



**GOVERNING BODY**

<b>Agenda Item No.</b>	<b>19</b>
<b>Reference No.</b>	<b>IESCCG 19-74</b>
<b>Date.</b>	<b>26 November 2019</b>

<b>Title</b>	<b>Minutes of Meetings</b>
<b>Lead Chief Officer</b>	Amanda Lyes, Chief Corporate Services Officer
<b>Author(s)</b>	Jo Mael, Corporate Governance Officer
<b>Purpose</b>	<p><b>Minutes of Meetings:</b>  <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><b>a) Audit Committee</b>  <i>The unconfirmed minutes of a meeting held on 1 October 2019</i></p> <p><b>b) Remuneration and HR Committee</b>  <i>The unconfirmed minutes of a meeting held on 9 October 2019</i></p> <p><b>c) Financial Performance Committee</b>  <i>The unconfirmed minutes of a meeting held on 17 September 2019</i></p> <p><b>d) Clinical Scrutiny Committee</b>  <i>The unconfirmed minutes of a meeting held on 22 October 2019.</i></p> <p><b>e) Community Engagement Partnership</b>  <i>Minutes from meetings held on 9 September 2019 and 15 October 2019</i></p> <p><b>f) Ipswich and East Suffolk CCG Primary Care Commissioning Committee</b>  <i>The unconfirmed minutes of a meeting held on 22 October 2019</i></p> <p><b>g) CCG Joint Collaborative Group</b>  <i>The unconfirmed minutes of a meeting held on 8 October 2019</i></p>

<b>Applicable CCG Clinical Priorities:</b>		
<b>1.</b>	To promote self-care	✓
<b>2.</b>	To ensure high quality local services where possible	✓
<b>3.</b>	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 where appropriate.	✓
9.	To ensure that the CCG operates within agreed budgets	✓

**Action required by Governing Body:**

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



## Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk Clinical Commissioning Group Audit Committee held on Tuesday, 1 October 2019

### PRESENT

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

### IN ATTENDANCE

Emily Bosley	-	Project Accountant
Louise Davies	-	RSM UK, Internal Audit
Mark Game	-	Acting Deputy Chief Finance Officer
Debbie Hanson	-	Ernst and Young: External Audit
Mark Kidd	-	RSM UK, Local Counter Fraud Specialist
Jo Mael	-	Corporate Governance Officer
Dr Mike McCullagh	-	GP Clinical Executive Member
Jane Payling	-	Chief Finance Officer
Alison Riglar	-	Ernst and Young: External Audit
Anna Sheldrake-Cochrane	-	Head of ICT and Informatics (19/063-19/066 only)
Jodie Stuteley	-	Information Governance Officer (19/063–19/065 only)
James Thompson	-	Financial Accountant

### 19/063 WELCOME AND APOLOGIES FOR ABSENCE

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

Colin Boakes	-	Governance Advisor
Nick Fanning	-	RSM UK, Internal Audit
Amanda Lyes	-	Chief Corporate Services Officer
Liz Wright	-	RSM UK, Internal Audit

### 19/064 DECLARATIONS OF INTEREST

No declarations of interest, in addition to those already published, were received.

**(The Chair advised that agenda items 10 (General Data Protection Regulation (GDPR)/Data Protection Act 2018), and 8 (Cyber Security Update) would be taken first.**

### 19/065 GENERAL DATA PROTECTION REGULATION (GDPR) / DATA PROTECTION ACT 2018

The Committee was in receipt of a report which provided an update on;

- organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (2018), other relevant privacy laws and the Freedom of Information Act

(2000),

- compliance with the Data Security and Protection toolkit and provided assurance of ongoing improvement in relation to managing risks to information, and
- an update on any development plans, current projects or forthcoming projects the Information Governance Team was involved in or planning for during 2019/20.

Key points highlighted included;

- The Information Governance Toolkit had been replaced with a new assessment system called the Data Security and Protection Toolkit (DSPT). All organisations that had access to NHS patient data and systems must use the toolkit to provide assurance that they were practising good data security and that personal information was handled correctly. For 2018/19 DSPT Ipswich and East Suffolk CCG had achieved a Standards Met level of assurance, the highest it could achieve without a Cyber Essentials Accreditation. The latest version of the DSPT was released in July 2019 for the period 2019/20. The DSPT assurance had increased from 70 requirements 2018/19 to 106 requirements for 2019/20. Deadline for completion was 31 March 2020.
- From 1 April 2018, NHS England had delegated responsibility to CCGs to provide GP practices with a Data Protection Officer (DPO) support service, which had since increased to the offer of a full DPO service from 1 April 2019. The IG Steering Group had agreed to offer an internal DPO Service using the current IG Structure to GP Practices across Suffolk and North East Essex. The service had gone live on 1 October 2019 with those Suffolk GP practices not wishing to continue using their external DPO provider.
- Fax machines across the NHS were being phased out by March 2020. In order to move Care Homes away from fax machine use, there was currently a project underway to get all Care Homes across Suffolk and North East Essex an NHSmail account. As Care homes needed to complete an entry level Data Security and Protection Toolkit (DSPT) to obtain an account, support was being provided.
- The IG Team had commenced a review of the Information Asset Registers and Data Flow Mapping to ensure information was up to date, and any new flows of data were recorded in light of the changing landscape in CCGs, Alliances and Integrated Care System.

**The Committee noted** the report and that a further update was scheduled for the April 2020 meeting.

## **19/066 CYBER SECURITY UPDATE**

The Committee was in receipt of a report that provided an update on progress and work being carried out in relation to cyber security.

Progress against actions was detailed within the report with key points highlighted being;

- According to the figures, released by software firm Egress, 60% of 4,856 personal data incidents reported to the Information Commissioner's Office (ICO) between 1 January and 20 June 2019 were the result of human error. The CCG continued to raise awareness amongst employees and its practices.
- Guidance and best practice around cyber security would be provided to

Practices in line with yearly Practice Agreements - the new agreements had been delayed by the national team and guidance would be provided when the new agreements were available.

- In terms of integration with other providers some elements of domain trust level integration already existed, which provided the ability for different services to work seamlessly. That 'trust' did however come with elements of security risk, and might hinder efforts towards organisational cyber essentials + accreditation. Work was underway to scope technical architecture to support a more secure, cross network ability for any clinicians within Suffolk health and care bodies. That work would require investment into underlying infrastructure which would be scoped by all providers / organisations.
- Community services - currently the NEL contract was one domain. The Alliance had not progressed key pieces of work to re-permission its data held on servers, and that was picked up in an external audit. The issue had been escalated through the SLA board and via the CIOs at each Acute Trust for urgent progression.
- The move from Windows 7 to Windows 10 was a national demand issue and work continued to migrate practices prior to the March 2020.

In response to questioning, it was explained that although the use of SystmOne within Care Homes had previously been explored the emphasis was now on the introduction of nhs mail.

**The Committee noted** the content of the report. Whilst the Committee supported the recommendation within the report for GP practices and providers to report on mandatory training, **it was agreed** such approval should be sought from IT Services Board.

**The Committee requested** a further update in six months time.

#### **19/067 MINUTES OF PREVIOUS MEETING**

The minutes of an Audit Committee meeting held on 26 June 2019 **were approved** as a correct record.

#### **19/068 MATTERS ARISING AND REVIEW OF ACTION LOG**

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

#### **19/069 EXTERNAL AUDIT BRIEFING**

The Committee was in receipt of the most recent External Auditor's briefing and the Committee's attention was directed to the key questions as set out on page 7 of the briefing, those being;

- Has your health body a Brexit impact assessment? Had the assessment been incorporated in informed corporate and financial decision making and risk management?
- NHS: Publication of the Department of Health & Social Care Group Accounting Manual 2019–20 - had your finance team received suitable training to ensure appropriate application of the 2019/20 GAM?
- NAO consultation on the Code of Audit Practice - what changes would your health body like to see in the Code of Audit Practice?
- CMA Publishes Final Report on Audit Market Study - if there were changes in the audit industry, what impact do you think it would have on your health

body's external audit work?

- Better tech would build better relationships between clinicians and patients - was there any new technology applied within your health body to better services provided to the public.

The Committee was reassured that nothing of concern had been identified within the Accounting Manual 2019/20, and Members were invited to feed back any comments in respect of the Code of Audit Practice to Emily Bosley outside of the meeting.

**The Committee noted** the external audit briefing.

## **19/070 INTERNAL AUDIT PROGRESS REPORT**

The Committee was in receipt of the current internal audit progress report, and it was reported that, to date, two reviews had been commenced with a further six scheduled. Timescales for the reviews were detailed within the report.

Section 2 of the report informed on a number of briefings with the appendix detailing progress against outstanding recommendations. The Committee was advised that two recommendations were currently outside of their due date. Both recommendations were in relation to continuing healthcare, for which comments had been received and included within the report.

Having reviewed the timetable for reviews, it was highlighted that, due to the schedule of Audit Committee meetings, there might be some delay in sight of the reports. The Committee was reassured that should there be a delay reports could be circulated virtually.

In response to questioning, it was confirmed that there was an annual requirement for a review in respect of delegated commissioning although the scope for the current review had been altered.

**The Committee noted** the report **and requested** that the Health Matters briefing be circulated to Members and that links in future reports be enabled.

## **19/071 LOCAL COUNTER FRAUD SPECIALIST PROGRESS REPORT**

The Committee was in receipt of the Local Counter Fraud Specialist's (LCFS) progress report with key points highlighted being;

- A comprehensive review of the CCG's Counter Fraud and Anti-Corruption Policy had been undertaken and amendments recommended to ensure that the policy was current, legislatively sound and compliant with the NHSCFA strategy.
- The CCG's Standards of Business Conduct and Conflicts of Interest Policy had been reviewed to ensure that it contained a robust anti-fraud and bribery message.
- Anti-fraud and bribery training had been provided to the CCG's Finance Team and training for the Contracts Team was planned.
- Three new referrals had been received by the LCFS since the last Audit Committee meeting and were detailed within the report.

**The Committee noted** the report **and requested** that the quarterly newsletter be circulated to the Committee

## **19/072 GOVERNING BODY ASSURANCE FRAMEWORK (GBAF)**

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

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

The Director of Finance reported that a new system finance risk was to be added to the West Suffolk CCG GBAF in line with that already contained within the Ipswich and East Suffolk CCG GBAF.

**The Committee noted** the GBAF as presented.

## **19/073 WHISTLEBLOWING**

No whistleblowing reports were received.

## **19/074 POLICIES FOR APPROVAL**

No policies were received for approval.

## **19/075 BRIEFING ON ASSURANCE ENGAGEMENT ON THE MENTAL HEALTH INVESTMENT STANDARD**

The Committee was in receipt of a report which sought to ensure the Committee was aware of the requirements of the Assurance Engagement on the Mental Health Investment Standard and the actions being taken to ensure its timely completion.

The Mental Health Investment Standard required the CCG to increase its spending on specified areas of mental health (i.e. excluding dementia and learning difficulties) at a faster rate than its general spending increases. NHS England had mandated that CCGs must publish a statement on their websites stating whether or not they met the standard and that the statement must be audited. The final briefing for the audit was received from NHS England on Wednesday 12 June 2019.

Assurance engagement requirements were detailed in Section 2 of the report.

The CCG had engaged Grant Thornton to complete the audit which NHS England expected to be completed by the extended deadline of 31 October 2019.

**The Committee noted** the content of the report **and requested** that Grant Thornton's report be circulated to Members via email when available.

## **19/076 WAIVERS OF COMPETITIVE TENDERING**

The Director of Finance reported that the grant / contract extensions and renewals detailed within the report had been approved by the CCG's Clinical Executive and Governing Body in March 2019 for both NHS Ipswich and East Suffolk Clinical Commissioning Group and NHS West Clinical Commissioning Group.

The contracts / grants included tended to be of low to medium value and between 2-3 years duration. Many were included following requests from providers to consider moving to longer-term contracts of at least five years duration to assist

with stability and business planning. All contracts would continue to have a notice period of between 6 – 12 months (dependent on size and type of contract) which either party could enforce.

Due to the large number of contracts and grants involved in the review and sign off, a single document was developed which contained all of the information a single waiver application contained.

**The Committee noted** the presented waivers of competitive tendering.

**19/077 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.

**19/078 ANY OTHER BUSINESS AND REFLECTION**

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

**19/079 DATE OF NEXT MEETING**

The next meeting of the CCG's Audit Committee was to be held on Wednesday, 8 January 2020, at 2.00pm in Ground Floor Room 14, West Suffolk House, Bury St Edmunds, Suffolk.



Ipswich and East Suffolk  
Clinical Commissioning Group

**Unconfirmed Minutes of a meeting of the Ipswich and East Suffolk Clinical Commissioning Group Remuneration and Human Resources Committee Meeting held on Wednesday, 9 October 2019**

**PRESENT:**

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

**IN ATTENDANCE:**

Amanda Lyes	Director of Corporate Services and System Infrastructure
Jo Mael	Corporate and Governance Officer
Victoria Robertson	Deputy Director of Workforce, OD and Corporate Services

**Meeting held 'in common' with North East Essex CCG and West Suffolk CCG**

**19/052 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting apologies for absence were received from Dr Mike McCullagh, GP Governing Body Member

**19/053 DECLARATIONS OF INTEREST**

Jo Mael and Victoria Robertson both declared an interest in agenda item 3 (NHS West Suffolk, Ipswich and East Suffolk and North East Essex CCG Change Programme 2019) as CCG employees.

**19/054 NHS WEST SUFFOLK, IPSWICH AND EAST SUFFOLK AND NORTH EAST ESSEX CCG CHANGE PROGRAMME 2019**

The Committee was in receipt of a report which set out the proposed direction of travel for the West Suffolk, Ipswich & East and North East Essex CCGs.

In July 2019, the Chief Executive of NHS England and Improvement had appointed Dr Ed Garratt as the Chief Executive of all three CCGs and Executive Lead of the Suffolk and North East Essex Integrated Care System. In line with the ambition to integrate care across the patch, with a particular focus on place based 'Alliance' working, the proposed next step was to establish five shared CCG directorates, each led by a single Director for all three CCGs, and three directorates dedicated to each CCG - Alliance area.

The five joint directorates were:

- Directorate of Finance
- Directorate of Corporate Services and System Infrastructure
- Directorate of Strategy and Transformation
- Directorate of Contracts and Performance

- Directorate of Nursing and Quality

The three directorates for each CCG-Alliance area would be:

- Chief Operating Office for North East Essex
- Chief Operating Officer for Ipswich and East Suffolk
- Chief Operating Office for West Suffolk

Each CCG would remain an independent statutory body, retaining its own Governing Body. The Governing Bodies and their wider clinical bodies and Committees would work in closer collaboration with one another as well as with locality, Alliance and ICS partners.

A staff consultation had been initiated in respect of the proposed restructure of the three CCGs, which was due to end on 31 October 2019. The consultation document had been circulated to members of all three Governing Bodies.

The report went on to identify key points, headline data, and risks. The Committee was also in receipt of an accompanying report from the Director of Finance which set out resource implications.

The Director of Corporate Services and System Infrastructure reported that the Chief Executive had held staff briefings across four sites, trade union sessions had been arranged and one to one discussions were available should staff request them. To date, there had been good engagement.

Comments included;

- In light of the need to facilitate a 20% saving it was queried to what extent duplication and joint working had been considered, and whether any changes to the proposed structure were likely in respect of staff feedback.

The Committee was reassured that the Joint Leadership Team had attempted to ensure there was no duplication whilst being mindful of the geography across all three CCGs. Although it was currently too early to review feedback from staff, one issue that had been raised was the cost effectiveness of increased staff travel and mileage. With that in mind the feasibility of introducing Office 365 software, which should enable video conferencing, sooner than originally anticipated was being explored.

- In response to questioning, it was reported that where permanent staff had been seconded their substantive posts remained in the structure; support was being provided to the workforce during the process which included access to CiC Experts in Employee Wellbeing; and where vacancies had been held they were being managed to ensure no additional pressure on existing staff.
- Having queried whether there were grade changes associated to posts with added responsibility it was explained that, where original posts had been dis-established, new posts introduced on higher bandings were subject to the agenda for change process.
- Whilst it was highlighted that the report had not set out the implication of removing 34 posts, the Committee was advised that information would be included within the post-consultation document. The Committee was reassured that the Joint Leadership Team had challenged each other with regard to the proposed structure and the impact on other teams.

- Having raised concern at the conflicting demands and additional pressure that might be experienced by those Deputy Directors having to work across two Directors, the Committee was informed that, whilst the difficulty had been recognised, it had been felt necessary in order to facilitate a review of workforce across three CCGs and within the wider Integrated Care System.
- In respect of financial risks as set out within the report, it was explained that;
  - whilst the Acting Chief Contracts Officer was currently on secondment to Cambridge and Peterborough CCG, the substantive post of Deputy Director of Contracts and Performance remained within the structure.
  - the additional role at a cost of £78k was in relation to a post that had previously been seconded to NHS England/Improvement and which the CCGs now wished to support going forward.
  - a number of staff within the DSU were already seconded and had been picked up within the consultation document.
- The Committee was informed that the number of redundancies was likely to be small at the end of the process and all would be subject to report to Remuneration and HR Committee.

**The Committee noted** the content of the report.

#### Meeting held 'in common' with West Suffolk CCG

##### **19/055 MINUTES OF THE PREVIOUS MEETING**

The minutes of the Ipswich and East Suffolk CCG Remuneration and Human Resources Committee meeting held on 11 June 2019 were reviewed and confirmed as a correct record.

##### **19/056 MATTERS ARISING AND REVIEW OF THE ACTION LOG**

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

##### **19/057 MANAGEMENT RUNNING COSTS**

The Committee was provided with an overview of the year to date management running costs at the end of August 2019.

The CCG running cost allocation for 2019/20 was £8,520k but budgeted to spend £8,129k, the balance of the allocation was being used to fund programme costs.

Based on the full year costs, actual spend per head was expected to be £19.84 compared to funded spend per head of £20.79.

Having noticed that there were a number of lines within the appendix table that were subject to '0' reporting, the **Director of Corporate Services and System Infrastructure agreed** to seek clarification from the Finance Directorate and report back to Members.

**The Committee noted** the content of the report

## 19/058 TRAINING HUB AND APPRENTICESHIPS

The Committee was in receipt of a report which provided an update from the March 2019 meeting on the progress made across Ipswich and East Suffolk and West Suffolk with regard to the uptake of apprenticeships and, in particular, nursing and nursing associate apprenticeships. The report went on to provide an update on the Training Hub.

### Apprenticeships

The apprenticeship levy was having an impact on General Practice as the majority of Practices were non-levy payers and therefore not engaged with the new apprenticeship standards.

The acute Trusts were working collaboratively to deliver the Nursing and Nursing Apprenticeship Standards to develop existing HCAs and Assistant Practitioners.

Two Assistant Practitioners from Saxmundham and Needham Market had expressed an interest in accessing the Nursing Apprenticeship and had secured funding from the East Suffolk and North Essex NHS Foundation Trust to pay for the programme.

The Training Hub team had developed a proposal to fund a two year fixed term apprenticeship co-ordinator post to lead on apprenticeships across Suffolk and North East Essex.

The current numbers of apprentices across Suffolk were:-

- Ipswich and East Suffolk - 20 clerical and administration apprentices and three HCA
- West Suffolk - three clerical and administration apprentices and two HCA

The Committee was informed that the Integrated Care System Board had agreed that providers with unspent budget could commit to non-levy holders, hence the East Suffolk and North Essex NHS Foundation Trust's (ESNEFT) release of levy.

**The Committee requested** that a paper in respect of apprenticeships across all three CCG areas be prepared for its February 2020 meeting. The paper should include report of the number of apprenticeships across primary care and community services.

### Training Hub

The Suffolk and North East Essex Training Hub had amended its structure and terms of reference to reflect the Health Education England training hub operating framework. The Hub was being managed system wide by the Training Hub Governance Group and locally by the Training Hub Advisory Groups.

The West Suffolk and Ipswich and East Training Hub Advisory Groups had both met twice and provided a link into the Primary Care Networks to develop local education training programmes and address workforce issues.

Points highlighted during discussion included;

- In response to questioning with regard to governance, it was explained that the governance chart within the document was currently being updated and

would incorporate the CCG's Primary Care Commissioning Committee.

- It was suggested that the document be more specific in respect of the roles of Allied Health Professionals and Care Navigators.
- The Committee was informed that the Director of Workforce was part of the System Workforce Group and reported to both the CCG's Chief Executive and Health Education England. Having suggested that it might be beneficial for the Committee if the Director of Workforce could attend a future meeting to provide a progress update of work being carried out within primary care, and **the Director of Corporate Services and System Infrastructure agreed** to discuss the matter with the Chief Executive.

**The Committee noted** the content of the report

#### **19/059 INTEGRATED CARE SYSTEM (ICS) UPDATE**

The Director of Corporate Services and System Infrastructure reported that the response to the five-year long term plan had been submitted and feedback from NHS England had been good. Work would now commence on implementation of the plan and a system event had been scheduled to work through the implementation process.

There was concern at the lack of information being fed back through the organisation from the Integrated Care System (ICS) level, and it was questioned whether agendas and minutes from meetings might be made available to Lay Members.

**The Committee noted** the update. **The Director of Corporate Services and System Infrastructure agreed** to share the five-year long term plan submission with Members and also to pursue with the Chief Executive access to ICS workshare folders by Lay Members.

#### **19/060 SICKNESS ABSENCE**

The Committee was in receipt of a new format sickness absence report with key points highlighted being;

- There had been a consistent reduction in sickness absences year to year which was evident in both % FTE workforce absence and cost savings.
- The trend was forecasted to continue with improvements to sickness absence monitoring and analysis, and key offerings to enhance staff wellbeing.
- On the whole, absences lasted for a shorter amount of time and there had been a reduction in long-term sickness absence
- Divisions previously experiencing significantly higher % FTE absences were now in line with the overall average compared to the same time last year.

**The Committee noted** the content of the report.

#### **19/061 POLICIES FOR APPROVAL**

No policies were received for approval.

#### **19/062 CONFLICTS OF INTEREST TRAINING PROGRESS UPDATE**

The Director of Corporate Services and System Infrastructure reported that the CCG was required to be 100% compliant in respect of conflicts of interest

training by 31 January 2020.

At the end of September 2019, Ipswich and East Suffolk CCG was 88% compliant and West Suffolk CCG 72% compliant. Further communications would be issued in respect of individuals that had yet to complete the training.

**The Committee noted** the update.

**19/063 HEALTH SAFETY AND RISK COMMITTEE**

The Committee was advised of work currently being undertaken in relation to Health & Safety which included;

The last meeting of the Committee had been held on 8 May 2019 with highlights being;

- There had been no health and safety related incidents since the last meeting.
- The CCGs were (as of 1 April 2019) providing health and safety services to the Suffolk Primary Care practices. The agreement was for each practice to receive an annual visit, which included (where necessary) a fire risk assessment, workplace risk assessment and any H&S advice.
- The Risk Manager gave details of the Building User Group (BUG) meeting at Endeavour House. No significant health and safety concerns had been raised.

**The Committee noted** the content of the report.

**19/064 ANNUAL PLAN OF WORK**

**The Committee noted** its current annual plan of work and that it would be revised in line with actions agreed at today's meeting.

**19/065 ANY OTHER BUSINESS**

No items of other business were received.

**19/066 DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled to take place on 11 February 2020, at 10.30am in the F04, First Floor, Constantine House.

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**Chair (Graham Leaf)**

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**Date**



**Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk CCG  
Financial Performance Committee held on Tuesday, 17 September 2019**

**PRESENT:**

Steve Chicken	Lay Member (Chair)
Ed Garratt	Chief Officer
Jane Payling	Director of Finance
Dr John Oates	GP Governing Body Member
Dr Imran Qureshi	GP Member
Dr Mark Shenton	GP Member, CCG Chair

**IN ATTENDANCE:**

Martin Jarrett	Senior PMO Manager (Part)
Julie Kerridge	Senior Management Accountant
Jo Mael	Corporate Governance Officer
Jessica Taylor-Allum	Management Accountant

**19/060 WELCOME AND APOLOGIES FOR ABSENCE**

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

Dr Michael McCullagh      GP Member

**19/061 DECLARATIONS OF INTEREST**

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

**19/062 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 18 June 2019 were **agreed** as a correct record.

**19/063 MATTERS ARISING AND REVIEW OF ACTION LOG**

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

**19/064 FINANCIAL REPORTING MONTH 05**

The Committee was in receipt of a report which set out the CCG's financial position at month 05 of 2019/20.

Key points highlighted during discussion included;

- The CCG was on track to deliver the required £1.9m surplus at year-end.
- The CCG had reported a balanced risks and opportunities position to NHS England, with risks mitigated by the use of contingency, reserves and year end flexibilities.
- There was an underlying surplus of just below £5m.
- There was over-achievement of QIPP.

- A review was underway to investigate the cause of an overspend in respect of mental health shared care placements.
- Although primary care was underspent this was intentional as it contained the set aside reserve put in place to off-set the anticipated overspend on the primary care delegated commissioning budget. The current underspend reported against primary care overall was due to prescribing and other primary care.
- The report contained a new table detailing changes in allocations.
- Further analysis in respect of continuing healthcare had been incorporated into the report and whilst there was no shift in trend it was felt that volume and price information for future reports might be beneficial, together with a review of fast-track cases to identify any lessons to be learnt.

In response to questioning, the **Director of Finance agreed** to seek clarification from NHS England with regard to the anticipated future draw down of £3m provided to it by the CCG at 2018/19 year-end.

**The Committee noted** the report.

## **19/065 PROJECT MANAGEMENT OFFICE (PMO) REPORTS**

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

- There was an over-achievement of QIPP delivery.
- Although there was a slight prescribing QIPP under-performance, actual figures indicated an over-performance for the first three months of the year. The predicted under-performance was due to expected CAT M cost pressures.
- Updates on outstanding 2018/19 transformation funding projects continued to be chased and would be reported to the Alliance Finance Committee.
- Quality Premium – as no metrics for 2019/20 had been received, the demand management elements from the previous year had been applied which indicated the CCG was on-track in respect of emergency admissions and not achieving A&E activity level targets. It was felt there was potential to achieve £700k of quality premium monies. Further information would be shared with the Alliance Finance Committee when metrics had been clarified.

It was queried that, in light of the financial challenge being faced on the system as a whole, whether there was potential for increased QIPP performance by the CCG. The need to be cautious when exploring opportunities as much of the QIPP delivery was subject to the Guaranteed Income Contract, was highlighted.

**The Committee noted** the report.

**(Martin Jarrett left the meeting)**

## **19/066 PRESCRIBING EXPENDITURE**

The Committee was in receipt of a report that outlined prescribing trends from April 2015 to the present.

Although information within the report indicated a decrease in spend over the period, the Committee was informed that, from August 2019, there was expected to be a £100k monthly charge related to CAT M which would be mitigated by prior year benefit.

It was suggested that thought be given as to how information within the report might be fed back to practices and incorporated within prescribing schemes.

**The Committee noted** the report.

## 19/067 ALLIANCE FINANCES

### Minutes of the Alliance Finance Committee

The Committee was in receipt of the minutes from the first meeting of the Alliance Finance Committee held on 30 July 2019.

The Committee had reviewed draft terms of reference and determined that its title going forward would be the East Suffolk Alliance Financial Strategy Group, which it felt, reflected its desire to have a forward thinking focus.

**The Committee noted** the minutes and **requested** the receipt of minutes from future meetings when available.

### Alliance Discretionary Funding

The Committee was in receipt of a report on Alliance discretionary funding which, it was explained, had been presented to the Alliance Finance Committee in July 2019. There had been £4.7m allocated to transformation/discretionary funding for utilisation within six priority areas as identified within the report. To date, £3m had been committed. Some other projects had been commenced and the Alliance was due to discuss the use of uncommitted funding.

Having queried whether there might be opportunity for some funding to be allocated to Primary Care Networks in respect of slippage on their recruitment, the **Director of Finance agreed** to clarify the extent of any funding and explore options.

The importance of publicising work being carried out, was emphasized.

**The Committee noted** the report.

## 19/068 INTEGRATED CARE SYSTEM UPDATE

### ICS Finance Report Month 4

The Director of Finance advised that the report outlined commissioning plans across the CCGs and Alliances. Although organisations across the ICS were currently forecasting to achieve financial plans there was concern at the acute Trusts ability to do so and work was being carried out to clarify current financial positions and forecasts.

### Long Term Plan

The Director of Finance explained that the report set out to collate the financial aspect of the long term plan. Key points highlighted included;

There was a tight timeline associated to the Plan and a draft was due for submission by 27 September 2019, with the final Plan expected by the middle of November 2019.

A set of 'must dos' had been issued which included the need for all providers to have financial balance by the next of next year and whole system balance by the end of the five year plan. Control totals had been issued by region on 16 September 2019 which assumed improvement over the period of the plan and pushed development of a regional contingency. 1.1% of efficiency savings was expected from all providers, with a further 0.5% from those in deficit.

Guidance incorporated tests in respect of demand management and emphasized the need for delivery of the mental health investment standard.

Additional monies had been identified as set out within the report and performance metrics were being investigated.

**The Committee noted the update and agreed** that, due to the tight timeline, the CCG's

Clinical Executive receive regular updates with the Alliance Finance Committee being asked to review the Plan in detail.

**The Committee noted** the update.

#### **19/069 FINANCIAL PERFORMANCE COMMITTEE ANNUAL REPORT**

The Committee was in receipt of its Annual Report for approval prior to its presentation to the Governing Body next week.

**The Committee approved** the Financial Performance Committee Annual Report as presented.

#### **19/070 ANY OTHER BUSINESS**

No items of other business were received.

#### **19/071 REFLECTION**

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

#### **19/072 DATE OF NEXT MEETING**

The next meeting was scheduled to take place on 17 December 2019 0830-1030hrs in the Britten Room at Endeavour House.



**Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk CCG  
Clinical Scrutiny Committee held on Tuesday, 22 October 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 Lorna Kerr	Secondary Care Doctor
Dr Imaad Khalid	GP Clinical Scrutiny Committee Member
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 Omololu Oggunniyi	GP Clinical Scrutiny Committee Member
Dr Mark Shenton	GP Clinical Scrutiny Committee Member (Part)
Dr Ben Solway	GP Clinical Scrutiny Committee Member

**IN ATTENDANCE:**

Jo Mael	Corporate Governance Officer
Sarah Bargent	Head of Clinical Quality, Primary Care, North East Essex CCG
Melanie Crouch	Head of Clinical Quality (Transformation and Planned Care), North East Essex CCG

**19/051 WELCOME AND APOLOGIES FOR ABSENCE**

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

Steve Chicken	Lay Member
Dr Lindsey Crockett	GP Clinical Scrutiny Committee Member
Dr Peter Holloway	GP Clinical Scrutiny Committee Member
Dr Juno Jesuthasan	GP Clinical Scrutiny Committee Member
Ed Garratt	Accountable Officer
Dr John Hague	GP Clinical Scrutiny Committee Member
Graham Leaf	Lay Member: Governance and CCG Vice Chair
Dr John Oates	GP Clinical Scrutiny Committee Member
Jane Payling	Director of Finance
Dr Ayesha Tu Zahra	GP Clinical Scrutiny Committee Member
Richard Watson	Director of Strategy and Transformation

**19/052 DECLARATIONS OF INTEREST**

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

**19/053 MINUTES OF MEETING HELD ON 27 AUGUST 2019**

The minutes of the meeting held on 27 August 2019 were **agreed** as a correct record.

## 19/054 MATTERS ARISING AND REVIEW OF ACTION LOG

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

19/022 – Discharge Summaries (ESNEFT) - due to reported continued inconsistencies with regards to the quality of ESNEFT discharge summaries **it was agreed** that a new action be instigated to liaise further in respect of the issue through contract meetings, and for poor quality and good examples to be identified. Further report to December 2019 meeting.

## 19/055 MATERNITY – 3<sup>RD</sup> AND 4<sup>TH</sup> DEGREE TEARS

The Royal College of Obstetricians and Gynaecologists (2017) acknowledged that Obstetric Anal and Sphincter Injuries (OASIs) had increased in England over the last 10 years. Experiences from maternity units had shown that some of the underlying problems related to the rise in OASI included: inconsistency in approach to preventing OASIs; inconsistency in training and skills; lack of awareness of risk factors and long-term impact of OASIs and variation in practice between health professionals. A care bundle was in place to guide best practice and to utilise evidence based interventions to reduce OASIs also known as third and fourth degree tears.

ESNEFT was undertaking a quality improvement initiative known as 'STOMP' (Stop traumatic OASIs Morbidity Project) to make local quality and safety improvements. The England average for OASIs was 3.6%. The Trust figure had been below the England average, except in May 2019 where it was 4.74% because there were, in total, 19 third or fourth degree tears reported. A review carried out by the Trust had not identified any obvious trends. All staff involved in the STOMP programme (reducing third and fourth degree tears) were met by the Specialist Midwife to review clinical practice.

The CCG Clinical Quality Team would continue to scrutinise the performance metrics and quality initiatives being undertaken to ensure safe and effective practice and also drive quality improvement. The Clinical Quality Team had met with the Heads of Midwifery (HOMs) to gain assurance and identify recent improvements and had been invited to attend the Suffolk and North East Essex Maternity Forum and have access to the ESNEFT Maternity Clinical Dashboard to allow analysis of monthly data.

To accompany the report the Director of Nursing drew the Committees attention to National Maternity and Peri-natal Audit (NMPA). Key areas of focus at a local level, as identified by the audit, were instrumental births and unplanned re-admissions within 48 days. The importance of such audits including confidence intervals within reported data was emphasized.

Having reviewed the data, the need for additional information in respect of outcomes was identified and the **Director of Nursing agreed** to produce a report on neo-natal outcomes for the next meeting together with investigating the reasons for re-admissions and exploring prevention options.

The Committee noted that the current serious incident process was to cease from 2020/21 as a new more system-based framework was to be introduced. A workshop for national patient safety leads had been convened on 8 November 2019 which was likely to discuss how assurance was to be gained from the new framework.

**The Committee noted** the report.

(Dr Mark Shenton entered the meeting)

## 19/056 INTEGRATED PERFORMANCE REPORT

The Committee considered the new provider focussed integrated performance report with key points highlighted being;

### **East Suffolk and North Essex NHS Foundation Trust (ESNEFT):**

- Falls remained an area of key focus and a future deep dive was planned.
- Cancer performance remained below target and the Cancer Alliance had raised concern to NHS England in respect of East of England clinical oversight of cancer breaches. Breaches continued to be reviewed monthly by the CCG. A cancer summit had been planned together with a cancer patient experience survey.  
**The Committee agreed** that, rather than falls, a deep dive into cancer be scheduled for the next meeting which should include report back of the outcomes of the cancer summit. The Joint Leadership Team was also asked to review the cancer GBAF risk level.
- Infection prevention was highlighted as a current area of focus due to an incident of MRSA within maternity.
- A finance meeting with ESNEFT was planned for 14 November 2019 with the gap currently being reported as £9.4m.
- A&E performance had deteriorated over the weekend and the importance of the role of integrated neighbourhood teams in respect of reducing demand was highlighted.

### **Norfolk and Suffolk NHS Foundation Trust (NSFT):**

- There had been improvement with regard to access to childrens services although adult access had deteriorated.
- The CQC had recently carried out a further inspection, and whilst the outcome was awaited, no major concerns had been raised. It was explained that although the CQC had not sought the views of the campaign during its most recent inspection, service user work carried out by Healthwatch had been considered.
- The need to explore any impact on services associated to the introduction of support within schools was highlighted.
- The harm review process was currently not consistent across all services.
- A new Medical Director was now in post.
- Concerns remained in respect of learning disability services.
- In the event that the Trust's status did not change following the most recent CQC visit, it would remain in special measures.

### **Primary Care :**

- An 'in common' Primary Care Commissioning Committee was to be held later in the day which would discuss workforce, estates issues and the progression of primary care networks. The Committee was also to receive a report on unwarranted variation which the **Chief Operating Officer agreed** to circulate to Clinical Scrutiny Committee members
- Prescribing had been 90k over budget in July 2019 and August figures indicated the budget was now £245k over in month. An action plan had been developed.

### **Community Services:**

- Speech and language therapy service performance remained a concern and, in response to questioning, the **Director of Nursing agreed** to explore whether information in respect of identification of the point when treatment had been

completed was available.

#### **East of England Ambulance Services NHS Trust (EEAST):**

- Access and response times remained key areas of focus, with workforce and fleet issues identified as contributing factors.
- **The Committee requested** that consideration be given to inviting EEAST's Suffolk Locality Lead and Tom Davis, Medical Director to a future Executive or Integrated Care Network meeting.

**The Committee noted** the report.

#### **19/057 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 reporting was now on a four times a day basis.
- The Audit Committee had received a deep dive into Cyber Security at a recent meeting.
- A new risk was to be added as both East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and West Suffolk NHS Foundation Trust (WSFT) were seeking to use facility within the contract to extract the community element from the NEL contract – the issue was to be discussed at a forthcoming IT Board.

**The Committee reviewed and approved** the GBAF as presented.

#### **19/058 INDIVIDUAL FUNDING REQUESTS**

The Committee was in receipt of a paper which set out individual funding request activity. Key points included;

- There had been 206 referrals received April-August 2019.
- The majority of referrals received were incomplete, further information was often requested before the referral had the necessary clinical information to enable the request to be considered by the Panel. A substantial amount of referrals had to be closed, as the required information was never received from the referrer despite chasing. All process and detail of the required information was articulated in the relevant Policies.
- 50% of all applications were approved.
- The Panel made decisions on clinical need and exceptionality, not costs. By the end of the financial year all finance information would have been obtained and up to date.
- Financial expenditure was higher in Ipswich and East CCG primarily due to increased numbers of applications, specifically drug requests that were a higher cost.

Although it was queried whether GPs might be supplied with increased guidance as to what information was required by the Panel and relevant criteria, the need to recognise that requests presented to the Panel should be considered on an 'individual' basis was emphasized.

**The Director of Nursing agreed** to explore the feasibility of attempting to set some

commissioning criteria for similar requests which might reduce the amount of requests being considered on an 'individual' basis.

**The Committee noted** the report.

#### **19/059 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) QUARTERLY REPORT**

Ofsted/Care Quality Commission had revisited Suffolk in February 2019 to review the written statement of action from the initial visit in 2016. All agencies had been working hard to maintain the pace of the programme and embed the subsequent actions needed across the priority areas. An action plan had been agreed with the Dept of Education/NHS England, together with new key performance indicators to report progress against the plan. Further work would now be done to ensure priority objectives truly reflected the action plan, ensured focus and removed any duplication.

An Associate Director for transformation for CYP and associate director for Quality for CYP and mental health had been appointed, and were providing commissioning authority in the SEND programme.

Key points included;

- Issuing of Education Health and Care Plans (EHCPs) within the 20 week time scale was less than 40%.
- Percentage of local authority responses to annual review reports within two weeks was 62%. The expected timescale for January 2020 was 70%.
- Percentage of young adults in education and training with an EHCP was 81%. The aim was for that to be 90% by January 2020.
- Appeals against EHCPs to date totalled 13. Down from 88 last year.
- Hearings to date totalled 16. Down from 74 last year.

Key issues were detailed in Section 2 of the report with public and patient engagement information in Section 3.

**The Committee noted** the content of the report.

#### **19/060 SELF-ASSESSMENT**

The Committee was in receipt of a report which sought consideration of the appropriateness of carrying out an annual self-assessment exercise.

Having determined previously that an improved response was achieved from development of a 'survey monkey', the Committee was asked to consider the issue of a further survey for 2019/20, with a deadline for response being 30 November 2019, to enable feedback to the next meeting.

**The Clinical Scrutiny Committee approved** the carrying out of a self-assessment exercise for report back in December 2019.

#### **19/061 POLICIES FOR APPROVAL**

The Committee was in receipt of the Personal Health Budget policy for approval.

Revisions to the policy were detailed in Section 2 of the report.

**The Committee approved** the policy as presented.

#### **19/062 CHAIR'S SUMMARY/REFLECTION/FOLLOW UP ON GB PATIENT STORY**

The Committee was informed that NHS England was taking on responsibility for cancer screening from Public Health.

**19/063 DATE OF NEXT MEETING**

The next meeting of the Clinical Scrutiny Committee was scheduled to take place on **17 December 2019**, from 1000-1130hrs at Endeavour House, Ipswich.



**Community Engagement Partnership**  
**on Monday 9<sup>th</sup> September, 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
Susie Mills		SM
Paul Gaffney		PG
Caroline Webb		CW
Richard Squirrell		RS
Tina Rodwel		TR

**IN ATTENDANCE:**

Maddie Baker-Woods	Chief Operating Officer	MBW
Isabel Cockayne	Head of Communications, IESCCG & WSCCG	IC
Marielena Giner	Patient & Public Involvement Officer	MG
John Tobin	Associate Director of Operations for ESNEFT	
Elsbeth Gibson	Babergh and Mid Suffolk District Councils	EG

**APOLOGIES:**

Irene MacDonald	IESCCG GB Lay Member for Patient & Public	IM
Vicky Thomson-Carr		VTC
Jo Marshall	Voluntary Sector Representative	JM

**WELCOME AND APOLOGIES FOR ABSENCE**

The chair welcomed everyone to the meeting and apologies for absence were received. A declaration of interest was made by PG who advised that he is now a Trustee for Suffolk User Forum.

**MINUTES OF THE PREVIOUS MEETING**

These were agreed as an accurate account of the last meeting, however a spelling mistake was made TR's surname.











covered the background of the development of the commissioning and also how the service is likely to be set up in the future. There were many positive comments about involvement of the public and service users at an early stage.

Discussion included:

It was commented that 'NICE' only provide guidelines, which do not always reflect the real world and the amount of people who suffer within the various health services.. Barbara Robinson advised that due to lack of resource and knowledge patients are left with no support to manage their condition. This is potentially a life threatening illness

- x Nicola Brunning advised that a list of resources are being developed by Barbara Robinson to send out to people; patients with ME and friends/family/loved ones. Collaboratively, we need to think about how to work with these resources and organisations to better understand how we can achieve positive outcomes. Information leaflets have also been developed for training GPs. These were trialled at a recent event and were well received (available on the website). With some guidance from our GP Ben Solway, we are trying to make information available that will help the GP and the patient. We've recently applied for some funding to facilitate a training session for this too.
- x Members raised the need to be careful not to reinvent the things that work – with a view to time and cost. Sometimes services cease and there is no explanation about why. Is there any analysis of current or previous services available? Suffolk had a pilot service that was finalised in 2003/04. The political climate changed and this resulted in fundamental changes in the services for cost saving. Sustainability is key and a very good point.

## **CCG UPDATE**

Maddie Baker-Woods gave an update on CCG matters, the key points of which included;

- We are currently planning for winter. There is a positive development in our flu campaign: across the whole system we have a pledge that all alliance partners will encourage the uptake of vaccinations.
- Lots of work is being done with transportation partners, including Ezeq. We are trying to improve response times especially for over the winter period.
- In primary care we are looking at a nurse-led review of every patient with Chronic Obstructive Pulmonary Disease (COPD) to discuss medication, how patients take medication and how they manage their condition.
- We are trying something new with people who are housebound because they are ill, looking proactively at how a 'phone call and discussion around that person's needs can significantly improve their wellbeing. This will assist with our prevention for crisis during winter and over the holiday period.
- A&E performance should be at 95% (this is for people being seen and treated within four hours), ESNEFT are currently at 90%. This is a focus for us to improve.
- Cancer diagnosis and treatment is another area we are focusing on.
- We're working at more pace within localities. We have local needs assessments now available on the website for each locality. We will be looking at those with professionals to formulate local plans. Targets will be set across the CCG but if another area needs more focus we will work together to resolve a target etc.

**Action: MG to send a website link to CEP members on the updated local needs assessments**

- Finance – we are in a challenging position this year. We've committed to transformation projects but we won't have a big fund left at the end of the year. It was commented that 'Create' did a financial assessment at the university around 2008/2009 looking at each ward. BR will send this document to us to share with the group.

**Action: BR to send information regarding assessment**

- It was advised by a member that some concerns have been raised around the Mental Health transformation work. Questions were asked at the last meeting around the new build and sent to the relevant person at ESNEFT. A suggestion from a members was made that our area could build the first ligature free hospital in the UK. For example, a high percentage of MH patients are likely to kill themselves in a toilet. For the new build could we incorporate ligature free toilets to keep patients safe? MBW advised that we will write a letter to find out more and make suggestions for this.

**Action: MBW and MG to liaise with RS and draft a letter to ESNEFT**

- Training for existing staff needs to take place regarding Mental Health patients. It was advised that the coproduction partners working on mental health are conducting lots of work. The next milestone will come at end of year where we will review the final models.

## COMMS AND ENGAGEMENT UPDATE

Isabel Cockayne, Head of Communications gave an update which included;

- Communications and engagement leads are focused on localities and are particularly aiming to help develop the workforce. For example, an event was held with themes developed and for local nurses to encourage sharing and education.
- Seasonal update. As ever we will wish to communicate well with the public about the flu vaccinations. 111 and pharmacies. We've received some rich data about why people go into a hospital over winter months - some are due to breathing issues/pneumonia hence supporting the flu jab campaign.
- 'How are you Suffolk' – was launched in September. It is a campaign is about better information and support for weight loss and stopping smoking. We have been supporting lots of events and working in an alliance way to make sure the campaign is maximising its potential.
- Last week we held our first BAME meeting where we had GP members and professionals/people within the community to discuss better ways of working together and start conversations to celebrate diversity, focusing on inequality. GJ and SM also attended from the CEP.
- A big thank you to the CEP for supporting us with the commissioning intentions piece of work, which had a very quick turn around.

## ANY OTHER BUSINESS

VTC advised that some changes have occurred around patients' choices for home care. 'Continuing Healthcare' is the name for when people with long-term complex health needs can qualify for free social care arranged and funded solely by the NHS. They have now confirmed that patients are only allowed to receive home care services from employed carers/nurses, as opposed to independent/self-employed professionals. This change could be difficult for certain patients who have built relationships with their carers and are now

unable to continue receiving care from them. Why has this change happened and do we know if this is a national change? Why is it that only 'employed' staff can provide home care?

**Action: MG to ask for a response from the CCG's CHC team.**

- There have been some headlines about Children and Young People's services within the council - 41 staff lost, including health visitors and other vital staff. These people would be assisting baby clinics, immunisation, things that link in with primary care and GPs. With the alliance umbrella is there anything the CCG can highlight or do about this?

MB-W said that as the alliance matures these issues will arise regarding national policy and budgets. The CCG is looking at new ways to work and influence in the future. Public health colleagues could come and join us at a future meeting to discuss the wider change in model of provision and the change in assessing a families' needs to tailor the service.

**Action: MG to invite Public Health colleagues to attend a future CEP**

#### **DATE OF NEXT MEETING**

Monday 11<sup>th</sup> November 5:00-7:00pm



**Unconfirmed minutes of a meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 22 October 2019, in public, at The Mix, 127 Ipswich Street, Stowmarket, Suffolk**

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

**PRESENT:**

Irene Macdonald	Lay Member: Patient and Public Involvement (Chair)
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Dr Lorna Kerr	Secondary Care Doctor
Jane Payling	Director of Finance

Annette Agetue-Smith	NHS England Representative
Wendy Cooper	NHS England Representative
Simon Jones	Local Medical Committee
Dr Mark Shenton	CCG Chair

**IN ATTENDANCE:**

David Brown	Deputy Chief Operating Officer
Jo Mael	Corporate Governance Officer
Lynda Tuck	Lay Member: Patient and Public Involvement, West Suffolk CCG
Kate Vaughton	Director of Integration, West Suffolk CCG
Lois Wreathall	Head of Primary Care, West Suffolk CCG

**19/56 APOLOGIES FOR ABSENCE**

Apologies for absence were noted from;

Dr Christopher Browning, West Suffolk CCG Chair  
Ed Garratt, Chief Officer  
Amanda Lyes, Director of Corporate Services and System Infrastructure  
Stuart Quinton, Suffolk Primary Care Contracts Manager, NHS England  
Cllr James Reeder, Health and Wellbeing Board  
Andy Yacoub, Healthwatch

**19/57 DECLARATIONS OF INTEREST**

Dr Mark Shenton declared an interest in the agenda as holder of a Personal Medical Services (PMS) contract.

Kate Vaughton declared an interest in the agenda insofar as it related to West Suffolk NHS Foundation Trust, as a non-voting Board member of the Trust.

**19/58 MINUTES OF THE PREVIOUS MEETING**

The minutes of an Ipswich and East Suffolk CCG Primary Care Commissioning Committee

meeting held on 23 July 2019 were **approved** as a correct record.

#### **19/59 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS**

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

19/50 – Finance – Clinical Indemnity Scheme – the Director of Finance reported that there was no firm decision with regard to future funding at present and therefore current arrangements would continue. The action could be closed.

#### **19/60 GENERAL UPDATE**

The Chief Operating Officer reported:

- There had been positive engagement of Primary Care Network Clinical Directors, GPs and primary care nurses in relation to the CCG's Clinical Leadership Programme. 300 had attended a recent training and education event.
- Recent prescribing figures for August 2019 indicated an £245k overspend which was due to increased costs associated to CATE M and No Cheaper Stock Obtainable (NCSO) medications.
- Clinical Directors of Primary Care Networks were due to meet with core leadership teams next week to consider development of a joint needs assessment.

**The Committee noted** the update.

#### **19/61 PRIMARY CARE NETWORKS (PCNs) – AN UPDATE**

The Committee was reminded that it had previously approved the proposed configuration of PCNs in Suffolk and all PCNs had been implemented from 1 July 2019. The Committee was now in receipt of a report which set out progress in respect of the PCNs' ongoing development. Key points highlighted included:

Each PCN was considering its position and response to the offer of two reimbursed roles, that of a social prescriber (100%) and a clinical pharmacist (70% contributed by the CCG).

The PCNs all had the use of a maturity matrix diagnostic tool to assess where they thought they were and to help facilitate progress towards maturity in their systems and localities. A development support prospectus had also been circulated (Appendix 3) for them to consider where their PCN funding would be best directed.

Appendix 4 to the report detailed funding available for Suffolk PCNs, and it was noted that GP retention, reception and clerical training funding was being managed through the Training Hub Advisory Group. The online consultation monies had been spent via the IT team with every non Suffolk Primary Care (SPC) practice in Suffolk being offered E-consult.

PCNs were planning to fulfil their extended hour obligations individually and so had not begun to share patient care and data across their PCN.

The One Clinical Community Programme, which Clinical Directors were participating in, had begun in West Suffolk on 1 October 2019. The programme had been designed to provide clinicians and senior managers with protected time to work together on key priorities within localities. Ipswich and East Suffolk Clinical Directors had participated in two One Clinical Community programmes held last year or the GP Development Programmes which had taken place in previous years.

There are plans to implement a Population Health Management system across the integrated care system

The CCG was working with the Local Pharmaceutical Committee to ensure local pharmacies were able to deliver on the PCN element of their new contract.

Next steps included:

Primary Care Networks would continue to develop incrementally over the next five years with key areas of work being:

To receive and manage the funding for enhanced access (GP+ service)

To deliver seven network specifications (introduced over the next few years) that included:

- Medicines reviews and optimisation
- Advanced health in care homes
- Anticipatory care for high need patients
- Personalised care (Personal Health Budgets)
- Supporting early cancer diagnosis
- CVD prevention and diagnosis
- Tackling neighbourhood inequalities

Points highlighted during discussion included:

- The Committee was informed that three different population health management systems were to be introduced into three PCNs.
- Clinical Directors of PCNs were paid by the CCG and contracted for one day a week. The Clinical Directors were appointed by their own network and did not have to be GPs.
- Any impact on integrated neighbourhood teams or localities was, as yet, unknown and **it was agreed** that further information be provided for the next update. There was a request, that in order to minimise confusion in respect of the terms of 'integrated neighbourhood teams' and 'localities' that there be consistency in respect of terminology across the CCGs.

**The Committee noted** the content of the report.

## **19/62 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT**

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

At the end of month six, the GP Delegated Budget spend was £537k over spent. Key variances were detailed in paragraph 2.1 of the report. Other Primary Care showed an under spend of £843k at the end of month six.

Other risks not reflected in the above full year forecasts were further increases in rent reimbursement, additional practice management support and an increasing number of claims for locum allowance for parental and sickness absence.

In light of the current situation there was concern expressed going forward, particularly as the GP+ budget was due to transfer to Primary Care Networks. The need to monitor the situation closely and plan for the next two years was highlighted.

**The Committee noted** the financial performance at month six.

## **19/63 WORKFORCE UPDATE**

The Committee was provided with an update on the work of the Primary Care Development Team in delivering the Suffolk and North East Essex workforce plan and the Suffolk and North East Essex Training Hub and their impact on local workforce.

The NHS Long Term Plan, the GP Contract and the development of Primary Care Networks were all having an impact on General Practice Workforce. NHS England and Health Education England were channelling resources into the Integrated Care System (ICS) and CCGs to develop the workforce to deliver those strategies.

Whilst General Practice had a major challenge created by having an ageing workforce, there were exciting new opportunities created by establishing multi-disciplinary teams in General Practice who are providing more appropriate, specialised patient care.

The development of collaborative working provided by Primary Care Networks was offering career development opportunities through training and upskilling programmes.

The report went on to detail work in respect of the acquisition of workforce data, key messages identified from the data, apprenticeships and initiatives underway or planned across the workforce.

Workforce remained the largest challenge facing the whole health and social care sector of which General Practice was one employer. The sector needed to recruit new staff to ensure there were sufficient staff with the right skills to deliver patient services along the whole pathway, together with upskilling existing staff to be able to take on new roles and deliver new services.

The Training Hub was working collaboratively with other employers through a career project 'Next Generation' to attract young people to join the sector. The Training Hub was also working through the West Suffolk Training Hub Advisory Group to better understand the specific local challenges within General Practice.

During discussion it was clarified for the Committee that the report was incorrect in stating that 'summer GP data historically shows a decrease due to GP Trainees who have completed no longer showing in the data'.

The Local Workforce Action Group (LWAG) was working across the Alliance to seek to better understand workforce gaps at a local level.

It was queried whether the CCG was measuring how many locally trained staff remained in the area, and concern was expressed at the declining numbers of training practices which it was felt would have a 'knock on' effect in attracting future staff.

Having suggested that work be carried out to increase communication and promote the local area, which should include the promotion of training resources, **it was agreed** that the issue be fed back to the Alliance.

**The Committee noted** the content of the report.

## **19/64 PRIMARY CARE PERFORMANCE – UNWARRANTED VARIATION**

The Committee was in receipt of a report which sought review of the identified variation and comments and suggestions for action as appropriate.

The CCGs primary care teams regularly analysed and reported on performance data and metrics to the Primary Care Commissioning Committee. The approach was generally a holistic one, aimed at understanding why a particular practice was performing better or worse in comparison to another, with an ultimate aim of supporting practices to achieve a certain standard; thus ensuring high quality across all practices in Suffolk.

The current general approach to variation was to engage with any practice below the average or national target and to offer targeted support and challenge as appropriate to the objective. Such variations were raised with practices individually via Link visits, more

broadly in Chart of the Week or as part of a two-way dialogue with the practice.

The approach to performance management was always incremental and proportionate.

The CCGs had recently undergone an exercise to attempt to gain a greater understanding as to what level variation in performance was recognised and accepted or was perhaps unwarranted.

The CCGs primary care teams had analysed a cross section of performance data with a view to understanding patterns, trends, variation and where possible, provide a quantifiable rationale for identified variance. To understand what was 'unwarranted' or variation that was deemed outside the normal range, a recognised formula of standard variation had been applied to each set of metrics to provide key focus. i.e. the best and worst performing practice in each category.

The primary care teams had collectively analysed the results to provide a narrative, a logic and a reasoned explanation to help understand the findings. The standard variation formula had been applied to a broad range of information held by the CCGs in relation to Local Enhanced Service performance and national targets.

Next steps included:

- To develop practice level trend data and relative context to be used at Link visits and for internal scrutiny and assurance
- To provide statistical process control data and importantly an 'explanation over time'
- To consider the data measured by the CCG to include new indicators associated with the Primary Care Network (PCN) Direct Enhanced Service (DES). i.e. Stage one cancer diagnosis

The Committee felt that there needed to be distinction between processes and behaviours and advised of the need to consider work already being carried out across the localities to ensure there was no duplication.

**The Committee noted** the content of the report.

## **19/65 INTEGRATED CARE SYSTEM (ICS) – 5 YEAR STRATEGIC PLAN UPDATE**

The Committee was in receipt of a report which provided an opportunity to review the draft content of the Integrated Care System (ICS) five year Strategic Plan; primary medical care sections.

On 28 September 2019, the ICS Programme Director had submitted to NHS England and NHS Improvement the Draft Five Year System Strategic Plan for Suffolk and North East Essex ICS prior to its finalisation in November 2019.

The two main sections that related to primary care were a one-page summary of the recently drafted primary care strategy and an overview of Primary Care Networks (PCNs).

There were a number of opportunities for the plan to be reviewed, discussed and further developed by the ICS Chairs Group, ICS Board, Suffolk and Essex Joint Health Overview Scrutiny Committee and the Health and Wellbeing Boards

The plan would not be finalised or published until it had gone through the necessary assurance processes with NHS England and NHS Improvement and other forums within the ICS.

It was highlighted that oral health amongst children, which was not commissioned by the CCG but by NHS England, was reported as the highest cause of inpatient admissions.

It was suggested that the Plan include more descriptive narrative in respect of Primary Care Networks and Integrated Neighbourhood Teams/Localities. The need for consistency of terminology across the CCGs was again emphasized.

**The Committee noted** the update.

## **19/66 PRIMARY CARE ESTATES STRATEGY FRAMEWORK**

The Committee was provided with an overview of the proposed framework which would be used to develop an ICS-wide Primary Care Estates Strategy.

The current CCG Strategic Estates Plan was developed in 2015 in conjunction with NHS Property Services. The existing estates plan provided an overview of the existing estate, opportunities for redevelopment/relocation and options around disposals up until approximately 2019. The Estates plan had now reached the end of its life and the social, environmental, political, economic and regulatory background had moved on since its development. A new strategy was needed to ensure the health system was able to deliver the right level of care in the right places for its population.

In order to ensure that primary care was planned and developed in a way that not only met with the requirements and demands of the local population, but also aligned with the wider acute, community, mental health and alliance strategies, it was proposed that a system-wide Primary Care Estates Strategy be developed.

Prior to the development of the strategy a framework had been developed for approval by both officers and the Primary Care Commissioning Committee. Whilst there would be ample opportunity to input and amend the strategy as it was developed it was important to make sure that the strategy started moving in the right direction. The framework had been reviewed and approved by the CCGs Primary Care Estates Operational Group and was attached to the report at Appendix 1.

The framework identified four key areas for the strategy, with a fifth section to facilitate review of the delivery and success of the plan. The four areas identified were;

- Strategic context and local drivers (Background and drivers)
- Overview of Current PC Estate (Where are we now)
- Vision for primary care estates (Where do we want to be)
- Opportunities and developments (How are we going to get there)

It was proposed that development of the estates strategy would incorporate the engagement of system wide stakeholders including, but not limited to, acute and community providers, mental health providers, GP's and Primary Care Networks, Patient Participation Groups, Local Authorities, Health Watch etc.

The Committee was informed of the direction of travel for more care to be provided outside the hospital setting, and of national exploration of future estates funding flows going through Primary Care Networks.

There was concern that there were currently too many strategies and that new ones should be developed with an Alliance focus. There should perhaps be one over-arching strategy with separate chapters such as estates. It was felt that a different approach was required.

Having considered the report, and with the above in mind, **the Committee approved the framework** and suggested that a different, more Alliance based approach be taken to further development of the strategy. **It was requested** that a draft outline strategy be presented to the Committee in November 2019.

**19/67 DATE OF NEXT MEETING**

The next meeting was scheduled to take place on *Tuesday, 26 November 2019 from 2.00pm-4.00pm at Two Rivers Medical Practice, 30 Woodbridge Road East, Ipswich, Suffolk*

**19/68 QUESTIONS FROM THE PUBLIC**

No questions were received.

Ipswich & East Suffolk Clinical Commissioning Group  
West Suffolk Clinical Commissioning Group  
North East Essex Clinical Commissioning Group

**Unconfirmed Minutes of the CCG Collaborative Group meeting held on  
Tuesday, 8 October 2019, in the Board Room at IP-City Centre**

**PRESENT**

Steve Chicken (SC)	CCG Collaborative Group Chair
Dr Hasan Chowhan	Chair, North East Essex CCG
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
Jon Price (JP)	Lay Member (Governance) North East Essex CCG
Dr Mark Shenton (MS)	Chair, Ipswich and East Suffolk CCG Governing Body
Ed Garratt (EG)	Chief Executive, Ipswich & East Suffolk, North East Essex and West Suffolk CCGs

**IN ATTENDANCE**

Helen Farrow (HF)	Executive Assistant to the Chief Executive
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**Minute**

**Action**

**19/042 Welcome and apologies**

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

**19/043 Declarations of Interest**

No declarations of interest were received.

**19/044 Minutes of meeting held on 1 August 2019**

The minutes of a meeting held on the 1 August 2019 were **agreed** as a correct record.

**19/045 Matters arising and review of action log**

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

**19/046 Revised Terms of Reference to incorporate North East Essex CCG**

The Chair provided an overview of the purpose of the Collaborative Group for the benefit of the new members from NEECCG. Members approved the ToR subject to the following comments/inclusions:

- Definition of the participating CCGs under 'Purpose'
- Inclusion of NEECCG within bullet 3 of key functions '*... care provision across Suffolk and **north east Essex** ...*'

Comment was made that NEECCG Board would require oversight of the Collaborative Group meeting to align with Suffolk Governing Bodies.

It was agreed that the ToR would be presented to the next NEECCG Board under the Chief Executive update, with future minutes submitted

under the appropriate section.

## **19/047 Accountable Officer Update**

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

### Finance

- Forecasts from ESNEFT and WSHFT are both off plan by c.£10m.
- Prescribing was off plan for all three CCGs
- Finances were more challenging in West Suffolk

### Alliance Working

- All three Alliances were developing well and making a good impact. NEE Alliance in particular has been impressive, with partners working together to re-locate a government department to Tendring
- Engagement events took place around the ICS 5 year strategic plan, which was submitted on 27 September. Feedback from NHSE/I was very positive, with the SNEE system plan being rated as one of the best nationally
- William Pope was appointed as the Independent Chair of the ICS

### Primary care

- A new provider was appointed to run the contract with Caradoc Surgery in Frinton following termination of the contract with ACE. Although early days, much transformation is evident
- Expressions of Interest were being sought from PCN providers to establish if they wish to take on the other surgeries managed by ACE
- The Kennedy House building was moving forward
- A joint Primary Care Operational Group (PCOG) has been established across all three CCGs which will manage estates issues
- There were concerns in West Suffolk with the closure of the Steeple Bumpstead surgery in West Essex, affecting 2,200 patients who may look to Haverhill for GP services

### Performance

- An event has been arranged involving system partners to improve cancer performance

### Organisational Development

- The CCGs' re-structure Consultation Document was launched on 30 September; this will run for 30 days.
- Staff briefings were held across all three CCGs; Union drop in sessions arranged, and 1:1 sessions held with those staff affected.
- 85% of staff have been slotted in to posts; the number of posts reduced is 34, most of which are fixed term
- The final structure will be available during the first two weeks of November
- Interviews for the post of Director of Performance & Contracts role took place on 8 October

### Quality

- One to One midwifery successfully transferred to ESNEFT following service closure
- Patient transport: E-zec Medical have put forward a proposal to appoint 25% more staff and fleet, and to offer the acute hospitals more control over operation of the service; this should see an improvement in service delivery

- Ofsted undertook a SEND inspection in Essex at the beginning of October -actions are awaited.

**The Collaborative Group noted** the content of the report.

**19/048 CCG Management Team Consultation**

MIP and UNISON have been involved in the staff consultation process and will run staff drop in sessions during the consultation period.

**19/049 Integrated Care System (ICS)**

The draft Strategic Plan was submitted by 27 September deadline - positive feedback has been received from NHSE/I.

**19/050 Norfolk and Suffolk NHS Foundation Trust**

The Chief Executive advised that CQC visited the Trust this week.

The strategic work on the clinical models to transform mental health services is complete. The project is now moving to the due diligence phase.

**19/051 Care Closer to Home Review**

The Chief Executive reported that a review of the Care Closer to Home contract in North East Essex was underway in order to improve the provision of community services. The review is to last eight weeks, undertaken with ACE and Essex County Council, involving engagement events with public, service users, partners and front line staff.

**19/052 Any Other Business**

NEE Constitution: The NEE CCG Lay Member for Governance advised that some work was required on the Constitution to ensure all three CCGs were aligned; he plans to meet with Colin Boakes, the CCGs' Governance Advisor to take this forward. The NEE CCG Chair commented that we need to be mindful of previous backlash from the Essex LMC regarding joint committees etc.

**19/053 Date of Next Meeting**

The next meeting is scheduled to take place on 5 December 2019, at 12.30pm in the Kersey Room, at Endeavour House, Ipswich, Suffolk.