



GOVERNING BODY

Agenda Item No.	19
Reference No.	IESCCG 19-36
Date.	21 May 2019

Title	Minutes of Meetings
Lead Chief Officer	Amanda Lyes, Chief Corporate Services Officer
Author(s)	Jo Mael, Corporate Governance Officer
Purpose	<p>Minutes of Meetings: <i>To receive a report from the Lay Member for Governance seeking the endorsement of minutes and decisions from Ipswich and East Suffolk CCG Sub Committees.</i></p> <p>a) Audit Committee <i>The unconfirmed minutes of a meeting held on 2 April 2019</i></p> <p>b) Remuneration and HR Committee <i>The unconfirmed minutes of a meeting held on 9 April 2019</i></p> <p>c) Finance and Performance Committee <i>The confirmed minutes of a meeting held on 19 March 2019, and unconfirmed minutes of a meeting held on 30 April 2019.</i></p> <p>d) Clinical Scrutiny Committee <i>The unconfirmed minutes of a meeting held on 23 April 2019.</i></p> <p>e) Community Engagement Partnership <i>Minutes from a meeting held on 11 March 2019</i></p> <p>f) Ipswich and East Suffolk CCG Primary Care Commissioning Committee <i>The unconfirmed minutes of a meeting held on 27 March 2019</i></p> <p>g) CCG Joint Collaborative Group <i>The unconfirmed minutes of a meeting held on 4 April 2019</i></p> <p>h) Commissioning Governance Committee <i>The confirmed minutes from a meeting held on 26 March 2019 and unconfirmed minutes of a meeting held on 23 April 2019</i></p>

Applicable CCG Clinical Priorities:		
1.	To promote self-care	✓
2.	To ensure high quality local services where possible	✓
3.	To improve the health of those most in need	✓
4.	To improve health & educational attainment for children & young people	✓
5.	To improve access to mental health services	✓
6.	To improve outcomes for patients with diabetes to above national averages	✓
7.	To improve care for frail elderly individuals	✓
8.	To allow patients to die with dignity & compassion & to choose their place of death	✓
9.	To ensure that the CCG operates within agreed budgets	✓

Action required by Governing Body:

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



Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk Clinical Commissioning Group Audit Committee held on Tuesday, 2 April 2019

PRESENT

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

IN ATTENDANCE

Neil Abbott - Head of Internal Audit, TIAA
Colin Boakes - Governance Advisor, CCG
Emily Bosley - Project Accountant
Mark Game - Acting Deputy Chief Finance Officer
Amanda Lyes - Chief Corporate Services Officer
Dr Mike McCullagh - Governing Body GP Member
Jane Payling - Chief Finance Officer
Alison Riglar - Ernst and Young: External Audit
Anna Sheldrake-Cochrane - Head of ICT and Informatics
Liz Wright - RSM

19/018 WELCOME AND APOLOGIES FOR ABSENCE

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

Lisa George - Local Counter Fraud Specialist, TIAA
Debbie Hanson - Ernst and Young: External Audit

19/019 DECLARATIONS OF INTEREST

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

19/020 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Audit Committee held on 5 February 2019 were **approved** as a correct record.

19/021 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;

19/004 – Self-Assessment – **the Committee approved** the presented revised self-assessment questionnaire for use, with feedback presented to the next meeting.

19/009 – Local Counter Fraud Report – Repeat Prescriptions – **the Committee noted** the update **and recommended** that the CCG's Medicines Management Team be asked to investigate the issue further with the outcome reported to the CCG's Executive.

(The Chair advised that agenda item 13 (Cyber Security Update) would be taken next).

19/022 CYBER SECURITY UPDATE

The Committee was informed that following the cyber security report presented to the February 2019 meeting, today's report sought to provide an update on progress made in each area with subsequent identified actions. Areas of work included;

- Leadership, governance and culture
- Improving clinical quality and efficiency
- Enabling service integration
- Understanding key threats
- Assuring processes and controls
- Business continuity, effective cyber response
- Proportionate investment

Key points highlighted during discussion included;

- NEL, the CCGs IT service provider had achieved cyber essentials accreditation and was now working towards cyber essentials +. The CCGs were required to achieve their own accreditation and work continued to obtain accreditation and ensure progress towards that standard across providers.
- An internal audit taking a self-assessment format had been carried out in relation to cyber security. Two outstanding actions had been identified which were to be addressed via the successful acquisition of £1.8m of GP IT Estates and Technology Transformation Funding. One of those actions was the acquisition of 'Dark Trace' cyber security software which was to be introduced over the next 3-6 months. It was anticipated that practices would experience improved network speed as a result of the use of 'Dark Trace' and communications to practices were currently being planned.
- User education remained a key challenge for all organisations, and it was recommended that all GP Practices report on mandatory training undertaken for staff, to ensure oversight at CCG level.
- Governing Body Member training had been scheduled for May 2019.
- The Head of IT had been working with the Emergency Planning and Resilience Manager in respect of GP practice business continuity planning.

Having questioned the use of personal devices on the CCG network it was explained that, whilst the CCG might take the stance of not permitting connection of such devices, the use of Sophos software currently scanned such activity which was considered to be the preferable option at present.

Having noted the update, the Committee felt that cyber security was now subject to increased oversight and staff awareness, and as such **requested** that it receive a further update in six months time.

19/023 ANNUAL REVIEW OF TERMS OF REFERENCE

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

The CCG's Governance Advisor brought to the Committee's attention that current membership was outside of the three members stated within its terms of reference. It was suggested that the Committee might like to consider inviting the Lay Member for Patient and Public Involvement to become a member of the Committee and the **Chief Corporate Services Officer agreed** to take the matter forward.

The Committee was asked to consider incorporating within its terms of reference the facility to conduct virtual meetings when necessary, together with including aspects of the new Audit Handbook.

The Committee subsequently requested that the terms of reference be revised according to today's discussion prior to their presentation to the 20 May 2019 meeting for agreement and recommendation to the Governing Body for final approval.

19/024 DRAFT ANNUAL REPORT

The Committee received the current draft Annual Report **and noted** that it was subject to further revision prior to finalisation.

Members were invited to feedback comments to the Acting Deputy Chief Finance Officer outside of the meeting.

19/025 2018-19 DRAFT ACCOUNTING POLICIES

The report provided the Committee with the opportunity to review the draft accounting policies which included;

- Draft Accounting Policies (including policies relating to IFRS 9 and 15, as well as qualitative analysis of IFRS 16)

The Committee was asked to note that the attached accounting policies contained items in red text which would require further update, and items with a yellow background which might alter dependent upon final year end postings.

The Committee reviewed the attached documents and Members were invited to feedback comments to the Project Accountant outside of the meeting. Any amendments recommended by the Committee would be made prior to submission to the external auditors as part of the draft statutory accounts on 23 April 2019.

19/026 EXTERNAL AUDIT VERBAL BRIEFING

The External Auditor reported;

- The interim audit had been completed and there were no significant issues to report.
- Mental Health Investment Standard – work was subject to separate engagement and for completion by the end of August 2019 with compliance status expected by the end of September 2019. A pilot site had been identified and 5-10 days of work per CCG anticipated. Further information would be provided to future meetings.

The Committee noted the external audit briefing.

19/027 INTERNAL AUDIT PROGRESS REPORT INC RECOMMENDATION TRACKER

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

- Finalisation of the Safeguarding Children audit was currently outstanding with the draft expected to be received later in the week. The outcome was expected to be 'reasonable' assurance.

Recommendation Tracker

Having noted that a number of recommendations were reported as being for completion on 31 March 2019, it was queried whether that had been the case. The **Chief Finance Officer agreed** to review information contained within the Tracker, prior to its update and circulation to Members outside of the meeting.

The Committee noted the content of the report.

19/028 INTERNAL AUDIT REPORTS

The Committee received the following reports from internal audit:

a) Assurance Review of Managing Conflicts of Interest

The assurance assessment for review of Managing Conflicts of Interest had resulted in an overall 'reasonable' assurance level being achieved.

b) Assurance Review of Primary Care Delegated Commissioning

The assurance assessment for review of Primary Care Delegated Commissioning had resulted in a 'reasonable' assurance level being achieved.

c) Follow up Review of Personal Health Budgets

The Committee received the follow up review of Personal Health Budgets.

d) Interim Head of Internal Audit Opinion

The Interim Head of Internal Audit's Opinion was one of overall 'reasonable' assurance.

e) Lessons Learned Briefing – Payments Health Check

The Committee was in receipt of a lessons learned briefing in respect of payments health check. The Interim Head of Internal Audit reported that a large number of duplicate payments had been identified across 11 CCGs. The Chief Finance Officer reported that recommendations were being worked through which included incorporation of the Criminal Finance Act into policies and processes.

Processes were being tightened in respect of IR35 and the **Chief Finance Officer and Chief Corporate Services Officer agreed** to discuss the facilitation of training for Deputy Chief Officers and Senior Managers and provide an update to the next meeting.

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

19/029 LOCAL COUNTER FRAUD ANNUAL REPORT

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

The annual self-assessment against the Standards for Commissioners was due for submission by 30 April 2019. Previously, only the Chief Finance Officer (CFO) had been required to authorise the contents of the Self Review Tool (SRT), to indicate that the contents were true, complete and reflected discussion held at Audit Committee throughout the year. There was now an additional stage in the submission process: in line with the requirements of the Audit Committee handbook, Audit Committees and Audit Committee Chairs had a responsibility for the oversight of counter fraud arrangements within the organisation as well as the

CFO.

Having reviewed the Self Review Tool, as presented, the Committee felt that it was a true reflection **and approved** its content for finalisation and sign off.

19/030 HOSPITALITY AND GIFTS REGISTER

The Committee received the 2018/19 Hospitality and Gifts Register for review.

Having reviewed the register, the Committee felt assured that relevant processes were in place.

19/031 GOVERNING BODY ASSURANCE FRAMEWORK AND RISK REGISTERS

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

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

The Committee noted the GBAF as presented and that it was to be reviewed at the CCG's Annual Assurance meeting with NHS England on 4 April 2019.

19/032 WAIVERS OF COMPETITIVE TENDERING

The Committee received the following waivers of competitive tendering:

054 - Upgrade of practice software to Version 10

055 – Development of finance and activity modelling tool for Ambulance Services

The Committee noted the presented waivers of competitive tendering.

19/033 GENERAL DATA PROTECTION REGULATION / DATA PROTECTION ACT 2018

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

Points highlighted included;

- GDPR and Information Governance was now business as usual within the CCG, the culture and awareness around information governance had progressed. Interactive IG Lunch and Learns had been held at all CCG sites and Information Governance Champions within each team were to be nominated from April 2019.
- Over the last 14 years, health and care organisations had had to complete a self-assessment called an Information Governance Toolkit submitted annually by 31 March. From April 2018 the IG Toolkit had changed to the Data Security and Protection Toolkit (DSPT) and focussed around the 10 Data Security Standards that had been implemented by Dame Fiona Caldicott (National Data Guardian) and the Secretary of State.
- The CCG had submitted a Standards Met level on the Data Security and Protection Toolkit (DSPT) for 2018/19, which was the highest the CCG could

currently achieve without a Cyber Essentials Accreditation.

- Planning in respect of Brexit continued.
- From the 1 April 2019, the CCG Information Governance Team would be providing an Information Governance service to North East Essex CCG, which would include Freedom of Information and Primary Care Information Governance support.
- In April 2018, NHS England had delegated responsibility to the CCG to provide a Data Protection Officer support function to the GP Practices across Suffolk as part of the GP IT Operating Model Framework 2016/18. The CCG had appointed a Primary Care Information Governance Manager to provide that support.
- It was understood that from 1 April 2019, in line with the new GP Contract 2019/20, NHS England had delegated responsibility to the CCG to provide the full Data Protection Officer (DPO) role as well as the DPO support function. The new GP IT Operating Model Framework 2019/20 to be published by NHS England should confirm the CCG responsibilities.

The Audit Committee noted the report.

19/034 POLICIES FOR APPROVAL

The Committee **reviewed and approved** the following policies, as presented.

- a) IT Policy
- b) Digital Communications Policy
- c) Counter Fraud and Anti-Corruption Policy

19/035 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.

19/036 ANY OTHER BUSINESS AND REFLECTION

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

19/037 DATE OF NEXT MEETING

As agreed previously, the next meeting of the Committee would be held on Monday, 20 May 2019, at 2.00pm in the Dorothy Room, Endeavour House.

The Chair thanked Neil Abbott for his contribution and input wished him well for the future.



Ipswich and East Suffolk
Clinical Commissioning Group

Unconfirmed Minutes of a meeting of the Ipswich and East Suffolk Clinical Commissioning Group Remuneration and Human Resources Committee Meeting held on Tuesday 9 April 2019

PRESENT:

Graham Leaf Lay Member for Governance (Chair)
Irene MacDonald Lay Member for Patient and Public Involvement

IN ATTENDANCE:

Amanda Lyes Chief Corporate Services Officer
Jo Mael Corporate and Governance Officer
Julie White Primary Care Development Manager (Item 19/023 only)

19/019 WELCOME AND APOLOGIES FOR ABSENCE

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

Dr Mike McCullagh

19/020 DECLARATIONS OF INTEREST

No declarations of interest were received.

19/021 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Remuneration and Human Resources Committee meeting held on 12 February 2019 were reviewed and confirmed as a correct record.

19/022 MATTERS ARISING AND REVIEW OF THE ACTION LOG

Matters arising;

Emotional Needs Audit – the Chief Corporate Services Officer confirmed that those members of staff that had been identified as having low scores following the emotional needs audit had subsequently received face to face reviews.

The action log was reviewed and updated with comment as follows;

19/004 – Matters Arising and Review of Action Log – Induction for Safeguarding Designated Doctor – the Chief Corporate Services Officer advised that the Chief Nursing Officer had confirmed that an appropriate induction programme was in place.

19/006 – Recruitment processes across three CCGs – the Chief Corporate

Services Officer agreed to seek workforce and staffing information from North East Essex CCG and report back to the June 2019 meeting.

(The Chair advised that agenda item 06 (Training Hub/Apprenticeship Update would be taken first)

19/023 TRAINING HUB/APPRENTICESHIP UPDATE

The Committee was in receipt of a report which provided an update on the Training Hub and Apprenticeships.

Key points were as follows;

Apprenticeships

The Apprenticeship Levy was introduced in April 2017 and was payable by all employers with a wages bill of more than £3m. Ipswich and East Suffolk CCG and West Suffolk CCG had a joint levy budget of £73,605 as at March 2019.

The CCGs had a public sector target to deliver seven apprenticeship starts per year which included new apprentices and existing staff undertaking career progression.

The CCG was offering ILM Management Apprenticeships at levels 3, 5 and 7 to enable staff to develop leadership and management skills. Four members of staff had enrolled onto the level 3, four enrolled onto the level 5 with West Suffolk College and three enrolled onto the level 7 at University of Suffolk.

Training Hub

The Suffolk and North East Essex Training Hub held its inaugural meeting in November 2018. It was agreed to have three Training Hub Advisory Groups; one per CCG to provide a local link between the STP group and General Practice.

The Training Hub had received confirmation from Health Education England that with effect from 1 April 2019 the Training Hub would receive recurrent funding for the infrastructure. That would provide security for the education team and management team and enable a longer term strategy to be developed.

Areas of focus for 2019/20 strategy included;

Nursing –	Clinical skills programme for existing staff Student Nurse placements Quality assurance of student placements Apprenticeship routes
GP -	Establish a clinical lead for the Training Hub GP Skills programme for 2019/20 GP Fellowships
Students	Strengthen clinical placements for wider workforce including Physician Associates, Clinical Pharmacists, AHP, Paramedics
Non Clinical	Practice Managers – develop local training programme Administrative teams – offer skills and knowledge training

The Training Hub would also focus on improving the quality of workforce data of General Practice and understanding how that information could support workforce modelling and planning.

Points highlighted during discussion included;

- Having queried the utilisation of apprenticeships by Primary Care it was explained that, as practices did not meet the criteria for levy payers (i.e employers with a wages bill of more than £3m) the University of Suffolk was unable to contract with them. The CCG had appointed a lead nurse in March 2019 who would be exploring apprenticeship options for primary care going forward. Requirements for apprentices to work a minimum of 30 hours a week and spend up to two days a week out of the workplace also proved challenging for primary care. The need for any identified training to be comparable with that of the university programme was emphasized.
- The Committee noted that the East of England Ambulance Service NHS Trust had its own contract to develop an apprenticeship programme and was currently identifying training opportunities.
- It was explained that link to social care was carried out via liaison with the Council and Care Development East. Development of a Nursing Academy was a longer term goal.
- Four Physician Associates were now in post.
- The Primary Care Workforce Advisory Group was responsible for overall monitoring of progress.
- Apprenticeship and Training Hub updates had been received by the wider membership of both CCGs at training and education events.

The Committee noted the content of the report and the **Chief Corporate Services Officer agreed** to present a further update to the October 2019 meeting which would incorporate detail as to what might be offered to primary care going forward.

19/024 WORKFORCE REPORT QUARTER FOUR

The Committee was in receipt of a report from the Chief Corporate Services Officer, which provided information on a wide range of key HR performance indicators and sought to benchmark where possible against national and local performance data.

Points highlighted during discussion included;

- Communications Team and Accountable Officer information was now reported separately.
- Although sickness within the Nursing Directorate was higher than in other areas there was no cause for concern and sickness overall was low in comparison with other CCGs.
- Both independent contractors had had their contracts renewed.
- Agency workers – the Nurse Improvement Consultants contract had now ceased and the Business Support Officer had become a substantive post.

In response to queries, **the Chief Corporate Services Officer agreed** to clarify turnover calculations and the existence of a Communications independent contractor as stated within the presented report.

The Committee noted the content of the report.

19/025 MANAGEMENT RUNNING COSTS

The Committee was provided with an overview of the year to date management running costs at the end of February 2019 (M11).

The attached appendix set out the management running costs expenditure against budget for the 11 months ending 28 February 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 forecast calculated spend per head was expected to be £19.64 compared to funded spend per head of £21.06

The Committee noted the content of the report **and requested** that it be a regular agenda item going forward.

In response to questioning, **the Chief Corporate Services Officer agreed** to seek clarification in respect of anomalies associated to Corporate Governance overspend and a zero variance in relation to clinical support as set out within the report.

19/026 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 6 February 2019 with highlights being;

- There had been one health and safety related incident since the last meeting. A member of staff had sat on a table in the Snape meeting room and the table had collapsed and broken. No injury was sustained.
- Details were given of the latest sickness absence statistics. An itemised sickness table highlighted the reasons for staff sickness. The current sickness absence rate of 2.03% was highlighted against a target of 2%.
- The Risk Manager had provided details of the Building User Group (BUG) meetings at Endeavour House and Landmark House. No significant health and safety concerns were raised. A decision was confirmed to put an alcohol dispenser (hand hygiene) at the main entrance to the CCG floorplate at Endeavour House.
- An overview was given of the status of H&S legislation in relation to Brexit. The Health and Safety (EU Exit) Amendment Regulations 2018 had been amended mainly in relation to offshore activities. The HSE had produced 'no deal' guidance which was mainly technical notices for specific areas. The key message was that high standards of health and safety would be maintained.

The Committee noted the content of the report.

19/027 GENDER PAY GAP

Legislation had made it statutory for organisations with 250 or more employees to report annually on their gender pay gap. Government departments were subject to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. The regulations underpinned the Public Sector Equality Duty and required organisations to

publish their gender pay gap data by 30 March, 2019, including mean and median gender pay gaps, the mean and median gender bonus gaps, the proportion of men and women who received bonuses and the proportions of male and female employees within each pay quartile.

The following Gender Pay Gap report data was a snapshot of the situation on 31 March, 2018.

Average Hourly Rate

Male	£37.18
Female	£20.90
Variance %	43.5%

Median Hourly Rate

Male	£24.81
Female	£17.33
Variance %	30.1%

The report went on to detail quartile and directorate information.

Due to the Government-mandated rules which meant that GPs who were members of the governing bodies had to be included in the calculations, the figures might appear skewed. GP governing body members played an important part in the CCGs' strategic planning process, which effected our local health economy. It could therefore be argued that there was a need to look at how the CCG could attract more female GPs to become governing body members.

It should be noted that the lower tier of pay contained a disproportionate amount of females (at 88.5%) and that the percentage of males in the higher pay bands increased substantially. Even though six out of eight of our chief officers are female, at deputy level and below in the higher tier of pay, the gender difference fell in favour of males.

It was suggested that comparison information be contained within future reports.

The Committee noted the content of the report.

19/028 PENSION CONTRIBUTIONS

Following a recent consultation, the Department of Health and Social Care (DHSC) had confirmed that the employer contribution rate would increase from 14.3 per cent to 20.6 per cent (20.68 per cent including the 0.08 per cent scheme administration levy) from 1 April 2019. The increase was required to meet the cost of scheme benefits, following advice from the Government Actuary's Department as part of the 2016 scheme valuation process.

The Government had committed to providing additional funding for the NHS to cover the cost increase and NHS Employers had sought clarification as to which employers would be eligible to receive the funding and details of how the funding would be distributed. The DHSC had confirmed:

- employers receiving funding from NHS England budgets or from the NHS to deliver NHS services would receive full funding for the cost increase until 31 March 2023. That included trusts, clinical commissioning groups, commissioning support units, GP practices, dentists, independent providers, social enterprises, charities, hospices and organisations who had access to the NHS Pension Scheme through New Fair Deal.
- from 1 April 2019 to 31 March 2020, the scheme administrator, the NHS Business Services Authority, would continue to collect an employer

contribution of 14.38 per cent from employers. Central payments would be paid to the scheme by NHS England and the Department of Health and Social Care to cover the remaining increase. Arrangements for funding and the collection of contributions from 1 April 2020 would be confirmed in due course.

- employers who are outside of the scope would receive additional funding to meet part of the cost increase but would need to cover the remaining proportion of the cost increase relating to changes announced in Budget 2016. That included non-NHS England arm's-length bodies, local authorities and university medical schools.

Other key points to note from the consultation response were:

- member contributions would remain unchanged until 2021
- entitlements to survivor's pensions would be equalised for civil partners and same sex spouses
- agenda for change pay rises would be excluded from the final pay control regulations and there would be a wider review of the policy.

The Committee noted the content of the report.

19/029 INTEGRATED CARE SYSTEM (ICS) UPDATE

The Chief Corporate Services Officer reported;

- The ICS Chairs Group had appointed a recruitment agency to facilitate a recruitment process for an independent Chair.
- Nick Hulme had stepped down as ICS Lead and Ed Garratt had taken on the role from 1 April 2019. A communication to that effect was to be issued in the near future.
- All three Alliances were pursuing development of governance structures.

The Committee noted the update and expressed concern at the lack of information from the Alliances in respect of governance. **The Chief Corporate Services Officer agreed** to explore a way forward with the Accountable Officer.

19/030 JOINT STAFF PARTNERSHIP COMMITTEE

The Committee received an update on the Joint Staff Partnership Committee meeting held on 26 February 2019.

Investors in People Assessment - the Committee was updated on the assessment process. Staff had been surveyed against the 9 Investors in People domains. A context round table discussion had taken place with the IIP assessor in early February 2019, attended by key staff members, and George Shepherd from Managers in People. 21 members of staff had been interviewed as part of the review and the outcome was awaited.

Health & Wellbeing - Suffolk Mind Update - the Committee received a brief overview of the Suffolk Mind Emotional Needs Audit (online staff survey). The CCGs had scored very positively in most areas, however there are actions to implement going forward in regards too;

- Sense of Community
- Status

The Emotional Needs Audit – the Audit outcome had been shared with Chief

Officer Team and the following have been agreed;

- Staff volunteering opportunities with the community,
- PDPs to feature System Benefit
- West Team meetings (wider invite list)
- Lunch and Learn on findings

Sickness Absence - the most recent sickness report was circulated to the Committee, the results indicated that on average the CCG had a low sickness score (January 2019 was recorded at 1.98%). It was requested that the Head of Workforce produce a deep dive report into the directorate that had the highest sickness rates, which should include a breakdown of staff demographics. The Unions were keen to help to identify patterns so support could be given if necessary.

STP/ICS Update - the Committee was updated with the Draft Stage Two Governance Framework for SNEE ICS.

The Committee noted the content of the report.

19/031 POLICIES FOR APPROVAL

The Committee was in receipt of the following policies for approval. Policies presented were;

- a) Smoke Free Environment Policy
- b) Eyesight Testing Policy
- c) Recruitment and Selection Policy

The Committee approved the above policies as presented.

19/032 SELF-ASSESSMENT

As requested at the previous meeting the Committee was in receipt of a self-assessment questionnaire for completion.

Following discussion the questionnaire was completed and attached to the minutes at Appendix 1.

19/033 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.

19/034 ANY OTHER BUSINESS

The Chief Corporate Services Officer reported that the CCG was required to submit quarterly conflict of interest returns to NHS England which included report of the CCG's progress against a target of 90% compliance for completion of conflict of interest training.

As the CCG had not met the target on previous submissions, ways of encouraging increased uptake amongst staff and Governing Body and Sub-Committee members was discussed.

The Committee subsequently requested that the Chief Corporate Services Officer draft a communication for despatch from the Lay Member for Governance to those individuals required to complete the training, following which, weekly updates on progress should be provided.

19/035 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled to take place on 11 June 2019, at 10.30am in the Minsmere Room, EndeavourHouse.

Chair (Graham Leaf)

Date



**Minutes of a Meeting of the Ipswich and East Suffolk CCG
Financial Performance Committee held on Tuesday, 19 March 2019**

PRESENT:

Steve Chicken	Lay Member (Chair)
Dr Michael McCullagh	GP Member
Jane Payling	Chief Finance Officer
Dr Imran Qureshi	GP Member
Jane Webster	Acting Chief Contracts Officer

IN ATTENDANCE:

Simon Aldridge	Head of PMO
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Jo Mael	Corporate Governance Officer

19/027 WELCOME AND APOLOGIES FOR ABSENCE

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

Ed Garratt	Chief Officer
Dr Mark Shenton	GP Member, CCG Chair

19/028 DECLARATIONS OF INTEREST

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

(The Chair advised that agenda item 06 (PMO Report) would be taken first)

19/029 PROJECT MANAGEMENT OFFICE (PMO) REPORTS

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

- QIPP delivery at month 11 was at 112%. Information from 'deep dive' quality checks in respect of those projects that were under-performing was included within the report. Lessons learnt for next year included the need to set aside more time for plan development and to identify and triangulate issues at an early stage from the use of intelligence presented in reports such as PMO exception reports. It was suggested that thought be given to reviewing the format of the integrated performance report to group together information on specific issues and the **Chief Finance Officer agreed** to take the matter forward via the Chief Officer Team. **The Committee requested** an update in June 2019.
- Quality Premium – the CCG was currently working to review data although it seemed likely that it would not achieve the second element of the demand management quality premium in respect of the number of non-elective admissions with a length of stay of one day or more. It was envisaged that the other part of the demand management quality

premium which equated to £770k could be achieved.

Having questioned progress in respect of the quality premium being put in the realm of providers, it was explained that the CCG had not budgeted for this income and that the proposal in the financial plan was that any payment received for achievement of the premium would be added to the Alliance discretionary investment fund and this was to be communicated to Alliance partners. **The Chief Finance Officer agreed** to present a report on the Quality Premium to a future Committee including the scheme for 2019/20.

- RightCare – the Head of PMO suggested that future Rightcare reporting should not be incorporated within the PMO report as no rightcare activity was seen by the PMO team. Whilst the need to retain oversight was highlighted, it was felt more appropriate for review to be carried out by the workstreams with report by exception to the Financial Performance Committee.
- Transformation Funding – highlight reports were contained within the report. It was noted that a report had been presented to the Integrated Care workstream in respect of £33k of additional funding being sought by the Stepping Home project. The Integrated Care Workstream had supported approval of the funding although the final decision would need to be taken by the CCG's Clinical Executive.

The Committee noted the report **and thanked** Simon Aldridge for his contribution whilst employed as Head of PMO and wished him well for the future.

19/030 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 26 February 2019 were **agreed** as a correct record.

19/031 MATTERS ARISING AND REVIEW OF ACTION LOG

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

19/032 FINANCIAL REPORTING MONTH 11

The Committee was in receipt of a report which set out the CCG's financial position at month 11, key points highlighted included;

- At the end of Month 11, the CCG financial performance was on plan to achieve the revised target of £3m in year surplus.
- The CCG had reported a balanced risk and opportunities position to NHS England. Identified risks were additional contract risks, overspend on GP Delegated budgets and Cat M cost pressures on prescribing budget. Those were mitigated by contingency and reserves.
- Reduced activity at Papworth was highlighted which it was thought might be due to its forthcoming move. West Suffolk Hospital activity was being tracked to identify any transfer of activity.
- Having suggested it might be useful to have further information in respect of brain injury placements presented to a future meeting, the **Acting Chief Contracts Officer agreed** to discuss with the Chief Nursing Officer facilitation of presentation of a report in June 2019.
- Prescribing expenditure remained healthy and took into account any NCSO impact. The situation would continue to be reviewed prudently as we approach year-end.
- Continuing Healthcare – having undertaken a detailed review of Broadcare package costs against invoices some accruals had been released.
- At month 11, the CCG had delivered £17.1m of its savings plan (QIPP) against a target of £15.2m (113% delivery) mainly due to year to date over delivery of QIPP on Other Acute, CHC and Prescribing. Full year forecast was 112% delivery.
- There was currently an underlying surplus of £7.3m

- Ipswich Hospital reported data was relevant to month 9 and indicated an under-performance when activity costed using National Tariff is compared against the guaranteed income contract value, with a key area being emergency non-elective.

The Committee noted the report.

19/033 FINANCIAL PLANNING 2019/2020

The Chief Finance Officer reported that the CCG's Executive had made the following decisions in respect of the draft financial plan following its presentation at a meeting held on 5 March 2019:

- That investments should be prioritised and remaining discretionary funding transferred for alliance prioritisation
- That it should include a guaranteed income contract uplift for ESNEFT of 3.5% after baseline adjustments
- A shadow contingency (0.5%) should be set aside as an ESNEFT reinvestment fund (£2.92m)

The changes had been incorporated into the plan as presented, although it should be noted that the work represented the latest position as contract values for some other acute contracts were pending final agreement.

Key changes to the draft financial plan were set out within the report together with information in relation to ESNEFT's guaranteed income contract and provision of a discretionary spend update.

The final version of the plan would be presented to the Governing Body on 26 March 2019 for approval prior to its final submission in April 2019. The Financial Performance Committee was being asked to review the changes set out in the plan for recommendation to the Governing Body whilst noting that any changes would have an impact on the QIPP figure and the discretionary spend.

In response to questioning, it was explained there was a requirement for community investment to be ring-fenced going forward.

The Committee noted the report.

19/034 INTEGRATED CARE SYSTEM UPDATE

The Chief Finance Officer reported;

- Work continued in respect of financial governance going forward, with a meeting to discuss the issue planned in April 2019 and another in June/July 2019 once financial reports for 2019/20 became available. .
- ESNEFT was reporting an improved financial position at month 11 which it was hoped would facilitate achievement of the financial control total and access to provider support funding.
- Chief Finance Officers from across the region had met on 18 March 2019 and had received a presentation from an NHS England representative. The presentation had included information on system control totals and provider support funding (PSF), suggesting that there is an element of local discretion available in the proportion of PSF which is associated with achievement of the system control total. A long term system financial plan was to be developed over the summer of 2019.

The Committee noted the update.

19/035 ANY OTHER BUSINESS

No items of other business were received.

19/036 REFLECTION

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

19/037 DATE OF NEXT MEETING

The next meeting was scheduled to take place on **16 April 2019** 0830-1030hrs in the Abbey/Snape Room at Endeavour House.

- Other acute hospital spend indicated underperformance by Norfolk and Norwich and Papworth which was offset by overspend at Addenbrooke's, Guys and St Thomas'
- Overspend in respect of brain injury activity continued across a variety of providers.
- Prescribing had realised a £1.5m positive variance.
- There was a need to determine the clinical academic reserve starting point for 2019/20.
- The importance of exploring the non-recurrent and recurrent position going forward was highlighted.

The Committee noted the report.

19/043 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 at month 12 was at 118% with key contributors being continuing healthcare and prescribing.
- Work was underway to develop next year's report.
- Quality Premium – the CCG was on track to achieve £769k of quality premium although it had not achieved the premium associated to non-elective admissions with longer lengths of stay.

It was noted that although the CCG was one of the highest performers nationally in respect of early cancer diagnosis and number one for GP access, it had not been able to meet the QP targets in this area.

The need for quality premiums to be discussed within the Alliance environment going forward was recognised.

- RightCare – there had been no change and plans for 2019/20 were being developed and would be used to inform reporting to the committee once finalised.
- Transformation Funding – the Committee was informed that since distribution of the papers the Impact 4 Young People project was now on track following receipt of additional data. More information on ES056 would be provided to the next meeting, although should there be no progress there was facility for the CCG to request return of the funding.

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

19/044 FINANCIAL PLANNING UPDATES

Running Costs

The Chief Finance Officer reported that the CCGs received three distinct allocations:

- Programme
- Delegated primary care
- Running costs

The report focussed on the running cost allocation for 2019/20 and beyond. Running cost allocations were provided to support the central administrative function of the CCG. The formula for determining the allocation was based on a rate per registered patient. In line with reductions at NHS England and NHS Improvement, a 20% in running costs had been announced which would take effect by 2021.

The report went onto summarise the 2018/19 position, alignment across the ICS, running cost allowances for 2019/20 and 2020/21, together with setting out current and future actions.

There was a plan to identify progress versus running costs targets going forward together with consideration of a communications plan.

Primary Care

The Chief Finance Officer reported that the CCG's Primary Care Commissioning Committee had recently received an estates planning report which had identified potential estate costs going forward. There was a need to utilise current governance mechanisms in order to review estate financial risk.

Primary Care budgets were currently being worked through and more information would be presented to a future meeting.

The Committee noted the report.

19/045 INTEGRATED CARE SYSTEM UPDATE

Integrated Care System Shared Budgets Update

Keith Wood was welcomed to the meeting to present the Delivery Support Unit (DSU) month 12 finance report.

The report had been produced to address requests received from Suffolk CCGs' Finance and Performance Committee, and STP DoFs to account for the transformation resources available to the STP in 2018/19. In most respects the report included data up to 31 March 2019 (month 12), although the information remained in draft until such time as the Agreement of Balance (AoB) process was complete, and accounts finalised.

The Delivery Support Unit (DSU) had no ledger of its own, and was reliant upon information provided by the organisations within the STP footprint. Increasingly resources were being recorded within the ledger of East Suffolk and North Essex FT as that simplified reporting. Where expenditure was reported across multiple ledgers, and was managed locally (at CCG level), a system level report had not been requested.

The report went on to detail system transformation resources, with key points highlighted being;

- Multiple sources of income were available and are often un-coordinated.
- Development of a management team across the CCGs should prove beneficial in this area.
- The DSU had been overspent by £34k although further recharges to individual programme areas could have alleviated this. Increased visibility via the Director of Finance Group was anticipated.

The committee also enquired about the financial position across the STP at the end of March. It was reported that all organisations had achieved their respective control totals, enabling the local provider trusts to access both their anticipated Provider Support Funding (PSF) and additional incentive PSF unclaimed by other areas.

Alliance Financial Governance

The Committee was in receipt of a report in respect of proposed Alliance financial governance.

The Committee was reminded that, at its February 2019 meeting it had agreed the need to move to a new structure for financial governance. Further discussion suggested that there were two separate streams of work those being;

- Alliance financial governance and
- Joint working between the CCG and ESNEFT on specific issues.

Originally it was felt that that could be achieved through setting up an alliance Financial

Performance Committee but further consideration suggested it would be more effective to keep those separate by creating a task and finish group between the CCG and ESNEFT on financial risks alongside a wider Alliance Committee. The report went on to consider draft roles for the two groups.

The Chief Finance Officer reported that a meeting to discuss establishment of the finance working group was scheduled to take place on 7 May 2019. It was suggested that non-executive representation be discussed at the meeting.

A proposed timetable of meetings was detailed within the report which included quarterly CCG Financial Performance Committee meetings with increased financial input via the CCG's Clinical Executive. Future monthly Financial Performance Committee meetings could be reinstated should the need arise.

The Committee noted the update.

19/046 ANY OTHER BUSINESS

No items of other business were received.

19/047 REFLECTION

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

19/048 DATE OF NEXT MEETING

Although the next meeting was scheduled to take place on **28 May 2019** 0830-1030hrs in the Abbey/Snape Room at Endeavour House that could be subject to change.



**Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk CCG
Clinical Scrutiny Committee held on Tuesday, 23 April 2019**

PRESENT:

Dr Imran Qureshi	GP Clinical Scrutiny Committee Member (Chair)
Dr Padmanabhan Badrinath	Consultant in Public Health Medicine
Maddie Baker-Woods	Chief Operating Officer
Dr Dean Dorsett	GP Clinical Scrutiny Committee Member
Dr David Egan	GP Clinical Scrutiny Committee Member
Ed Garratt	Chief Officer
Dr John Hague	GP Clinical Scrutiny Committee Member
Dr Peter Holloway	GP Clinical Scrutiny Committee Member
Chris Hooper	Deputy Chief Nursing Officer
Dr Juno Jesuthasan	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
Irene Macdonald	Lay Member: Patient and Public Involvement
Dr Michael McCullagh	GP Clinical Scrutiny Committee Member
Dr John Oates	GP Clinical Scrutiny Committee Member
Dr Omololu Ogunniyi	GP Clinical Scrutiny Committee Member
Jane Payling	Chief Finance Officer
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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19/016 WELCOME AND APOLOGIES FOR ABSENCE

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

Steve Chicken	Lay Member
Dr Lindsey Crockett	GP Clinical Scrutiny Committee Member
Dr Imaad Khalid	GP Clinical Scrutiny Committee Member
Dr Mark Shenton	GP Clinical Scrutiny Committee Member
Lisa Nobes	Chief Nursing Officer

19/017 DECLARATIONS OF INTEREST

No declarations in addition to those already published were declared.

19/018 MINUTES OF MEETING HELD ON 26 FEBRUARY 2019

The minutes of the meeting held on 26 February 2019 were **agreed** as a correct record.

Although Dr Peter Holloway had queried as to why he was not listed amongst the attendees subsequent investigation after the meeting identified that he had been attending a conference in Leeds on that date.

19/019 MATTERS ARISING AND REVIEW OF ACTION LOG

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

19/020 ANNUAL REVIEW OF TERMS OF REFERENCE

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

The Chief Corporate Services Officer reported that it was being proposed that the terms of reference be revised to include a facility for the convening of 'virtual' meetings when necessary.

The Committee noted that the Chief Nursing Officer was leading clinical governance work in respect of development of the Alliance which was likely to have a future impact on the terms of reference.

The Committee approved its revised terms of reference as presented.

(The Chair advised that Agenda Item 8 (Self-Assessment Feedback) would be taken next).

19/021 SELF-ASSESSMENT FEEDBACK

The Committee was in receipt of feedback from a self-assessment it had carried out in October 2018. The receipt of feedback had been deferred from the February 2019 meeting.

Comments included;

- Concern was raised that due to the amount of information provided for meetings, that it might be possible that important issues did not come to the fore.
- The need to reinstate 'deep dive' sessions at future Committee meetings was recognised and it was suggested that topics for 'deep dives' should come from the CCG workstreams.
- The Committee was informed that the Chief Officer Team was currently exploring differing ways of presenting information contained within the integrated performance report.
- There was concern at the length of time some risks had been on the GBAF and the need to attempt to set out the pace of change and expectation within the narrative was highlighted.
- Although it was suggested that thought be given to convening the Clinical Scrutiny Committee on a more regular basis and having less Governing Body meetings, it was felt that might be subject to decision making levels and constitutional change.

The Committee noted the report **and agreed** that the CCG Chair, Chair of the Clinical Scrutiny Committee, Chief Operating Officer and Chief Corporate Services Officer meet outside of the meeting to discuss the issues raised.

19/022 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

- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – CCG service reviews were due for completion in May 2019 with areas of concern being waiting list management, staffing and the Trust's capacity to deliver change. The Trust had established a workstream to look at waiting list management; weekly teleconferences were being held to review progress and the Trust was currently re-vamping its management structure.
The Eating Disorder service continued to see high demand and although currently meeting routine targets, improvement was required in respect of urgent referrals.
The Emotional Well-Being Hub performance was improving and Suffolk County Council and NSFT had agreed to jointly recruit a management post for the Child and Adolescent Mental Health Services (CAMHS).
The importance of carrying out work associated to a review of the suicide rate was highlighted and it was suggested that an Alliance conversation was required.
- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – the outcome from a report in respect of readmissions was due soon. Emergency department data in respect of sepsis audit compliance gave cause for concern and was being investigated further.
SHMI performance was highlighted as an area of concern and it was felt that reassurance should be sought from the Trust, together with seeking to identify how such information was reported to the Trust's own Board. It was noted that seeking such assurances within Alliance discussions would be of benefit. **The Committee agreed** that SHMI performance should be a topic for 'deep dive' discussion at the next meeting.
The quality of discharge summaries was raised as a concern and the need for development of an IT solution/template was recognised. **The Acting Chief Contracts Officer agreed** to raise the issue at a forthcoming Service Level Agreement (SLA) meeting.
- **West Suffolk NHS Foundation Trust (WSFT)** – key issues were the provision of discharge summaries and the mandatory training of staff. It was highlighted that the timely notification of death to GP practices required improvement. **The Acting Chief Contracts Officer** agreed to seek clarification of processes and information provided.
- **Suffolk Community Healthcare (SCH)** – initial health assessments for children in care remained a key focus.
- **East of England Ambulance Service Trust (EEAST)** – Category 1 performance had improved over the last 12 months and improvement to the fleet across the county was underway.

Finance

- At the end of Month 12 the CCG had achieved delivery of its control total.
- At the end of Month 12, the CCG had delivered £19.7m of its savings plan (QIPP) against a target of £16.5m (119% delivery) mainly due to over delivery of QIPP on CHC, Prescribing, Other Acute Contracts and Running Costs.

Transformation/PMO

The Chief Transformation Officer reported that programmes of work for 2019/20 were currently being finalised and would be presented to the Clinical Executive when complete.

- **Integrated Care** – the Felixstowe Minor Injuries Unit (MIU) was averaging four patients a day through the MIU and, to date, there had been no adverse effect on Ipswich Hospital. The Care Homes scheme had been delayed due to investment delay. Activity was 2.4% above plan. The Emergency Department Board was reviewing activity and exploring the feasibility of introducing a rapid intervention vehicle. Clinicians were now participating in the Emergency Department Board. Ambulance handover delays and re-admissions were high. A plan was being developed to address community delayed transfers of care.

Having queried how increased demand might be addressed it was suggested that development of locality multi-disciplinary teams would be key, although population growth was a major factor.

- **Elective Care** – focus would continue into 2019/20 on the musculo-skeletal/pain service although there remained a lack of support from the hospital. A different approach in respect of outpatient follow-ups was to be explored in 2019/20.
- **Children and Young People** – good quality feedback had been received in respect of the peri-natal service. The Alliance had signed off the neuro-development work and the speech and language service was on track and recruitment had commenced.
- **Mental Health** – each project within the programme was on track against key milestones although work remained in respect of key performance indicators.

Contracts

- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – 18 week referral to treatment time performance was expected to recover in August 2019, with cancer performance targets expected to be achieved in May/June 2019. There was national concern in relation to an increase in two week breast cancer referrals.
- **Care UK - 111** - there had been improvement in relation to the 60 second target with recovery anticipated in April 2019.
- **E-Zec** – performance was being monitored closely, a revised action plan was in place and a Chief Executive to Chief Executive conversation being arranged.
- **Integrated Urgent Care Service (Care UK/Suffolk GP Federation)** – the service was on track to 'go live' in the near future and daily calls were being made to ensure shift fill.

Primary Care

- Care Quality Commission (CQC) – Walton surgery had recently been rated as 'inadequate' and an action plan had been developed. Saxmundham surgery had been rated as 'requires improvement'. The CQC had introduced a new inspection regime which was telephone based and the CCG was currently seeking to better understand the new process.
- Overall the prescribing budget had been significantly underspent which was good news although there remained some variation across practices. The overall position in respect of antibiotic use was improving.

The Committee noted the report.

19/023 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. The Committee reviewed each risk in turn with key comments being:

- Weekly meetings in respect of Brexit had been put on hold until such time as further information came to light.
- Pathology Service procurement – further information would be reported to a ‘private’ meeting of the Governing Body later in the day and the risk was expected to be updated further following receipt of legal advice. A quality improvement visit was to be scheduled.
- The Committee was advised that the cancer risk required update.

Subject to the above, the Committee reviewed and approved the GBAF as presented.

19/024 QUALITY ASSURANCE UPDATE – NORFOLK AND SUFFOLK NHS FOUNDATION TRUST

The Committee was in receipt of a report which advised of the outcome of a clinical quality review of the psychiatric liaison service in East Suffolk.

Points highlighted during discussion included;

- The visit had been positive with no significant concerns identified.
- There had been an increase in patients under the IDD Team and a gap in service provision between psychiatric liaison and the out of hours service had been identified.
- There was a potential bidding opportunity for the psychiatric liaison service if considered in the context of the Crisis business case.

The Committee noted the report.

19/025 ADULT AND CHILDREN’S COMMUNITY WHEELCHAIR SERVICES – OVERVIEW OF SERVICE AND PERFORMANCE REVIEW

The Acting Chief Contracts Officer advised that the item would be deferred until the 25 June 2019 meeting in order to allow for further work to take place.

19/026 POLICIES FOR APPROVAL

No policies had been received.

19/027 CHAIR’S SUMMARY/REFLECTION/FOLLOW UP ON GB PATIENT STORY

Due to time constraints there was no time for summary or reflection.

19/028 DATE OF NEXT MEETING

The next meeting of the Clinical Scrutiny Committee was scheduled to take place on **25 June 2019**, from 0830-1030hrs at Endeavour House, Ipswich.



Community Engagement Partnership

on Monday 11th March, 5:00 – 7:00pm at The Key, Ipswich, IP4 2BB

PRESENT:

Irene MacDonald	IESCCG GB Lay Member for Patient & Public	IM
Vicky Thomson-Carr	Co-Chair	VTC
Claire Martin	Co-Chair	CM
Gill Jones	Healthwatch Suffolk	GJ
Gill Orves	IHUG	GO
Linda Hoggarth	Disability Action Group	LH
Pat Durrant		PD
Paul Gaffney		PG
Caroline Webb		CW
Jenny Pickering		JP
Susie Mills		SM
Richard Squirrell		RS
Ann Nunn		AN
Tina Rodwell		TR
Lynda Cooper		LC

IN ATTENDANCE:

Maddie Baker-Woods	Chief Operating Officer, IESCCG	MBW
Marielena Giner	Patient & Public Involvement Officer	MG
Katie Sargeant	Transformation Engagement Manager	KS

APOLOGIES:

Isabel Cockayne	Head of Comms, IESCCG & WSCCG	IC
Jo Marshall	Voluntary Sector Representative	JM
Marian Carter		MC

WELCOME AND APOLOGIES FOR ABSENCE

The chair welcomed everyone to the meeting and no apologies for absence were received. There were no declarations of interest.

MINUTES OF THE PREVIOUS MEETING

KS to be added to the attendee's section of January's minutes.

REVIEW OF OUTSTANDING ACTIONS

NSFT discharge: PALS were to be contacted directly.

Action: MBW to discuss with Contracts and Nursing Colleagues

Riverside Clinic: reported that the issue with the booking system is still very much a problem.

Action: Further questions will be asked of the provider

Insulin: Members suggested that plans for these services are discussed at another meeting.

EZEC centre visit:

MG and LH will be arranging a visit in due course.

Sexual health services: the previous concern around sexual health services was to be added to the action log. It was advised that there is an Alliance wide group considering the issues, which will be reporting to the April Alliance Board meeting.

Action: MBW to report back from this meeting.

MEMBER UPDATES

The Group was reminded that VTC's role as co-chair comes to an end in April.

The CCG will share the role description with the group via email so that members can consider this role.

Action: MG to share role description

Repeat prescriptions.

Different companies provide the same chemical medications under different branding, which can cause a reaction in the patient depending on allergies. Advice was given to request the old medication to ensure no risk of reaction.

The SEND report was raised. It was noted that the CCG Chief Officer EG had recently provided an update on this and discussed it on the radio.

CCG UPDATE

Maddie Baker-Woods gave a CCG update, of which the key points included:

- The CCG's priorities at this time of year are: negotiation of contracts and development of quality, performance and financial plans for 2019/20
- The CCG is also very focused on quality improvement of current mental health services with NSFT and the next stages of delivery of the Suffolk Mental Health and Wellbeing Strategy
- A new national contract, a Directed Enhanced Service, for GP practices is being offered which includes the development of Primary Care Networks (groups of practices working together and with their health and social care partners in a locality)

In response to question, MBW confirmed that the CCG had provided financial support to the Citizens Advice Bureau.

COMMS AND ENGAGEMENT UPDATE

Katie Sargeant, Transformation Engagement Manager for IESCCG and WSCCG advised that a report which includes information on SEND will be send out with the minutes.

Marielena Giner, Patient and public Involvement Officer talked about the NHSE PPI assessment, where the CCG submits an assessment on a set of indicators. A considerable amount of evidence was produced, including showing the input of the CEP to the CCG.

MG asked the Group to look at the public involvement element of the website and feedback.

Action: MG to send a link to the group via email.

JULIE IRVING – UPDATE ON DIGITAL MEDIA AND HEALTH RECORD SHARING

Julie Irving shared a presentation on the development of digital media and health record sharing. This presentation is attached.

The immense progress in delivering the shared record agenda was noted with support for the next stages.

Julie was thanked particularly for presenting a potentially complex set of plans in a straight forward way.

SHANE GORDON – UPDATE ON ESNEFT

Shane Gordon, Director of Strategy, Research and Innovation, gave a presentation on the ESNEFT vision and draft strategy. This presentation is attached.

Feedback in relation to on-site facilities was given, with a particular concern that the Trust should promote healthy eating.

Concern was expressed about the potential need to travel to services as a result of the merger was given and the risk to patients of this. Assurance was given that changes would only be made where there was significant evidence of clinical benefit to patients in doing so.

Concern was also expressed about the results of the recent staff survey and the impact on recruitment, retention and patient care. It was advised that the Trust was taking the results very seriously and focused on engaging and supporting staff

Shane was thanked for his time in presenting the draft Strategy and listening to the CEP's views.

ANY OTHER BUSINESS

No further business was shared.

DATE OF NEXT MEETING

Our next meeting will be held on Monday 8th April, 5:00 – 7:00pm at The Key in Ipswich.



Unconfirmed Minutes of a meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Wednesday 27 March 2019, in public, in the Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk

(This meeting was held with the Primary Care Commissioning Committee of West Suffolk CCG in line with 'in common' meeting arrangements)

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement, IESCCG
Steve Chicken	Lay Member
Jane Payling	Chief Finance Officer, IESCCG
Jane Webster	Acting Chief Contracts Officer
Simon Jones	Local Medical Committee
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England

IN ATTENDANCE:

Dr Christopher Browning	West Suffolk CCG Chair
David Brown	Deputy Chief Operating Officer
Geoff Dobson	Lay Member: Governance, WSCCG
Emma Gaskell	Senior Primary Care Manager, WSCCG
Julia Hiley	Estates Development Manager
Amanda Lyes	Chief Corporate Services Officer
Jo Mael	Corporate Governance Officer
Claire Pemberton	Head of Primary Care
Caroline Procter	Primary Care Commissioning Manager
Rachel Seago	Practice Support Manager, WSCCG
Lynda Tuck	Lay Member: Patient and Public Involvement, WSCCG
Daniel Turner	Estates Development Manager

19/13 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Maddie Baker-Woods	Chief Operating Officer
Ed Garratt	Chief Officer
Dr Lorna Kerr	Secondary Care Doctor
Cllr James Reeder	Health and Wellbeing Board
Dr Mark Shenton	CCG Chair
Andy Yacoub	Healthwatch

19/14 DECLARATIONS OF INTEREST

Dr Christopher Browning declared an interest in the agenda as holder of a Personal Medical Services (PMS) contract, and a specific interest in agenda item 7 (PMS Development Framework/Local Enhanced Services). As a non-voting member **the Committee agreed** that he could remain in the meeting when the

item was discussed.

19/15 MINUTES OF PREVIOUS MEETING

The minutes of a meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on 22 January 2019 were **approved** as a correct record.

19/16 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

19/17 GENERAL UPDATE

The Deputy Chief Operating Officer reported;

- Key areas of focus were the new GP contract and development of primary care networks which were to be discussed later on the agenda.
- The Accountable Officer now had responsibility for three CCGs, those being Ipswich and East Suffolk, West Suffolk and North East Essex.

19/18 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
- Serious mental illness
- Dementia diagnosis

Key points highlighted during discussion included;

- The CCG was making improvement in respect of learning disability health checks and work was taking place with practices to identify and engage with relevant individuals to increase uptake and facilitate ongoing support.
- There was currently no available data in respect of the use of secondary care although it was likely that people located close to hospitals were more likely to use it than those in rural areas.

The Committee noted the content of the report.

19/19 PMS DEVELOPMENT FRAMEWORK/LOCAL ENHANCED SERVICES

The Committee was in receipt of a report which provided an update on the process undertaken to review the PMS Development Framework and seek ratification of the PMS Development Framework.

The CCGs had been working with colleagues, the Clinical Executive, the Local Medical Committee (LMC), Public Health and NHS England to identify revisions to the PMS Development Framework for next year. The PMS Agreement Review Committee had agreed the proposed changes, and the Local Medical Committee had confirmed acceptance on 14 March 2019. A summary of the changes was set

out in paragraph 1.4 of the report.

Following formal approval of the PMS Development Framework by the Committee, associated Local Enhanced Services (LES) would be amended to ensure parity between contracts.

The Commissioning Governance Committee would review the LESs to ensure the contracts continued to demonstrate value for money and provide quality services to patients.

Having recognised that Ipswich and East Suffolk CCG had a requirement for a nurse from each practice to attend at least four Nurse Forum events each year, it was queried why there was no similar requirement in West Suffolk. It was explained that West Suffolk CCG was exploring ways of sharing best practice within locality meetings although it did have its own Nurse Forum with a membership that was engaged.

The Committee noted the report **and approved** the revised PMS Development Framework as presented.

19/20 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

The Committee was provided with an overview of the Primary Care Delegated Commissioning Budget at month 11.

At the end of month 11 the GP Delegated Budget spend was £482k over spent with other Primary care indicating an under spend of £500k. Key variances and detail were set out in Section 2 of the report.

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

The Committee noted the financial performance at month 11.

19/21 NEW GP CONTRACT INCLUDING PRIMARY CARE NETWORKS

The Committee was in receipt of a report which provided an update on the publication of a 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).

The document, introduced a number of significant changes to the GP contract, the key elements of which were detailed within Section 2 of the report.

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.

There were two main options; that the existing organisational collaborations disaggregate along geographical lines and continue to provide the infrastructure to support the development of PCNs; or to retain the existing groupings, as large PCNs that had a sub-locality structure to support local working with partner

organisations. Either option would also support close working with the local Integrated Neighbourhood Teams.

The approach had been endorsed by the Clinical Executive and communicated to local practices. Whilst there had been support for the approach, it did present issues for a small number of practices, which needed to be addressed.

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.

It was reported that there had been discussions at a recent training and education event to align practices more geographically although further negotiation was required.

Having questioned how the new contact and development of primary care networks would benefit patients, it was felt there would be additional staffing resource and increased use of allied health professionals. Primary Care would also have a greater voice within the wider health and social care system.

The Committee was informed that 100% sign up to primary care networks was required and it was hoped that anticipated detailed guidance from NHS England would provide more clarity in order to facilitate presentation of a more comprehensive report to the next meeting.

The Committee noted the content of the report.

19/22 CARE QUALITY COMMISSION (CQC)

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

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

Ravenswood Inspected 10/1/19 Rating: Good

The practice had a very positive experience with the CQC which they believe was due to the practice being organised and approaching the visit in a structured way. They were rated "Good" in all domains

Walton Surgery Inspected 23/1/19 Rating: 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 COO attended the CQC feedback session. A robust remediation is in place and being implemented

Bildeston Surgery Inspected 6/2/19 Rating: Good

The practice found the visit challenging but overall found it to be useful and the minor issues mentioned during their summary were easily resolved. They were rated "Good" in all domains

Little St John Inspected 5/2/19 Rating: Outstanding

The practice were delighted to be upgraded from "Good" to "Outstanding", they believe this is down to the hard work of the staff and preparation before the inspection. The practice received ratings of "Good" for safe, effectiveness and

caring and “outstanding” for responsive and leadership

Saxmundham Inspected 20/2/19 Rating: not known

The wider GP Federation services including GP+ had also been inspected and the report was pending.

The Committee was informed that the inspection process was due to change from 1 April 2019. The CQC intended to phone practices prior to visiting to request information and evidence. Dependent on the evidence received, the CQC would then determine if a rating could be issued or whether a visit was required. It was likely that the CCG would be contacted after the request for information was made to the practice.

The Committee noted the report.

19/23 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled to take place from 2.00pm – 4.00pm, on Tuesday, 21 May 2019, in Ropes Hall, Kesgrave Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk.

19/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

No members of the public were present.

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

**Unconfirmed Minutes of the CCG Collaborative Group meeting held on
Thursday, 4 April 2019, in the Kersey Room, Endeavour House**

PRESENT

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

IN ATTENDANCE

Jo Mael (JM)	Corporate Governance Officer
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Minute	Action
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19/011 Welcome and apologies

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

19/012 Declarations of Interest

No declarations of interest were received.

19/013 Minutes of meeting held on 7 February 2019

The minutes of a meeting held on the 7 February 2019 were **agreed** as a correct record.

19/014 Matters arising and review of action log

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

19/009 – Lay Members reported that although the introduction of Audit and Remuneration and HR Committees had been discussed at the Lay Member Forum in February 2019, Lay Members from North East Essex had been reluctant to progress ‘in common’ meetings at present.

19/015 Accountable Officer Update

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

Finance

- Both CCGs were delivering on plan.
- A transformation fund for 2019/20 was launched in February 2019.
- 2019/20 Financial Plans had been approved by Governing Bodies and

- submitted to NHS England
- Contracts with providers had been signed by the deadline.

Alliance Working

- STP governance work was on-going, which included Alliance governance. Non-Executive input was being explored.
- Norfolk and Suffolk NHS Foundation Trust had appointed a new Chair and CEO –Marie Gabriel and Professor Jonathan Warren
- Support had been received from NHS England/NHS Improvement to move forward with plans for mental health transformation in Suffolk
- The recruitment process for a joint Accountable Officer across Suffolk and North East Essex CCGs was underway – an extension to interim arrangements was proposed until end July 2019.
- The Accountable Officer reported that from 1 April 2019 he had taken over the role of Executive Lead for the STP. A formal announcement was to be made in the near future.

Primary Care

- The key focus was primary care network development
- 92% of practices had been rated as good or outstanding in both Ipswich and East and West Suffolk following recent Care Quality Commission inspections
- The prescribing budget was underspent by £1m (WS) & £1.122m (IES)
- Learning Disability Health Checks were on track to meet target by 2020.

Performance

- 62 day cancer was to be delivered across the integrated care system by May 2019
- Referral to treatment time delivery at West Suffolk NHS Foundation Trust was a concern –East Suffolk and North Essex NHS Foundation Trust was planning to deliver required performance by August 2019
- West Suffolk NHS Foundation Trust had seen improvement on the MHRA action plan following major issues highlighted during inspection.
- Dementia diagnosis was not being delivered in West Suffolk

Organisational Development

- Suffolk MIND ‘Your Needs Met’ sessions had been held during January – March 2019
- 20% running costs being addressed through new recruitment policy
- The development opportunity programme continued.
- Staff Long Service Awards were to be held on 7 April 2019
- Plans were progressing for a Staff Away Day in July 2019

Quality

- The SEND re-inspection outcome had been received and improvement was still required in some areas. A meeting with the Department for Education was scheduled on 8 April 2019.
- Norfolk and Suffolk NHS Foundation Trust service line reviews were underway
- E-Zec– ongoing work to address patient experience.

Annual Assurance meeting presentation packs were attached to the agenda for information. Annual Assurance meetings were scheduled to take place later in the day.

The Collaborative Group noted the content of the report and the Annual Assurance presentation packs.

19/016 Norfolk and Suffolk NHS Foundation Trust

The Accountable Officer reported that he had attended a ministerial meeting on 2 April 2019 in order to brief MPs on mental health service provision.

The Collaborative Group noted the update and that the letter circulated with the agenda had not been issued.

19/017 Integrated Care System

The item had been addressed as part of agenda item 5 (Accountable Officer Update).

19/018 Any Other Business

No items of other business were received.

19/019 Date of Next Meeting

The next meeting of the CCG Collaborative Group was scheduled to take place on 6 June 2019 at 11.00am in the Kersey Room at Endeavour House, 8 Russell Road, Ipswich, Suffolk, IP1 2BX.

Steve Chicken advised that he would not be able to attend the meeting on 6 June 2019 and Geoff Dobson agreed to chair that meeting in his absence.



**Minutes of a meeting of the Ipswich and East Suffolk CCG
Commissioning Governance Committee held on 26 March 2019**

COMMITTEE:

Graham Leaf	Lay Member: Governance and CCG Vice Chair (Chair)
Dr Lorna Kerr	Secondary Care Doctor
Irene Macdonald	Lay Member for Patient and Public Involvement
Jane Payling	Chief Finance Officer
Jane Webster	Acting Chief Contracts Officer

PRESENT:

Maddie Baker-Woods	Chief Operating Officer
Catherine Butler	Head of Medicines Management
Jo Mael	Corporate Governance Officer

19/001 APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and apologies for absence were noted from;
Ed Garratt, Chief Officer

19/002 DECLARATIONS OF INTEREST

No declarations, other than those already published, were received

19/003 MATTERS ARISING AND ACTION LOG

The action log was reviewed and updated with comment as follows;

18/037 – General Transformation Funds - the Chief Operating Officer agreed to circulate the information requested via email.

19/004 PRIMARY CARE CONTRACTS – ENHANCED SERVICES 2019/20

The Committee was in receipt of a series of individual recommendations for the CCG Primary Care Local Enhanced Service contracts 2019/20.

There were currently 14 Local Enhanced Services (LES) contracts. Eight of the LES' are specifically for GMS practices, and were offered as parity to the PMS Development Framework. Six of the LES contracts were offered to all practices, regardless of their PMS or GMS contract status.

As part of the PMS Development Framework practices had to sign up and deliver on the LES' or work with the CCG to identify other ways in which those services could be delivered to ensure an equitable service for patients.

LESs were in addition to the standard GP contract and now formed part of the NHS Standard

Contract.

The CCG was reviewing the detail of all specifications to ensure primary care requirements were aligned with other providers, continued to provide value for money and provided quality services.

The total proposed LES budget for 2019/20 was £2,307,541 which equated to an increase of £58,167p.a (3.5% in line with the CCG allocated budget for these services).

Appendix 1 summarised each service stating activity to date, outcomes, relevant budget, payment basis and KPIs together with proposed amendments as required for the consideration and agreement of the Commissioning Governance Committee.

The Committee was informed that where outcomes had not been clarified the CCG accounted for the highest claim.

The importance of focus on minor injuries was emphasized **and it was agreed** that the Primary Care Commissioning Committee should receive a report on any unwarranted variation, with the Commissioning Governance Committee being kept updated of progress.

The Committee noted the report **and approved** the commissioning of the Enhanced services for 2019/20 as presented.

19/005 PRESCRIBING BUDGET AND REINVESTMENT SCHEME 2019/20

The Committee was in receipt of a report which set out for approval the new practice prescribing budget setting methodology and approach to the Prescribing Reinvestment Scheme.

The methodology used to calculate practice level budgets was to be updated for 2019/20. The previous methodology used practice list size, ASTRO-PUs, indices of multiple deprivation (IMD), and residential home population to calculate the practice level budgets. The new methodology used an NHS England derived formula. That formula was already used to calculate the total CCG allocation from NHS England, and it was felt that it was appropriate that the CCG should allocate practice budgets in the same way. The new methodology was detailed within the report.

In order to implement the change whilst minimising the impact on practices in the first year, the 2019/20 practice budget methodology would combine the previous methodology with the NHSE formula. Appendix 1 detailed the practice budgets and year on year change and Appendix 2 was a visualisation of the impact of the change. The Prescribing Reinvestment Scheme had been updated for 2019/20 to take account of the change in budget setting methodology.

A capped amount of £1million had been allocated for the budget.

The Chief Operating Officer highlighted that it was increasingly challenging to achieve prescribing saving since the CCG was already within the lower quartile nationally of spend per patient and there were no major price reductions as a result of drugs coming 'off patent' known at this stage. The impact of Brexit on pricing could also not be anticipated. The position would need to be kept under close review.

Having queried whether it might be appropriate for primary care networks to have control totals, the Committee was informed that this was a future option.

The Committee approved the scheme and new budget methodology for GP practices as set out within the report; **and noted** that variations in spend between practices were closely

monitored by the prescribing workstream.

19/006 ANY OTHER BUSINESS

No items of other business were received.

19/007 DATE OF NEXT MEETING

Meetings of the Commissioning Governance Committee are arranged as and when required.



23 April 2019

Chairman (Graham Leaf)

Date



**Unconfirmed Minutes of a meeting of the Ipswich and East Suffolk CCG
Commissioning Governance Committee held on 23 April 2019**

COMMITTEE:

Graham Leaf	Lay Member: Governance and CCG Vice Chair (Chair)
Ed Garratt	Chief Officer
Dr Lorna Kerr	Secondary Care Doctor
Jane Payling	Chief Finance Officer
Jane Webster	Acting Chief Contracts Officer

PRESENT:

Maddie Baker-Woods	Chief Operating Officer
Jane Garnett	Lead for Procurement
Jo Mael	Corporate Governance Officer

19/008 APOLOGIES FOR ABSENCE

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

Irene Macdonald Lay Member for Patient and Public Involvement

19/009 DECLARATIONS OF INTEREST

No declarations, other than those already published, were received

19/010 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 26 March 2019 **were agreed** as a correct record.

19/011 MATTERS ARISING AND ACTION LOG

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

19/012 BUILDING COMPASSIONATE COMMUNITIES

The Lead for Procurement reported that the Building Compassionate Communities pilot had been presented to the CCG's Clinical Executive on 5 March 2019 where it had been agreed that it should be supported with £80,300 over two years.

The pilot was developed at a community level, through the Peninsula GP practice and was fully aligned with the recommendations of the Public Health Report published in Suffolk in 2018: Lasting Legacies.

As a result of those developments, the Ipswich and East CCG End of Life Programme Board had identified "Compassionate Communities" as a new work stream for 2019. The End of Life Programme Board's (EOL) membership included East Suffolk & North Essex Foundation Trust, East of England Ambulance Trust, local Hospices in Suffolk and Essex, Suffolk County

Council Public Health and Adult Social Services, GPs and consultants.

The report went on to outline the pilot's aims, outcomes, delivery partners and intended monitoring and evaluation.

Although it had been decided during the commissioning process that the funds should be held by Community Action Suffolk (CAS) due to its links into the locality through the Good Neighbourhood Scheme, on further examination it became apparent that, in order to get best impact and measure clinical outcomes effectively, the coordinator role would be best employed by the practice.

To that end the proposed option was to host the co-ordinator post within the Peninsula Practice (one of the original considerations), therefore overcoming the issue of access to SystemOne and information governance. CAS had been informed of the proposed way forward and was happy to agree with the outcome.

The CCG had allocated £80,300 to support project delivery which would be provided as a service variation to the NHS Standard Contract with the funds to be used as detailed within paragraph 2.7 of the report.

The need to facilitate robust monitoring of the pilot was highlighted. The importance of the End of Life Programme Board retaining oversight of the pilot was emphasized and it was suggested that that the Chief Nursing Officer should be asked to have an overview of the pilot and identify any additional steps that might be required in respect of clinical quality and safety.

After consideration, **and subject to any identified additional monitoring steps being highlighted to the End of Life Programme Board, the Commissioning Governance Committee;**

- 1) **Approved** the payment of funds to the Peninsula Practice rather than Community Action Suffolk, as detailed within the report, to deliver the pilot as previously agreed by the Clinical Executive.
- 2) **Agreed** that there was no need for the funding to be further approved by the Governing Body; bearing in mind that the Standing Financial Policies only required spend of over £250,000 to be ratified by at that level.

19/013 ANY OTHER BUSINESS

No items of other business were received.

19/014 DATE OF NEXT MEETING

Meetings of the Commissioning Governance Committee are arranged as and when required.

