

**MINUTES OF ROTHERHAM CLINICAL COMMISSIONING GROUP
PUBLIC GOVERNING BODY MEETING**

Wednesday 7th February 2018 AT 1.00pm

Elm Room G.04 at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY

Present:

Dr R Cullen, GP, Chair SCE RCCG
Sue Cassin, Chief Nurse, RCCG
Mr C Edwards, Chief Officer, RCCG
Mr I Atkinson, Deputy Chief Officer, RCCG
Mrs K Henderson, Lay Member RCCG
Dr G Avery, GPMC Representative, RCCG
Dr S MacKeown, GPMC Representative, RCCG
Dr R Carlisle, Lay Member, RCCG
Dr D Clitherow, Independent GP, RCCG
Dr J Page, GP Lead, Finance and Governance, RCCG
Mr J Barber, Lay Member, RCCG
Mrs W Allott, Chief Finance Officer, RCCG

Participating Observers:

Councillor Roche, RMBC Representative
Jo Abbott, Public Health, RMBC
Tom Bell, Assistant Director for Housing, RMBC
Richard Smith, Assistant Director of Housing & Neighbourhood Services, RMBC

In Attendance:

Mrs R Nutbrown, Board Secretary, RCCG

Mr G Laidlaw, Communications Manager, RCCG

Ms Lindsey Hill, RCCG Information Governance/ PA, (Note Taker)

Observers:

Katherine Bradshaw, Boeringer Ingelheim

Steve Taylor, Rotherham Local Pharmaceutical Committee (RLPC)

Jane Robinson, RCCG

No.	Item	Enclosure
23/18	Apologies for Absence:	
24/18	Declarations of Pecuniary or Non-Pecuniary & Conflicts of Interest It was acknowledged that, as Primary Care Providers in Rotherham, Drs Cullen and MacKeown and Avery and Page had an (indirect) interest in most items.	
25/18	Patient & Public Questions	Verbal
26/18	Draft Minutes of the CCG Governing Body dated 5th January and Matters Arising Item 09/17 Mrs Henderson asked for the paragraph to be edited to read. <i>'Mrs Henderson suggested item 7.2 Older Peoples Mental Health figures may predict a future challenge and concerns relating to delayed transfer of care and housing issues. Mrs Henderson went on to say that complex Learning Difficulties may have an impact on finance.</i> <i>In relation CHC information and the apparent increase in referrals from community, Mrs Henderson queried if this was a result of a change in practice and should we expect a decrease from the acute sector'</i> The Minutes from the Governing Body held on 3rd January 2018 were approved as a true record of proceedings.	Enclosure 1

No.	Item	Enclosure
27/18	<p>Governing Body Actions Log</p> <p>06/18 Primary Care Access. Mr Carlisle - stays red discussion still taking place with LMC</p> <p>06/18 Primary Care Access. Mr Edwards - will be picked up in next planning cycle</p> <p>09/18 Patient Safety & Quality Assurance Report - A review outside of GB has been undertaken relating CHC and number of appropriate assessments and is complete</p> <p>10/18 Equality & Diversity is now complete.</p>	Enclosure 2
28/18	<p>Chief Officers Report</p> <p>This report informs the Governing Body about national/local developments in the past month. Mr Evans informed GB that National Guidance was issued last Friday which will have some impact on the report findings.</p> <p>*The National Guidance paper will be circulated with the minutes.</p> <p>Priorities will stay the same, Primary Care, Mental Health, Cancer, A&E, 18 weeks. Accountable Care system is now known as Integrated Care system. The challenge is how to make it work on a SY&B level. The Commissioning plan is aligned to the national guidance so natural progression will be on plan.</p> <p><u>RCCG Diabetes Assessment Rating</u></p> <p>To update GB on the headline assessment of RCCG that was completed under the auspices of the Clinical Commissioning Group Improvement and Assessment Framework (CCG IAF) for 2016/17 and published in July, an additional assessment for diabetes has been undertaken by the independent panel for NHS England.</p> <p>The assessment outcome in relation to diabetes for 2016/17 is 'Good'.</p> <p><u>Engagement Report</u></p> <p>The report is a generic update on engagement at an ACS level from the South Yorkshire and Bassetlaw Accountable Care System. Governing Body is asked to discuss and support the recommended approach to engagement at ACS level, especially in relation to the legal responsibilities. Mrs Henderson informed GB that work on engagement is consistent and on-going.</p> <p>Governing Body agreed to support this approach to engagement at ACS level.</p> <p><u>Collaborative Partnership Board</u></p> <p>Following on from the Collaborative Partnership Board meeting on the 12th January 2018, shared minutes of the meeting of the 8th December 2017 and the ACS CEO report from Sir Andrew Cash for information.</p>	Enclosure 3

Governing Body noted for information.ACS Templates for Equality Impact Assessment & Engagement

Helen Stevens, Associate Director Communications and Engagement South Yorkshire and Bassetlaw Accountable Care System has requested we use the same systems, templates and processes to:

- Complete EIAs
- Monitor and assess projects in terms of engagement
- Record engagement activity, especially where this impacts on the protected characteristics

The forms have been developed in line with current best practice, and in line with the template used by NHSE, ensuring consistency across the footprint.

The E&D form has been reviewed by the Yorkshire and Humber STP equality and diversity reference group, their comments incorporated and reflected. Completing these templates, recording, assessing and planning activity is a key part of the process of any major service change, forms would replace those currently used by RCCG; and would be used from this point on.

Mr Henderson

GB noted and approved the use of these templates. Mr Edwards asked Mrs Henderson to take the forms back to the appropriate committees to persons cited on the documents.

Winter Update

National pressures over the winter period. National A&E performance 4 hour wait has been achieved at 85% nationally. Rotherham has achieved above that for Jan with Feb at 95% currently.

We have had significant problems with Norovirus, the system plan has worked well within Health & Social care with all partners working together. As a system plan although very challenging, compared with other areas Rotherham has done well.

Mr Carlisle asked if it will be known soon as to how many electives have been cancelled or slowed up because of the winter pressures.

Mr Edwards stated that the exact number is not known but national guidance has kept impact in Rotherham minimal. The challenge is to maintain this. Mr Atkinson added that the elective profile is discussed daily to assess cases which may be over and above urgent. Mr Edwards went on to say that Rotherham electives remain within the 18 week wait overall

Rotherham Urgent and Emergency Care Centre has performed above the national average in both December and January.

Communications Update

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	<p>There has been extensive media coverage of winter pressures within the NHS, with a focus on A&E. Hallam FM and Rotherham Advertiser have both covered stories on Rotherham.</p> <p>The local media has covered news that Rotherham mental health social prescribing scheme and in a national document Rotherham has been quoted as 'best practice'.</p> <p>A refresh of the Right Care, First Time campaign has recently taken place with updated resources distributed through GP practices, hospital services and council information points. The campaign provides advice to local people on appropriate services available to them when they need them.</p> <p>Councillor Roche added that mental health social prescribing has been mentioned in the Jo Cox Report which went to parliament.</p>	

STRATEGIC UPDATES

29/18	<p><u>Housing Growth Briefing</u> from Mr Bell – RMBC</p> <p>Mr Tom Bell gave a PowerPoint presentation on Housing Growth in Rotherham.</p> <p>There are currently over 112,000 households in Rotherham, 67% owner occupied, 21% social housing and 11% private rented. 20,500 are council owned and managed, with 500 leasehold. Approx 6,500 applicants are waiting for social housing based on need, medical need being the top priority. It is intended that a further 900 homes are available this year. Mr Bell went on to outline challenges and opportunities, planning outlines, revenue sources and availability of appropriate land. Bassingthorpe, town centre and Waverley/AMID are key developments and will mean a wide range of part share/rent to buy/shared ownership options will be available with anticipated release of the first homes in Aug/Sept. The local plan will release land over next 5 years which will include also leisure facilities, road and drainage facilities, in-turn generating advance manufacturing investment and a growing economy.</p> <p>Members discussed the need for air quality/cycle/walking facilities improvement. Mrs Henderson asked if there will be mixed housing available. Mr Bell stated that smaller apartments, bungalows, retirement homes and LD and supported living amenities are all key aspects. The right homes to match community needs are part of the strategy and plan. The number of homes being built for the whole of Sheffield city region doesn't match the pace of the growing economy. High deposit rates for private housing and low incomes in the area means there is little option to buy.</p> <p>Dr Avery asked what proportion of the sites are brownfield/greenfield. Mr Bell responded that approx 3% are greenfield sites.</p> <p>Rotherham are the best in the country on the planning agenda being development friendly, strong track record of delivering affordable homes and have a healthy housing revenue account. Rotherham welcome household to the area its not exclusively about existing residents as people from the local area are also priced out of the market.</p> <p>Last month a report went to cabinet which approves a 30 year business plan for the housing revenue account, of which 50million</p>	Presentation
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pounds has been set aside for new homes over the next five years across the borough. Rotherham has world class leading manufacturing and engineers and companies working on the Advanced Manufacturing Parks, Boeing, McLaren, Rolls Royce, Sheffield Universities, coming together to build on the innovation concepts to take forward and involve local supply chain.

Mr Edwards added that CCG is represented on the Rotherham Planning Group, and provision of health services in the localities will be required and planned.

Ms Abbott went on to say that the changes are welcomed as poor housing previously identified through research has been a big problem. Rotherham now also has a licensing scheme for landlords who meet the criteria to improve the housing problem.

Councillor Roche added that Adult Social Care and Wellbeing Board are talking to planning and housing to recognise that in order to improve the health of Rotherham residents, housing is a key concern in addition to walking/leisure facilities.

Mr Atkinson added that he welcomes the housing dialogue with partners identifying key aspects where we spend significant money from a health perspective on LD placements and supported living and how we capture that work going forward and provide the best opportunities in Rotherham.

Verbal

Adult Social Care Update from Mr Smith - RMBC

Mr Smith gave a brief verbal update on the work to bring housing and social care together. Work is on-going to look at LD Adult care and where the pressures are. The Social Care Act needs to be embedded deeper than it is currently and there is a large backlog of allocated services. Systems around hospital discharges and A&E targets are a good barometer on how the system works, Rotherham has good figures on the whole.

There number of residents receiving social care in Rotherham is a quite high, and bed based services for older people is an issue.

Mr Smith added that during a recent survey, 100% of residents asked, expressed a wish that they had never agreed to go into residential nursing care.

There are 200 beds available for intermediate care in a range of places with varied outcomes. Over 60% of those people haven't been reviewed timely enough to get them into a more suitable place. Mr Smith has been to Safeguarding Board meetings and the commitment to keep people safe in Rotherham is ingrained in that arena but how that transforms into discharging safeguarding duties in pathways and thresholds within the Care Act needs a refresh. There are no reserves for the funding gap, but a central government grant to relieve pressures is available, however, the workforce is stable and 'emotional investment' in Rotherham is very good.

Mr Atkinson added that GB Joint strategy working as Rotherham Place Board identifies consequences early and is a good opportunity to look at what is best for Rotherham.

Mr Edwards stated that we have a Better Care Fund in

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	<p>Rotherham which as we pool budgets and resources together, will increase as our partnership working develops. Cross working with Health & Social Care in Rotherham is seamless due to senior managers having experience of both health & social care which means that consequences are recognised before we make decisions.</p> <p>Mr Atkinson added that some of the practical examples of where this work is, of 200 care beds in the borough, joint strategy will ensure health care and social care provision. It will be seen as 'Rotherham Place' rather than the traditional view, which has given some good traction in thinking in terms of where we need to be in the future.</p>	

PERFORMANCE REPORTS

30/18 Improving Ambulance Services 1/12/2017

The purpose of this paper is to update Governing Body on the recent national work undertaken to improve ambulance service performance and develop a consistent framework for measurement of performance.

Rotherham CCG Governing Body is asked to note the positive outcomes of the ambulance response programme and the changes to reporting from 1 September 2017.

Mr Atkinson apologised for the draft watermark, it is a final paper drafted out of Wakefield CCG with all respective CCG from Y&H taking it through their GB in due process.

It refers to announcement made in July by the Secretary of State around the ambulance response programme and the response to changes to the national reporting of ambulance indicators. Rotherham already pilot but it has gone to national level since July.

We are now reporting against the rationale of 4 categories;- Life threatening, Emergency, Urgent, Less Urgent. We have been quite challenged in performance as we moved through winter on urgent and less urgent calls.

Dr Page discussed impact on hyper acute stroke patients. Will it impact in anyway on our approach. He gave an example of a patient with a stroke category 2, at 90th centile, you may be waiting up to 40 mins for an ambulance whereas you should be in hospital within 60 minutes. Mr Atkinson agreed there is a challenge but as we implement the stroke review, we need to challenge from a Rotherham perspective (and Barnsley) the transport times into both Doncaster and Sheffield for hyper acute stroke. We need to seek assurance that those transport times set within the business case are adhered to.

Mrs Cassin noted that a new updated and expanded programme of Clinical Quality Indicators (CQIs) be introduced in England. Mr Atkinson stated that he expected that to come through the lead contracting arrangement through Wakefield which Rotherham can comment on the full set of quality

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indicators.

Dr MacKeown asked who decides on the level of competence and where it fits into any particular area. Mr Atkinson responded that at national level, there would have been a specification developed with appropriate clinical oversight.

Mr Atkinson added part of the challenge for CCG's managing on a system wide basis will be the change in target. Talks around crewed ambulance or fast responder (bike or car) in performance and planning to ensure quality of transport arrives with appropriate clinician support but that will come at a cost, which CCG's will address within planning guidance and available resource for CCGs to increase activity levels within ambulance contracts.

Mr Carlisle commented that he thought that there is a lot of risks in commissioning of ambulance services. How we are assured of quality – who leads the work?

Dr Cullen asked how it will affect monitoring, i.e. A&E's reporting performance according to National Indicators.

Mr Atkinson added that there are a number of levels, high level national indicators which we have access to, but on a daily basis and weekly aggregation, the handover times from organisations across Y&H from YAS are available, handovers are broken down into 0-15 (national requirement), 15-30, 1-2 hrs indicates hotspots on provision, which is very transparent.

Action – Mr Atkinson to find out who represents Rotherham at Wakefield CCG , what the make-up of the team is and what clinicians are involved and report back at next GB

IA

Finance & Contracting Performance

To provide an update to members on the financial and contracting performance position as at the 31st December 2017 also referred to as Month 9.

Mrs Allott informed members that forecasting to achieve challenges is almost in balance year to date and added that it is highly likely that we will be instructed to release 0.5% risk reserve to the bottom line at some point, therefore zero forecast out-turn will start to show as a surplus.

Continued pressures are acute services, specialist placements and CHC although prescribing has lessened slightly.

Governing Body members are asked to note the current position and the additional commentary to support the operating cost statement

Governing Body noted the current position and the additional commentary to support the operating cost statement

QIPP Performance

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To inform members of the progress on the CCG's QIPP plans to date and the projected outturn.

Members are asked to note the position to date, the forecast outturn and the narrative to support the position of the schemes.

Mrs Allott gave a brief update adding there are no vast changes. Schemes are on plan, Acute and Prescribing delivery are not to levels anticipated. Dr Avery added that there could be more traction in prescribing if it was incentivised and believes practices could possibly save another 10%.

Action - Mrs Allott will ask Stuart Lakin to discuss with wider MMT

WA

Members declared conflict that potentially there are bigger efficiencies to be made in the CCG Prescribing budget but there may be income implications for the GPs .

Any decisions made would be taken by Primary Care Sub Committee which is chaired by Lay Members and GP's are excluded from decision making.

Mr Carlisle asked what learning came from clinical thresholds/clinical audits. Mr Atkinson reported that in terms of key learning associated gatekeeping, education of primary care colleagues, GP education, continued emphasis within specific specialties is recognised.

As part of the audit process, discussion on adjustment thresholds has taken place in terms of levels of activity.

The only area currently considered for changing the threshold is Cataracts relative to new NICE guidelines released later this year.

Delivery Dashboard (IA)

Mr Atkinson gave members an update on the current positive position. RCCG is currently at 90% green 'achieving' status. RCCG overall is presenting a good picture.

Dr MacKeown asked if the DTOC delay had changed due to more appropriate discharges and what percentage were re-admissions. Mr Atkinson stated that February data will be picked up in the March GB. Mr Edwards added that out of hours spot purchase last year has changed to systematic practice this year and expects rates to lower.

QUALITY & PATIENT ENGAGEMENT

31/18

a) Patient Safety & Quality Assurance Report

TRFT continue to rigorously analyse all data related to C Difficile with numbers remaining under trajectory for both TRFT and RCCG. The action plan, for E Coli reduction, agreed with TRFT focusses on 3 main areas, the number of cases continues to remain below trajectory.

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There has not been a Serious Incident Committee since the last Governing Body meeting - no further incidents have been closed however processes for reporting, investigating and performance management have been reviewed, updated and agreed with TRFT.

The CCG has been successful in securing non-recurrent funding, from NHSE Health and Justice, to provide support to survivors of CSE who are contributing to the NCA Stovewood investigation and court processes. The CCG Deputy Designated Nurse is compiling timelines of 10 anonymised survivors, these will be collated with those from other agencies to identify learning and opportunities for improvement.

The NHSE requirement for CCGs to report against 2 CHC Quality Premium indicators has prompted a review of processes and development of actions to improve performance, RCCG is recording a month on month improvement in performance for both indicators.

GP practices continue to respond positively to CCG led quality and contract visits, these also support the development of action plans to secure improvement against CQC visit reports.

Chief Nursing Officer Professor Jane Cummings has launched a 10 point action plan to recognise and develop the roles that general practice nurses have which transform care and can deliver the plan to make the NHS fit for the future. An award event will take place on 20th February at New York Stadium, for Yorkshire and Humber to recognise the skills, expertise and dedication of practice nurses. 3 events will be held followed by a Y&H event for overall winners.

Mrs Cassin will judge at the event and Ms Abbott offered assistance/input from RMBC experiences.

b) Patient Engagement & Experience Report

Mrs Cassin gave GB an update on what we are hearing, a Patient story around integrated working in the patient's own words, Friends & Family Test Update, Inpatient and day cases, Maternity, U&ECC, Community services – 599, and Outpatients.

A total of 5,816 responses from GP Practices were collected in November; similar to the previous month.

8 Practices did not submit any data in November, the same 8 practices not submitting data last month again failed to submit; 4 of these have submitted no FFT data in a year. Of the practices submitting data, 3 had positivity rating below the national average of 89%. This data is routinely shared with the primary care team; and feeds into quality reports.

Note -Comments for GP practices are not routinely seen or reported on to the CCG, or any cross practice thematic analysis carried out, but there is more feedback available from GP practices currently and access to 'freetext'.

Members agreed that in general, GP Practices are happy to share the information but there are no incentives to do so currently.

Mental Health/RDASH

The response rates submitted by RDASH remains low; at this level

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	<p>the data received is not sufficiently robust to be particularly useful; however the collection rates are similar across other providers</p> <p><u>Yorkshire Ambulance Service</u></p> <p>Response rates are habitually low; in November, 3 responses were received across 2 categories from a potential of around 98,000 patients. This is in line with previous months, and cannot be used in terms of determining satisfaction.</p> <p><u>Other activities</u></p> <p>Engagement and communication committee, Patient involvement in Waverley GP procurement, SY&B engagement leads briefing and future engagement, led by ACP engagement staff, SY&B Experience and Engagement Forum, January GP PLTC event, supporting corporate activity.</p>	

CORPORATE

32/18

Policies (RN)

Conflicts of Interest Policy

Mrs Nutbrown updated Governing Body of the changes made to the Conflicts of Interest Policy and the Standard of Business Conduct and Gifts and Hospitality Policy. The two policies are merged to avoid duplication within the policies and to include new guidance issued by NHS England Revised Statutory Guidance for CCGs 2017 published 16th June 2017.

Mr Barber stated it was a good proposal.

Governing Body has noted and agreed the revised policy

AQuA sub-committee Terms of Reference

Mrs Nutbrown updated members as to the annual review of the TOR for AQuA. No major changes have been made.

GB noted and agree to the changes to the AQuA TOR.

Procurement policy

The New Procurement Policy has been updated and is presented to GB for Ratification. Governing Body is asked to approve the policy.

Governing Body note the policy and are happy to approve subject to approval of the AQUA Sub Committee.

Confidentiality Code of Conduct Policy

This policy has been updated to reflect GDPR changes and has been approved by AQUA.

GB are asked to approve the reviewed document.

GB noted and agree to the changes PolicyData Protection & Access to Health Records Policy

For the Governing Body to receive the review of the CCGs Data Protection and Access to Health Records Policy against the requirements of the EU General Data Protection Regulation (GDPR), in order to achieve compliance in preparation for the 25th May 2018.

The Governing Body are recommended to endorse the revised Data Protection and Access to Health Records Policy.

GB noted and approved changes to the policyPortable device & Smartphone Policy

For the Governing Body to receive the review of the CCG's Portable Device and Smartphone-Tablet Policy.

The Governing Body are recommended to endorse the revised Portable Device and Smartphone Tablet Policy.

GB noted and approved changes to the reviewed policy

- Members noted that further review is required when change over to NHS.net have been made

Constitution

To update Governing Body members with changes to the Constitution. Mrs Nutbrown advised that changes are listed at the front of the policy.

To ratify the decision made by GPMC to approve the constitution.

GB noted and approved changes to the reviewed Constitution document

- Yellow highlighted text will be removed after submission to NHS England for legal approval
- Any updates made will be brought back to GB every 6 months

Equality & Diversity Subcommittee Terms of Reference

To review the Equality and Diversity Steering Group terms of reference in line with the annual review process.

Governing Body noted and agree to the Equality and Diversity Steering Group terms of reference.

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Governing Body Assurance Framework

Governing Body to review the Governing Body Assurance Framework (GBAF), Risk Register (RR) and Issues Log (IL). GB is asked to review the GBAF, RR and IL.

4 objectives link to Community Planning to be brought back to Development Session in March to address.

AQUA and OE regularly assess the Risk Register and Issues log. It defines what is happening and what we are doing to resolve it. Audit feedback from AQUA is that systems and processes are going in the right direction.

- RR 9 – requires editing recorded as Jan 2017

Mrs Cassin requested clarity of terminology in the table. Mrs Nutbrown commented that March Development Session will identify and address updates.

Dr Cullen suggested giving assurance to members through Governing Body rather than Members Committee.

MINUTES FROM OTHER MEETING

33/18 Minutes of the Engagement & Communications Committee Draft 11th January 2018

Mrs Henderson informed members that the minutes are in draft and TOR has been reviewed by AQUA

Governing Body noted for information.

34/18 Minutes for the GP Members Committee

(No meeting held in Dec 2017)

Dr Avery gave a verbal update provision of services, Community, reviewed 6 months, further discussion relating to Rotherham Equipment, Domiciliary Care, AQUA and Federation.

Governing Body noted for information

35/18 Minutes of the A&E Delivery Board – 13 Dec 2017

Governing Body noted for information

36/18 Minutes of South Yorkshire & Bassetlaw Accountable Care System Collaborative Partnership Board – 10 Nov 2017 and 8 Dec 2017 Ratified minutes

GB noted the minutes for Information.

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37/18	<u>Minutes of Joint Committee of Clinical Commissioning Group</u> (No meeting held in December 2017)	
38/18	<u>Minutes of the Primary Care Committee meeting Jan 2018</u> <u>(unratified)</u>	
	GB noted the minutes for information . Mr Carlisle will feedback at next meeting	

FOR INFORMATION ONLY

- 39/18 Future Agenda Items
- 40/18 Glossary (standing item)
- 41/18 Urgent Other Business
(at the Chair's discretion and with prior notification)
- 42/18 Urgent issues and appropriate escalation
- 43/18 Risks Raised
- 44/18 Exclusion of the Public:
The CCG Governing Body should consider the following resolution:
"That representatives of the press and other members of the public be excluded from the remainder of this meeting due 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.
- 45/18 The next **Public Governing Body** meeting will take place at **1.00pm on Wednesday 7th March** at Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY