

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 7 October 2015 at 1.00 pm in the Elm Room (G.04) at Oak House,
Moorhead Way, Bramley, Rotherham S66 1YY**

Present:

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

Participating observers: Ms T Roche, Director of Public Health, RMBC

In Attendance: Mrs S Whittle, Assistant Chief Officer (Governing Body Secretary)
Mrs M Robinson, Secretariat, RCCG
Mr G Laidlaw, Communications Manager, RCCG

Observers: Ms Joanne Mangnall, TRFT
Ms Michelle Hutchinson, TRFT
Ms Kerena Ewing, Rosemont Pharma, Pharmaceutical Company
Nick Hunter, Rotherham LPC

151/15 **Apologies for Absence**
Cllr D Roche, RMBC

152/15 **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 including. Dr Darby and Dr Jacob have a conflict of interest in Item 8 on the agenda Hyper Acute Stroke Unit.

153/15 **Patient & Public Questions**

No patient or public questions have been received. Patient experiences will be presented to the Governing Body members on a quarterly basis.

154/15 **Minutes of Previous Meetings – For Approval**

The minutes from the previous meeting held on 2 September 2015 were approved by the Governing Body as a true reflection of the meeting.

155/15 **Chief Officers Report**

Mr Edwards presented his report and highlighted the following:-

Chelsea's Choice Drama Workshop Preview

The CCG together with RMBC Public Health are jointly funding a package of preventative, evidence based Child Sexual Exploitation (CSE) drama interventions aimed at young people in Key stage 3 and 4 (12-16 years). The drama interventions are to be delivered over a two to three year period through school settings with the additional possibility of a youth club/theatre setting targeting vulnerable young people and families/carers.

Quarter 4 Assurance Letter

The letter summarises some of the key issues which are discussed, along with agreed actions at our Quarter 4 meeting with NHS England on 6 July 2015. Mr Edwards informed that the meeting with NHS England was very positive and NHS England reported that the CCG had made significant progress on the work in Rotherham and are more than ready to move into wider collaborative arrangements, where these are required in the future.

Strategic Clinical Executive (SCE) Portfolio Update

A recent review has taken place of the portfolio responsibilities of the GPs on the SCE.

Mr Edwards reported to the meeting more priority was being given to Children's services. Dr Cullen will take over Children's (including CAMHS)

Brinsworth/Surgery of Light Merger

The Primary Care Sub Committee on 23 September considered an application from Brinsworth and the Surgery of Light practices to merge. The merger was approved on the basis that it is consistent with RCCG strategy and overall provides improved benefits for patients at both practices. Work is ongoing to undertake the merger during October 2015.

New Joint Appointment

The CCG and RMBC have appointed Nicole Chavaudra as Joint Assistant Director for Commissioning Performance and Quality for Children & Young People's services. Nicole commenced her role on the 14 September and will be based at Riverside House and work at Oak House at least one day a week. Nicole will be working with Mrs Whittle, Mr Edwards and Dr Cullen.

Communications Update

Mr Edwards informed the meeting that there has been front page coverage in the Rotherham Advertiser regarding concerns about the care cost for a mental health patient. The story was taken from information in the September Governing Body papers.

Mr Edwards reported to the meeting that Healthwatch Rotherham have introduced a new system where patients can communicate with them through text message to 01709 242232 regarding their views and experiences.

Mr Edwards informed the meeting that Rotherham's winter communications activity will centre on 'Right Care', 'First Time' messages with focus on directing patients to self-care, pharmacy first and NHS 111.

The Governing Body noted the Chief Officer's Report.

156/15

Children & Adolescent Mental Health Services (CAMHS) Update

Dr Brynes joined the meeting.

Mr Atkinson informed the meeting that this paper provides the Governing Body members with an update on the development of the Rotherham Child and Adolescent Mental Health Service (CAMHS) Transformational Plan. The plan is a national requirement for CCG's to complete by 16 October 2016.

The Department of Health published the national 'Future in Mind' (FiM) report earlier this year. The report was structured around 5 key themes:-

- Promoting resilience, prevention and early intervention
- Improving Access
- Care for the most vulnerable
- Accountability and transparency

- Developing the workforce

A requirement of the report is that all CCG's are required to develop a local CAMHS Transformation Plan. The plan will give details of how at local level the CCG will deliver the priority themes identified within the report over the next 5 years. A requirement of the plan is that the CCG submit the plan to NHS England for agreement prior to receiving any additional funding and the £364k funding for the remainder of 2015/16.

Mr Atkinson reported to the meeting that the CCG will also receive an additional £145k of funding for Eating Disorders Service for Children and Young People.

Mr Atkinson informed the meeting that Rotherham CCG is leading the process of developing the Transformational Plan and is required to engage with key stakeholders in the process. This has included gaining the views of children, young people, parents and carers to support the development of the plan. The key areas of the service development are:

Proposal to enhance Crisis, Transition (to adult services) and Community Support (Tier 3+)

- Autistic Spectrum Disorder Post Diagnosis Support
- Further focus on Prevention/Early Intervention
- Family Support Workers
- Workforce Development
- Targeting Hard to Reach Groups
- Perinatal Mental Health
- Eating Disorders
- Mental Health of Looked After Children
- Further mental health related support for victims of Child Sexual Exploitation
- Development of services through input from Children & Young People and their families

The final Transformation Plan has to be submitted to NHS England by 16 October 2015. The plan has to be signed off by the Health and Wellbeing Board and also by the local NHS England office, prior to submission.

Mr Atkinson informed the meeting that the final plan will come back to the Governing Body meeting once agreed and signed off.

The Governing Body noted the paper.

157/15

Leading By Example – A Healthy Workforce

Mrs Whittle informed the meeting that Rotherham CCG has been chosen along with 11 other NHS Hospital Trusts to pilot the 'Leading By Example' – A Healthy Workforce. Rotherham CCG is the only CCG chosen to take part.

Mrs Whittle reported to the meeting that Mr Edwards will be the Board Level Lead and Dr Kitlowski will be the Clinical Lead. Mrs Whittle and HR will be the operational leads.

Mrs Whittle informed the meeting that training will be provided for Line Managers to assist them in supporting their staffs health and wellbeing. Health checks will be provided at work for staff aged 40 >, Staff will be given

help to receive the health services they may need for example access to physiotherapy and talking therapies, smoking cessation and weight management services.

Mrs Whittle reported that the CCG will look into establishing and promoting a local physical activity offer to its staff and look at ways of promoting healthier eating. The CCG will also undertake a workplace charter assessment and accreditation process.

Mrs Whittle informed the meeting that the potential benefits to the CCG are

- healthier, smarter, and happier staff
- Lower sickness and absence rates
- Improved physical and mental health
- Improved lifestyle

Dr Page enquired who would be carrying out the health checks and where these will be carried out as the CCG is not a clinical environment. Mrs Whittle informed the meeting that she and Peter Smith are looking at who can carry out the health checks and will have more information following a future meeting in London.

Staff will be asked to give ideas around the scheme.

Mrs Whittle informed the meeting she is working with RMBC Public Health around the workplace charter.

Updates will be given quarterly to the Governing Body members.

158/15

Hyper Acute Stroke Unit – Outline Strategic Case For Change

Dr Cullen informed the meeting that the paper is to update the governing body of the progress of the Working Together programme and the plans for Phase 2.

Dr Kitlowski informed the meeting that stroke has been an area of concern for some time and as part of the consultation process is to look at how to improve stroke services for Rotherham.

Dr Cullen informed the meeting that the consultations are taking place to enable CCGs to meet to find solutions.

Dr Carlisle informed the meeting that while the CCG is looking for future solutions there is a need to provide immediate solutions.

Mrs Firth informed the meeting that the paper she is bringing to the November/December meeting will show an improvement in services.

Mr Edwards informed the meeting that the paper will be distributed to localities through the GP Members Committee and with GPs directly.

The meeting agreed to discuss the paper in more detail at the November/December meeting.

The Governing Body agreed the recommendation of the 'Working Together' Programme to progress to the next stage and conduct an options appraisal and impact assessment. The Governing Body agreed to receive updates periodically.

Performance Report

a) Finance & Contracting Performance Report (KF)

Mrs Firth gave assurance to the Governing Body members that the CCG remained on track to deliver the required 1% surplus.

The CCG has been notified of a revenue resource allocation of £392.9m for operational purposes. This is an increase of £0.1m on last month due to allocations relating to Mental Health Services. The total includes £34.7m for GP Primary Care. This will continue to be transacted by NHS England until the national systems are updated.

Mrs Firth reported to the meeting that the Rotherham Foundation Trust (TRFT) levels of uncoded activity have improved in the month from 24% to 17% on average within which elective activity still uncoded is down to 24% from 39% last month.

If trends continue the CCG expects to see a £0.4m underspend against the TRFT contract. This is lower than the year to date position as the CCG expects specific areas of activity to increase where they are currently under plan eg daycases.

Other secondary care contracts continue to over perform. Sheffield Childrens on outpatient follow up and non elective, Sheffield Teaching on outpatient, emergency admissions and excluded drugs, and Doncaster & Bassetlaw and Barnsley on non elective. Overall however non elective activity across all providers is below plan in line with QIPP schemes.

Mrs Firth reported to the meeting that the Prescribing Team are monitoring ongoing price volatility and prescribing decisions as this is likely to cause a particular risk to outturn. The year-end forecast has been increased since last month to reflect increasing trends in price and volume data. The Medicines Management team are to carry out an in-depth validation of data to establish a greater understanding of the position and enable stronger forecasting to be achieved.

Mrs Firth reported to the meeting that Continuing Health Care packages are being reviewed more frequently by clinical teams to ensure that appropriate packages are in place. There have been reductions in costs in some cases which have allowed resources to be made available to address the increased demand from new patients.

The meeting discussed the £9.8m non-recurrent fund. This fund relates to the return of previous years' surplus. This is pre-CCG and is not cash backed therefore not included in the Operation Cost Statement.

The Governing Body members noted the paper and asked to be kept updated of conversations regarding the trajectory regarding Medicines Management.

b) Delivery Dashboard (IA)

Mr Atkinson reported to the meeting that in terms of key performance issues A&E (TRFT) failed the Quarter 2 target. The Quarter 2 position was 92.1% against a target of 95%. TRFT remain confident that both the Q3 Target and the Year End target will be met.

Mr Atkinson reported to the meeting that as part of the Emergency Centre Development A&E will move to B1. The expected date for this is the 23 November 2015.

Mr Atkinson informed the meeting that the CCG is currently reviewing the percentage of patients attending A&E with a diagnosis of mental health related needs being seen within 4 hours as the performance percentage to up until June is 87.6% against a target of 95%.

Mr Atkinson reported that there has been a 5% improved performance on YAS Rotherham Category Red 1 patients to 68.73% from the July position of 55%. This is still below the national target of 75%.

Mr Atkinson reported to the meeting that there has been one report of a 52 week wait breach for a Rotherham patient in August at Sheffield Teaching Hospital. On further investigation the reported breach will be revoked as the patient was identified as medically unfit for treatment prior to breaching.

Mr Atkinson reported that the 18 week wait referral to treatment at TRFT remains very strong with 95.77% of patients on the incomplete pathway waiting no longer than 18 weeks. The national target is 92%

Mr Atkinson informed the Governing Body meeting that following the 6 Eliminating Mixed Sex Accommodations Breaches in July there were no breaches in August.

Mr Atkinson reported to the meeting that all Cancer targets with the exception of the '% of patients seen within 62 days of referral' were achieved in August. This is a positive position however the 62 day breaches are concerning. Mr Edwards informed the meeting that System Resilience Group have oversight over the 62 day Cancer pathway. Dr Page asked if it was a specific department that was breaching. Dr Cullen informed the meeting he reviews the breaches and it was not one specific department that was breaching.

Mr Atkinson informed the meeting that the CCG has recently received the 2014 Premature Mortality data. Mortality levels appear to have increased in Cardiovascular Disease, Liver Disease and Cancer from one year to the next. The CCG is working with Public Health to analyse the position and future information including actions to improve the position will be presented to the Governing Body at a later date.

Mr Atkinson reported to the meeting that RDASH have been given additional monies by NHS England to clear the backlog of patients waiting for IAPT treatment and also to improve their accuracy of reporting data.

The Governing Body noted the report.

160/15

Patient Safety & Quality Assurance Report

Mrs Cassin informed the meeting that the C.diff figures shown within the report may differ from C.Diff figures which are discussed at the Post Infection Review meetings with TRFT because the numbers in the table relate to validated MESS Data published on the 14 of every month. The post infection review figures relate to cases still under review.

Mrs Cassin informed the meeting a number of Serious Incidents investigation reports for TRFT are beyond the expected date for completion, this has been raised with TRFT and escalated to the Contract Quality Meeting.

Mrs Cassin invited members of the Governing Body to attend the Serious Incident meeting. Dr Carlisle and Mr Moss have attended previous meeting and felt assured by the process.

Mrs Cassin and Dr Jacob are to meet outside of this meeting to discuss the Serious Incident meeting further.

Action: Mrs Cassin and Dr Jacob

Dr Kitlowski informed the meeting that the process of the Serious Incident meeting is to be discussed at the Operational Executive meeting.

Action: Dr Kitlowski

Mrs Cassin reported to the meeting that Chelsea's Choice Drama Workshop is jointly funded by the CCG together with RMBC Public Health. A package of preventative, evidence based Child Sexual Exploitation (CSE) drama interventions aimed at young people and started at the end September to introduce the Health Care professionals to the workshops.

Mrs Cassin informed the meeting that the CCG is organising more training sessions around Child Sexual Exploitation and these are being planned for next year around March time. These will be aimed at Primary Care.

Mrs Cassin reported to the meeting that the CCG will monitor the action plan submitted following the CQC Inspection of Children Looked After and Safeguarding via the task and finish group and Sub AQUA. In addition contract Quality meetings with TRFT and RDaSH will ensure compliance.

Mrs Cassin informed the meeting that an evaluation report is due to be presented at Operational Executive meeting from the CCG Health secondees regarding the work they have undertaken as part of the MASH Safeguarding Hub

Mrs Cassin reported to the meeting that TRFT have generated action plans for the two CQC inspections and these are to be monitored through Contract Quality Meetings as a regular monthly agenda item. The next update was due at the end of September.

RDash had a planned inspection starting week commencing 14 September for all their services. The CCG was involved in a commissioner feedback session.

Mrs Cassin reported to the meeting that a care home has been issued with a default notice under section 12 with concerns relating to the following:

- CQC Regulations/Health and Social Care Act 2008
- Safe use and management of medicines
- Failing to provide a quality care service
- Lack of number and appropriate skilled/qualified of staff to meet the service user's needs
- The needs of those with Dementia not been meet or enhanced through the development on the environment.

161/15 Patient Engagement & Experience Report

Mrs Cassin informed the meeting that the report contains several short experiences relevant to current work streams. The experiences were given via Patient Opinion and Healthwatch. Healthwatch has also informed the CCG that over the summer the aspect of health services that caused the most concern to patients was communication and the one aspect that patients praised most was staff.

162/15 Governing Body Actions Log

The Governing Body discussed the actions log and the actions were RAG rated accordingly.

163/15 Minutes of the Systems Resilience Group

The Governing Body noted the minutes of the Systems Resilience Group meeting held on 22 July 2015.

164/15 Minutes of the Health & Wellbeing Board

The Governing Body noted the minutes of the Health & Wellbeing Board held on 26 August 2015

Mr Edwards informed the meeting that the next meeting will look at how the board is developed and a Strategy approved work shop will follow the meeting.

Mr Edwards to recirculate the Health and Wellbeing Strategy.

Action: Mr Edwards

165/15 Future Agenda Items

No items discussed

166/15 Urgent Other Business

No items discussed

167/15 Issues For Escalation

No Items discussed

168/15 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].

169/15 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 2 November 2015** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.