



**Meeting of the Ipswich and East Suffolk CCG Governing Body held in public
on Tuesday 24 September 2019 at The Mix, 127 Ipswich Street, Stowmarket, Suffolk,**

PRESENT:

Dr Mark Shenton	GP Governing Body Member and CCG Chair
Dr Padmanabhan Badrinath	Consultant in Public Health Medicine (Part)
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Dr Dean Dorsett	GP Governing Body Member (Part)
Ed Garratt	Chief Executive (Part)
Dr Lorna Kerr	Secondary Care Doctor
Graham Leaf	Lay Member: Governance and CCG Vice Chair
Amanda Lyes	Director of Corporate Services and System Infrastructure (Part)
Irene Macdonald	Lay Member for Patient and Public Involvement
Lisa Nobes	Director of Nursing (Part)
Dr John Oates	GP Governing Body Member
Dr Omololu Ogunniyi	GP Governing Body Member
Dr Imran Qureshi	GP Governing Body Member
Jane Payling	Director of Finance
Richard Watson	Director of Strategy and Transformation (Part)

IN ATTENDANCE:

Jo Mael	Corporate Governance Officer
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19/085 WELCOME AND APOLOGIES FOR ABSENCE

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

Dr Peter Holloway	GP Governing Body Member
Dr Ayesha Tu Zahra	GP Governing Body Member

19/086 DECLARATIONS OF INTEREST

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

19/087 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Governing Body meeting in public held on 23 July 2019 were reviewed and **agreed** as a correct record.

19/088 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

19/076 – Financial Risks 2019/20 – the Director of Finance advised the financial risk associated to development of primary care networks had since reduced as highlighted later on the agenda, the action could be closed.

19/089 GENERAL UPDATE

The Chief Executive reported;

- National meetings were being held in respect of Brexit.
- Having established a joint leadership team across Ipswich and East Suffolk, North East Essex and West Suffolk CCGs, a staff consultation was due to be launched on Monday, 30 September 2019 in respect of the next phase.
- Work continued on development of an Integrated Care System five year plan and stakeholder events had been planned with a full report expected to be presented to the next Governing Body meeting.
- Progress in respect of the Special Educational Needs and Disability (SEND) action plan continued and was encouraging.
- The outcome of a recent visit by the Care Quality Commission to East Suffolk and North Essex NHS Foundation Trust (ESNEFT) was awaited.
- The Care Quality Commission was expected to carry out an unannounced visit to Norfolk and Suffolk NHS Foundation Trust in the near future.

The Governing Body noted the update.

(Agenda item 07 (Emergency Food Fund) was taken prior to the patient story)

19/090 EMERGENCY FOOD FUND

The Chief Operating Officer introduced a report which provided an update on the work and interim outcomes of the Emergency Food Fund within Suffolk but, in particular, Ipswich and East Suffolk.

The Emergency Food Fund was created by Ipswich and East Suffolk and West Suffolk Clinical Commissioning Groups. As health partners, the CCGs understood that low income and poor nutrition were key causes of ill-health and were keen to work with partners to address those issues.

The fund offered:

- grants of up to £10,000 for the development of emergency food deliveries and holistic support for those in need (primarily aimed at foodbanks).
- grants of up to £5,000 to tackle emergency food for young people in need, such as holiday hunger projects.
- grants of up to £5,000 to groups distributing food to older people in need.
- grants of up to £5,000 to organisations distributing food to the homeless and vulnerably housed (i.e. supported accommodation).
- grants of up to £2,000 for Parents Teaching Associations (PTAs) to access funding for breakfast clubs or similar.

Working with Suffolk Community Foundation the Suffolk CCG's Emergency Food Fund had awarded over £65,000 to 10 local food banks and other voluntary organisations involved in feeding nearly 1300 people in Suffolk. Those grants were detailed in Section 2 of the report and, it was noted that a full evaluation would be provided 12 months after initiation of the grants in order to provide the basis for further investment and decision making.

The Governing Body noted the report.

(Dr Dean Dorsett and Dr Padmanabhan Badrinath joined the meeting)

19/091 PATIENT STORY

The Chair welcomed Stephen Singleton, Chief Executive of Suffolk Community Foundation and Jim Manning, Secretary and Trustee of Whitton Youth Partnership to the meeting.

The Governing Body was informed that, as had been previously reported, the Suffolk Community Foundation had received funding from the Suffolk CCGs Emergency Food Fund. Some of the funding had been received by the Whitton Youth Partnership which was an organisation that offered young people that had been identified as having problems associated with poverty and hunger the opportunity to enjoy activities and receive a cooked meal. Work was carried out with schools to identify those in need and in excess of 30 individuals were provided with a daily cooked meal. Further work included the facilitation of cooking workshops and nutrition advice.

The Suffolk Community Foundation's key aim was to raise money and it was currently the fifth largest provider of funding to the voluntary sector. At the initiation of the Suffolk Community Foundation there had been no food banks in existence in Suffolk and at the last audit 50 food banks had been identified. Those accessing food banks often had a number of underlying problems and the Citizens Advice Bureau (CAB) was a key organisation in providing support across a range of issues.

The Governing Body thanked Stephen and Jim for their informative presentation and comments were as follows;

- Having queried how support provided by the projects might be evidenced, it was explained that outcomes and impact data was being collected supported by individual case studies.
- Aims for the future included scaling up of the Whitton Youth Partnership project to include facilitation of cooking workshops for the older generation.
- It was suggested that any future funding to the community and voluntary sector should be less process specific and provided on an outcomes basis.
- Having queried whether the Whitton Youth Partnership had pursued links with local businesses such as supermarkets, it was explained, that often the amount of surplus supermarket food was on too large a scale for one project to utilise.

The Governing Body noted the presentations and **it was agreed** that a further update would be provided at the end of the programme during the Spring of 2020.

19/092 NORFOLK & SUFFOLK PRIMARY AND COMMUNITY CARE RESEARCH OFFICE ANNUAL REPORT 2018/19

Clare Symms from the Community Care Research Office was welcomed to the meeting to present the Norfolk and Suffolk Primary and Community Care Research Office Annual Report 2018/19. The Research Office supported research across Norfolk and Suffolk Primary Care, Norfolk Community Health and Care and East Coast Community Healthcare and the CCG's Duty to Promote Research.

The report had been submitted for information and discussion and in the context of the CCG's *Duty to Promote Research* and was expected to be published on the Research Office website and disseminated to stakeholders and partners following agreement of the Norfolk and Suffolk CCGs.

Key achievements as contained within the annual report were summarised in paragraph 2.1 of the report and work anticipated in 2019/20 in paragraph 2.2.

Having queried support available for practices wishing to carry out research, it was explained that research nurse support could be provided together with attributed funding in order to ease clinical pressure on the practice.

Having questioned how closely the Community Care Research Office worked with the Clinical Academic Reserve, the Governing Body was informed that, whilst direct work was minimal, research studies from the University of Cambridge had been utilised although it was not known how those studies were aligned with the Clinical Academic Reserve.

It was suggested that thought be given as to how primary care research might be fed into the CCG's primary care leadership academy.

The Governing Body noted the report.

19/093 EAST AND WEST SUFFOLK MENTAL HEALTH UPDATE

The Director of Strategy and Transformation introduced a report which provided an update on progress of the future mental health transformation model and associated timescales.

Key points highlighted included;

- NHS England had awarded funding to East and West Suffolk in July 2019 to move to 24 hour psychiatric liaison service delivery at East Suffolk and North East Essex Foundation Trust (ESNEFT) and West Suffolk Hospital Foundation Trust (WSFT). The CCG had received Ipswich Hospital funding in July 2019 of (£397K FYE).
- The NHS England Five Year Forward View required that at least 34% of children and young people received treatment from NHS-commissioned services (as recorded via the NHS Mental Health Services Data Set - MHSDS). Work was underway with providers to ensure all activity was being accurately captured and flowed through the MHSDS. Although there was indication from work carried out during July 2019 that children's and young people's access was currently 45.5% in Ipswich and East Suffolk, the Governing Body was asked to note that figure might reduce once clarification of data had been completed.
- NHS England Integrated Care System funding of £700k was agreed in June 2019 to support two Mental Health School Support Teams.
- A Special Educational Needs and Disability outline neuro-developmental pathway as now in place with a full business case expected to be presented to the Governing Body in March 2020.
- Work associated to the four priority groups as detailed in paragraph 3.1 of the report was on track and outline models were due to be presented to the CCG's Executive prior to presentation of the strategy and emerging model to the East of England Clinical Senate in December 2019. The full model was anticipated to be reported to the Governing Body in July 2020 with transition in September 2020.

In response to questioning, the Governing Body was informed that there had been good staff engagement across primary care, acute Trusts, Suffolk County Council and Norfolk and Suffolk NHS Foundation Trust (NSFT) and further involvement was now planned. NSFT colleagues were due to attend a future CCG Clinical Executive meeting.

The Lay Member for Patient and Public Involvement reported that, following feedback from a recent patient conference, there might be a need for increased targeting of information going forward. It was explained that it was anticipated that the Alliances would be taking a future lead in respect of communications.

It was recognised that workforce remained a key challenge across the system. Having queried whether development of the strategy might be affecting day to day work, the Governing Body was reassured that the work was not a distraction and that both agendas continued to be managed.

The Governing Body noted;

- the progress update on NHS England mental health 'must do's.
- the progress update and associated timetable for the development of our East and West Suffolk future mental health and emotional wellbeing model.

And agreed;

That an update on Mental Health become a regular agenda item going forward.

19/094 SOCIAL PRESCRIBING: CONNECT FOR HEALTH FUNDING APPROVAL 2020/21

Large numbers of people currently sought support from clinical, care and emergency services for issues including isolation and loneliness, debt/money management and housing insecurity. Those individuals needed support to identify, prioritise and manage their own health and life needs. Social Prescribing was a person centred approach that "connected" people to sources of support, often provided by the voluntary, community and social enterprise sector. It allowed a dedicated "community connector" the time to get to know individuals and help them to access both practical and emotional support to improve their health and wellbeing in its widest sense.

The ultimate aim of Connect for Health was to ensure better outcomes (social and clinical outcomes) for individuals and more appropriate use of public (primarily NHS and social care) resources in order to release capacity across the system. Connect for Health in its few months of operation had begun to provide a "bridge" between public sector services and community/voluntary sector support in Ipswich and east Suffolk and new voluntary and community service responses had started to emerge to address the challenges faced by local people.

The report went on to detail the current situation and seek funding of £537,869 to enable extension of the Connect for Health Social Prescribing project across all eight integrated neighbourhood team (INT) areas.

Public Health Suffolk would support development of a robust evaluation framework, which would then be independently commissioned from an academic partner on our framework. Information governance and, in particular, data sharing and partnership agreements were now in place between each of the providers and individual practices; marketing materials had been developed and agreed; and the service had been formally launched in each of the INT areas.

It was highlighted that social prescribing provided GPs with support options to offer individuals where additional needs had been identified.

Although it was recognised that evaluation might be difficult, it was reported that there was support from the County Council and District and Borough Councils, and the CCG would work alongside North East Essex and West Suffolk CCG to facilitate the production of evaluation information.

After consideration, **the Governing Body approved** the additional funding of £537,869 for social prescribing.

19/095 PROCUREMENT UPDATE

The Director of Finance 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 had opened the framework for another round of providers to tender for access to the Home Care Framework.
- **ECG Interpretation Service** – although the 24hr ECG tender had progressed to award, the award process had failed due to a challenge which after legal advice, was upheld as a result of an error in the evaluation. The tender was due to be re-released during September 2019, after a review of the options for delivery had been completed and used to inform the specification further.
- **Stroke Early Supported Discharge** - during the clarification question period, clarification in respect of the budget was sought. Upon investigation it was noted that the prescribed staffing structures would mean the service could be unaffordable within the current budget. The tender was due to be re-released during September 2019 with a revised budget, and indication of the future service requirements.
- **Pathology Services** - the CCG currently commissioned Pathology Services with NHS West Suffolk CCG and NHS North East Essex CCG. After abandoning the direct award of the contract to North Essex & East Suffolk Pathology Services (NEESPS) the CCG was currently reviewing the specification and had undertaken market engagement with providers that had expressed an interest to review and further develop the specification. Once the specification had been completed a review would be undertaken of the procurement options open to the CCGs, and a decision paper presented to clinical executives and governing bodies, to agree a way forward for pathology services across the STP. To cover that period a contract had been secured with NEESPS.
- **Mental Health** - transformation work was ongoing between alliance partners in the East and West localities to establish an operational way forward for the services.
- **IVF Services** - IVF services were currently subject to 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 arrangement.

Due to the recent abandonment of two procurements a lessons learnt exercise was being undertaken to review current policies and protocols. A new Committee to oversee procurement processes was proposed.

The Governing Body noted the content of the report.

19/096 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;

Clinical Quality

- **Special Educational Needs and Disability (SEND)** – progress was being monitored by the Department of Education and NHS England. An oversight group had been established and a shared dashboard demonstrated that there had been improvement in paediatric access. The neuro-development pathway had been welcomed and identified nationally as best practice.
- **Care UK and Suffolk GP Federation (integrated urgent care)** – key concerns were

associated with the timeliness of home visits. A review of breaches had been carried out to ascertain any patient harm and no harm had been identified. Recruitment to the 111 service continued. There was a proposed pilot for care homes to utilise starline which was a fast-track to the Clinical Assessment Service (CAS).

- **East of England Ambulance Service NHS Trust** – a new interim Director of Workforce was in post and winter planning work was well underway. Handover delays were a key area of focus.
- **EZec** – there was strong oversight via weekly calls and monthly contract meetings. There was an improved patient transport liaison office and staff engagement, recruitment and training remained key. Despite improvement a number of complaints continued to be received and Healthwatch was due to publish a report in the near future.
- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – lead nurses, medics, patient and operational leads had been appointed for East and West Suffolk and monthly meetings had been established with clinical staff in order to gain assurance on quality. There was improved ADHD access to services. A thematic review of serious incidents was to be carried out. Restrictive interventions had been reduced on Lark Ward.
- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** - there were clinical governance concerns associated with serious incident and complaints timeframes and a maternity safety day had been planned to review serious incident reporting. Falls numbers were high and the CCG's Clinical Executive was to receive a report to a future meeting.
- **West Suffolk NHS Foundation Trust** – there were access concerns associated with the integrated community paediatric service. A review had been planned with a draft report expected in November 2019.

The need for development of an Alliance clinical quality agenda was highlighted, together with the need for a more unified response in respect of triaging being carried out by ESNEFT, the Out of Hours service and the Clinical Assessment Service.

Finance

- The CCG was on track to deliver its planned £1.9m surplus at year-end.
- The CCG had reported a balanced position to NHS England. Identified risks were additional contract risks, overspend on GP Delegated budgets and anticipated national cost pressures on prescribing. Those were mitigated by contingency, reserves and year-end flexibilities.
- There was significant prescribing variance across practices and the effect of Category M was not expected to be realised until next month. Category M was a national issue and an action plan had been developed.
- System finances were challenging and work was being carried out with acute Trusts and the Regulators to better understand the situation.
- Although additional allocation for primary care networks had been received, a shortfall remained likely in that particular budget.

Transformation

Integrated Care – the A&E Board had agreed to change GP Streaming to make it more integrated within A&E. The End of Life review had been signed off and a model was due to be presented to the Governing Body early in 2020/21. Delayed Transfers of Care were on target although length of stays in community hospitals were not hitting plan. Admissions and A&E attendances were above trajectory.

Elective Care – stroke and early supported discharge were being moved into an integrated service. Demand management remained a concern and key focus areas were referral to treatment and outpatient follow-ups.

Cancer – 62 day waits was a key area of focus and an over-arching plan was being developed across the three CCG areas.

Contracts

Most issues had already been discussed – processes were to be streamlined within A&E.

Primary Care

- The next Primary Care Commissioning Committee was due to take place on 22 October 2019.
- Walton Surgery had been rated ‘good’ by the Care Quality Commission.
- There were currently no list closures.
- The CCG was second in national league tables in respect of delivery of learning disability health checks.

The Governing Body noted the report.

(Ed Garratt left the meeting)

19/097 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 was informed that the GBAF was now also reviewed by the Alliance Board.

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

19/098 FINANCIAL PERFORMANCE COMMITTEE ANNUAL REPORT

The Chair of the CCG’s Financial Performance Committee presented the Committee’s Annual Report for 2018/19.

The Governing Body noted the content of the report.

19/099 BREXIT UPDATE

The Director of Corporate Services and System Infrastructure advised that it had just been announced that MPs would be returning to Parliament tomorrow following a judgement by the Supreme Court. The Governing Body was in receipt of a report which advised that the CCG’s preparations for a no-deal Brexit had been restarted based on national guidance leading up to the European Union (EU) exit date (currently scheduled for the 31 October 2019).

The report was an overview of the CCG’s preparations for a no-deal Brexit in line with guidance from the Department of Health and Social Care published on the 21 December 2018. National guidance had been to step back up preparations and continue resilience planning across systems, there was increased focus from NHS England on the preparations

linked to social and nursing home care within systems.

As a commissioner through the Local Health Resilience Partnership (LHRP) the CCG was working with its providers to gain assurance of their preparations for exiting the EU. The CCG was a member of the Suffolk Local Authority EU Exit task group and fully engaged with the Suffolk Resilience Forum.

Having attended the EU Exit Workshop and exercise on the 16 September 2019 it would be arranging a joint meeting of its providers at Senior Responsible Officer level to discuss system preparations.

It was anticipated that daily reporting would commence from 21 October and continue for a number of months as the situation continued. A working group had been reformed and covered all aspects of the CCG functions.

The Governing Body noted the content of the report.

(Richard Watson and Lisa Nobes left the meeting)

19/100 APPROVAL OF CONSTITUTION AMENDMENTS

In view of the closer working relationship between the Suffolk CCGs and North East Essex CCG, it was necessary to amend the existing CCG Constitutions and to reflect the new combined senior management arrangements.

As the individual CCGs remained separate statutory bodies, the amendments were purely administrative and did not alter the key tenets of the CCG's existing constitutions.

The proposed amendments were highlighted in red for ease of reference, and reflected the new executive management arrangements and post titles; together with relevant references to combined working. The amendments had been discussed and approved by the Clinical Executive.

The Governing Body approved the Constitution amendments, communication with members practices, and authorise submission to NHS England.

19/101 MINUTES OF MEETINGS

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

a) Clinical Scrutiny Committee

The unconfirmed minutes of a meeting held on 27 August 2019.

b) Community Engagement Partnership

Minutes from meetings held on 8 July 2019

c) Ipswich and East Suffolk CCG Primary Care Commissioning Committee

The unconfirmed minutes of a meeting held on 23 July 2019

d) CCG Joint Collaborative Group

The unconfirmed minutes of a meeting held on 1 August 2019

The Governing Body endorsed the minutes as presented.

The Secondary Care Doctor expressed continuing concern in respect of East Suffolk and North Essex NHS Foundation Trust's mortality figures and **it was agreed** that consideration

be given to carrying out a 'deep dive' at a forthcoming Clinical Scrutiny Committee or within the Alliance.

19/101 DATE OF NEXT MEETING

The next meeting was scheduled to take place at 0900-1300 hrs, *Tuesday, 26 November 2019, Two Rivers Medical Centre, 30 Woodbridge Road East, Ipswich IP4 5PB*

19/102 QUESTIONS FROM THE PUBLIC

Mr Anthony Dooley (Member of the Public) wished his apologies to be noted.

The following questions were received;

The CCG was congratulated on achieving its platinum Investors in People award.

- 1) Clarity in respect of the status and main aim of Patient Participation Groups (PPGs) was requested.

In response, it was explained that no statutory orders existed in respect of PPGs and that their development was subject to a Direct Enhanced Service which sought positive co-operation and partnership working. There was an issue in respect of the development of primary care networks and an opportunity for PPGs to come together to support local networks. PPGs seeking advice could gain support from the CCG's Chief Operating Office.

(Amanda Lyes left the meeting)

- 2) The Governing Body was advised of difficulty in accessing the minor injury unit at Felixstowe. It was explained that, having telephoned the 111 service and being subject to four levels of filter prior to speaking to an individual, there had seemed to be little awareness of the minor injury unit. Not waiting to be told to attend Ipswich Hospital A&E the patient travelled to the minor injury unit whilst waiting on the telephone, where treatment was received.

Work carried out by the minor injury unit was constrained by national clinical rules and any cuts reported to the 111 service as significant would see treatment at the minor injury unit removed as an option due to the need nationally to maintain patient safety. The Governing Body provided assurance that it wished to retain the asset and to develop the frailty element of the service provision.

- 3) Having recently attended a Connect4Health event in Felixstowe, how wider participation might be facilitated at such events was queried.

The Governing Body highlighted the role of the voluntary sector and everybody within communities in communications.