Minutes of the NHS Rotherham Clinical Commissioning Group Governing Body held on Wednesday 7 December 2016 at 2.00 pm, Elm Room (G.04) at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY

Present:  
Dr J Kitlowski (Chair)  
Mr C Edwards  
Mr I Atkinson  
Mrs S Cassin  
Mr J Barber  
Dr R Carlisle  
Dr R Cullen  
Dr G Avery  
Dr S MacKeown

Participating observers:  

In Attendance:  
Mrs W Allott, Deputy Chief Finance Officer  
Mrs R Nutbrown, Board Secretary, RCCG  
Mr G Laidlaw, Communications Manager, RCCG  
Mrs M Robinson, Secretariat, RCCG  
Mr G Ratcliffe, Public Health Consultant, RMBC

Observers:  
Mr Gurney, Pharmaceutical Representative/Local Resident

176/16 Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that, as Primary Care Providers in Rotherham, Drs Kitlowski Cullen, MacKeown and Avery, and had an (indirect) interest in most items including indirect interest in IAPT and Primary Care (Chief Officers Report)

Dr Kitlowski carried out the meeting housekeeping.

177/16 Patient & Public Questions

There were no patient and public questions.  
Dr Kitlowski informed the meeting that the CCG teams make a significant effort in engaging with the public and patients.

178/16 Minutes of the Previous Meeting – For Approval

The minutes from Governing Body held on 2 November were approved with an amendment to the wording under section 155/16. Dr Cullen informed the meeting that all the breaches are reviewed and the problem is around the alternative systems for contacting patients.

179/16 Chief Officers Report

Mr Edwards presented the Chief Officers Report and highlighted the following areas:
Sustainability and Transformation Plan (STP) The South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) was published on the 14 November 2016.
Mr Edwards explained to the meeting the difference between the South Yorkshire and Bassetlaw regional STP and the Rotherham Place Plan and how the Place Plan will fit into the STP.

The meeting watched an animation promoting the Rotherham Place Plan.

Mrs Cassin informed the meeting that the animation had received good feedback at the recent Patient Participation Group.

The Governing Body will receive regular updates regarding the STP.

**CCG IAF Checkpoint Feedback Letter from 5 September 2016**
The letter provides confirmation of the discussion that had taken place between the CCG and NHS England to discuss Improvement and Assessment Framework.

**Annual Vote of Confidence**
The Constitution requires an annual vote of confidence in the commissioning arrangements. The vote was carried out via Survey Monkey and a 100% response was received with a 97% yes response received to both questions.

Further to this the CCG Strategic Clinical Executives voted to retain Dr Kitlowski as the Chair of the CCG. Dr Kitlowski and Dr Cullen were reappointed as Chair and Vice Chair of the SCE.

**Declarations of Interest**
Work is on-going to ensure the CCG is managing conflicts of interest in line with statutory guidance. The recruitment process has been changed and staff Band 7 above, all Governing Body Members, appointed Member and Lay Members will be asked to declare any interest via a form which they will bring to interview.

Dr Avery informed the meeting the GP Members Committee had discussed conflicts of interest and the need to declare a gift of £50.00 or more even if declined.

**Primary Care – Rotherham Response to the GP Forward View**
A separate plan on the GP Forward View was submitted to NHS England on the 21 October 2016 and this appendix will be a vital part of the Rotherham Place Plan.

**SCE Portfolios**
Following the Right Care programme the SCE as recently reviewed the GP portfolios to ensure that all RCCG priority areas are covered by an Executive GP.

**Communications**
Mr Edwards informed the meeting that:

- The winter communications campaign was launched in November to coincide with the Self Care Week and to run in conjunction with the Stay Well This Winter campaign.
- The Working Together public consultations for Hyper Acute Stroke and Children’s Surgery are taking place throughout the borough to understand the views of the Rotherham people. Discussions have also taken place at Patient Participation Groups and with the voluntary sector. Facebook and other online methods are being used to gain public feedback.
- The meeting discussed the lack of public participation at some events. A paper will to come to February Governing Body to update members on the how feedback has been acquired.
- Mr Moss Lay Member Representative’s term had ended on 30 November.
and Mrs Kath Henderson will be taking up the role from January 2017
- Rotherham won a Health Service Journal award for Enhancing Care by Sharing Data and Information.
- Mr Edwards has met with Mr Jeremy Hunt to discuss Social Prescribing. Mr Hunt is looking at rolling out the service nationally and using the Rotherham Model as an example.

The Governing Body noted the report.

180/16 Public Health Outcomes Exceptions Paper

Mr Ratcliffe presented the Public Health Outcomes Framework and informed the meeting that the paper was to provide an overview to the Governing Body on how RMBC is performing in terms of the Public Health Outcomes Framework (PHOF) Indicators.

Mr Ratcliffe highlighted the following areas:
- Gap In Life Expectancy within England
- Low Birth Weight
- Suicide and Deaths from Injury of Undetermined Intent – all ages
- Emergency Readmissions

Dr Cullen enquired if the contributors to the increase in gap in life expectancy are diseases common to both men and women.
Mr Radcliffe that was not a breakdown of the information and the information can be obtained for Governing Body.

Action: Mr Ratcliffe

A discussion took place around whether the correct strategies are in place to encourage patients to partake in health schemes and the three areas of priority for the Place Plan. Areas suggested included Smoking, Obesity and Alcohol.

Dialogue took place around the movement of funding demographically and funding not always being accessed by practices.

The meeting agreed the paper would go to the SCE and the GP Members Committee for information.

The Governing Body noted the report.

181/16 Sustainability And Transformation Plan (STP)

Mr Edwards presented the Sustainability and Transformation Plan and summary to the Governing Body and informed the meeting that there are 17 partners involved in the STP.

The meeting discussed the benefits of the plan and how it would enable the TRFT to become sustainable if it joins with other hospitals.

A discussion took place regarding the use of resources to produce the STP.

STP to be an agenda item at the January meeting.

182/16 IAPT Performance and Implementation of a Self-referral Model

Mr Atkinson presented the IAPT Performance and Implementation of a Self-referral Model paper and informed the meeting the paper was to advise on the implementation of a new self-referral model for the service.
The NHS Improvements IAPT Intensive Support Team recommended that the service develop and evolve to follow the national best practice and introduce self-referral. The implementation of this new model will be delivered within the current resources allocation. Other IAPT service which have adopted such an approach have reported improved efficiencies including reductions in DNAs, improved recovery rates and a reduction in waiting times.

Dr Carlisle raised a concern around the 9.7% increase in referrals and the financial implications from this.

Mr Atkinson informed the meeting that dialogue was taking place around a sustainable model and the growth money within the financial plan. Mr Atkinson informed the meeting of the additional money IAPT has received.

The meeting discussed the national figures for people receiving treatment for mental health related illnesses.

Dr MacKeown enquired whether through Public Health and the Health and Wellbeing Board more options could be available to prevent people having to attend IAPT Services.

The meeting discussed the roles Primary Care and Social Prescribing could take.

A Discussion took place around the increased suicide rates and Mrs Cassin informed the meeting that Public Health led on the in depth work and every suicide is reviewed.

Mr Atkinson informed the meeting the paper had been to GP Members Committee and the members agreed the paper.

Mr Atkinson informed the meeting that the service has improved over the last 12 months.

The Governing Body noted the current performance of the service and the change in approach for referral into the service.

183/16 Quarterly Prescribing Update
Mr Lakin joined the meeting and presented the Quarterly Prescribing Update paper to inform the Governing Body of the prescribing cost growth challenges for 2016-17 and the measures introduced to contain and manage the pressures.

Mr Lakin highlighted the following:
- The introduction of branded generic drugs. Nine branded generic drugs have been introduced implementing savings for the CCG.
- Self-Care campaign will commence in early 2017.
- Working with and supporting 12 practices to stop third party medicine ordering by the end of the financial year this will be 25 practices will have stopped third party ordering.
- Work with Practices to introduce EPS. There are only 4 practices that do not have the system. As part of the implementation of this new system the CCG is working with practices to ensure all patients receive their prescriptions. Work has also been undertaken with pharmacists around the system. Feedback from practices is that they feel more in control of repeat prescriptions.

Patient Participation groups have provided positive feedback regarding the new system and able to order only the medication they require.

Mr Lakin informed the meeting that item growth is still up and the CCG are
expecting this to decrease in 6 month time following practices implementing the stopping of third party ordering.

Dr Kitlowski informed the meeting the report was positive.

Mrs Cassin informed the meeting the patients’ feedback received was patients want to be in charge of their prescriptions and they feel very positive about the system.

Mr Lakin informed negative feedback had been received from some pharmacies and the CCG are working with these pharmacies.

The meeting discussed the work that is being undertaken to unsure vulnerable patients are not denied their medication and the CCG is working with practices to ensure this does not happen.

Dr Avery informed the meeting of the time that will be saved for Practice staff by the new system.

Mr Lakin and Mrs Cassin discussed linking in with the Care Home Liaison Team for taking the scheme forward for patients in care homes.

Dr Kitlowski thanked Mr Lakin and the Medicine Management team for all their hard work.

The Governing Body noted the report.

Mr Lakin left the meeting.

184/16 Finance & Contracting Performance Report

Mrs Allott presented the Finance and Contracting Performance report to the Governing Body and informed the meeting that the CCG are forecasting to achieve the required 1% surplus. There are pressures in acute and prescribing which are being offset by other areas, however, the position on both has improved in-month. The QIPP table has been reviewed to reflect current performance.

Mrs Allott explained to the meeting the differences between the figures presented by Mr Lakin in the Prescribing Update and the Finance Report and gave assurance to the meeting that one is essentially a sub-set of the other.

Mrs Allott reported to the meeting that finance staff are continuing their work assessing the recurrent impact of issues presenting within the OCS to construct the financial plan, which would be discussed in detail in the confidential session.

Mr Barber informed the meeting that good financial management has enabled the CCG to be in a more positive position.

Mr Barber enquired whether the CCG had used the 0.5% contingency money and Mrs Allott explained these were assumed committed in the position.

The meeting discussed the three risk areas of Urgent Admissions, Prescribing and Mental Health, high cost placements and the work and projects being undertaken to reduce these areas and the funding available.

The meeting discussed the budget cuts for RMBC and the risks this may cause for the CCG.
Mr Ratcliffe to ask Mr Nathan Atkinson to attend the next Governing Body Development session to explain the changes around Social Care.

**Action: Mr Ratcliffe**

185/16 **Delivery Dash Board Report**

Mr Atkinson presented the Delivery Dash Board report to the meeting and gave the key points:

A&E - October saw a dip in performance from September and the Governing Body was asked to note the current November position is unavailable due to reporting issues relating to the IT System switch in A&E to Meditech. Work is ongoing to rectify these issues and dialogue is taking place with TRFT, RCCG, NHSE and NHSI to agree the date to recommence reporting.

Two CCG quality visits have taken place regarding IT systems and process and staffing.

YAS are currently challenged with reporting data as the call categories as part of the Ambulance Response Programme were changed in October. Due to these changes YAS are not in a position to routinely provide position date.

Cancer – This is the second consecutive month that the standard has not been met at CCG Level and the breaches of the standard were due to a number of reasons but most related to pathway delays or complexities.

Diagnostic waiting times for the CCG failed the standard. The Colonoscopy, Flexible Sigmoidoscopy and Gastroscopy represent the biggest issues. TRFT are outsourcing to external providers in the short time. Ongoing contractual dialogue between the CCG and TRFT is taking place.

The Governing Body noted the report.

186/16 **Patient Engagement and Experience Report**

Mrs Cassin presented the Patient Engagement and Experience Report to the meeting and informed the meeting that the link to the papers has been circulated to members of the Patient Participation Group (PPG) and the Practice Nurse Forum.

Mrs Cassin formed the meeting that in general people are in agreement with low cost over the counter medicines though concerns have been raised around patients who are vulnerable and have suggested access and support should be considered.

The consultations for Hyper-acute Stroke and Children’s Surgery have received a small number of responses and despite being well advertised there were no attendees at the public meeting held on 18 November 2016. Hand-outs have been distributed at the PPG event.

Engagement Mapping all the engagement activity that has taken place or is planned is mapped annually against the CCGs commissioning plan to record and assess activity and to highlight and prioritise any potential gaps. Planning for the December PPG network took place and focus will be on the integrated locality pilot in the Health Village.

The meeting noted the report.

187/16 **Patient Safety and Quality Assurance Report**
Mrs Cassin presented the Patient Safety and Quality Assurance Report to the meeting and highlighted the following:

- TRFT informed the CCG of a Norovirus during November. The virus closed the AMU for a short period of time and five other clinical areas were affected. The CCG Infection Control Nurse is working with TRFT and the CCG are fully assured all infection control procedures were followed and this has been resolved.
- Clostridium Difficile is under trajectory with 1 case attributed to Doncaster and Bassetlaw Hospitals Foundation Trust.
- Child Sexual Exploitation – Chief Nurse/Officer commitment to high level CSE meetings continue. Deputy Designated Nurse attending operational CSE Group and works closely with Named GP to ensure information is appropriately share with primary care.
- Health Care Assessment – LAC – Workstreams are looking at reducing the back log of assessments and extra clinics have been commissioned.
- Childrens Continuing Health Care – Mrs Cassin, Mr Atkinson and Mr Windle are working on a joint piece of work with RMBC to look at the process of working together on joint packages of care.
- Hospice – The CQC report can be accessed on the RCCG website.

The Governing Body noted the report.

Mrs Cassin presented the Safeguarding Annual Report and informed the meeting that the reports have been to the AQuA meeting.

The report contains the RCCG (NHSR CCG) Safeguarding Annual Report (app1), Rotherham Local Safeguarding Children Board Annual Safeguarding Report (app2) and Rotherham Safeguarding Adults Board Annual Report (app3).

The NHSR CCG report takes into account the safeguarding reports of the TRFT and RDaSH and the Safeguarding Adults Care Act 2015 and the Goddard Inquiry.

Mr Barber informed the meeting that the report have been to AQuA and was well received and the integrated action plan was reviewed through AQuA.

Mr Carlisle enquired whether Mrs Cassin and Mr Edwards feel they are assertive enough to hold boards to task.

Mrs Cassin informed the meeting that she felt they were and that meetings are held differently and there are more challenges around the table.

Mr Carlisle enquired if the time was right to challenge the public around safeguarding work.

Mr Edwards informed the meeting that the CCG has taken part in roadshows with the RMBC and the public perception seemed to have changed. Mrs Cassin informed the meeting that a meeting has been set up to look at Safeguarding in Education.

Dr Avery enquired if the issues around football may raise a risk for the CCG. Mrs Cassin was unable to advice on the effect of this for the CCG and gave assurance it would be on the CSE Subgroup of the LSCB Agenda.

The Governing Body gave approval to the NHSR CCG Safeguarding Annual Report 2015/16 and noted the receipt of the Rotherham Safeguarding Children and Adults Boards Annual Reports.

Fraud, Bribery and Corruption Policy Review
Mrs Allott presented the Fraud, Bribery and Corruption Policy review and informed the meeting that this was a routine annual review and there were no significant changes. The policy will be amended if any future significant changes occur.

The policy has been approved at AQuA.

The meeting approved the policy.

191/16 **Governing Body Actions Log**

192/16 The action log was reviewed and updated accordingly.

193/16 **Minutes of the GP Members Committee**

194/16 The meeting noted the minutes from the GP Members Committee meeting held on 26 October 2016 for information.

Dr Avery informed the meeting that at the meeting held on 30 November 2016 members had discussed the following:

- The Governing Body meeting Chief Officers report
- Discussed the use empty 12 bed unit at Woodlands, RDaSH being utilised over the winter period. The proposal is to utilise the Woodlands ward through winter months to transfer patients from acute thereby enhancing quality of care and reducing bed days at TRFT.
- Dr Kitlowski had provided an update on the Breathing Space Audit.
- Problems with Letters received by GPs from TRFT.

Dr Avery informed the meeting Mrs Cassin has joined the committee and will provide feedback to practice nurses.

195/16 **Minutes of the Rotherham A&E Delivery Board**

The meeting noted the minutes of the A&E Delivery Board 14 September 2016, for information.

196/16 **Minutes of the Primary Care Committee Meeting**

The meeting noted the minutes from the Primary Care Committee 14 September 2016 for information.

Dr Carlisle informed the meeting that at the November Primary Care Committee members had been informed that Canklow Practice will be moving premises in January 2017.

197/16 **For Information**

**Better Care Fund Finance and Risk Management**

Mrs Allott presented Better Care Fund Finance and Risk Management paper for information and informed the Governing Body that they can take assurance from the shared equity with RMBC and Mr Edwards and Mrs Firth will highlight any concerns if they arise.

The Governing Body noted the paper.

198/16 **Future Agenda Items**

No items discussed.

199/16 **Urgent Other Business**

No items discussed.
200/16  **Issues to alert the Governing Body**
No items discussed.

201/16  **Exclusion of the Public**

202/16  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].

203/16  **Date, Time and Venue of Next Meeting**

204/16  The next Rotherham Clinical Commissioning Group’s Governing Body Meeting to be held in public is scheduled to commence at **1.00 pm on Wednesday 11 January 2017** at Oak House