

NHS ROTHERHAM

To be Approved by Chair/To be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body**
held on
**Wednesday 2 March 2016 at 1.00 pm in the Elm Room (G.04) at Oak House,
Moorhead Way, Bramley, Rotherham S66 1YY**

Present:

Dr J Kitlowski (Chair)	Dr L Jacob
Mr C Edwards	Dr S MacKeown
Mrs K Firth	Dr A Darby
Mrs S Cassin	Dr R Carlisle
Mr I Atkinson	Mr J Barber
Dr R Cullen	Mr P Moss
Dr J Page	

Participating observers: Ms Jo Abbott, Public Health, RMBC

In Attendance:

Mrs S Whittle
Mrs M Robinson, Secretariat, RCCG
Mr G Laidlaw, Communications Manager, RCCG
Dr Geoff Avery, GP
Mr Giles Crompton, Policy & Partnerships, RMBC

Observers: Jack Gurney, Bayer Healthcare and Local Resident
Gary Davidson, Connect Health (Community MSK)

251/15 Apologies for Absence
Cllr D Roche, RMBC
Ms T Roche, Director of Public Health, RMBC

252/15 Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that Drs Kitlowski, Cullen, Jacob, MacKeown and Page had an (indirect) interest in most items – not specific ones declared.

253/15 Patient & Public Questions

None raised.

Dr Kitlowski informed the meeting of Dr Jacob's retirement from the Governing Body and gave thanks to Dr Jacob for this contribution to the meetings.

254/15 Minutes of the Previous Meeting – For Approval

The minutes from the previous meeting held on 3 February 2016 were approved by the Governing Body as a true and accurate record of the meeting.

255/15 Chief Officers Report

2015-16 CCG Annual Review with NHS England

Mr Edwards informed the meeting that Rotherham CCG have been invited to the NHS England CCG Annual Review meeting on Tuesday 19 April 2016.

The meeting will be an opportunity to discuss the five domains in the CCG Assurance Framework 2015/16.

Developing Sustainability Plans – Letter from NHS England

Mr Edwards reported to the meeting that a letter had been received from NHS England regarding Developing Sustainability and Transformation Plans to 2020/21.

The attached appendix sets out the key dates for the completion of the plan.

RMBC Restoration of Powers Letter

Mr Edwards informed the meeting that the CCG have received a letter from RMBC giving details of the Governments agreement to return a range of powers back to the control of the Council.

Healthy Workforce Programme

Mr Edwards reported to the meeting that Rotherham CCG is taking part in the Healthy Workforce Programme pilot. Funding has been made available to the CCG to promote the programme. The Newsletter was shared with Members

Communications Update

Mr Edwards informed the meeting that the latest evaluation of the Social Prescribing scheme has been covered by regional and national print media – Yorkshire Post, Institute of Healthcare Management and The Times.

Working Together Programme

Mr Edwards reported to the meeting that the CCG, with our regional NHS Commissioning Partners, are currently undertaking a pre-consultation, asking for views on what matters to patients when accessing care and treatment for Children's Surgery and Stroke Services. This is part of the Working Together programme review of these two important services that aims to improve care for patients meeting their needs in the future.

Strategic Direction Issues

256/15

Indices of Deprivation Presentation

Mr Miles Crompton joined the meeting and gave a presentation on the Indices of Deprivation.

The presentation informed the meeting of the levels of deprivation in Rotherham relative to England and gave information of the most deprived neighbourhoods within Rotherham.

The meeting discussed the presentation and how the economy and population turnover play a large part in the effects of deprivation on a borough.

Mr Atkinson informed the meeting that the RCCG Commissioning Plan includes key measure and aspirations of the CCG regarding Potential Years of Life Lost (PYLL).

The meeting discussed the effects deprivation has on mental health and the issues caused by this.

Ms Abbott informed the meeting it was essential that the RMBC, RCCG and other agencies work together to try and decrease the amount of deprivation in Rotherham.

Dr Kitlowski thanked Mr Crompton for his presentation. Mr Crompton left the

meeting.

257/15

Commissioner Requested Services

Mrs Becci Chadburn joined the meeting to present the Commissioner Requested Services paper.

Mrs Chadburn informed the meeting that the purpose of the paper is to detail the outcome of the CCG's approach to reviewing, identifying and re-designating commissioner requested services in line with Monitor's designation framework and to confirm the services that have been re-designated as Commissioner Requested Services from 1 April 2016 for each of the major providers in Rotherham.

Mrs Chadburn reported that the paper also highlights the key issues and risks associated with each provider.

Mrs Chadburn informed the meeting that on 1 April 2016 all NHS services provided by NHS Foundation trusts that were authorised before 1 April 2015 will lose their automatic status as commissioner requested services (CRS). CRS status is designed to provide greater assurance to commissioners regarding the on-going provision of otherwise hard to replace services. Commissioners can replace this automatic designation with a proactive identification of CRS specific to individual services in each provider.

CRS status has two main consequences for patients and commissioners:

- CRS providers come under Monitor's continuity of services licence conditions – where a CRS provider is in significant financial distress, Monitor may ultimately use their powers to protect essential services for patients.
- A provider cannot stop providing CRS without the commissioner's consent or, in the event of a dispute about whether a service meets the above criteria, Monitor's consent.

The CCG has a statutory duty to identify services for which, in the rare event of provider failure, there is no acceptable alternative provider.

This may be due to:

- a) There being no alternative provider close enough; or
- b) Removing them would increase health inequalities; or
- c) Removing them would make dependent services unviable.

Services that meet (one or more) of the above criteria should be designated as Commissioner Requested Services (CRS).

Mrs Chadburn informed the meeting that the proposals were proposed to the Operational Executive and Strategic Commissioning Executive in December and Option 3 to undertake a desk-top exercise and agreed Commissioner Requested Services by 31 March 2016 was agreed.

Mrs Chadburn reported to the meeting how the designation process had been carried out.

Mrs Chadburn informed the meeting that following the assessments carried out with TRFT, RDaSH and Rotherham Hospice Services letters will be prepared to informing each provider of the outcome of the designation process and the requirements to agree this for inclusion in the 2016/17 contract as per the Monitor requirements. However, whilst it is important to convey to providers that the designation of CRS forms part of the commissioner/provider contract,

should any of the services in year become vulnerable or unsustainable RCCG would discuss the potential solutions with each provider in order to agree an acceptable way forward for service delivery. The fact that these services have been designated will not impact on local discussions. At this point a review of CRS may be required.

Mrs Chadburn informed the meeting that the potential financial risks are:

1. Providers may wish to request 'top-up' payments from commissioners for delivering CRS particularly given the licencing conditions that require them to continue to provide services and not make material changes to these services even in times of financial difficulties.
2. Monitor indicated during 2014/15 that it would need to create a national fund to manage situations where trusts get into financial difficulty and CRS services need to be protected in local communities. Values in range of £200m to £400m have been quoted informally, currently this fund is provided via NHS England but one option under consideration is to impose a levy of CCGs and Providers reflecting the level of CRS designated services.

Mrs Chadburn informed the Governing Body that they were asked to:

- note the outcome of the CCGs approach to reviewing, identifying and re-designating commissioner requested services in line with Monitor's designation framework and subsequent services that have been designated as CRS.
- note the key issues and risks associated with each provider.
- consider the suggested approach to informing providers of the outcome of the designation.

Dr Cullen raised a concern around the language used within the report with reference to Cancer Services. Dr Cullen felt there was a need to change the format.

Dr Cullen and Mrs Chadburn agreed to meet outside the meeting to discuss further.

Action: Dr Cullen and Mrs Chadburn

The Governing body approved the paper subject to Dr Cullen's amendments.

258/15

Emergency Centre Contract

Mrs Firth informed the meeting that the paper had come to the Governing Body to seek approval from Governing Body members for the proposal for the development of service specifications and the issuing of contracts for the Emergency Centre.

Mrs Firth reported to the meeting that the grey shaded area highlights last month's paper, which was received in the confidential section of the Governing Body meeting

Mrs Firth informed the meeting that the objectives of the next steps - Service Specification and Contract section of the paper is to set out the proposed process for developing the service specifications and issuing of contracts whilst evidencing the CCG's consideration of the PPCCR guidance.

Mrs Firth reported to the meeting that three years is the minimum time period over which the development of a specification for the market can be run effectively. There will be a three stage process for issuing the contracts.

Mrs Firth informed the meeting that existing contracts for the Walk in Centre

and the GP Out of Hours Service are intended to be in place until May 2017, when the new centre opens with Care UK.

Mrs Firth informed the meeting that the CCG will continue to contract with TRFT for the Emergency Department service but given the requirement to deliver the integrated model of care from when the centre opens, TRFT will become the prime provider for the additional elements too. The CCG will specify a requirement to continue to use Care UK as the sub contracted provider from May 2017 until the end of March 2020.

Mrs Firth reported to the meeting that by April 2019, TRFT will be expected to have collated data from the new IT system regarding patient attendances and case mix from the new models of care which will have optimised the flow of patients within the most appropriate and safe clinical governance frameworks. This intelligence will inform an updated specification and it is intended that others in the market will have an opportunity to bid for subcontracted services.

Mrs Firth informed the meeting that TRFT will seek to follow a formal procurement process for the sub contracted services from April 2020. The extension is necessary to gather data and develop a functional integrated service specification.

Mrs Firth reported to the meeting that the CCG will undertake periodic reviews of the prime provider model and assess the extent to which the objectives have been achieved at key stages throughout the three years.

Mrs Firth informed the meeting that the rationale for the proposed arrangements was:

Contract extensions until 2020 were approved by the CCG Governing Body in 2014. The aspect not considered at the time was the prime provider model and the need for TRFT to sub-contract with Care UK instead of the CCG extending the contracts until 2020 with Care UK as originally approved by the Governing Body.

- The time line proposed offers a realistic and practical allowance for the following sequential activities to take place:
Patients and providers will take time to adapt to the changes in services provision.
- The patient pathway will be innovated due to the added value that the new building will bring but this will take time to optimise as will the improved service where access to the first available clinician from either of the two providers will be implemented.
- These patient benefits will require extensive focus for the first 18-24 months and only after this period of time will the true nature of patient activities be understood and quantified.
- This holistic approach will be better optimised by allowing the model to flow without diversions such as financial, clinical or corporate boundaries.

Mrs Firth reported that moving forward, the CCG remains committed to this contractual approach. It is made clear in the Monitor guidance that there is no default process that commissioners should use to secure services including competitive tenders. The CCG has had regard to the PPCCR and concludes that this approach is compliant.

Mrs Firth reported to the meeting that the CCG has considered PPCCR guidance and the regulations carefully and can provide assurance that it has made a balanced judgement based upon the unique circumstances in Rotherham.

Mrs Firth informed the meeting that after due consideration of the available facts and opinions the CCGs preferred option is to proceed with a Prime Provider Contract.

Mrs Firth informed the meeting that the Governing Body members are asked to approve the proposed approach to developing the specification and issuing of the contracts between 2016 and 2020 and set out in 2(i) on page 4 of the paper and agree with the recommendation to proceed with the Prime Provider model.

The meeting discussed the paper and Dr Jacob raised a concern that after 2019 Primary Care would not have to be a part of the management. Dr Jacob felt there was a need for a small Board including Primary Care representatives to supervise the future management of the centre.

Mrs Firth gave an explanation of how the centre would be managed going forward and Dr Jacob and Mrs Firth will discuss further outside of the meeting.

Action: Mrs Firth and Dr Jacob

The Governing Body approved the paper taking further assurance into consideration.

Performance Report

259/15

a) Finance & Contracting Performance Report

Mrs Firth informed the meeting of the information contained within the report and reported that NHS Rotherham CCG has been notified of a revenue resource allocation of £393.3m for operational purposes. The total includes £34.3m for GP Primary Care, which is still being transacted by NHS England until national systems are updated.

Mrs Firth reported to the meeting that Finance had been the topic for the Governing Body Development session which had taken place prior to this meeting.

Mrs Firth gave assurance to the Governing Body that the CCG will achieve the required 1% surplus.

260/15

Delivery Dashboard

Mr Atkinson informed the meeting that the delivery dashboard paper includes key performance issues which have been identified for escalation to the Governing Body.

Mr Atkinson reported to the meeting that the TRFT year to date A&E position (Type 1 TRFT) as at 21 February 2016 was 91.6%. The Quarter 4 position was 87.09%. The February month to date position (21 February) was 85.10%.

Mr Atkinson informed the meeting that local comparison to other Trusts in South Yorkshire can be found in the A&E Exceptions report. Only Sheffield Children's Hospital is achieving the A&E year to date target in South Yorkshire.

Mr Atkinson informed the meeting that The Q3 national position for England was 91.5% and TRFT can no longer achieve the 95% Year End Target. The CCG has applied all contractual penalties as per the requirements of the NHS Standard contract.

Mr Atkinson reported to the meeting that TRFT A&E performance continues to

be impacted by staffing issues within the department and further compounded by bed availability across the hospital over the busy winter period. The A&E improvement action plan continues to be monitored weekly by the CCG and assurance continues to be provided by TRFT that staffing issues within the department are being addressed. The System Resilience Group continue to have discussions regarding long stay patients to support patient flow through the hospital.

Mr Atkinson informed the meeting that the January YAS (Yorkshire Ambulance Service) performance for Rotherham Category Red 1 patients was 59.43% and this represents a significant drop in performance from the December position (70.24%). The wider YAS performance has seen a very slight increase from the December position of 68.95% to 68.96% in January (national target of 75%) Further analysis for Red 1&2 Cat A combined data in January for Rotherham showed that 75.4% were seen in 9 minutes.

Mr Atkinson reported to the meeting that the number of Red 1 calls in Rotherham in January as increased with YAS responding to 106 Red 1 calls against a month average of 75 calls.

Mr Atkinson informed the meeting that hospital turnaround at the Northern General continues to be a challenge and is being discussed through the Systems Resilience Group.

Mr Edwards reported to the meeting that Sheffield CCG is working with the Northern General Hospital to achieve best practice re ambulance turnaround.

Mr Atkinson reported to the meeting that the January IAPT position (6 week wait) for Rotherham CCG as 17.6% and as at 21 February 2016 the position currently stands at 20.2% and the expected number of patients waiting above 6 weeks is 353, the actual number is 291 which is positive and ahead of the agreed improvement trajectory.

Mr Atkinson informed the meeting that Governing Body members should take assurance from the fact that the total number waiting on the list has reduced from 1766 in September to 942 week ending 21 February 2016, a reduction of 834.

Mr Atkinson reported to the meeting that the 18 week wait position for the IAPT service has improved from 80% in September to 84.9% in January, with provisional data on 17 February showing an increase to 93.3%. This is a positive sign that long waiters on the list are now accessing the service. Rotherham CCG continue to have in place a formal contract performance notice with RDASH and has a clear improvement action plan in place.

Mr Atkinson informed the meeting that it has been agreed that the Intensive Support Team will work with RDASH to identify areas of improvement that can be implemented.

Mr Atkinson reported to the meeting that in December all key cancer targets were achieved and YTD the 62 day referral to treatment target is meeting the national standard of 85% at 100% and this remains under close monitoring.

Mr Atkinson informed the meeting that RTT Incomplete Pathway continues to meet the 92% national standard in January, with provisional performance at 95.4% and the Rotherham CCG continues to see strong Referral to Treatment performances.

Mr Atkinson informed the meeting that Eliminating Mixed Sex Accommodation Breaches remains at zero.

Mr Atkinson reported to the meeting that the Diagnostic Waiting Times January position for Rotherham CCG shows performance at 1.69% against the target of 1%. Therefore the target has not been met. The reason for the underperformance was an increase in the number of waiters at TRFT and Sheffield Teaching Hospital. TRFT saw 33 breaches in total and 29 were in weeks 6-8.

Dr Jacob raised a concern regarding the Gastroscopy department waiting times and Mrs Cassin informed the meeting that the TRFT plan gave strong assurance and will be discussed at the Contract Quality meeting. Mrs Cassin and Dr Jacob to meet to discuss further.

Action: Mrs Cassin and Dr Jacob

Dr Darby enquired with regard to the 4 hour wait at A&E whether this was with regard to the decant of the ward. Mr Edwards informed the meeting the decant of the ward had made an improvement and workforce issues were contributing to the waiting times. The trust has an action plan in place that focuses on all areas to improve flow.

Mr Edwards informed the meeting that the CCG are working with Care UK with regard to issues with advanced care practitioners.

Dr Kitlowski raised a query regarding patients referred to IAPT no longer requiring treatment.

Mr Atkinson informed the meeting that an opt-in model had been implemented, where by patients were contacted by letter and telephoned twice and if no response was received they were removed from the waiting list.

Mr Atkinson confirmed to the meeting that the report from the IAPT Intensive Support Team will be viewed by Rotherham CCG and RDaSH.

Mr Moss reported to the meeting that it would be useful to benchmark YAS and IAPT against comparative information. Mr Atkinson to include this information within the narrative of the next delivery dashboard.

Action: Mr Atkinson

Quality & Patient Engagement

261/15 Patient Safety and Quality Assurance Report

Mrs Cassin reported to the meeting that C-Difficile remains under trajectory and collaborative work has been undertaken between NHR and TRFT to look at ways to attempt to reduce the repeat samples relapses. The number of Clostridium Difficile has been recognised by NHR. A collaborative Clostridium Difficile reduction strategy is in place and a Clostridium Difficile process review underway.

Mrs Cassin informed the meeting of the Serious Incidents (SI) contained within the report.

Mrs Cassin reported to the meeting that recruitment to the posts within the MASH team had been successful.

Mrs Cassin informed the meeting that the Challenging Exploitation 'Let's Talk

About It' events being held on 10 and 17 March 2016, at New York Stadium.

Mrs Cassin reported to the meeting that the next RSAB meeting is the 7 March 2016.

Mrs Cassin informed the meeting that the first Making Safeguarding Personal Sub Group has been undertaken with a number of actions needed to be taken in relation to order and structure. The first RSAB Sub Group for Training is arranged for the 21 March, the development of all subgroups continues to be work in progress.

Mrs Cassin reported to the meeting that the MCA/DoLS working group which has been reformed on the back of concerns highlighted to the RSAB has met for the first time and an action plan has been agreed for moving forward.

Mrs Cassin informed the meeting that NHS England has requested all CCG's complete the NHS England Safeguarding Assurance Tool for use with CCG's. This is a lengthy self-assessment covering a host of areas for both children's and adult safeguarding. Once completed NHS England Safeguarding Leads will be meeting with CCG Leads to discuss findings and action points.

Mrs Cassin reported to the meeting that Rotherham CCG Continuing Healthcare 'End to End' service for acute inpatients continues, providing an assessment, recommendation, allocated health funding within 7 days of referral this is in contrast to the current 28 day process within the national framework.

Mrs Cassin informed the meeting that the audit of five Continuing Healthcare assessments have been completed by the Head of Clinical Quality, results of the audit will be presented to the Operational Lead for Continuing Healthcare for action.

Mrs Cassin reported to the meeting that TRFT has generated action plans for the CQC inspection and these are monitored through Contract Quality Meetings as a regular monthly agenda item. The CCG have received assurance that the timescales for delivery set by the CQC are on track for delivery or have recovery plans in place.

Mrs Cassin informed the meeting that the CQC CLAS action plan remains on track and a mock inspection was undertaken in 3 areas during December which highlighted positive improvements made and staff awareness has increased in light of the changes made. Some areas for improvement were noted and these are being addressed in preparation for further unannounced internal inspections over the next 3 months.

Mrs Cassin reported to the meeting that following the publishing of the final report from CQC, following the planned inspection of RDaSH in September, an action plan has now been produced.

Mrs Cassin informed the meeting that the CQC inspections of Care Homes cover five main areas: Safe, Effective, Caring, Responsive and Well-led. The overall outcome for the service was good.

Dr Carlisle asked Mrs Cassin for confirmation that the CCG is challenging the police regarding CSE and the number of prosecutions being made.

Mrs Cassin informed the meeting that the CCG is working very closely with the police and senior health representative.

a) Patient Engagement & Experience Report

- 262/15** Mrs Cassin gave an update on the Patient Engagement and Experience Report to the meeting and informed that positive feedback had been received with regard to Social Prescribing.

Mrs Cassin informed the meeting that the Patient Participation Group had been held yesterday and had been well attended. Presentations were given by NHS England about Working Together workstreams. Mr Moss added that the afternoon had been very interactive and well received by those who attended.

263/15 Corporate Strategies and Policies

Mrs Whittle informed the meeting that the CCGs Counter Fraud specialists have recommended some changes to the policy and the changes have been highlighted in yellow.

Mrs Whittle reported to the meeting that as the next AQuA meeting is in March the paper has been presented to the Governing Body for approval before being presented to AQuA

The Governing Body was asked to agree the changes recommended by the Counter Fraud Specialists and Operational Executive.

The members of the meeting agreed the paper subject to Audit committee.

264/15 Governing Body Actions Log

Members reviewed the log and updated actions accordingly.

265/15 Minutes of the GP Members Committee

Dr Jacob gave thanks to members of the Governing Body and SCE for the support given to him over the years.

Dr Jacob informed the meeting that Dr Avery will be taking over the role of Chair of the GP Members Committee.

Dr Jacob informed the Governing Body members that the meeting had previously discussed the lack of discharge packages for patients and following this being raised patients package of discharge are now discussed on the first day of admission.

Mr Edwards reported that Dr Douglas has raised this at the Systems Resilience meeting this morning and had been informed that TRFT had conducted a deep dive regarding patient discharge packages.

Dr Jacob informed the meeting that the GP Members agreed to invite Joanna Saunders to attend a future meeting to discuss the commissioning of school nursing and health visiting in detail.

266/15 Minutes of the Systems Resilience Group

The Governing Body noted the minutes of the Systems Resilience Group meeting held on 6 January and Mr Edwards gave the meeting an understanding of the items discussed at the meeting.

267/15 Minutes of the Primary Care Sub Committee

The February meeting of the Primary Care Sub Committee was cancelled and the minutes of the January meeting will be received at the next meeting once ratified.

For information

268/15 There were no items were raised.

269/15 Urgent Other Business

No items discussed

270/15 Issues For Escalation

No Items discussed

271/15 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].

272/15 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 1:00 on **Wednesday 6 April 2016** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.

DRAFT