

NHS ROTHERHAM

Approved by Chair 28.1.15/To be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body**
held on
Wednesday 14 January 2015 in the Elm Room, Oak House

Present:

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|------------------------|---------------|
| Dr J Kitlowski (Chair) | Dr R Carlisle |
| Mrs S Cassin | Dr R Cullen |
| Mr C Edwards | Mrs K Firth |
| Dr L Jacob | Dr S MacKeown |
| Mr P Moss | Mr J Barber |

Participating observers: Cllr John Doyle, Chair of Rotherham Health & Wellbeing Board

In Attendance:

Mrs S Whittle, Assistant Chief Officer (Governing Body Secretary)
Mr G Laidlaw, Communications Manager, RCCG
Mrs W Commons, Secretariat, RCCG
Mrs J Tuffnell, Head of Commissioning, RCCG
Ms G Harrison, Public Health, RMBC
Ms Y Nettleton, Admin Officer, RCCG
Ms R Stevens, Admin Officer, RCCG
2 Members of the Public

247/14 Apologies for Absence

Apologies were noted from Dr H Ashurst, Secondary Care Doctor & Ms J Abbott, Public Health Representative.

248/14 Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that Drs Kitlowski, Cullen, Jacob and MacKeown had an (indirect) interest in most items. Direct interests were declared in relation to:

Item 5 - Commissioning Local Incentive Scheme 2015-16 – conflict of interest for all GPs
Item 6 – 2014-15 Quality Safety & Innovation Investments – Dr Jacob as an employee of the Rotherham Foundation Trust on a sessional basis
Item 8 – Primary Care Co-Commissioning – conflict of interest for all GPs as providers

A general declaration of interest was made by Dr Carlisle who is in receipt of deaf services but not in Rotherham.

249/14 Patient & Public Questions

No questions had been received.

250/14 Chief Officer's Report

Mr Edwards presented Voluntary Action Rotherham's Annual Report and members noted the work undertaken throughout 2014/15.

Dr Carlisle advised members of the CCGs intention to implement the RAIDR system - an important development which will give more clinical, activity and financial intelligence. It will be available to the CCG and GPs and will provide a dashboard of data from secondary care and GP systems. It will be piloted in January 2015 and rolled out by June. GPs will receive a preview of the system at PLT on Thursday 15th January.

Mr Edwards asked members to note that the CCG has signed a Memorandum of Understanding establishing the framework for decision making between the Yorkshire & Humber CCGs using the YAS 999 service.

Cllr Doyle advised that a special report on urgent care services will be discussed at Health & Wellbeing Board on 21st January and includes ambulance performance. Cllr Doyle has accepted an invitation to meet with the Ambulance Service Unions next week to discuss Yorkshire Ambulance Service. A similar letter had been received by the CCG. Wakefield CCG as Lead Commissioners for the service across Y&H and will meet with the Union on Rotherham's behalf.

Mr Edwards presented the draft sexual health strategy for Rotherham developed by a multi-agency group led by Public Health and chaired by Cllr Doyle. The CCG has been asked to consider the strategy before it is presented at the Health & Wellbeing Board. The CCG supported the aspirations of the strategy but felt that more work needs to be done to make the delivery plan more specific about accountability and outcomes. Mr Edwards will pass on these views at the Health & Well-being Board.

Action: Mr Edwards

Mr Edwards informed members of the recent appointments taking place at NHS England following their move from a South Yorkshire to a Yorkshire & Humber model. Governing Body noted the appointments and new relationships to be developed.

The CCG has recently introduced a GP e-bulletin to improve communication with General Practices and provide regular updates on organisational developments. Dr Jacob welcomed the useful summary and suggested that it be placed on each locality meeting agenda. Governing Body members will also be included in its circulation for information.

Action: Mrs Cassin/Mr Laidlaw

The Governing Body **noted** the contents of the Chief Officer's Report.

Due to the conflicts of interest declared, it was agreed that Mr Barber would take the Chair for the next item and after the introduction GP members would leave the room whilst discussion and decision took place.

251/14 Commissioning Local Incentive Scheme (LIS) 2015-16

Mr Edwards advised that the CCG found the scheme to be a highly effective use of public money and proposed its continuation next year with a slight change to the audit element to facilitate a rolling programme of audits.

A short discussion followed and the Chair and the Deputy Chair of the GP Members Committee explained the benefits of the scheme for patients in that it had contributed to the Quality, Innovation, Productivity and Prevention (QIPP) scheme and delivered a successful clinically effective prescribing scheme.

Dr Jacob felt it had provided a great opportunity for GPs to engage in the commissioning process and improved their understanding and approach to commissioning. He suggested that the scheme should be made 2 yearly in line with the audits.

Mrs Whittle asked a question on behalf of Dr Ashurst as to why the areas for audit had not been confirmed and how these were decided.

Dr Cullen confirmed that the audits are decided by the Clinical Referral Management Committee (CRMC) and cannot be fixed too far in advance in order to look at areas where practices feel they can improve and make a difference. The areas chosen will be those that focus on efficiency and targeted to provide primary and secondary care in a more seamless way in line with what patients have told the CCG they want.

Dr Carlisle suggested that part way through 2015/16 Governing Body may wish to ask Dr Barmade to advise how the scheme has helped with achieving the CCGs objectives.

Drs Kitlowski, Cullen, Jacob & MacKeown left the room at this point.

Mr Edwards confirmed that the CCG is not investing any additional monies in the scheme and recommended that the scheme be approved for a further 12 months and re-negotiated thereafter.

Members discussed the proposal and were assured that alternative options had been considered. There had been 100% engagement by GPs in QIPP programmes.

The Governing Body approved the scheme for implementation, it will continue to be reviewed on an annual basis and a review undertaken facilitated by the Primary Care Committee.

Drs Kitlowski, Cullen, Jacob & MacKeown returned to the meeting and were informed of the decision.

252/14 2014-15 Quality, Safety & Innovation Investments

Mrs Whittle declared a conflict of interest in relation to Voluntary Action Rotherham, Dr MacKeown as a GP and Hospice employee and Dr Jacob as a GP and TRFT employee.

Mrs Firth reported that activities are performing very close to the CCG's original plan and is on track in all areas, however some external aspects have created a source of funds in three areas.

She outlined the need for investment in areas that will make real benefit and can be invested innovatively to make savings going forward. Mrs Firth presented suggested proposals asking members to be assured that the funds are not from poor management and that the proposals for investment meet the requirements. A range of likely expenditure and examples of the types of initiatives to be supported were listed. Mrs Firth explained the tight timeframe to progress before year end and asked Governing Body to support the initiatives in principle for officers to proceed at pace and to delegate authority to the Strategic Clinical Executive with decisions made overseen by AQuA in April.

Dr MacKeown enquired whether the funds could be used to support work around Primary Care recruitment and retention. Mrs Firth confirmed that although the CCG doesn't commission that part of service presently it is being considered by way of supporting quality and the delivery of CCG's plan for when it becomes responsible for Primary Care.

Mrs Firth responded to a written question from Dr Ashurst in his absence to confirm that the unspent £2m allocated for the Emergency Centre will still be available in next year's budget.

GP Members Committee had been made aware of the non-recurrent funds available at their December meeting and asked to suggest suitable ideas for its use. To avoid further delay, Dr Jacob agreed to e-mail GPMC to advise that this will be discussed at next week's meeting so that pre-discussion can take place in member practices.

Action: Dr Jacob

The Governing Body noted the urgency, supported the principle and approved that the range of investments should be enacted as soon as practicable after GPMC.

253/14 Communication and Engagement Structures, Assurance & Strategic Overview

Mrs Cassin outlined the CCG's proposal to bring together communications and engagement processes to ensure strategic overview, provide resilience and better audit and evaluation.

Mr Moss presented the 2015-19 Communications and Engagement Plan and terms of reference for a new Patient, Public Engagement & Communications Sub Committee whose purpose will be to provide strategic and operational leadership for the development of effective engagement. This new Committee which will convene monthly will be reviewed in 6 month's time to assess its effectiveness.

Dr Carlisle proposed an addition to the membership to include the Head of Projects to ensure that the Committee's work is included in the CCG's plan going forward. Governing Body agreed.

Action: Mrs Cassin

In answer to a written question from Dr Ashurst, Mrs Cassin confirmed that the Sub Committee would consider a patient representative going forward but presently the Patient and Public Engagement Manager represented the patient participation and engagement groups well.

Cllr Doyle approved of Healthwatch being part of the membership and wondered if the Health Scrutiny Committee may also wish to be included. Governing Body asked Cllr Doyle to contact HSC to enquire whether they wished to be represented.

Action: Cllr Doyle

The Governing Body approved the Communications & Engagement Plan 2015-19 and the Terms of Reference subject to the above changes to the membership.

The minutes from this point are not consistent with the agenda due to change to the running order to prioritise discussion around the CCGs current performance challenges.

254/14 Performance Reports

i. Delivery Dashboard

Dr Carlisle advised that the A&E target is below 94% which means the year-end target is unlikely to be met. This has never happened before in Rotherham. In benchmarking terms TRFT are performing around the 50th centile for Trusts in the North of England. There is a robust crisis plan that is being overseen by the System Resilience Group.

The CCG is on target to meet the 18 week referral to treatment target.

The CCG is likely to fail its C-diff target which is a quality premium target by approximately 2/3 cases but are assured that all possible actions have been put into place. The CCG's benchmarking on C-Diff is now around the national average. Historically the CCG has always been better than the national average but as national rates have dropped Rotherham has slipped to average.

Delayed transfers of care are markedly above target. This is one of the Better Care Fund measures and will be a quality premium target next year. Delays are for acute patients and for Mental Health. Two performance clinics (one for mental health and one for acute) were held in December reporting to SRG and there are action plans for each area.

Mr Barber suggested that the performance report be enhanced to reflect more detail about the action being taken to address the 'red areas'. The report will be revised by the Operational Executive to incorporate the suggestion.

Action: Dr Carlisle

Dr Carlisle summarised that in addressing the issues, the TRFT are implementing their recovery plan and CCG officers are sent numbers of breaches in A&E daily along with those for other SY Trusts for comparison. A&E numbers have remained static in Rotherham for the past 5 years until this year when an unprecedented 5% rise has been seen.

In relation to Yorkshire Ambulance Service performance, the CCG has formally asked NHS England to assist with ambulance commissioning. A more detailed report to the Systems Resilience Group has provided some assurance about the time beyond 8 minutes before patients were seen.

ii. Commissioning Plan Progress Update for 2015/16

Dr Carlisle reminded members that they had received the first draft of the plan before Christmas for comment. As a result four issues had been noted around:

- GP capacity
- 'Least Worst' options
- Flat line ambition on the non-elective trajectory
- Effective & clearer patient education

The Governing Body noted that the final draft will be received at February's Governing Body & Health & Wellbeing Board.

iii. *Finance & Contracting Performance*

Mrs Firth confirmed that the CCG is on target to achieve the obligated 1% surplus this year. Non electives are challenging and key issue for this year and into 2015/16. Whilst there is over performance on Electives there is no financial implication for the CCG.

Dr Ashurst had conveyed that he was concerned about the over performance. Mrs Firth confirmed that work is being done through the Systems Resilience Group to realign.

In future, the minutes from the Systems Resilience Group will be shared with Mr Barber and members will consider whether Governing Body should receive them for information also.

Action: Mr Edwards/All

Work is taking place with TRFT to reinforce to clinicians the important of the CCG delivering its plan as opposed to considering Plan B options. This included the

Chair delivering the CCGs key messages to Consultants and circulating a survey monkey questionnaire to Trust staff on the CCGs Plan B options.

The Governing Body **noted** the performance reports.

255/14 Primary Care Co-Commissioning

Mrs Whittle presented the CCG's constitution, conflict of interest policy and Terms of Reference for the Primary Care Commissioning Committee for information which had formed part of the CCG's application to NHS England for the co-commissioning of Primary Care from 1 April 2015. Governing Body will be informed of the outcome in due course.

GP Members Committee has been consulted on the changes to the CCG's constitution and any further changes will be submitted to NHS England at the next available opportunity in June.

Governing Body Members noted that GPMC have given universal approval to the CCG taking on primary care co-commissioning and noted the submission for information.

256/14 The Care Act

Dr Carlisle presented a briefing paper from Local Authority colleagues outlining recent changes to the Care Act, the action required and the plans in place for implementation in Rotherham.

Cllr Doyle advised that a series of free training events were available and he would forward details to be circulated for anyone who wishes to attend.

Action: Cllr Doyle

257/14 Financial Planning Guidance

Mrs Firth outlined an early assessment of the planning guidance and advised members of the CCG's financial obligations for 2015/16 of:

- 1% operating surplus - £3.9m for Rotherham CCG
- 1.0% recurrent headroom - £3.9m for Rotherham CCG
- 0.5% contingency - £2.0m for Rotherham CCG

Mrs Firth advised that the national review of the allocations formula has resulted in Rotherham CCG being over its target allocation and will therefore receive a proportion of the fair share due to de-priorisation of deprivation. This reduction in funding levels does not present an immediate financial risk but limits the amount of investment that can be made to support our ageing population.

Mr Edwards confirmed that the guidance proposed a 10% reduction in running costs; however the CCG has been operating with lower running costs leaving a small amount of headroom, resulting in no reductions necessary in staffing.

The Governing Body noted the key aspects of the planning guidance that drafts of the plan for comment will be received in February, March and April.

Action: Mrs Firth

258/14 Patient Safety & Quality Assurance Report

Mrs Cassin highlighted that the C.diff target is over trajectory however root cause analysis is undertaken of all cases with a robust process in place.

A Protected Learning Time Event in November focussed on CSE and had been attended by 630 general practice staff. Funding has since been secured to roll out further training to frontline practitioners.

Dr Jacob noted that patient involvement in care planning at a recent CQC visit to Swallownest Court was still lacking despite having been visited by CQC 5 months earlier. Mrs Cassin confirmed that this was being taken up with RDaSH through the contract quality process.

The CCG has received confirmation from the Trust that a daily staffing model is being operated on each ward. This identifies any gaps and moves staff around the ward to meet required levels. To date there have been no areas of concern with additional quality and safety check undertaken where additional beds are used.

Members **noted** the contents of the Patient Safety & Quality Assurance Report.

259/14 *Ofsted Inspection of RMBC Services for Children in Need of Help and Protection, Children Looked After and Care Leavers*

Mrs Cassin presented the key findings from a recently published Ofsted inspection of Rotherham Metropolitan Borough Council. A draft action plan was included to inform Governing Body of the work being undertaken. Further updates will be reported through the Patient Safety & Quality Report going forward.

Action: Mrs Cassin

260/14 Patient Engagement & Experience Report

Mrs Cassin presented the report for information and highlighted the early responses from patients, carers and the public that reducing medicines waste is an important issue and of concern. Governing Body will be kept informed as work progresses.

Members **noted** the update provided in the Patient Engagement & Experience report.

261/14 Minutes of the GP Members Committee – 29 November 2014

Dr Jacob presented the minutes from the November Members Committee.

An extra-ordinary meeting had been held to consult further with practices on the changes required to the constitution for the Primary Care Co Commissioning submission.

Members noted the record of discussion that had taken place.

262/14 Minutes of the Previous Governing Body Meeting

The minutes of the Clinical Commissioning Group Governing Body held on 3 December 2014 were approved as a true and correct record.

263/14 Matters Arising & Action Log

Governing Body members reviewed the action log and RAG rated the actions.

264/14 Minutes of the Health & Wellbeing Board – 3 December 2014

Cllr Doyle presented the minutes from the meeting held on 3 December for information.

The Health & Wellbeing Board had planned a peer review which Cllr Doyle advised has been deferred as a result of the publication of the Jay report. The review is delayed to September 2015 due to the current corporate inspection report, recess in August and the general election.

Dr Kitlowski conveyed that the CCG would like the review to take place sooner to ensure that the H&WB Board functions to its optimum. In the meantime, a refresh of the H&WB strategy, an evaluation of the year's achievements and a review of the structure of Board and its fitness for purpose would be welcomed by the CCG. Dr Kitlowski and Cllr Doyle will discuss further at their 1-1 meetings.

Cllr Doyle reported that Tom Cray, the Council's Director of Neighbourhoods & Adult Services has taken early retirement resulting in several interim posts. The current Council structure will be shared with members.

Action: Cllr Doyle

265/14 Future Agenda Items

Members noted the items for future Governing Body meetings.

266/14 Urgent Other Business

None.

267/14 Issues For Escalation – to Governing Body or other Committees

No items to note.

268/14 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].

269/14 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 4 February **2015** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.