



GOVERNING BODY

Agenda Item No.	17
Reference No.	IESCCG 19-61
Date.	24 September 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) Clinical Scrutiny Committee <i>The unconfirmed minutes of a meeting held on 27 August 2019.</i></p> <p>b) Community Engagement Partnership <i>Minutes from meetings held on 8 July 2019</i></p> <p>c) Ipswich and East Suffolk CCG Primary Care Commissioning Committee <i>The unconfirmed minutes of a meeting held on 23 July 2019</i></p> <p>d) CCG Joint Collaborative Group <i>The unconfirmed minutes of a meeting held on 1 August 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 CCG
Clinical Scrutiny Committee held on Tuesday, 27 August 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
Dr Juno Jesuthasan	GP Clinical Scrutiny Committee Member
Dr Lorna Kerr	Secondary Care Doctor
Dr Imaad Khalid	GP Clinical Scrutiny Committee Member
Graham Leaf	Lay Member: Governance and CCG Vice Chair
Amanda Lyes	Director of Corporate Services and System Infrastructure
Irene Macdonald	Lay Member: Patient and Public Involvement
Dr Michael McCullagh	GP Clinical Scrutiny Committee Member
Lisa Nobes	Director of Nursing
Dr John Oates	GP Clinical Scrutiny Committee Member
Jane Payling	Director of Finance
Dr Ben Solway	GP Clinical Scrutiny Committee Member
Richard Watson	Director of Strategy and Transformation

IN ATTENDANCE:

David Brown	Deputy Chief Operating Officer (Part)
Jo Mael	Corporate Governance Officer
Sharon Jarrett	Suffolk County Council (Part)
Garry Joyce	Associate Director Children and Young People (Part)
Lianne Nunn	Associate Director of Nursing (Part)

19/040 WELCOME AND APOLOGIES FOR ABSENCE

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

Ed Garratt	Accountable Officer
Steve Chicken	Lay Member
Dr Lindsey Crockett	GP Clinical Scrutiny Committee Member
Dr John Hague	GP Clinical Scrutiny Committee Member
Dr Peter Holloway	GP Clinical Scrutiny Committee Member
Dr Omololu Ogunniyi	GP Clinical Scrutiny Committee Member
Dr Mark Shenton	GP Clinical Scrutiny Committee Member
Dr Ayesha Tu Zahra	GP Clinical Scrutiny Committee Member

19/041 DECLARATIONS OF INTEREST

No declarations, in addition to those already published, were declared.

19/042 MINUTES OF MEETING HELD ON 25 JUNE 2019

The minutes of the meeting held on 25 June 2019 were **agreed** as a correct record.

19/043 MATTERS ARISING AND REVIEW OF ACTION LOG

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

19/044 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

- **Integrated Urgent Care** – the service continued to be monitored closely which included the review of breach reports. No harm was evident.
- **East of England Ambulance Service Trust (EEAST)** – recruitment and retention concerns continued. A new interim Director of Workforce was in place and workforce plans were due to be reviewed in September 2019. Although ambulance handover delays had improved at Norfolk and Norwich Hospital, they remained of concern at Queen Elizabeth Hospital, Kings Lynn.
- **E-zec** – performance concerns remained although there was confidence in the new leadership.
- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – there was improved performance from the Emotional Well-Being Hub which it was felt was due to additional capacity and improved triage. Areas of concern included access to childrens and young people services and the staff vacancy rate at Walker Close.
- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – a current key area of concern was clinical governance, which included serious incident processes and duty of candour compliance. The issues had been escalated to Director to Director level. An overview of maternity services had highlighted 3 and 4 degree tears as being an area of concern. Harm free care work in relation to falls had resulted in an attempt to increase the staff/patient ratio.

Workforce concerns were common across a number of providers. The Committee was informed that 'workforce' had been included as a risk on the Governing Body Assurance Framework. The CCG's new Director of Workforce was seeking to determine current status and develop action plans.

Following discussion, **the Committee agreed** that key risks held by the CCG and its providers should be presented to the Emergency Department Board for review.

The Committee welcomed the new clinical quality and patient safety reporting format **and agreed** that workforce, maternity services and falls should be future 'deep dive' topics.

Finance

- At the end of month 04 the CCG was on target to achieve its £1.9m in year surplus.
- The CCG had reported a balanced position to NHS England. Identified risks were additional contract risks, overspend on GP Delegated budgets and anticipated cost pressures on prescribing. Those were mitigated by contingency, reserves and year end flexibilities.
- There was an underlying surplus of approximately £5m which was supported by

over-delivery of QIPP.

In response to questioning, the Director of Finance explained that there was currently no additional funding for the development of Primary Care Networks although other primary care monies were available which would be reported to a forthcoming meeting of the CCG's Financial Performance Committee.

At the request of the Committee, **the Director of Finance agreed** to report back on national clinical commissioning finances.

Transformation/PMO

- **Integrated Care** – the integrated care board had met last week and demand management had been a key area of focus. End of life work had moved into the mobilisation phase. Implementation of the Felixstowe frailty offer continued to be challenging and a further meeting was to be held during the week. Emergency admissions had increased at all three acute sites within the Integrated Care System and an escalation plan was to be presented to the Emergency Department Board. A re-admission rate of 23% was of particular concern.
- **Elective Care** – the stroke procurement had re-commenced. The provision of more rehabilitation facilities in respect of neurology was being progressed. Six specialty reviews had been concluded and would be considered at the next elective care board.
- **Cancer** – ESNEFT's capacity to drive change was challenging. Cancer navigator roles were being explored. 62 day waits remained a key focus and a summit was to be convened to discuss issues at a system level.
- **Children and Young People (CYP)** – an outline neuro-developmental behaviour model was being co-produced, and the paediatric community review had commenced.
- **Mental Health** – programmes were progressing well and the Governing Body was to receive an update report in September 2019. All key performance indicators were now 'green' and Norfolk and Suffolk NHS Foundation Trust's Director of Operations was due to attend a forthcoming Clinical Executive meeting.

Contracts

- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – the achievement of A&E targets remained challenging at a national level and the Trust's 18 week referral to treatment performance required improvement. As previously reported, the 62 day cancer target had not been achieved and the issue had been escalated contractually. Cancer performance had been identified as a key area of focus, which included diagnostic capacity.
- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – monthly Director level meetings were being held to review performance.
- **Care UK** – performance concerns in relation to the 60 second response time target had been escalated.
- **East of England Ambulance Services NHS Trust** – a recovery plan was in place and being monitored closely.
- **E-Zec** – an exception report had been issued and a remedial action plan

requested.

Primary Care

- **Patient Survey** – results remained above the national average.
- **Prescribing** – August 2019 results were likely to show a £100k hit to the budget due to Category M. There had been an improvement in antibiotic prescribing.

The Committee noted the report.

Integrated Performance Report (New Template)

Having reviewed the new integrated performance report template as presented, it was suggested that the next draft attempt incorporation of the clinical quality and patient safety information per provider, and the inclusion of patient voice information. **It was agreed** that when further revised the new template would be used for report to the October 2019 meeting.

(Sharon Jarrett, Garry Joyce and Lianne Nunn joined the meeting)

19/045 UPDATE ON CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) MODEL DEVELOPMENT

Sharon Jarrett, Garry Joyce and Lianne Nunn were welcomed to the meeting and proceeded to present a high level model for Children and Adolescent and Families (CYPF) Mental Health & Wellbeing services.

The aim of the model was to provide a needs led, patient centred service.

Points highlighted during the discussion included;

- Having questioned whether regional or national benchmarking information had been obtained, it was explained that the model had been developed based on the signs of safety approach utilised by Suffolk County Council and that services at East London, where the model was working well and those at Hertfordshire which was an exemplar site, had been reviewed. Work was now required to understand local needs and demand prevalence.
- It was recognised that, along with other services, workforce was likely to be a key challenge although it was hoped that the new way of working might attract staff into the service.
- It was emphasized that the model was conceptual at present but was being driven by organisations across Suffolk. More detail was likely to be available from January to May 2020.

The team went on to inform the Committee that Emotional Well-being Hub screening waits were currently 22.7 days which was an improvement from 60.3 days reported in May 2019. The Committee was reassured that all referrals were reviewed by a clinician on the day of receipt and further information requested if required.

Although GPs may have been encouraged to request that families contact the service direct, that contact could be accompanied by a written referral from the GP.

The Committee noted the report **and requested** that the slide presentation be circulated to members outside of the meeting prior to a future Clinical Executive discussion.

(Sharon Jarrett, Garry Joyce and Lianne Nunn left the meeting and David Brown joined the meeting)

19/046 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. Key points highlighted included;

- Brexit work was likely to gather pace over the coming weeks and a summit had been convened on 13 September 2019.
- A new risk in respect of demand management had been added.
- The risk rating in respect of the East of England Ambulance Service NHS Trust had been increased from 9 to 16.
- The Joint Leadership Team was likely to consider inclusion of a risk associated to the Phase 2 restructure.

The Committee reviewed and approved the GBAF as presented.

19/047 PRACTICE RESILIENCE

The Committee was in receipt of a report which provided an update on the issues currently being faced by primary care within the CCG area.

Issues included; increased demand, an aging population, GP pension changes, how to attract new GPs, recruitment and retention of GPs and other allied health professionals and patient engagement.

Actions being taken to address some of the issues included;

- Practices were working together to increase resilience.
- Primary Care Networks had been established.
- The CCG continued to monitor practices in order to target support where it was required.
- The robustness of practice manager support was highlighted as a factor in practice resilience.
- The effect of locum costs on practice finance was recognised.
- The need to investigate the longer term outlook in order to identify potential issues was highlighted.

The Committee noted the report **and requested** that it receive quarterly updates going forward which should attempt to include information in respect of the national workforce, the number of partners and allied health professionals within practices, and the number of appointments offered by practices.

19/048 POLICIES FOR APPROVAL

No policies had been received.

19/049 CHAIR'S SUMMARY/REFLECTION/FOLLOW UP ON GB PATIENT STORY

Having noted the action under minute 19/044 in relation to future 'deep dive' topics', **it was agreed** that the topic for the 22 October 2019 meeting should be maternity services which would follow up on the patient story received in July 2019.

19/050 DATE OF NEXT MEETING

The next meeting of the Clinical Scrutiny Committee was scheduled to take place on **22 October 2019**, from 0830-1100hrs at Endeavour House, Ipswich.



Community Engagement Partnership
on Monday 8th July, 5:00 – 7:00pm at The Key, Ipswich, IP4 2BB

PRESENT:

Claire Martin	Co-Chair	CM
Jenny Pickering		JP
Gill Orves	IHUG	GO
Gill Jones	Healthwatch Suffolk	GJ
Pat Durrant		PD
Ann Nunn	Co-Chair	AN
Lynda Cooper		LC
Linda Hoggarth	Disability Action Group	LH

IN ATTENDANCE:

Isabel Cockayne	Head of Communications, IESCCG & WSCCG	IC
Marielena Giner	Patient & Public Involvement Officer	MG
David Brown	Deputy Operating Officer	DB

APOLOGIES:

Irene MacDonald	IESCCG GB Lay Member for Patient & Public	IM
Vicky Thomson-Carr		VTC
Susie Mills		SM
Jo Marshall	Voluntary Sector Representative	JM
Paul Gaffney		PG
Caroline Webb		CW
Richard Squirrell		RS
Tina Rodwel		TR

WELCOME AND APOLOGIES FOR ABSENCE

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

MINUTES OF THE PREVIOUS MEETING

These were agreed as an accurate account of the last meeting.

REVIEW OF ACTIONS

Smoking outside hospital:
All agreed to close the action.

Action: MG to email RS who raised the issue

ID badges:

Delays continue for two badges, however the provider is continuing to keep us informed.

Riverside Clinic:

The action was closed. JP recently visited the clinic and observed that the system doesn't seem to be 'bookable only'. It should have been a 'bookings only' service as of 1st July. It was advised that there are no walk-ins at the phlebotomy service.

Action: Provide an update on Riverside services.

Wheelchair & Equipment Contract:

LH recently attended the Alliance Patient and Carer Forum, where this was discussed. There is a patient satisfaction survey, which currently is not being shared. The questions are around assessment and equipment, whereas patients feel it should be around repairs and servicing. LH has asked for one survey to be made that includes everything. Healthwatch is involved. LH advised that the other issue is around information being in a small font, and the provider reports they are meeting the contract requirements.

Actions: IC/MG to approach the manager, and to check the contract.

EZEC visit:

This has been postponed until later in the year when a member of the contracts team will join LH and MG on their visit.

Action: MG to add back to the action log

MEMBER UPDATES

JP picked up a leaflet on 'changes to podiatry' and wondered if anyone knew more about this. This has been produced to support people on how to look after their feet so that they don't then have to use the service. The service is prioritising those people who need urgent care.

GJ on behalf of Healthwatch advised that the 'Care Homes' project has now officially started. Surveys are being coproduced for relatives of care homes, family and friends etc. To be involved with the project please get in touch with Healthwatch.

CCG UPDATE

David Brown and Isabel Cockayne covered the following points:

- Two GP practices are merging (Aldeburgh and Alderton). There is a meeting on 25th and 26th July in each practice area to allow patients to come and meet the GP partners and find out more about why they are merging.
- The three CCGs Ipswich and east, west Suffolk and north Essex are all working together, Ed Garratt has been confirmed as the Accountable Officer for all three sites.
- There has also been an announcement for staff that Maddie Baker-Woods, has been confirmed as CEO at IESCCG, and Jane Payling, has been appointed Chief Finance Officer across all three CCGs.
- The Alliance is in its final phase of setting its governance, agreeing on how things will be organised and work in principle.
- NHS England has confirmed that Ipswich and East CCG has been assured as 'green' in communications and engagement which is great news. The two areas which need more work are the annual report and equality and diversity.
- The current IESCCG website needs updating. A piece of work is now underway to better manage the information and consistency of the site. This work will include more staff being trained to upload information. We will need to ensure we offer good

accessibility so in the future it would be good to work with LH and GJ on that, testing the system. We aim for completion in April 2020.

- Working Together – With You – we are currently working on publicity for the event on 30 July. The outcomes will be learning from the mental health project that took place last year and what we can do differently in each locality to get people to work better together in their communities. Integrated Neighbourhood Teams will be sitting together to work on solutions.

TRANSFORMATION UPDATE

Angela Ashton (AA), Senior Transformation Lead for Elective Care, gave an update on her transformation work within Ipswich Hospital. The key points of which included:

- Work has taken place within 10 specialty areas to find out the key issues and challenges, and how these can be resolved to reduce delays. Lead consultants have been working with lead GPs.
- Rheumatology service update: last year there was a huge backlog in follow up and new appointments, which was raised at CEP and investigated by MG and IHUG. AA has been working with this department to try and resolve these issues. A week was spent working with the service, creating an action plan. Things have moved quite slowly because of the demand. Progress so far has been:
 - Reviewing referral guidance.
 - Referral gradings have been agreed by consultants and have been in place since January 2019
 - Review of clinics
 - A consistent treatment pathway - focusing on early inflammatory arthritis and urology pathways. All consultants will now follow a new process for a consistent pathway, for example diverting a patient to a nurse/physio because that would be the right treatment for them, instead of wasting a patient's time with a consultant appointment.
- A new fibromyalgia pathway is being implemented. This includes developing guidance for primary care and a new role for the service. This is a nurse that can triage and refer to pain management services to save patient/consultant time. Some work is being done in partnership with the muscular skeletal sub group of IHUG, who are pulling together a leaflet for this pathway for GPs to give to patients. This will include information on local services and support groups.
- Patient letters for appointments have been an issue. Patients were turning up at the wrong place at the wrong time due to the format of some letters. New letters have been drafted to give a consistent approach, with the most important information at the top of the letter. This was signed off last week so should be in place very soon.
- Part of the follow up issue has been down to poor administrative service. Aligned with the implementation of a new pathway, patients are now **not** given follow up appointments that they don't need. Discharges from service can allow for more appointments for those patients who are in need.

Questions from the group;

- The report was welcomed, especially that IHUG are involved in some of the work
- LH asked if font size was considered when producing the letters. LH said this should be size 14 for those with learning disabilities/sight problems.

Action: AA to speak to JT (Communications Manager) to find out about the work he is currently doing on patient letters.

LONG TERM PLAN

Unfortunately the speaker did not attend. We will write to find out why.

CEP DISCUSSION

Members used the time to talk in more detail about the event on 30 July and about the future:

- It was agreed that we would expand the September meeting to include Alliance partners.
- It was agreed that the aim for that meeting would be to agree priorities and outcomes for working in an Alliance.
- Members shared where they are from, so giving an indication on where they could work most easily.
- It was agreed that we would trial the new way of working – a themed session - in January. It was agreed that the Key is not equally accessible.

Actions: MG to arrange a meeting for CEP members to be involved with planning the January session. MG/IC to work together on invitation list for September session.

DIGITAL

- There is currently work in developing how we deliver digital services, including apps to help with safe care as well as how we get different organisations systems to talk to each other. We are taking the lead on this in east of England.
- There will be a public campaign in October which will require input from CEP.

ANY OTHER BUSINESS

No other business was shared.

DATE OF NEXT MEETING

Our next meeting will be held in September, it will be closed, and expanded to include Alliance partners. Date and location to be confirmed.



Unconfirmed minutes of a Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 23 July 2019, in public, at Riverside Centre, Stratford St Andrew, Saxmundham, Suffolk

PRESENT:

Irene Macdonald	Lay Member: Patient and Public Involvement, IESCCG
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Dr Lorna Kerr	Secondary Care Doctor
Jane Payling	Chief Finance Officer, IESCCG
Simon Jones	Local Medical Committee
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Luke Bacon	Healthwatch
Mike Ogden	Healthwatch

IN ATTENDANCE:

Ameeta Bhagwat	Head of Financial Planning and Management Accounts
David Brown	Deputy Chief Operating Officer
Jo Mael	Corporate Governance Officer
Claire Pemberton	Head of Primary Care
Caroline Procter	Primary Care Commissioning Manager
Daniel Turner	Estates Development Manager

19/42 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Ed Garratt	Chief Officer
Cllr James Reeder	Health and Wellbeing Board
Dr Mark Shenton	CCG Chair
Jane Webster	Acting Chief Contracts Officer

19/43 DECLARATIONS OF INTEREST

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

19/44 MINUTES OF PREVIOUS MEETING

The minutes of a meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on 21 May 2019 were **approved** as a correct record.

19/45 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

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

18/73 – Primary Care Transformation Resources – the Committee noted that it would be receiving regular updates on primary care network development going forward.

19/35 - Primary Medical Care Policy and Guidance Manual – consultation to take place with North East Essex CCG.

19/41 – Public Questions – Communications – the Committee noted that a patient conference was scheduled to take place the following week. Whilst it was noted that regular newsletters were already circulated to patient participation groups it was suggested that consideration should be given to development of a communications action plan.

19/46 GENERAL UPDATE

The Chief Operating Officer reported;

- That the development of Primary Care Networks (PCNs) was progressing positively. The CCG had met with the Clinical Directors of the PCNs and individual visits to the practices were planned.
- Prescribing – the receipt of two months data indicated a current £50k overspend. Antibiotic prescribing continued to improve.
- Annual Assessment – as reported in the Governing Body meeting earlier, the CCG had achieved an ‘outstanding’ rating from NHS England following its annual assessment. Workforce had been identified as a key challenge going forward.

19/47 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;

- Primary Care Networks
- Public Health
- Prescribing and medicines management
- Learning Disabilities (LD) health checks
- Severe mental illness physical health checks
- Dementia
- Quality Outcomes Framework reporting
- GP Patient Survey

Key points highlighted during discussion included;

- PCNs had been officially formed on 1 July 2019. All 40 Ipswich and East Suffolk Practices were part of a Primary Care Network. There were 11 PCNs within the CCG area.

The first year of the new GP Contract was focussed largely on recruitment of new staff, ensuring extended hours provision, starting to organise some internal fundamental processes such as; how the funding would flow, what the funds would be used for and how the role of the Clinical Director would develop. The CCG was supporting the process with a series of opportunities for practices to meet at Training and Education events and Practice Manager Forums.

- Learning Disability (LD) health checks – five practices had completed less than 50% of LD health checks. LD nurses were visiting practices to review registers.
- GP patient survey results had been encouraging with an overall high satisfaction level. The improvement of Constable Country Practice in respect of access was noted.
- Public Health – at a recent flu summit, providers had given assurance that delays to the distribution of vaccine would not be experienced in 2019/20. The CCG had been invited to attend a Suffolk Sexual Health conference led by Public Health. The conference had discussed changes and challenges in Suffolk and a range of transformation opportunities. It was anticipated that, when appropriate, a progress report would be provided to the CCG's Community Engagement Partnership.

The Committee noted the content of the report.

19/48 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 facilitate improvement.

The CQC had changed the way it carried out inspections and was introducing an annual regulatory review. That meant each year the inspectors would formally review all of the information that they held on each practice and consider whether it indicated the quality of care might have changed since the last inspection or, in time, annual regulatory review. The new approach would help the CQC to prioritise its inspections where there had been most change, either deterioration or improvement. The CQC would contact the CCG prior to making contact with practices in order to gather soft intelligence.

Practices contacted for Annual Regulatory Reviews (ARR) in June and July 2019 were as follows, with the outcomes detailed in Section 3 of the report.

Dr Badcock & Partners (Felixstowe Road)
 Debenham Group Practice
 Framfield House
 Holbrook Surgery
 Little St John Street
 Mendlesham Medical Group
 Norwich Road Surgery
 The Peninsular Practice
 The Chesterfield Drive Surgery
 Two Rivers

Martlesham Surgery had received a revisit on 10 July 2019 due to a change in lead partner, although the outcome of that visit was, as yet, unknown.

The Committee noted the report and that information in respect of the new inspection regime was shared across practices.

19/49 INTEGRATED CARE SYSTEM (ICS) PRIMARY MEDICAL CARE STRATEGY

The Committee was in receipt of a report which provided an opportunity to review

the draft STP primary medical service strategy; to provide assurance as to how primary care would meet the objectives of the NHS Long Term Plan and continue to deliver the commitments of the General Practice Forward View (GPFV) whilst remaining consistent with local Alliance and primary medical care strategies.

General practice played a pivotal role in delivering localised, high quality, safe and effective services to its population. There had been an increased focus on the role of primary care, how it was structured and how services were delivered.

NHS England had recently written to the STP/ICSs requesting that joint primary care strategies be refreshed or developed in the context of the NHS Long Term plan and the new GP Contract which supported the formation of Primary Care Networks.

A draft strategy had since been produced using existing primary care strategies that were locally co-produced between 2015-2017 by GPs, practice managers, patients and partner organisations. Those documents remained relevant and were aligned with the current priorities.

In 2017, the STP had collectively submitted a GPFV submission which had been rated 'green' by NHS England.

The draft document, as appended to the report, focused on existing, agreed local plans and fulfilled the requirements requested by NHS England for submission within the required timeframe. It was recognised that action plans needed to go further to respond both to new national requirements, local need, and to articulate:

- Further local demand management measures including alignment of Alliance prevention and self-care strategies;
- local support for Primary Care Networks, specifically including their Clinical Directors;
- workload management measures beyond national measures;
- further workforce plans (specifically but not limited to recruitment and retention issues);
- estates and digital integration;
- a local funding strategy for primary care.

The CCGs had received concise feedback from both Suffolk and Essex Local Medical Committees (LMCs) that the further definition was essential to secure primary care's future role within the system and to support the strategy. The draft strategy document was intended to be part of an iterative process, with a strong commitment to work with the LMC, local GPs and partner organisations to ensure further development of the next stage of plans but also agreement that local implementation plans were co-produced for each CCG with primary care stakeholders and partners.

It was intended that further versions of the strategy and subsequent implementation plans would be brought to the Committee for approval and to enable progress to be reviewed. The draft strategy had been reviewed by the STP Partnership Board and submitted to NHS England for review and comment.

Points highlighted during discussion included;

- Workforce was recognised as the main challenge going forward as many GPs and practice nurses were choosing to retire early from the age of 50/55. The importance of ensuring that work undertaken by skilled staff remained key for the patient was highlighted.
- There was a need to concentrate on the development of local implementation plans in order to facilitate easy onward communication of the Strategy.

- There was an intention to work more closely with patient participation groups going forward and to include local people in the planning, development and monitoring of services.

The Committee noted the report and draft Strategy.

19/50 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT

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

In month three the CCG had received a non-recurrent allocation of £313k in respect of dispensing doctors. At the end of month three, the GP Delegated Budget spend was £283k over spent. Key variances were set out in Section 2 of the report.

Having been informed that future funding of the clinical indemnity scheme for GPs was, as yet, undetermined, the **Chief Finance Officer agreed** to investigate.

The Committee noted the financial performance at month three.

19/51 INTEGRATED CARE SYSTEM UPDATE

The Chief Operating Officer reported that there was ongoing work to look at alignment between CCGs, Primary Care Networks and the Alliances.

19/52 HEALTHWATCH GP REPORT

The Committee was in receipt of the most recent summary of patient feedback shared with Healthwatch Suffolk about GP practices in Suffolk. The report was produced following engagement with practices by Healthwatch's Community Development Team, and covered the period from March 2018 to March 2019.

Key points highlighted from the report included;

- 2619 comments had been received across the County in relation to 77 GP practices. 1472 of those comments had been applicable to Ipswich and East Suffolk CCG.
- Overall there had been positive feedback with key themes being access, staff interaction, waiting times, triage and communications. 1546 references across the County had been in relation to ease of access to services.

The Committee noted the content of the report **and welcomed** its circulation to practices and patient participation groups.

19/53 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.

19/54 DATE AND TIME OF NEXT MEETING

A meeting 'in common' with West Suffolk CCG has been scheduled to take place on *Tuesday, 22 October 2019 from 2.00pm-4.00pm at The Mix, 127 Ipswich Street, Stowmarket, Suffolk, IP14 1BB*

19/55 QUESTIONS FROM MEMBERS OF THE PUBLIC

Alan Rose, Patient Participation Group (PPG) member, Felixstowe, advised that

Felixstowe PPGs felt some degree of disconnect from Healthwatch and **Healthwatch representatives in attendance agreed** to attempt to address the situation going forward. Circulation of the Healthwatch GP report to PPGs was welcomed.

Pauline Quinn, PPG member, Aldeburgh, supported circulation of the Healthwatch GP report to PPGs and went on to ask the following questions/queries;

- a) Whether it was normal for those attending a first dementia assessment with a GP to attend alone?
- b) Whether the CCG was aware of recent redundancies/cuts proposed within Public Health?
- c) Work with patients in respect of development of the primary care strategy would be welcomed.
- d) In light of workforce challenges, had there been consideration of ways to retain staff and explore whether staff were paid appropriately?

The Chief Operating Officer responded to the above questions/queries as follows;

- a) **The Chief Operating Officer agreed** to raise the issue of lone attendance at first dementia assessments with the Dementia Forum and report back.
- b) Conversations in respect of Public Health were ongoing through the Alliance. Public Health, the CCG and Suffolk County Council had recently carried out a joint recruitment process to appoint a new Director of Public Health.
- c) The implementation plan associated to the primary care strategy would include patient and public involvement.
- d) Pay awarded to staff was determined within practices. Practices were encouraged to participate in CCG training and education days and a workforce plan was being progressed.

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

**Unconfirmed Minutes of the CCG Collaborative Group meeting held on
Thursday, 1 August 2019, in the Kersey Room, Endeavour House**

PRESENT

Steve Chicken (SC)	CCG Collaborative Group Chair
Geoff Dobson (GD)	Lay Member (Governance) West Suffolk CCG
Dr Christopher Browning (CB)	Chair, West Suffolk CCG Governing Body
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)	Accountable 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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19/030 Welcome and apologies

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

19/031 Declarations of Interest

No declarations of interest were received.

19/032 Minutes of meeting held on 6 June 2019

The minutes of a meeting held on the 6 June 2019 were **agreed** as a correct record.

19/033 Matters arising and review of action log

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

19/034 Accountable Officer Update

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

Finance

- Suffolk CCGs were on target at month three to achieve control total.
- Cost pressures associated with Cambridge and Peterborough STP as well as primary care would result in less flexibility in CCGs budgets.
- Capital expenditure to be reduced by 20%
- Jane Payling appointed as Director of Finance across the three CCGs.

Alliance Working

- East Suffolk and West Suffolk Alliance Finance and Quality Committees were being established.

- Process to appoint an independent chair of the Integrated Care System (ICS) continued.
- Director of Workforce for ICS appointed.
- Appointments made to Director posts within single leadership team across the three CCGs (excluding Director of Performance and Contracts).

Primary Care

- Primary Care Networks had been established.
- Dementia coding – East practices 67%, West practices 63%
- Angel Hill winner of People’s Choice Award for best GP practice
- West Suffolk clinical leadership programme being launched.

Performance

- RTT performance at ESNEFT and WSFT below target.
- 62 day cancer targets remain of concern at ESNEFT – recovery plans in place.
- Contract escalation in place for Care UK integrated urgent care service.
- NSFT IAPT targets met.

Organisational Development

- Successful staff away day.
- Investors in People Platinum award
- CCG assurance rating – ‘outstanding’ for all three CCGs.
- Planning for phase two underway.

Quality

- E-zec – remedial action plan in place re performance and quality – new local management team in place.
- NSFT – CQC visit in autumn
- ESNEFT CQC – good rating anticipated
- EEAST CQC – requires improvement anticipated.

The Collaborative Group noted the content of the report.

19/035 CCG Management Team

The item had been covered under agenda item 05 (Accountable Officer Update).

19/036 Integrated Care System (ICS)

The Memorandum of Understanding, as attached to the agenda, had been signed off by the ICS Board.

19/037 Norfolk and Suffolk NHS Foundation Trust

There continued to be performance concerns in respect of the provider and it was anticipated that a further Care Quality Commission visit would be carried out later in the year.

19/038 2020/21 Running Costs

The new Director team had attended an Away Day on 31 July 2019 to consider the process for Phase 2 of the re-organisation in line with the need to reduce capital expenditure by 20% and the longer term potential for CCG merger.

19/039 CCG Mergers

The Group was informed that letters had been sent to Accountable Officers of CCGs from NHS England seeking a move to facilitating single CCGs for each STP/ICS footprint going forward.

After consideration, it was felt that as GP engagement would be key to the process, any move towards merger should not be commenced until the new year when new management teams had been established.

It was agreed that, in order to align with the staffing process, a 20% reduction in Governing Body structures should be explored.

19/040 Any Other Business

No items of other business were received.

19/041 Date of Next Meeting

Although the next meeting was scheduled to take place on 3 October 2019, in order to facilitate attendance by North East Essex representatives **it was agreed** that attempt be made to convene a meeting on the afternoon of 8 October 2019.