



**Meeting of the Ipswich and East Suffolk CCG Governing Body held in public
on Tuesday 23 July 2019 at Riverside Centre, Stratford St Andrew, Saxmundham, Suffolk,**

PRESENT:

Graham Leaf	Lay Member: Governance and CCG Vice Chair
Dr Padmanabhan Badrinath	Consultant in Public Health Medicine
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Dr Dean Dorsett	GP Governing Body Member
Nerinda Evans	Deputy Chief Transformation Officer
Dr Peter Holloway	GP Governing Body Member
Dr Lorna Kerr	Secondary Care Doctor
Amanda Lyes	Chief Corporate Services Officer
Irene Macdonald	Lay Member for Patient and Public Involvement
Lisa Nobes	Chief Nursing Officer
Dr John Oates	GP Governing Body Member
Dr Omololu Ogunniyi	GP Governing Body Member
Dr Imran Qureshi	GP Governing Body Member
Jon Reynolds	Deputy Chief Contracts Officer
Jane Payling	Chief Finance Officer

IN ATTENDANCE:

Jo Mael	Corporate Governance Officer
Amy Osborne	Contracts Manager

19/061 WELCOME AND APOLOGIES FOR ABSENCE

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

Ed Garratt	Accountable Officer
Dr Mark Shenton	GP Governing Body Member and CCG Chair
Dr Ayesha Tu Zahra	GP Governing Body Member
Richard Watson	Chief Transformation Officer
Jane Webster	Acting Chief Contracts Officer

19/062 IPSWICH AND EAST SUFFOLK CCG – ANNUAL REPORT AND ACCOUNTS 2018/19

The Annual Report and Accounts for 2018/19 were already in the public domain via the CCG's website.

The Chief Operating Officer reported that, as detailed within the 2018/19 Annual Assessment letter, the CCG had been rated as 'outstanding' by NHS England. Staff, the CCG's member practices and Alliance partners were thanked for their help in achieving that outcome.

Challenges going forward were agreed as mental health service provision, workforce and constitutional standards.

The CCG had recently been successful in obtaining the Investors in People 'Platinum' award

and was only the third NHS organisation to have gained the award. Staff and partners were thanked for their hard work and commitment to driving forward improvement.

The Chief Finance Officer reported that the CCG's overall income for 2018/19 had been £557.98m and it had spent £554.98m resulting in a surplus of £3m. Accounts had been submitted within the required timeframe and over 97% of invoices had been paid within 30 days.

The Governing Body **received and noted** the Annual Report and Accounts for 2018/19 and the Annual Assessment.

19/063 ANNUAL AUDIT LETTER 2018/19

The Chief Finance Officer advised that the Annual Audit Letter received from the CCG's External Auditors, Ernst and Young set out to communicate to Governing Body members, external stakeholders, and members of the public, key issues arising from work carried out by the External Auditors.

The Annual Audit Letter set out the auditor's responsibilities in expressing an opinion, which had resulted in the Auditors concluding that the CCG should receive a positive 'unqualified' opinion across the financial statements with there being no matters to report.

The Governing Body **received and noted** the Annual Audit Letter for 2018/19.

19/064 QUESTIONS FROM THE PUBLIC IN RESPECT OF THE ANNUAL REPORT AND ACCOUNTS

- 1) Despite being one of the highest performing CCGs in the country, Norfolk and Suffolk NHS Foundation Trust waiting times of approximately nine months in respect of behavioural therapy were raised as a concern and an example of poor service delivery.

In response it was reiterated that mental health service provision was a current priority for CCG and Norfolk and Suffolk NHS Foundation Trust (NSFT) action.

19/065 WELCOME AND APOLOGIES FOR ABSENCE

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

Ed Garratt	Accountable Officer
Dr Mark Shenton	GP Governing Body Member and CCG Chair
Dr Ayesha Tu Zahra	GP Governing Body Member
Richard Watson	Chief Transformation Officer
Jane Webster	Acting Chief Contracts Officer

19/066 DECLARATIONS OF INTEREST

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

19/067 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Governing Body meeting in public held on 21 May 2019 were reviewed and **agreed** as a correct record.

19/068 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

19/069 GENERAL UPDATE

In the absence of the Accountable Officer, the Chief Operating Officer reported;

- CCG representatives had recently attended a national meeting held by NHS England and NHS Improvement that had had an emphasis on finance;
- The process to appoint a Chair for the Integrated Care System was ongoing.
- The appointment process to CCG teams was ongoing.
- The focus on mental health continued in order to achieve quality improvement and to deliver the vision and objectives of the agreed Suffolk mental health and emotional well-being strategy.

The Governing Body noted the update.

(The Chair advised that agenda item 9 (procurement update) would be taken next followed by agenda item 10 (integrated care system cancer programme update).

19/070 PROCUREMENT UPDATE

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

Key points highlighted included;

Home Care - Suffolk County Council (SCC) released the tender documentation mid-December with a return date of the 4 February 2019. The tenders were evaluated by SCC and CCG representatives, and the contracts for successful providers would commence on the 16 September 2019. 48 providers had been accepted onto the framework. New patients would be allocated to providers on the new framework with existing patients staying with current providers, including those providers who were unsuccessful until the evaluation of the additional submissions are completed. If organisations with existing patients remained unsuccessful then those patients might need to be moved to a new provider; it was anticipated that could affect between five to 10 individuals (across both CCGs).

In response to questioning it was explained that there were already processes in place for patients to seek support should they wish to move provider.

ECG Interpretation Service - the 24hr ECG tender submissions were received on the 21 June 2019. The outcome of the evaluation and moderation was subject of a separate report.

Stroke Early Supported Discharge (ESD) - the Stroke ESD tender was released on the 7 June 2019 and was seeking a provider(s) working under a single contract to deliver the service across the Ipswich and East Suffolk and West Suffolk localities. Submissions were due back early August, when the evaluation and moderation would start.

Pathology Services - the CCG currently commissioned Pathology Services with NHS West Suffolk CCG and NHS North East Essex CCG. After terminating the direct award of the contract to North Essex & East Suffolk Pathology Services (NEEPS) the CCG was currently reviewing the specification and would undertake extensive market engagement to review and further develop the specification.

Mental Health - transformation plans within the mental health services across both Ipswich and East Suffolk and West Suffolk localities would require due diligence to be carried out on the operational plans and contractual issues. The co-ordination of the due diligence processes would be within the remit of the Procurement team.

The Governing Body was informed that a communications plan was being developed and mental health services were to form part of a patient conference scheduled to take place next week.

IVF Services - IVF services were currently subject of a framework administered by another CCG which was ending in November 2019. It had been agreed (subject to ratification) that the procurement would establish an Any Qualified Provider type arrangement where prices were set and the providers able to tender for the services if they achieved a quality level.

Governance - with the move towards more integration, alliances and shared decision making a number of additional meetings were taking place. In order to provide some guidance for CCG staff the Lead for Procurement was working with finance and contracting colleagues to develop guides and protocols which outlined governance routes. It was noted that any opportunity to link patient and public engagement into that would be welcomed.

The Governing Body noted the content of the report.

19/071 INTEGRATED CARE SYSTEM (ICS) CANCER PROGRAMME UPDATE

The purpose of the Integrated Care System (ICS) Cancer Programme was to:

- Support the delivery of the Suffolk and North East Essex (SNEE) STP Cancer Strategy and the cancer elements of the ESNEFT and Ipswich and East Suffolk (IES) Alliance Strategies.
- Develop new models of care for key agreed specialties within acute sites and the wider health and care system, as described in the NHS Longer Term Plan (2019) with the delivery of key milestones, including:
 - Support of the roll out of new Rapid Diagnostic Centres, from 2019.
 - Delivery of a faster diagnosis standard for cancer so that patients received a definitive diagnosis or ruling out of cancer within 28 days, by 2020.
 - Support of the conversion to HPV primary screening for cervical cancer, by 2020.
 - Where appropriate, every person diagnosed with cancer to have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support, by 2021.
 - For all clinically appropriate cancers, implement stratified, follow-up pathways with unambiguous processes to re-access the system for people who were worried their cancer might have recurred, by 2023.
 - Increase of the earlier diagnosis of cancers at stage 1 or 2 (target 75%) by 2028
- Support the achievement of key quality and performance standards, including all cancer waiting time standards.
- Support the delivery of the NHS assurance statements for cancer set out annually.
- Deliver agreed objectives for East of England (EoE) Cancer Alliance (CA) funded priorities through the ICS.
- Support system wide and partner initiatives and approaches.

Key issues were identified in Section 2 of the report.

A patient engagement stakeholder workshop was planned for July 2019, which would bring together patients, those Living With and Beyond Cancer (LWBC), carers, patient-advocates, health care providers and clinicians to exchange knowledge and ideas and actively support patient engagement in the planned projects funded by the East of England Cancer Alliance, to support redesign and development of cancer pathways and services. An engagement plan for each of the projects would be developed and agreed following the workshop.

Having queried how prevention work was incorporated within the programme, it was explained that there was public health representation on all forums.

The Governing Body noted the Integrated Care System (ICS) Cancer Programme and the main elements for delivery within 2019/20.

19/072 PATIENT STORY

The Chair welcomed Bryony and baby Jessica to the meeting to present the patient story along with Teri Gavin-Jones, Clinical Lead Midwife. The patient story supported the following agenda item in respect of the Maternity Transformation Programme Overview which sought to provide continuity of care in order to facilitate improved health outcomes

Bryony reported that, as a first time mother, she had been anxious about the birth. Having been introduced to the Maple midwifery team she had met with her midwife, hypnobirthing had been offered and she had experienced a relaxed smooth pregnancy. The Maple Team consisted of a team of six midwives and Bryony had been able to meet all of them prior to the birth with several having visited her home. At the point of going into labour members of the Maple Team had visited Bryony in her home and had advised at what point she should go to the hospital. On arrival at the hospital she had been met by a midwife from the team, and another member of the team had subsequently delivered baby Jessica. Members of the team were available for support up to 28 days after the birth which had meant that Bryony was able to enjoy her new baby knowing that help was available should it be needed.

The Governing Body thanked Bryony and Teri for their informative presentation and comments were as follows;

- The need to aim for continuity of care for 100% of mothers was emphasized.
- Each hospital currently had a home birth and elective caesarean birth team. The Maple Team was a mixed caseload team.
- There was a need to incorporate the role of primary care, particularly in rural areas, into the transformation programme, together with developing robust IT systems for the sharing of personal care plans.
- Continuity of care should provide increased opportunity to educate new mothers. It was important to utilise the use of social media and the power of information sharing.
- A longer term aim should be for maternity services to be situated in community hubs alongside GPs and Health Visitors.
- As continuity of care meant reduced caseloads for midwives, investment would be required to recruit and train additional midwives. Retention of staff was an important aspect although the new model should provide increased job satisfaction. Whilst, to date, national funding had been made available, future funding would need to be reviewed alongside other priorities.

19/073 MATERNITY TRANSFORMATION PROGRAMME OVERVIEW

Maternity and neonatal services were subject to a national review during 2014/15; resulting in the five year forward view for maternity services being produced (named Better Births). Further guidance related to the reducing maternal and neonatal deaths, prematurity, and birth complications was issued and the following three significant documents were published:

- Better Births - Improving maternity outcomes - Five year forward view for maternity services 2016
- Saving Babies Lives care bundle 2016
- NHS Improvement Neonatal Health and Safety Collaborative Programme 2017

The targets within those documents had now been brought together to formulate the national maternity transformation programme. The programme was to be implemented at a system level, to ensure consistent levels of provision and outcomes. It was a complex programme of

work with challenging targets and required significant transformation input and monitoring, to ensure the Suffolk and North East Essex Local Maternity System (LMS), the Integrated Care System (ICS) and NHS England (NHSE) were assured of delivery, in a timely and safe manner.

The report went on to detail aspects of the programme with key points highlighted being;

The Governing Body was informed that robust clinical leadership and programme governance arrangements were in place, work streams were embedded and delivering, and the financial plan had been submitted for approval from NHS England. However, extensive work remained to deliver the milestones/service developments which would require investment from the entire system and, as such, was a significant risk.

The Governing Body noted the content of the report.

19/074 ADULT AND CHILDREN'S COMMUNITY WHEELCHAIR SERVICES – OVERVIEW OF SERVICE AND PERFORMANCE REVIEW

The Governing Body was in receipt of a report which provided an overview of the Adult and Children's Community Wheelchair Services.

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group commissioned a Community Wheelchair service for adults and children in Suffolk. The service was managed as part of the Community Contract with West Suffolk NHS Foundation Trust (WSFT) as the lead Provider. The service consisted of two elements:

- Referrals, assessments and complex handovers were provided by Community Services
- The 'Approved Repairer' element was provided by Ross Care (since 1 October 2018) and Medequip for standard handovers, modifications, maintenance and repair.

The report went on to detail children's wheelchair service updates and performance, adult wheelchair service updates, with other updates and service improvements outlined in Section 4 of the report and a transformation/implementation plan attached at Appendix 1.

Transformation funding had been provided to the Community Wheelchair Services in order to reduce the waiting list and meet the 18 week referral to treatment standard. Funding was allocated to the following:

- Transformation Project Manager (1 year post) – to progress delivery of the transformation plan.
- Data Analyst Post (1 year post) – to develop a robust system to analyse wheelchair data.
- Additional funding for increased hours in the service to undertake the data cleanse of the IT system following transfer of data.
- Cost of Community Equipment Code of Practice (CECOPS) Accreditation for the clinical element of the service (Rosscare had already funded and completed that within its service).
- Additional consignment stock used to decrease patient waiting times as more stock available on site and provided at patient visit.
- Further spend would be identified and monitored throughout the implementation period.

The report provided an overview of the vast amount of work that had gone into improving the wheelchair services already. As detailed in the transformation plan, there were many actions that had been identified to improve current services and to engage with a range of stakeholders such as users, carers and community providers to ensure that views of users were being identified to promote changes that would positively impact on them. The Governing Body was assured that the wheelchair service was actively progressing those

actions to ensure continued improvement.

In response to questioning it was explained that key performance indicators for Rosscare were set by the provider and representatives from the CCG were invited to contract meetings. The CCG would be working with the provider to develop a dashboard for monitoring performance and seeking feedback from stakeholder groups.

The process for return and recycling of equipment was queried and the Governing Body was informed that work was to take place in conjunction with social care to further develop the tracking system.

The Governing Body noted the report.

19/075 WORKFORCE UPDATE INCORPORATING THE INTERIM PEOPLE PLAN

The Chief Corporate Services Officer introduced a presentation that had been prepared for the Suffolk and North East Essex Integrated Care System (ICS) Board on 12 July 2019.

The presentation outlined implementation of the long term plan in respect of workforce, and included the identification of workforce responsibilities at integrated care system level; the NHS interim people plan; the current state of the Suffolk/North East Essex workforce infrastructure; and attempt to identify what was required to move forward.

Key points highlighted during discussion included;

- A Director of Workforce had recently been appointed.
- The Local Workforce Action Board (LWAB) had brought the system together and a lot of work had been carried out in respect of apprenticeships and the sharing of good practice. Future work included development of a training skills passport.
- Primary Care Networks would need to increase links with the training hubs and look to the development of education facilitators. Meetings were being scheduled with Primary Care Networks to discuss their aims and aspirations.
- It was intended what once work programmes were matured further information in respect of the interim people plan would be presented to the CCG's Remuneration Committee in October 2019 and Governing Body in November 2019.
- The need for worksteams to review and streamline the demands on individuals in order that they were able to do the job they were trained for, was highlighted.

The Governing Body noted the content of the report.

19/076 FINANCIAL RISKS 2019/20

The Chief Finance Officer introduced a report which provided an update on financial risks which affected funding for the CCG and the wider Alliance in 2019/20.

The financial plan for the CCG was approved by the Governing Body at its meeting in March 2019. The financial plan set out how the CCG would deploy its allocated resources during 2019/20 which included draw down of £3m from its accumulated surplus. Guidance on the delegated primary care commissioning budget had not been fully received at this point in the process and whilst the CCG submitted a balanced budget, primary care was highlighted as a potential area of risk.

In the period since the financial plan was approved, two areas of financial pressure, as set out in Section 2 of the report, had emerged which made achievement of the financial plan more difficult. Section 4 of the report went on to highlight a further financial pressure facing capital expenditure.

Having queried how the CCG might safeguard itself from any re-occurrence of the need to provide financial assistance to Cambridge and Peterborough CCG, it was explained that the CCG had been informed that it was a one year only situation. The regulators would be carrying out regular reviews and groups would be developed to facilitate better understanding and challenge of Cambridge and Peterborough CCG going forward.

The extent to which MPs were aware of the cost of developing primary care networks was queried, and although it was felt they had not been directly briefed, it was noted that concerns could be discussed with NHS England. **The Governing Body agreed** that the Chair and Accountable Officer should be asked to explore options for pursuing the matter with local MPs, as appropriate.

The Governing Body noted the financial pressures set out in the report which would be closely monitored during 2019/20.

19/077 INTEGRATED PERFORMANCE REPORT

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

Key issues highlighted included;

- **Care UK** – quality concerns remained and work continued to improve performance and processes. Quality improvement visits had been carried out at which a better understanding of the management and governance of breaches was being sought, together with observation of shifts and the provision of support with prioritisation.
- **Integrated Urgent Care Service** – workload remained challenging, it was suggested that all providers should be asked to share information in respect of voids and shift fills. There had been 342 people through the emergency department on Sunday. All information was fed back to the joint governance meetings which included representation from primary care.
- **Community Services** – there had been recent concern as to whether the CCG was sufficiently sighted on quality matters and the Chief Officer Team had discussed options for future review.
- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – the lack of access to services and lack of provision of data in order to gain assurance

The Governing Body noted the report.

19/078 GOVERNING BODY ASSURANCE FRAMEWORK

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

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

The Governing Body noted that a new risk associated to the state of the workforce had been included.

The Chief Corporate Services Officer advised that the risk rating associated to the East of England Ambulance Service NHS Trust (EEAST) (Risk 32) was incorrect and required

amendment for the next meeting.

The Governing Body **noted** and **approved** the GBAF as presented **subject to** revision of the rating associated to Risk 32.

19/079 FREEDOM OF INFORMATION

The Freedom of Information Act 2000, provided a general right of access to information held by public authorities. The Governing Body was in receipt of a report which outlined Freedom of Information activity during the fourth quarter of 2018/19 and the first quarter of 2019/20.

Suffolk requests continued to be received at an average of around 20 per month with North East Essex CCG receiving slightly less. Almost all of the Suffolk requests covered both CCGs with only one or two being directed specifically to one Suffolk CCG.

All Suffolk requests had been answered within the 20 working days allowed under the Act with one North East Essex request having been responded to after the 20 day deadline.

The source of requests remained consistent and the majority being received from requesters identifying as members of the public. It was likely however that a large proportion of those were actually journalists, or people making requests on behalf of commercial organisations.

The number of requests received were as follows;

Quarter totals	Number of requests
Jan - Mar	62
Apr - Jun	Suffolk 74 - NEE 58
Total	Suffolk 136 NEE 58

The Governing Body noted the report.

19/080 REMUNERATION AND HR COMMITTEE REVISED TERMS OF REFERENCE

The Governing Body was in receipt of revised terms of reference for its Remuneration and HR Committee, for approval.

The Governing Body approved the terms of reference for the Remuneration and HR Committee as presented.

19/081 AUDIT COMMITTEE ANNUAL REPORT

The Chair of the CCG's Audit Committee presented the Committee's Annual Report for 2018/19.

The Governing Body noted the content of the report.

19/082 MINUTES OF MEETINGS

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

a) Audit Committee

The confirmed minutes of an Extraordinary meeting held on 20 May 2019 and unconfirmed minutes of a meeting held on 26 June 2019.

b) Remuneration and HR Committee

The unconfirmed minutes of a meeting held on 11 June 2019

- c) **Finance and Performance Committee**
The unconfirmed minutes of a meeting held on 18 June 2019.
- d) **Clinical Scrutiny Committee**
The unconfirmed minutes of a meeting held on 25 June 2019.
- e) **Community Engagement Partnership**
Minutes from meetings held on 13 May 2019 and 10 June 2019
- f) **Ipswich and East Suffolk CCG Primary Care Commissioning Committee**
The unconfirmed minutes of a meeting held on 21 May 2019
- g) **CCG Joint Collaborative Group**
The unconfirmed minutes of a meeting held on 6 June 2019
- h) **Commissioning Governance Committee**
Decision from a virtual meeting held on 31 May 2019

The Governing Body endorsed the minutes as presented.

19/083 DATE OF NEXT MEETING

The next meeting was scheduled to take place at 0900-1300 hrs, Tuesday, 24 September 2019, The Mix, 127 Ipswich Street, Stowmarket, Suffolk, IP14 1BB

19/084 QUESTIONS FROM THE PUBLIC

The following questions were received;

- 1) Having been asked if the CCG supported the reinstatement of bursaries for nurses, the Chief Corporate Services Officer replied that generally speaking there was support.
- 2) The true extent of Norfolk and Suffolk NHS Foundation Trust's (NSFT) waiting list was questioned as it was suggested there were discrepancies between staff reports and information reported to the Trust Board.

The Chief Nursing Officer reported that data lists reviewed at quality improvement visits had differed to that reported to the NSFT Board. The data was currently being reviewed and the CCG would be discussing the issue with NSFT's new Director of Access in order to gain a better understanding.

- 3) It was queried whether information in respect of ongoing efficiency savings might be communicated to the public.

The Chief Finance Officer explained that £96m of efficiency savings were required across the patch and the CCG would be working closely with its Alliance partners to deliver the savings. It was likely that wider communications would take place including through the local press.

- 4) The Governing Body was advised that outside of the CCG people were unsure of continuity of care and thought should be given to the development of communications that stated the CCGs intentions for service delivery over the longer term in the event that funding became available. Consideration should be given to being more pro-active with communications.