



**GOVERNING BODY**

<b>Agenda Item No.</b>	<b>16</b>
<b>Reference No.</b>	<b>IESCCG 20-10</b>
<b>Date.</b>	<b>28 January 2020</b>

<b>Title</b>	<b>Minutes of Meetings</b>
<b>Lead Director</b>	Amanda Lyes, Director of Corporate Services and System Infrastructure
<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 <b>endorsement</b> of minutes and decisions from the following Ipswich and East Suffolk CCG Sub Committees.</i></p> <p><b>a) Financial Performance Committee</b>  <i>The unconfirmed minutes of a meeting held on 17 December 2019</i></p> <p><b>b) Clinical Scrutiny Committee</b>  <i>The unconfirmed minutes of a meeting held on 17 December 2019.</i></p> <p><b>c) Community Engagement Partnership</b>  <i>Minutes from a meeting held on 11 November 2019</i></p> <p><b>d) Ipswich and East Suffolk CCG Primary Care Commissioning Committee</b>  <i>The unconfirmed minutes of a meeting held on 26 November 2019</i></p> <p><b>e) Commissioning Governance Committee</b>  <i>Decisions from ‘virtual’ meetings held on 12, 20 and 22 November, 10 December 2019, and 7 January 2020</i></p>

**Applicable CCG Clinical Priorities:**

<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	✓
<b>4.</b>	To improve health & educational attainment for children & young people	✓
<b>5.</b>	To improve access to mental health services	✓
<b>6.</b>	To improve outcomes for patients with diabetes to above national averages	✓
<b>7.</b>	To improve care for frail elderly individuals	✓
<b>8.</b>	To allow patients to die with dignity & compassion & to choose their place of death where appropriate.	✓
<b>9.</b>	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  
Financial Performance Committee held on Tuesday, 17 December 2019**

**PRESENT:**

Steve Chicken	Lay Member (Chair)
Dr Michael McCullagh	GP Member
Jane Payling	Director of Finance
Dr John Oates	GP Governing Body Member

**IN ATTENDANCE:**

Maddie Baker-Woods	Chief Operating Officer
Mark Clinton	Senior Management Accountant
Mark Game	Deputy Director of Finance
Martin Jarrett	Senior PMO Manager (Part)
Jo Mael	Corporate Governance Officer

**19/073 WELCOME AND APOLOGIES FOR ABSENCE**

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

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

**19/074 DECLARATIONS OF INTEREST**

No declarations of interest were received.

**19/075 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 17 September 2019 were **agreed** as a correct record.

**19/076 MATTERS ARISING AND REVIEW OF ACTION LOG**

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

19/067 – Alliance Discretionary Funding – the underspend versus the policy based budget was noted. The Chief Operating Officer reported that it had been queried whether if funding was associated with slippage on primary care network (PCN) posts could be used for further primary care/PCN development. The current situation was that the CCG remained open to the receipt of funding proposals from primary care networks for consideration by its Primary Care Commissioning Committee.

**19/077 FINANCIAL REPORTING MONTH 08**

The Committee was in receipt of a report which set out the CCG's financial position at month 08 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 £5m.
- QIPP delivery was on-track.
- There was acute underspend associated to Addenbrooke's and Papworth.
- The NCA underspend related to prior year benefit.
- There was an overspend in relation to brain injuries which was due to an increase in the volume and cost of placements.
- There continued to be increased prescribing costs due to Cat M and NCSO drugs and consideration was to be given to a review of the GP reinvestment scheme.
- The overall prescribing budget was underspent due to prior year benefits which would not be available in 2020/21.
- There had been an uplift to the Care UK contract from November 2019 which was indicated within the report.
- Running costs were currently on track but would be reviewed once the CCG restructure is finalised.

**The Committee noted** the report.

## **19/078 PROJECT MANAGEMENT OFFICE (PMO) REPORTS**

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

- QIPP delivery was at 99.5%.
- Although there was improved prescribing performance in month eight when compared to month six, there was delay in the receipt of data.
- Transformation projects were progressing and four evaluations had recently been received although a number remained outstanding. **The Senior PMO Manager agreed** to produce a more detailed report in respect of evaluations and outcome based information for the next meeting.

Having recognised differences in experience, available resource and competency of providers it was suggested that it might be beneficial, going forward, to attempt to clarify their strengths and weaknesses in order to facilitate support if required.

**The Committee noted** the report.

**(Martin Jarrett left the meeting)**

## **19/079 ALLIANCE FINANCES**

### Minutes of the Alliance Finance Committee

The Committee was in receipt of the minutes from a meeting of the Alliance Finance Committee held on 5 November 2019. A key focus for the meeting had been the financial position of all partners. It had been reported that, whilst the CCG and Norfolk and Suffolk NHS Foundation Trust were currently on plan, East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and Suffolk County Council (SCC) were reporting some degree of financial risk although it was anticipated that SCC would receive some additional funding.

It was queried whether there might be opportunities to be gained from a review of mental health prescribing, and the need to plan a response for any future request of system support was emphasized. **It was agreed** that these issues be scheduled for discussion at a future Clinical Executive.

**The Committee noted** the minutes.

## Alliance Discretionary Funding

The Committee was in receipt of a report which detailed 2019/20 Alliance discretionary funding. All projects were expected to access the funding prior to 31 March 2020 and meet completion dates. Some project plans were yet to be received.

**The Committee noted** the report **and requested** that all project plans were obtained prior to the next meeting.

## **19/080 INTEGRATED CARE SYSTEM UPDATE**

### ICS Finance Report Month 7

The Director of Finance advised that the report provided a summary of ongoing development. As the reporting of social care costs across the ICS was carried out slightly different by each County Council, work was underway to attempt to align reporting methods going forward. The report identified that the CCG spent the lowest on acute but was higher on mental health than others across the ICS. Both the East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and West Suffolk NHS Foundation Trust (WSFT) were reporting in-year overspends of c£5m. Demand was not out of line with regional or national growth.

### West Suffolk Foundation Trust

The committee noted that a number of issues had come to the fore recently concerning WSFT, including coverage in the national press following the recent CQC inspection. It was noted that the detail of the financial position of WSFT was to be discussed further at meetings to be held at West Suffolk CCG on 18 December 2019 and that wider service issues would be discussed at the Clinical Scrutiny meeting.

### Update on Long Term Plan

The Director of Finance reported that since presentation of the draft Long Term Plan to the CCG's Clinical Executive there had been no update and instruction and next steps were awaited from NHS England. The CCG was currently reviewing the commitments set out within the draft long term plan to assess timing, deliverability and affordability.

Population health management work was to commence in the New Year.

As the regional office had recently established a group to review allocations across the region, the importance of the CCG having representation on that group was emphasized.

**The Committee noted** the update.

## **19/081 ANY OTHER BUSINESS**

No items of other business were received.

## **19/082 REFLECTION**

The Chair gave a reflection on business conducted at the meeting and wished everyone a Merry Christmas and Happy New Year.

## **19/083 DATE OF NEXT MEETING**

The next meeting was scheduled to take place on 17 March 2020 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, 17 December 2019**

**PRESENT:**

Dr John Oates	GP Clinical Scrutiny Committee Member (Chair)
Dr Padmanabhan Badrinath	Consultant in Public Health Medicine
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Dr Lindsey Crockett	GP Clinical Scrutiny Committee Member
Dr Dean Dorsett	GP Clinical Scrutiny Committee Member
Dr David Egan	GP Clinical Scrutiny Committee Member
Dr John Hague	GP Clinical Scrutiny Committee Member
Dr Peter Holloway	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 Omololu Ogunniyi	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:**

Lucy Game	Operational Manager, NHS Continuing Healthcare (Part)
Jo Mael	Corporate Governance Officer
Lianne Nunn	Associate Director of Nursing (Part)

**19/064 WELCOME AND APOLOGIES FOR ABSENCE**

In the absence of the Chair, **it was agreed** that Dr John Oates be the Chair for today's meeting. Apologies for absence were noted from;

Ed Garratt	Chief Executive
Dr Imran Qureshi	GP Clinical Scrutiny Committee Member (Chair)
Dr Mark Shenton	GP Clinical Scrutiny Committee Member
Dr Ayesha Tu Zahra	GP Clinical Scrutiny Committee Member

**19/065 DECLARATIONS OF INTEREST**

No declarations of interest were received.

**19/066 MINUTES OF MEETING HELD ON 22 OCTOBER 2019**

The minutes of the meeting held on 22 October 2019 were **agreed** as a correct record.

**19/067 MATTERS ARISING AND REVIEW OF ACTION LOG**

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

reviewed and updated.

19/056 – East of England Ambulance Service NHS Trust (EEAST) – with regard to inviting EEASTs' Suffolk Locality Lead to a forthcoming meeting, **the Committee agreed** that the CCG Chair should be asked whether a peer to peer meeting might be more appropriate.

#### **19/068 EATING DISORDER SERVICE**

The Committee was informed that the eating disorder service was currently under-performing, with one and four week targets being breached. Action and recovery plans were in place that incorporated a recovery trajectory for performance to have improved in December 2019. Two weekly monitoring telephone calls were currently taking place that incorporated NHS England representation.

There were some pathway issues to be resolved as a number of referrals were not easily identifiable as eating disorders and some incorrect referral forms continued to be used. The number of breaches were small and were felt not to be a barrier to improvement.

The difficulty in obtaining confidence of performance levels in light of the small numbers was recognised, and the need to include wider stakeholder groups in any pathway changes was emphasized.

The Committee was reassured that harm reviews were carried out in respect of all breaches that that future progress would be reported via the integrated performance report and Executive discussion.

**The Committee noted** the update.

#### **19/069 INTEGRATED PERFORMANCE REPORT**

As the report was the same as that presented to the Governing Body at the end of November 2019, and finances had been discussed at the earlier Financial Performance Committee, only the following key points were highlighted;

- Having sought feedback on the integrated performance report's new format, the Committee was advised that an informal Governing Body was to be convened to look at a new Committee plan in order to avoid duplication.
- **East Suffolk and North Essex NHS Foundation Trust (ESNEFT)** – cancer, referral to treatment and emergency department performance remained poor although performance across the country was challenging. The situation was being closely monitored and the **Director of Nursing agreed** to explore the feasibility of providing quality metric information to a future meeting.
- **West Suffolk NHS Foundation Trust (WSFT)** – agenda item 17 (West Suffolk Hospital) was also brought forward for discussion. The Director of Nursing explained that recent media coverage had been in relation to a critical care serious incident (SI) reported last year where there had been concerns raised at the SI and whistleblowing processes within the hospital. The issue had been raised through the Care Quality Commission inspection and the Trust Board was aware and working to improve relationships between the Executive Team and the Consultant body.

Other issues raised by the Care Quality Commission were within vascular and maternity service areas. It was anticipated that, when available, all Care Quality reports in respect of the acute trusts would be reviewed by the CCG's Executive. Having raised concern at the hospital's performance, the Committee was reassured that West Suffolk CCG was closely involved in discussions and monitoring of the situation. Performance levels relative to the rest of the region were good and cancer performance was one of the best in the region.

- **East of England Ambulance Service NHS Trust (EEAST)** – the Trust had developed its winter/surge plans and was working to communicate their content and how they would be enacted.
- **Finance** – the CCG was on track to achieve its forecasted £1.9m in-year surplus. It was anticipated that the CCG's Executive would receive a forthcoming report setting out plans with regard to system finances.

**The Committee noted** the report.

#### **19/070 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.

Having recognised workforce issues within the East of England Ambulance Service NHS Trust, and 111 service, it was queried whether winter plans included any mitigation. The Committee was informed that all winter plans contained actions in respect of workforce and development of a workforce mutual aid agreement was being pursued for incorporation into the escalation process.

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

#### **19/071 REGIONAL MATERNITY PROGRAMME BOARD MIDLANDS AND EAST OF ENGLAND – HIGHLIGHT REPORT**

The Committee was in receipt of the regional Maternity Programme Board highlight report. Points highlighted included;

- The CCG was within the neo-natal death trajectory of 12 for 2019/20, with eight having been reported.
- Reported still-births for 2019/20 were 40.
- ESNEFT's continuity of carer service was performing well and evaluation indicated a number of improvements which included smoking cessation rates.

**The Committee noted** the report and **was pleased** with the progress being made.

#### **19/072 FEEDBACK FOLLOWING CANCER SUMMIT**

In August 2019, the Clinical Commissioning Groups (CCGs) in Suffolk and North East Essex were informed by the regional team that priority must be given to achieving the cancer 62 day target across the Integrated Care System (ICS) by the end of March 2020.

Both trusts, ESNEFT and WSFT, had made significant efforts to improve their performance measured against the Cancer Waiting Time standards during the last 12 months and some of the performance standards had been achieved. However, the current 62 day referral to treatment was 71.7% and 81.4% for ESNEFT and WSFT, respectively (September, 2019) and as such both trusts were not yet meeting the constitutional target of 85% for that standard.

On the 4 November 2019 an ICS cancer 'summit', was attended by all local stakeholders, NHSE and the East of England Cancer Alliance. The summit provided an opportunity for providers to highlight the key issues, propose solutions and revise performance trajectories to March 2020.

Best practice processes that could be considered for implementation across the ICS

were shared and discussion highlighted a number of opportunities for both trusts to work collaboratively to support improvements in performance and how the ICS could work together to improve patient outcomes.

There was a commitment to develop an agreed set of actions resulting from the summit to ensure a patient-centred approach to address the factors that would support a reduction in cancer waiting times, including:

- Demand challenges: An increase of referrals into hospitals and the changing patterns of demand between specialties.
- Capacity challenges: workforce availability; financial envelope; diagnostic capacity for both cancer and non-cancer work and process inefficiencies.

The report went on to detail specific actions and progress. Points highlighted during discussion included;

- Diagnostic, workforce and system and process workstreams had been identified to improve performance and the acute Trusts were already pursuing review of systems and processes. A diagnostic workshop had been held with one outcome being to explore additional CT capacity.
- Workforce challenges continued and were a national issue.
- The rapid diagnostic centre project, which included a self-referral aspect, was a national project.
- A follow up cancer summit was planned for March 2020 which, it was hoped, could be driven by patients and service users.
- Having noted that West Suffolk NHS Foundation Trust was performing better than ESNEFT, the importance of sharing good practice and learning was emphasized.

**The Committee noted** the report.

#### **19/073 CONTINUING HEALTHCARE UPDATE**

The Committee received a report which set out progress and risks relating to NHS Continuing Healthcare.

The report provided detail on the current financial position of continuing healthcare, staffing and service delivery progress.

The service was currently overspent in the East by £300-£400k. The quality premium had been achieved although the 28 day performance was at risk due to care home closure as a result of noro-virus. The team was slightly behind with the carrying out of reviews due to staffing issues and changes to the fast-track review process.

Next steps included;

- To continue to deliver home care packages as personal health budgets and meet the 85% target by 31 March 2020
- To maintain delivery of both Quality Premiums.
- To introduce a new Fast Track review process
- To develop an improvement plan for reviews

**The Committee noted** the report.

#### **19/074 SUFFOLK LEARNING DISABILITY MORTALITY REVIEW (LeDeR) PROGRAMME ANNUAL REPORT – 2018/19**

The Committee was in receipt of the Suffolk Learning Disability Mortality Review (LeDeR) Programme Annual Report 2018/19 which aimed to provide an update on progress of the LeDeR Programme in Suffolk during 2018/2019.

Key issues the report considered were:

- The Governance for the LeDeR Programme and where the learning was progressed and monitored.
- Planning in place to address backlog of LeDeR Reviews in Suffolk.
- The LeDeR Learning from Suffolk Reviews and how that was being progressed across multi-agency services in Suffolk.

The report set out assurances with regards to how the Suffolk LeDeR Review learning was being identified and how local learning was influencing change and improvements in the quality of health and social care for people with learning disabilities in Suffolk.

The work described in the report was intended to drive forward work streams to improve the quality of, and access to, health and social care provision for people that had a learning disability and reduce incidence of earlier preventable deaths.

Since August 2018, in addition to having a Local Area Contact Role, Suffolk had employed a Named Nurse for Safeguarding Adults with responsibility for LeDeR Review Coordination, 12.5 hours per week and a business administrator, 18.75 hours per week. The responsibility of those roles was to support the implementation of the LeDeR Programme in Suffolk.

**The Committee noted** the report.

#### **19/075 PRACTICE RESILIENCE**

As stated during the action log discussion the item had been deferred to February 2020.

#### **19/076 SELF-ASSESSMENT**

The Committee was in receipt of a feedback from its recent self-assessment exercise for review.

Seven responses had been received with comments including:

- We need to move this to a system based committee that involves providers directly if we are to ensure improved quality can be achieved
- Sometimes the volume of papers are huge. Although conclusions are reached there is no clear report on how far they are acted upon

**The Clinical Scrutiny Committee noted** the feedback.

#### **19/077 SUFFOLK PARENT/CARER NETWORK – PARENT/CARER SATISFACTION SURVEY 2019**

The Committee was in receipt of the results from a Suffolk Parent/Carer Satisfaction Survey 2019. It was noted that 1133 responses had been received which was double that received the previous year.

**The Committee noted** the report.

#### **19/078 POLICIES FOR APPROVAL**

The Committee was in receipt of a revised NHS Continuing Healthcare (NHS CHC) Equity and Choice Policy for approval.

Although the updated policy did not change the CCG's statutory responsibilities to comply with national standards and legislative duties; it sought to promote consistency of decision-making and transparency in how the CCG would comply with its obligations as commissioners of NHS funded services.

Revisions to the policy were detailed in Section 3 of the report.

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

**19/079 TERMS OF REFERENCE QUALITY COMMITTEE**

No terms of reference had been presented.

**19/080 WEST SUFFOLK HOSPITAL**

Discussed as part of minute 19/069

**19/081 ANY OTHER BUSINESS**

Having questioned what was expected from circulation of a 'virtual' Executive in respect of the InHealth Community Gastroenterology Option paper, those members of the Executive present agreed support for the recommendation of the paper.

**19/082 DATE OF NEXT MEETING**

The next meeting of the Clinical Scrutiny Committee was scheduled to take place on **25 February 2020**, from 0830-1100hrs at Endeavour House, Ipswich.



**Community Engagement Partnership**  
**on Monday 11<sup>th</sup> November, 5:00 – 7:00pm at The Key, Ipswich, IP4 2BB**

**PRESENT:**

Claire Martin	Co-Chair	CM
Vicky Thomson-Carr	IHUG	VTC
Gill Jones	Healthwatch Suffolk	GJ
Pat Durrant		PD
Ann Nunn	Co-Chair	AN
Paul Gaffney		PG
Caroline Webb		CW
Tina Rodwell		TR
Gill Orves	IHUG	GO
Lynda Cooper		LC
Linda Hoggarth	Disability Action Group	LH
Susie Mills		SM

**IN ATTENDANCE:**

Irene MacDonald	IESCCG GB Lay Member for Patient & Public	IM
Maddie Baker-Woods	Chief Operating Officer	MBW
Linda Moncur	Deputy Director at NEECCG	LM
Isabel Cockayne	Head of Communications, IESCCG & WSCCG	IC
Julie Irving	Information Sharing Programme Manager	JI

**APOLOGIES:**

Richard Squirrel		RS
Marielena Giner	Patient & Public Involvement Officer	MG
Jo Marshall	Voluntary Sector Representative	JM
Jenny Pickering		JP

**WELCOME AND APOLOGIES FOR ABSENCE**

The chair welcomed everyone to the meeting and apologies for absence were received. Particular welcome to Linda.

**MINUTES OF THE PREVIOUS MEETING**

Agreed.

**MEMBER UPDATES**

Ipswich Hospital User Group Update

GO outlined the purpose of IHUG which is a group of patients working in partnership with staff to improve patient experience.

King's Fund funded Leadership Academy course. VTC updated individuals on the patient experience course. It equips people to speak in a constructive way, and how people perceive

you. GO and AN also complemented the course which is open to staff and patient leaders. Conversation also brought up the national Citizen's Senate.

***ACTION: Dates for the King's Fund course will be circulated.***

## ACTIONS

Re 15/10 re letter Trust has offered a meeting to schedule for 27 November. No letter required.

## MY CARE RECORD – FAIR PROCESSING CAMPAIGN

The public awareness campaign was launched on 14 October. JI thanked everyone for their support over the last three years. JI said three years ago she had been surprised that records could not be shared and technologies do not speak to each other. She reflected that three years ago she had launched the *Who can see my record?* campaign. That campaign spread the idea that patients need to know and agree that they can share their records. This is because the technology does exist, however their needs to be specific patient consent. JI thanked members for the work they did to raise this with their contacts. It was at 10 per cent three years ago and now this is at 65 per cent.

JI talked about the My Care Record campaign from West Essex and Hertfordshire, which has been redeveloped for Suffolk and North East Essex. Less than two per cent of people do not sign up. VTC made it clear that records are safe, as this is one piece of feedback that she has had to date.

***ACTION: Members were asked to review and feedback to MG on the messages so far. Members were also asked to challenge staff to remind them that they have the ability to see information on patient's records.***

TR raised a specific issue that information was sometimes incorrect. JI advised that TR looked at NHS Digital's information about Patient Online. TR will work with JI.

***ACTION: TR to talk to JI and PALS about specific issues raised.***

***ACTION: MG to invite PALS colleagues to attend a meeting in the future.***

SM talked about applications for access to a summary of records for homeless people. JI shared information about the updated guidance is that information is shared within 30 days as a standard.

GO asked for a clarification on which technologies can link with hospitals and visa versa. JI advised that more practices are taking up the same technology as the bulk of the practices across the Ipswich and East Suffolk CCG area.

CW told of her experience and wanted to understand how practitioners can see the most up to date information. JI said there is a training team who will support professionals.

PD asked that he would not like all his record to be shared. JI suggested that PD needs to go to each organisation that he does not wish to share information from and object.

LH raised the issue about information being quite wordy. JI said there is an EasyRead version. LH also raised a question about what is on file. LM confirmed that information was an exact copy.

VTC said that My Care Record has been very well communicated, and the patient record has been well shared. VTC then talked about information on out of hours services. JI reassured the group that people working at OOH services have the ability to access records. She

advised VTC to ensure that patients have agreed to a summary care with additional information.

LM asked about an emergency situation where a call had been taken and someone had not made a choice, would My Care Record help? JI said yes and that in January when people who are undecided will be automatically updated so that these can be seen.

## **UNDERSTANDING LOCALITIES**

Maddie Baker-Woods gave an update on the eight localities. There is now the leadership in place for this work with a director and six community and social care leads. MBW talked about clinical leads in Primary Care Network, and the development of those networks.

MBW then made it clear that there are place based needs assessments (PBNA) for each of those areas. Eg the main reason for elective care in most of these areas is dental. GJ talked about the massive difference in dental deprivation in just two wards in the country. Senior professionals reviewed the PBNA and have built a plan. This plan identifies the support and resources needed to deliver this. What is required is patient and public's knowledge to be injected into the plan. This needs to be developed in each of those localities.

MBW offered the group two options: be directly involved, be an advisor or take a role into the PPGs. MBW said we will shape commissioning to localities. VTC suggested that this would be easier to retain staff.

IM talked about the Way Forward to improve how to get patient voice heard at a local level. She talked about the new way of working, giving the example of the last meeting where it was clear where patient involvement helps to shape commissioning. IM added this needs to expand into localities. IM said that we would work in place based networks. The alliances will become more important, as will the delivery through the localities.

### *Reflections from the group:*

- Felixstowe is quite cut off
- Value in looking at this from young people's point of view.
- Needs to be quite visual
- Wording is difficult and sometimes does not make sense
- Eye: Targeted work on some groups
- Saxmundham: Over 65s and young people highest need for dentistry/deprivation. Need to work together with other agencies
- High numbers of females with low level anxiety in Saxmundham
- People leave Saxmundham to work
- Asked about food banks
- Children's centres attracted young people suffering from isolation
- Surprised at the younger population in Ipswich and the difference in IP areas.
- Edgy about how disability is registered and personal independence payments
- No mention of impact of health on poor sight and hearing
- Nothing about dementia in Ipswich
- Mental health problems are mentioned in Ipswich
- Education of children is a difficult in Ipswich
- South rural – there are high levels of housing problems and lack of transport of jobs.

***ACTION: Email individuals about taking ownership of localities. Indicative members below.***

***Saxmundham – IM***

Felixstowe – no representative  
Woodbridge – VTC and AN  
Debenham – CM  
Eye and Mendlesham – LC  
Stowmarket – GO  
South Rural - SM

**DATE OF NEXT MEETING**



**Unconfirmed minutes of a Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 26 November 2019, in public, at Two Rivers Medical Centre, 30 Woodbridge Road East, Ipswich, Suffolk**

**PRESENT:**

Steve Chicken	Lay Member (Vice Chair)
Maddie Baker-Woods	Chief Operating Officer
Ameeta Bhagwat	Head of Financial Planning and Management Accounts
Dr Lorna Kerr	Secondary Care Doctor
Graham Leaf	Lay Member for Governance
Wendy Cooper	NHS England Representative
Simon Jones	Local Medical Committee (Part)
Stuart Quinton	Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton	CCG Chair

**IN ATTENDANCE:**

David Brown	Deputy Chief Operating Officer
Jo Mael	Corporate Governance Officer
Daniel Turner	Estates Development Manager (Part)

**19/69 APOLOGIES FOR ABSENCE**

Apologies for absence were noted from;

Ed Garratt, Chief Officer  
Amanda Lyes, Director of Corporate Services and System Infrastructure  
Irene Macdonald, Lay Member: Patient and Public Involvement  
Jane Payling, Director of Finance  
Cllr James Reeder, Health and Wellbeing Board  
Andy Yacoub, Healthwatch

**19/70 DECLARATIONS OF INTEREST**

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

**19/71 MINUTES OF THE PREVIOUS MEETING**

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

**19/72 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS**

There were no matters arising and the action log was reviewed and updated.  
**(Simon Jones joined the meeting)**

**19/73 GENERAL UPDATE**

The Chief Operating Officer advised that there were no items to report other than those already covered by agenda items.

## **19/74 SERVICE CHARGE POLICY**

The Committee was in receipt of a report which provided an overview of the recent service charge policy which had been developed and released by NHS England as part of its update of the 'Primary Medical Care Policy Guidance Manual'.

Directions 46 and 47 of 'The National Health Service (General Medical Services – Premises Costs) Directions 2004 and 2013 (PCDs) enabled GP practices to submit a claim to the Clinical Commissioning Group, for support in the payment of both running and service charge costs associated with their premises for the delivery of their GMS contract. The Directions were quite explicit in respect of the items which a practice could not seek reimbursement and those fell within one of the following four categories:

- i. Fuel and electricity charges;
- ii. Insurance costs;
- iii. Costs of internal or external repairs; and
- iv. Building and grounds maintenance costs.

Whilst any costs deemed to fall within one of the above categories must be excluded from a claim for financial assistance, other costs associated with the running of the premises could be submitted to the CCG under a claim for financial assistance. Where a claim was submitted, the CCG must consider it and, in appropriate cases, having regard to its budgetary targets, grant the application.

Applications for reimbursement of costs would be associated with practices which were within shared multi tenanted buildings as they were likely to be incurring costs beyond those listed above (i-iv).

In addition whilst some Directions within the PCDs prescribed a time limit within which a claim must be submitted, Directions 46 and 47 did not. Therefore Directions 58 (for claims under the 2004 Directions) and 53 (for claims under the 2013 Directions) applied, which allowed a practice to submit a claim for up to six years back dated reimbursement.

Whilst the provision for reimbursement had been within the PCDs since at least 2004, it did not appear that practices had taken the opportunity to seek assistance with such costs until very recently. Similarly, NHS England had only published guidance via the form of the service charge policy in 2019.

The report went on to outline the policy detail which included the responsibilities of commissioners, GP contractors and landlords/leaseholders; together with information in respect of eligibility and financial assessment.

Points highlighted during discussion included;

- The Committee was informed that national benchmarking data was available from 2016/17 and it was not yet known if that data was to be updated.
- Having noted that practices were able to seek six year reimbursement, the Committee was reassured that NHS England would subsidise any period that was previous to the commencement of delegated commissioning by the CCG.
- The Committee was informed that, whilst today's report was only applicable to the service charge policy, other work was underway with regard to exploring agreements with landlords and lease renewals.
- Although the need to assess the financial implications was highlighted, it was recognised that the opportunity for practices to claim had been present since 2004 as part of the (General Medical Services – Premises Costs) Directions.
- The service charge policy was an NHS England policy that the CCG was being asked to adopt. It was not a regulation. The policy had been produced by NHS England in conjunction with the London Local Medical Committee.

- In response to questioning, the Committee was informed that the CCG was not aware of any appeals having been made nationally.
- The need to develop a framework for application of the policy was highlighted.

After consideration, the **Committee subsequently approved** implementation of the service charge policy across Ipswich and East Suffolk, **subject to** development of a framework for use in application of the policy, and an assessment of any future financial liability.

**(Daniel Turner left the meeting)**

## **19/75 PRIMARY CARE CONTRACTS AND PERFORMANCE**

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
- Winter Local Enhanced Services
- Prescribing and medicines management
- Learning Disabilities (LD) health checks
- Severe mental illness physical health checks
- Dementia
- Quality Outcomes Framework reporting

Key points highlighted during discussion included;

- Primary Care Networks (PCNs) were building momentum and were beginning to explore options to best utilise the PCN Development Funds.
- Three PCNs have been selected to work on a population Health Management programme with Optum and NECS (North East Commissioning Support unit).
- The prescribing budget was overspent due to increased costs associated to CATE M and No Cheaper Stock Obtainable (NCSO).
- Dementia performance was currently at 66.9% against a target of 66.7%.
- How 'good' performance might be maintained by practices and financially supported when accepting the challenges of local enhanced services and direct enhanced services, was questioned. It was highlighted that, to date, no reasonable funding requests from practices or primary care networks had been turned down.

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

## **19/76 PRIMARY CARE NETWORKS – DEVELOPMENT FUNDS**

The Committee was in receipt of a report which provided an update on Primary Care Network (PCN) development funds.

Implementation of the NHS Long Term Plan required the development of effective Primary Care Networks (PCNs). To help all PCNs mature and thrive, every Integrated Care System (ICS) needed to put high quality support in place.

The report set out NHS England's ambitions and expectations for PCNs. The CCG had £309,600 available to enable the ambition of each PCN. Although the funding was recurrent future allocation year on year remained unclear.

The criteria to spend the funding was set out in the PCN development support – Guidance and Prospectus developed by NHS England. It had been designed to help a PCN progress against the maturity matrix.

Funds should be spent in line with the NHS England prospectus and could be used for:

- PCNs to prepare for the 20/21 service specifications
- Backfill of clinical time
- Training and organizational development
- A local project or priority area
- Supporting the 6 domains of the maturity matrix

Funds should not be used for:

- Business as usual
- Things already funded by CCG or the GP contract
- Non PCN related
- Non transformation.

Section 3 of the report set out PCN development fund proposals.

The small number of proposals received, particularly in respect of Ipswich, was highlighted as a concern. The Committee was informed that additional proposals had been received since publication of the report.

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

### **19/77 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT**

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

At the end of month seven, the GP Delegated Budget spend was £523k over spent. Key variances were detailed in paragraph 2.1 of the report.

In month seven the CCG had identified the following additional opportunities amounting to £1,164k;

- Underspend on PCN roles reimbursement.
- Underperformance on the 19/20 GP+ contract.
- Remaining prior year benefit relating to GPFV Access funding had been transferred to Primary Care Contingency.

The contingency would be primarily used to offset the forecast overspend in the Primary Care Delegated Commissioning budget.

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.

The Committee was reminded that, whilst underspend of the GP+ budget was currently available for utilisation, that budget was due to transfer to primary care networks from 2020/21. It was also highlighted that the prescribing budget was currently mitigated by pre-year gains that would not be available in future years.

Having emphasized that the budget was ‘delegated’ from NHS England the need to continue to provide evidence in respect of insufficient funding was recognised.

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

### **19/78 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.

### **19/79 DATE OF NEXT MEETING**

The next meeting was scheduled to take place on *Tuesday, 25 February 2020 from 2.00pm-*

## 19/80 QUESTIONS FROM THE PUBLIC

The following questions were received;

- 1) In respect of the new GP contract, it was questioned what conditions or exceptional circumstances would need to be identified to facilitate home visits for those patients with ME who might find it difficult to access primary care centres and secondary care services.

It was explained that proposals in respect of home visits had come from a British Medical Association (BMA) conference and had, as yet, not been negotiated into the GP contract. It was anticipated that there would remain a need for home visits whether by a GP or other health professional.

- 2) It was queried how the Alliance developed secondary care paediatric services; whether there was sign up to the co-production of services; and what oversight and scrutiny was in place to ensure work was carried out. It was also queried whether assistance might be gained from Healthwatch.

In response, the **Chief Operating Officer agreed** to put the questioner in touch with CCG paediatric service leads.



**Decision from a virtual meeting of the Ipswich and East Suffolk CCG  
Commissioning Governance Committee held on 12 November 2019**

**DECISION RECORD**

**Commissioning Governance Committee Members:**

Graham Leaf, Lay Member for Governance  
Steve Chicken, Lay Member  
Ed Garratt, Chief Officer  
Jane Payling, Chief Finance Officer

**Declarations of Interest**

No declarations of interest were received.

- 1 **Integrated Front Door Model at East Suffolk and North Essex NHS  
Foundation Trust**  
*To receive and approve a report from the Director of Strategy and  
Transformation*

Richard Watson  
Report No:  
IESCCG/CGC 19-12

**Decision**

To approve an extension of the current GP streaming contract by 17 months. The cost to extend the contract is £587,826.84 for 17 months. This is a reduction in the current models costs by approximately £11,000 a month.



**Decision from a virtual meeting of the Ipswich and East Suffolk CCG  
Commissioning Governance Committee held on 20 November 2019**

**DECISION RECORD**

**Commissioning Governance Committee Members:**

Graham Leaf, Lay Member for Governance  
Steve Chicken, Lay Member  
Irene MacDonald, Lay Member for Patient and Public Involvement  
Jane Payling, Chief Finance Officer

**Declarations of Interest**

No declarations of interest were received.

- 1 **Minor Surgery and Vasectomy Contract**  
*To receive and approve a report from the Director of Strategy and Transformation*

Richard Watson  
Report No:  
IESCCG/CGC 19-13

**Decision**

**As agreed by the Clinical Executive on 19 November 2019, the Commissioning Governance Committee approved** the preferred options and mitigation in respect of the minor surgery and vasectomy contract, as set out within the report, those being;

- Option 1 (AQP) in respect of vasectomy (Lot 1)  
Option 2 (single provider) in respect of minor surgery (Lot 2) as they:
- allow greater choice for vasectomy
  - manage minor surgery demand more effectively both in primary and secondary care
  - offer better opportunities to set up simple safe pathways for minor surgery
  - allow the work to stay in the community

This option requires short term mitigation while the procurement is concluded which could be through Suffolk GP Federation delivered at The Grove Felixstowe for both minor surgery and vasectomy. The default position in the event no providers come forwards will be ESNEFT for minor surgery and other external providers for vasectomy.



**Decision from a virtual meeting of the Ipswich and East Suffolk CCG  
 Commissioning Governance Committee held on 22 November 2019**

**DECISION RECORD**

**Commissioning Governance Committee Members:**

Graham Leaf, Lay Member for Governance  
 Steve Chicken, Lay Member  
 Ed Garratt, Chief Officer  
 Lorna Kerry, Secondary Care Doctor  
 Irene Macdonald, Lay Member for Patient and Public Involvement  
 Jane Payling, Chief Finance Officer

**Declarations of Interest**

No declarations of interest were received.

1

**Prescribing**

*To receive and approve a report from the Chief Operating Officer*

Maddie Baker-Woods  
 Report No:  
 IESCCG/CGC 19-14

**Decision**

The Commissioning Governance Committee **approved Option 4** as set out within the report being;

Option 4: All cost pressures are removed from the practice prescribing spend from Quarter 2 onwards.

4 – All cost pressures removed from practice spend	£381k	£477k under spend
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**Decision from a virtual meeting of the Ipswich and East Suffolk CCG  
Commissioning Governance Committee held on 10 December 2019**

**DECISION RECORD**

**Commissioning Governance Committee Members:**

Graham Leaf, Lay Member for Governance  
Steve Chicken, Lay Member  
Ed Garratt, Chief Officer  
Irene Macdonald, Lay Member for Patient and Public Involvement  
Jane Payling, Chief Finance Officer

**Declarations of Interest**

No declarations of interest were received.

- 1 **Integrated Neighbourhood Team (INT) support offer for Primary Care**  
*To receive and approve a report from the Chief Operating Officer*

Maddie Baker-Woods  
Report No:  
IESCCG/CGC 19-15

**Decision**

The Committee approved the proposed offer to primary care networks of a sum of £4,800 per year for engagement of the Clinical Director in at least ten Core Leadership Team meetings per annum (this is based on £400 per session with the assumption of a minimum of ten meetings per year but allowing for 12). This will be paid in one lump sum to the PCNs in January 2020.

The remaining budget of approximately £250,000 (part this year/part next) will be available flexibly to enable:

- The same or another Clinical Director of the PCN or a GP colleague to attend other INT/Connect meetings or activities
- Organisation Development at Core Leadership Team level, if required
- Specific projects identified by INT local delivery plans

The funding will be monitored by the Primary Care team and will be distributed to support local delivery plans as and when required.



**Decisions from a virtual meeting of the Ipswich and East Suffolk CCG  
Commissioning Governance Committee held on 07 January 2020**

**DECISION RECORD**

**Commissioning Governance Committee Members:**

Graham Leaf, Lay Member for Governance  
Steve Chicken, Lay Member  
Irene Macdonald, Lay Member for Patient and Public Involvement  
Jane Payling, Director of Finance

**Declarations of Interest**

No declarations of interest were received.

- 1 Funding for Felixstowe Minor Injuries Unit**  
*To receive and approve a report from the Chief Operating Officer*

Maddie Baker-Woods  
Report No:  
IESCCG/CGC 20-01

**Decision**

As a result of implementation of a new model of care, **the Committee approved** the proposal to cease payments previously paid to four practices in Felixstowe in relation to the Minor Injuries Unit.