Quality Commission and the Suffolk GP Federation was creating a robust action plan to address the situation.
- Little St John Street Surgery, Woodbridge had been rated as 'outstanding' and Bildeston 'good'. The outcome of a recent inspection at Saxmundham Practice was awaited.
- The CCG remained just on or above the required dementia diagnosis performance rate.

The Governing Body noted the report.

19/035 GOVERNING BODY ASSURANCE FRAMEWORK

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

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

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

19/036 BEST PRACTICE UPDATE ON CONFLICTS OF INTEREST MANAGEMENT – CALL TO ACTION FOR CCGs

The Chief Corporate Services Officer introduced a report which advised the Governing Body of the content of the 'Best Practice Update on Conflicts of Interest Management: Call to Action for CCGs' published by NHS England in February 2019.

A recent internal audit undertaken by NHS England had identified eight areas where the management of conflicts of interest could be improved. In response to that, NHS England was asking CCGs to revisit the conflicts of interest guidance to ensure that there were appropriate systems, processes and local knowledge in place to make sure that conflicts were managed effectively. Areas for improvement identified by the Audit included;

1. Procurement decisions and contract monitoring processes
2. Completeness of registers of interests, gifts and hospitality
3. Governance structures for managing conflicts of interest
4. Managing conflicts of interest when making joint decisions with other partners, for example other CCGs or local authorities
5. Conflicts of interest training
6. Accepting gifts, hospitality and sponsorship
7. Management of conflicts of interest in meetings
8. Appointments to and changes of roles and responsibilities within decision making bodies

Having reviewed the best practice update, Ipswich and East Suffolk CCG continued to comply satisfactorily with the majority of the revised statutory guidance. There were a few points that needed to be addressed as set out within Section 2 of the report, some of which had recently been highlighted in the annual internal audit of management of conflicts of interest.

The Governing Body noted the report and the actions being taken to ensure that, where appropriate, key points were actioned.

19/037 MINUTES OF MEETINGS

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

a) Audit Committee

The unconfirmed minutes of a meeting held on 5 February 2019

b) Remuneration and HR Committee

- *Presentation and **approval** of a decision made by a 'virtual' meeting of the Remuneration and HR Committee on 18 December 2018.*
- *The unconfirmed minutes of a meeting held on 12 February 2019*

c) Finance and Performance Committee

The confirmed minutes of a meeting held on 15 January 2019, and unconfirmed minutes of a meeting held on 26 February 2019.

d) Clinical Scrutiny Committee

The unconfirmed minutes of a meeting held on 26 February 2019.

e) Community Engagement Partnership

Minutes from a meeting held on 14 January 2019

f) Ipswich and East Suffolk CCG Primary Care Commissioning Committee

The unconfirmed minutes of a meeting held on 22 January 2019

g) CCG Joint Collaborative Group

The unconfirmed minutes of a meeting held on 7 February 2019

h) Commissioning Governance Committee

Decision from a 'virtual' meeting held on 22 January 2019

The Governing Body endorsed the minutes as presented **and approved** the decision made by a 'virtual' meeting of the Remuneration and HR Committee on 18 December 2018.

19/038 DATE OF NEXT MEETING

The next meeting was scheduled to take place at 0900-1300 hrs, Tuesday, 21 May 2019, Ropes Hall, Kesgrave Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk, IP5 1JF

19/039 QUESTIONS FROM THE PUBLIC

The following questions were received;

- 1) Having previously been advised that representatives from the CCG would be attending a forthcoming meeting to discuss S106 funding, the outcome of that meeting was questioned, together with whether the CCG obtained funding from the new CIL system.

In response it was explained that S106 monies were subject to application and the CCG was invited to comment on planning applications that might impact on health service provision. Applications were made to the Local Authority in respect of CIL funding. Estate Task and Finish Groups had system-wide representation.

(Ed Garratt left the meeting)

- 2) It was queried whether the CCG was receiving national funding for over 65's and, having noted that funding was received per patient population, whether second homes and holiday homes were taken into account.

It was explained that funding was received in respect of the number of patients registered with a practice, with some adjustment for temporary residents.

- 3) The formulas used to determine primary care and prescribing budgets was queried and it was explained that monies going into practices was quite high when compared at a national level.
- 4) Felixstowe Minor Injury Unit – having felt optimistic following the Governing Body's previous commitment to reconsider the walk in element of the proposal, it was disappointing to learn from today's meeting that the CCG had been unable to deliver the service as suggested by Patient Participation Group representatives at the previous meeting.

The CCG Chair advised that, at its previous meeting, the CCG had committed to working with the Task and Finish Group to reach a conclusion. A subsequent long discussion by that Group had resulted in acceptance of what had been presented and agreed at today's meeting with the associated conditions and action plan. The Felixstowe Minor Injuries Unit had not met the required standard for a 'walk-in' centre but the Felixstowe population would benefit from the new frailty service.

- 5) The continuing failure of Norfolk and Suffolk NHS Foundation Trust (NSFT) was questioned.

In response, it was reported that the two year contract entered into with the Trust contained an option to give notice should it be required. There was likely to be a change to a more integrated service model and the CCG was in discussions with the Alliances and NSFT as to how to best provide mental health services. The Accountable Officer had been invited to attend a meeting in April 2019 with Norfolk and Suffolk MPs to discuss the mental health strategy.