NHS ROTHERHAM

Approved by Chair 25 Mar 2014/To be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body** held on
Wednesday 5 March 2014 in the Elm Room, Oak House

Present:	Dr J Kitlowski (Chair)	Mr J Gomersall (Vice-Chair)
	Dr R Carlisle	Mrs S Cassin
	Mrs K Firth	Dr R Cullen
	Mr C Edwards	Dr L Jacob
	Dr S MacKeown	Mr Philip Moss
Participating observers:	Dr J Radford, Director of Public Health, RMBC	
In Attendance:	Mrs S Whittle, Assistant Chief Officer (Governing Body Secretary)	
	Mr G Laidlaw, Communications Manager	
	Dr D Clitherow, SCE Member (Observer)	
	Mrs W Commons, Secretariat	
	4 Members of the Public	

39/14 Apologies for Absence

Apologies received from Cllr K Wyatt, Chair of the Health & Well Being Board

40/14 Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that Drs Kitlowski, Cullen, Jacob and Mackeown had an (indirect) interest in most items but more specifically on this agenda in relation to the Commissioning Local Incentive Scheme and the Case Management Locally Enhanced Service. In addition, Dr Jacob declared a particular interest in items relating to The Rotherham Foundation Trust as he is employed by them on a sessional basis.

41/14 Chief Officer's Report

Mr Edwards highlighted the review of mental health and learning disability services being undertaken by Attain management consultants. Dr Carlisle advised that this was considered a high priority area for the CCG which Officers did not currently have capacity to undertake. The emerging findings were anticipated in June/July, Governing Body can decide at that time whether they wish to review these or await the final report.

Other points of note included:

- The portfolio review undertaken by clinical leads following the appointment of Dr David Clitherow to the Commissioning Executive.

- As part of the CCG's commitment to Investors in Excellence, staff have been involved in compiling staff values.

- Following the latest six monthly review of our structure two additional posts will be added; Head of IT which is a joint appointment with NHS Doncaster CCG and Head of Quality with a specific remit around continuing healthcare.

- The CCG has been awarded the 'Excellence in Participation Award for the social prescribing project in Rotherham on which it has worked closely with the voluntary sector. This is the first award the CCG has won since its formation. Governing Body conveyed thanks to everyone involved in gaining national recognition for Rotherham.

  Dr Jacob commented that he had been doubtful when the social prescribing project was first introduced. However, it is now an integral and important service used in his and other Rotherham practices, liked and appreciated by patients. Dr Jacob congratulated everyone involved.

Governing Body noted the Chief Officers Report.

42/14 GP Members Committee Minutes

a) 29 January 2014 - The minutes were received and noted.

b) 26 February 2014 – Dr Jacob gave a verbal update from the meeting.

Dr Jacob advised that members had discussed most of items that formed Governing Body agenda today including the Local Incentive Scheme, Case Management Locally Enhanced Service as well as mental health, 'one practice one nursing home' and prescribing waste.

Dr Carlisle advised that 34 out of 36 practices had adopted 28 day prescribing practices which assisted in reducing medicines management waste. The two outlier practices have now agreed to follow suit. The next challenge that CCG wishes to address is waste in hospitals, nursing homes, and the Hospice where work has commenced.

In response to a query from Dr Ashurst, it was noted that the actions raised by GP Members Committee are reported internally through Operational Executive and Strategic Clinical Executive for addressing. Practices have also been provided with a generic CCG e-mail address for them to communicate individual issues directly and this is routinely monitored.

Members noted Dr Jacob's feedback.

The Chair re-ordered the agenda from this point to better prioritise discussion. The minutes reflect the revised order rather than the agenda listing.

43/14 Financial Plan 2014/15

Mrs Firth introduced the draft plan financial plan for 2014/15 which underpins the CCGs Commissioning Plan. A separate item on the agenda detailed the monies to fund the metrics agreed with RMBC for Better Care Fund Plans.

Members noted that a number of issues may impact prior to the final plan approval. These included on-going contract negotiations and the updates to the planning guidance which were still coming through.

Mrs Firth highlighted a number of risks to the plan. The QIPP is particularly challenging for the CCG and a significant risk.

Dr Jacob enquired about the consequences of local providers being unable to achieve the required 20% efficiency savings over 5 years. Mr Edwards advised that the CCG

had been working with providers across South Yorkshire to look at long term measures and contingencies where high risks have been identified.

Mr Gomersall felt it was important that major partners are aware that the CCG has spending constraints similar to those of Local Government.

The Governing Body approved the plan for 2014/15 subject to final changes resulting from any additional guidance, allocation changes and the outcome of contract negotiations. Governing Body will receive the final plan in April and review the risk register in July.

Action: Mrs Firth/Mrs Whittle

44/14 Better Care Fund Plans

Mrs Firth presented the first submission of the Better Care Fund Plans that had been presented to NHS England on 14 February 2014. Initial feedback received from NHSE had been broadly positive but there was feedback around the plan which required further action prior to the final submission in April. This work is ongoing with Local Authority colleagues in order to achieve the re-submission deadline in April.

Mrs Firth described the process undertaken with RMBC colleagues and explained that the £22m was not new money "allocated" for the plan therefore the CCG had utilised some of the QIPP savings made in the acute NHS to transform services in both health and social care through the plan.

Dr Radford advised that further clarity was required around support for social care and arrangements for supporting the Local Care Act.

Mr Gomersall stated that a robust audit process must be put in place and that no CCG funds should be transferred without adequate review and understanding of the financial details. Members discussed governance arrangements and Governing Body assurance and delegated authority to Mrs Firth to ensure adequate audit arrangements were in place.

Action: Mrs Firth

Members noted the details of the Better Care Fund submission, the outcomes and metrics and on-going action plan.

45/14 2014/15 CCG Outcomes

Dr Carlisle updated members on the high level outcome measures proposed for the CCG for 2014/15. Although these are published on the CCG's website, discussions are continuing with NHSE and subject to small modifications. The CCG has three sets of high level outcomes. Five year ambitions have been submitted to NHSE, the CCG will be performance managed on these but with no financial penalties. The Better Care Fund metrics which are material to future resources for Rotherham and CCG quality outcomes, which affect non recurrent funding. Future performance reports will be structured to show performance against these measures.

Dr Carlisle had been advised that day that NHSE wished the CCG to select another outcome which Governing Body will be consulted on.

Dr Jacob raised concerns that the 15% reduction in avoidable emergency admissions was too ambitious. Governing Body accepted that this is challenging and Dr Carlisle confirmed that the ambition for admissions overall is to flat line. The 15% applies to a

subset of admissions considered avoidable. These will be reduced. Other admissions will rise slightly resulting in an overall flat line.

Governing Body noted the 2014/15 high level outcome measures.

GP Members declared an interest in the next two items. Mr Gomersall took over as Chair from this point.

Dr Cullen explained the process and rationale in relation to the Commissioning Local Incentive Scheme & Case Management Locally Enhanced Services papers.

Drs Kitlowski, Cullen, Jacob & MacKeown left the room.

46/14 Commissioning Local Incentive Scheme (LIS) – Primary Care

Mr Edwards informed members that the Local Incentive Scheme is unique to Rotherham and yields significant results with regard to engagement and delivery.

Members discussed the specification in detail.

Dr Carlisle highlighted two issues to be clarified:

1. The number of audits in year 1 and year 2
2. The content of audits

Dr Carlisle advised members that the GP Members Committee had reviewed the paper at their meeting held on 26th February and recommended that there should be two audits rather than three as detailed in the paper as initially recommended by the SCE.

Mr Edwards clarified that the LIS is a one year programme for 14/15 and Governing Body will be committing to one year only.

Mrs Firth confirmed that the scheme is within the CCGs financial plan for 14/15 but has traditionally underspent.

Dr Radford advised the meeting that GPs were expected to undertake some clinical audits as part of their professional development.

Overall the Governing Body supported the proposal.

On the issue of the number of audits, members considered the views of the SCE and GPMC and decided that for 2014/15 it was reasonable to expect three audits. The Governing Body also invited a proposal for 2015/16 based on two new audits and two re-audits.

It was agreed important that the SCE should make a menu of audits available for practices in good time.

47/14 Case Management Locally Enhanced Services (LES)

Dr Carlisle introduced this challenging proposal that the CCG believes can be delivered. It is considered ground breaking in treating vulnerable patients and avoiding hospital admissions. Parallel discussions were also taking place around looking after people in nursing homes - one practice, one nursing home.

Dr Radford advised that health checks are critical in reducing hospital admissions and provide a proactive approach in integration with social services.

Mrs Firth advised that this proposal moved case management from a pilot to an incremental investment and links directly to the Better Care Fund and therefore any unused monies could be considered for alternative investment next year.

Dr Radford asked that the CCG look again at the specification about assessing patient's mental health as well as physical health.

Action: Mrs Cassin/Dr Cullen

Dr Radford advised that recently issued NICE guidance indicated that all over 75s will be identified as cardio vascular risks and interventions should be considered for the Rotherham population. Dr Carlisle confirmed that the CCG will consider this as part of its plan when the NICE recommendations are issued.

Governing Body approved the scheme but agreed to review it in a year's time against any new guidance and asked that the service specification around mental health is reviewed.

Mrs Firth will transact the process in accordance with the CCGs Standing Orders.

Drs Kitlowski, Cullen, Jacob & MacKeown returned to the meeting and Mr Gomersall confirmed the above decisions made.

48/14 Personal Health Budgets

Mrs Firth reminded Members of the pilot that the CCG had been undertaking in readiness for the implementation of personal health budgets from 1 April 2014. The pilot now provides an option for the service with the Local Authority which will offer resilience and efficiency. As the service will be within the CCGs delegated tender limit no procurement will be required initially but this may have to be reviewed going forward.

Mrs Firth confirmed that the costs per case in the pilot were higher than average but this was likely to be due to the pilot being targeted at those in receipt of higher levels of continuing healthcare. This was noted as a risk.

Governing Body noted the financial implications and the controls in place to mitigate against the risk of probity issues and approved the development of a Service Level Agreement with RMBC for the management of the direct payments.

49/14 Continuing Healthcare

Mrs Firth updated Governing Body on a number of issues relating to continuing healthcare for adults. The costs and numbers of cases have increased but the average monthly cost of packages has decreased. This may be demographic or national change or that reviews not being carried out in a timely fashion.

Concerns about the level and rate of reviews being carried out by the CSU had been investigated and an action plan has now been put in place. As a result staffing levels are being increased although recruitment of staff with this specific skill set is proving problematic.

Mrs Firth reminded Members that the former Rotherham PCT had held provision for

'legacy' cases and the CCG had been previously advised that no charge would be made to CCG accounts for old cases. NHSE have recently proposed a risk-sharing pool for cash payment legacy cases next year.

Following discussion Governing Body supported the Chief Finance Officer to write to NHSE expressing concerns about their proposed treatment of legacy cases.

Action: Mrs Firth

Dr Radford felt that the issues outlined in the update should be balanced with social care spend. Mr Edwards agreed to discuss further with RMBC Chief Executive and propose a joint paper to Health & Wellbeing Board to give understanding of commitments.

Action: Mr Edwards

The Governing Body requested monthly updates on continuing healthcare performance and would like these to include waiting times from receipt to completion on retrospective cases.

Action: Mrs Firth

Members noted the update.

50/14 Patient Safety & Quality Assurance Report

Mrs Cassin presented the above report. Points of note included:

- Two further cases of hospital acquired C-Diff had been reported by RFT bringing the number to 24 cases at the end of February against a year end trajectory of 22. Every case continues to be fully investigated. An external review of all the cases in the past 6-8 months will be undertaken to provide support and challenge on the range of measure implemented.

- A joint proposal had resulted in the first care home inspection being undertaken as part of a pilot to integrate the community infection and prevention control team in TRFT.

- The latest mortality (SHMI) figures for TRFT show 'as expected' for the period July 2012 to June 2013. The action plan developed in 2013 is still being closely monitored via contract quality meetings with TRFT.

Dr Carlisle explained the reports the CCG receives measuring mortality rates. The hospital standardised mortality ratio (HSMR), which compares the expected rate of death in a hospital with the actual rate of death, and the summary hospital-level mortality index (SHMI), which covers deaths after hospital treatment and up to 30 days after discharge.

Following the publication of the Keogh review, Professor Nick Black had been asked to look into how accurate HMSRs and SHMIs are. His final report is not due to be published until December but in recent press coverage had indicated that the HMSR method was not a useful method of identifying hospitals with poor care.

The Contract Quality meeting will continue to review mortality rates in detail at every meeting. The most important aspect will be checking that TRFT has a robust process for learning from mortality review.

- Work is being undertaken in anticipation of an unannounced CQC Looked after Children inspection.

- Significant improvement was noted in relation to the Dementia target which had previously been reported as at risk of achievement.

- Members noted the significant changes implemented to the complaints procedure at TRFT leading to a reduction in the number received. Mrs Cassin would check if the reduction is a true reflection and congratulate the Trust on the way in which complaints are being processed.

Mr Moss reported being impressed with the feedback and critique he had observed during a recent senior nurse walk round.

Members considered how reports from clinically led visits were reviewed within the CCG and agreed reporting by exception as appropriate for Governing Body.

Action: Mrs Cassin

Dr Jacob suggested that a GP member take part in care homes visits. He will discuss further with the membership and liaise with the Local Authority as appropriate.

Action: Dr Jacob

Members noted the patient safety and quality report.

51/14 Patient Engagement & Experience Report

Mrs Cassin presented the report and highlighted work being undertaken including:

- TRFT is maintaining a positive net promoter score in relation to the friends and family test and sits in the top quartile across the region.

- The agenda for next participation group is being developed. Dr Radford has been invited to speak on public health issues.

At a development session earlier that day, the Governing Body had discussed the patient voice and agreed they felt it was adequately represented presently.

Members noted the report for information.

52/14 Delivery Dashboard

Dr Carlisle advised that the format had been revised to bring it in line with the balanced scorecard used NHSE as part of its quarterly assurance process. He highlighted two metrics:

- Year to date A&E performance is 94.3% against the 95% target and therefore extremely challenging to achieve

- RDaSH has not been performing well in relation to the IAPT numbers or outcomes. Strong assurances had been received from the Provider that the position will be recovered by year end. However in Q2 performance recovery had not commenced. Assertive feedback has been conveyed and performance is being managed through contract meetings. Members noted that a Board to Board meeting with RDaSH is planned in April.

Dr Radford advised the Rotherham is a significant outlier in the under 75 mortality rate even compared against other than mining areas. The underlying reason being bronchial pneumonia. A North of England event was planned to discuss the issue which Dr

Carlisle confirmed a CCG officer will be attending. Dr Radford suggested a GP should also attend and Dr Kitlowski agreed the details will be circulated to GPMC/SCE members for attendance.

Action: Dr Kitlowski

Members noted the contents of the delivery dashboard, the key issues and the actions being taken.

53/14 Finance & Contracting Performance Report

Mrs Firth highlighted:

- Confirmation from NHSE that they would be accounting for the impact in 2013/14 of increases in the provision of CHC retrospective cases had altered the CCGs surplus position and increased it by £2m.

  The accurate forecasting of Prescribing costs was still hampered by the national data and the final position may still change.

An update on the outcome of contract negotiations will be shared in more detail at next month's meeting.

Members noted the current financial position and the risks outlined in the paper.

54/14 Minutes of the Previous Meeting

The minutes of the Clinical Commissioning Group Governing Body held on 5th February 2014 were confirmed as a correct record.

55/14 Matters Arising

22/14 GP Member Committee Minutes
It was clarified that although GPMC had received an update on the Emergency Care Centre it did not include the job description for the clinical lead.

26/14 Patient Safety & Quality Assurance Report
Dawn Anderson, the CCG's Head of Primary Care is liaising with NHSE to provide an update on CQC primary care inspections which have taken place.

29/14 Finance & Contracting Performance Report
Mrs Firth confirmed that she had written to NHSE expressing Governing Body concerns in the lack of clarity being provided to assist the CCG in predicting its financial obligations.

56/14 Health & Wellbeing Board

The minutes from the meeting held on 22 January 2014 and 11 February 2014 were received and noted for information.

57/14 Future Agenda Items

None.

58/14 Urgent Other Business

Dr Kitlowski thanked the members of the public for attending and asked for feedback on the format of the meeting. One member commented that it was helpful introducing the name plates for members and the new seating arrangements that improved the acoustics and their observation and understanding of the proceedings.

59/14 Issues For Escalation – to Governing Body or other Committees

No items to note.

60/14 Exclusion of the Public

In line with Standing Orders, the Governing Body approved the following resolution:

"That representatives of the press and other members of the public be excluded from the meeting, having regard to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest."

[Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers].

61/14 Date, Time and Venue of Next Meeting

The next Rotherham Clinical Commissioning Group's Governing Body to be held in public is scheduled to commence at 13:00 on Wednesday **2nd April 2014** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.