

**Minutes of the NHS Rotherham Clinical Commissioning Group**

**Public Governing Body Meeting**

**Wednesday, 2 October 2019**

**ELM Room, G.04 Oak House, Bramley**

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**Quorum**

**Governing Body has 13 voting members including 1 Lay member and 1 GP Members Committee Member or nominated representative, the Accountable officer or nominated representative and the Chief Financial Officer or nominated representative.**

**Quorum is 7 members**

**Present:**

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|----------------|---------------------------------------|
| Dr R Cullen    | GP & Chair, RCCG                      |
| Mr C Edwards   | Chief Officer, RCCG                   |
| Mr I Atkinson  | Deputy Chief Officer, RCCG            |
| Dr G Avery     | GPMC Representative, RCCG             |
| Dr D Clitherow | Independent GP                        |
| Mrs W Allott   | Chief Finance Officer, RCCG           |
| Mrs S Cassin   | Chief Nurse, RCCG                     |
| Mr J Barber    | Lay Member, RCCG                      |
| Mrs D Twell    | Lay Member, RCCG                      |
| Dr S Mackeown  | GPMC Representative, RCCG             |
| Dr J Page      | Lead GP, Finance and Governance, RCCG |
| Dr R D'Costa   | Secondary Care Doctor, RCCG           |

**In Attendance:**

|                 |                               |
|-----------------|-------------------------------|
| Mrs R Nutbrown  | Assistant Chief Officer, RCCG |
| Ms Lindsey Hill | Minute Taker, RCCG            |

**Members of the Public:**

|               |                        |
|---------------|------------------------|
| Ken Dolan     | Rotherham Save our NHS |
| Stuart Henley | Rotherham Save our NHS |

**Participating Observers:**

|                 |                     |
|-----------------|---------------------|
| Dr N Leigh-Hunt | Public Health, RMBC |
|-----------------|---------------------|

**250/19 Apologies**

Councillor Roche

**251/19 Quorum**

The Chair confirmed the meeting as quorate.

**Declarations of Interest**

The Chair reminded members of their obligations to declare any interest they may have on any issues arising at meetings which might conflict with the business of the NHS Rotherham Clinical Commissioning Group (CCG).

Declarations declared by members are listed in the CCG's register of interests. The register is available on the CCG website at the following link:

[http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests\\_2.htm](http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm)

Dr Cullen declared an interest on behalf of GP's present, in Item 10 - Practice Budget Setting which Mr Barber will chair.

Mrs Twell declared an interest in item 9 - Yorkshire and Humber Collaborative Commissioning (IUEC) Update as her son works for the Yorkshire Ambulance Service.

**252/19 Be The One Campaign**

A video was shown to Governing Body entitled "Be The One Campaign" highlighting how we can all contribute to reduce the number of lives lost to suicide in Rotherham.

Dr Leigh-Hunt stated that the campaign has had 620,000 online hits to date, adding that the video will be played at New York Stadium this weekend.

**253/19 Patient and Public Questions**

Dr Cullen confirmed that no written questions have been submitted. Dr Cullen reminded the public to submit questions in writing prior to the meeting to enable them to be responded to.

**254/19 Draft minutes of the Public Governing Body Meeting dated 4 September 2019 and the matters arising**

The draft minutes of the Public Governing Body meeting dated 4 September 2019 were agreed as a true and accurate record.

**255/19 Action Log**

Members reviewed the action log for information.

057/19 - Dr Leigh Hunt confirmed that the JSNA Refresh training for use of software is taking place with a 'go live' date of 20 November 2019 adding that Ms Brenner will provide an update in December.

Action: Ms Brenner to provide a JSNA update in December

121/19 - Completed

189/19 - Suicide will be an AQUA agenda item in November.

Mr Barber gave feedback that a deep dive exercise prepared by Mr Atkinson took place at the last AQUA meeting looking at system challenges within the Suicide Prevention Programme, adding that AQUA took assurance from information provided in the plan, focus and priority and supporting information given. The data will be finalised in the November AQUA meeting and shared with Governing body in December.

189/19 - Health Protection Report summary will be submitted to Health Protection Committee for approval and forwarded to Mrs Twell.

196/19 - Performance Report is on-going looking at further detail on patient treatment relating to the 52 week wait.

Governing Body noted the updates.

## **256/19 Chief Officers Report**

Mr Edwards gave an overview about national/local developments in the past month highlighting the following:

**Flu** - The CCG continues to encourage all eligible people to get their flu immunisation. The CCG will be offering flu immunisation vaccines to staff over the coming months. Availability of vaccines for under 65 year olds has been slightly delayed but delivery of vaccines is expected in the next two weeks with vaccines for over 65 year olds being on track.

**EU Exit Update** - Daily reporting to NHSE/I will take place in relation to our readiness with the focus still on a "No Deal" exit from the EU on the 31 October 2019. Our EU Exit planning team meets on a weekly basis to respond to any changes or issues that arise with medicines being the key issue.

Dr Avery commented that the availability of some medicines has already been problematic with intermittent supply of some drugs e.g. Hormone Replacement Therapy (HRT).

### **Communications Update**

- A 'Be the One' campaign was launched on World Suicide Prevention Day (10th September), by the CCG and Rotherham Council, with the aim of reducing the number of lives lost to suicide in Rotherham. This is shared on Twitter and Facebook – <http://www.be-the-one.co.uk>.
- Media interest was received from Rother FM and The Yorkshire Post on stop smoking prescribing figures in GP practices, following a press release from the British Lung Foundation. A statement was provided from the CCG with clarification.

- The review of the Rotherham respiratory pathway was covered by the Rotherham Advertiser, based on information presented by the CCG at Rotherham's Health Select Commission. There has been Communication and Engagement activity seeking views from patients and families.
- A media enquiry received for a Daily Mail article on the latest position on Clinical Thresholds, looked at the number of patients and cost savings in Rotherham. A statement was provided to explain the Rotherham position.

Governing Body members noted the information

**257/19 Yorkshire and the Humber Collaborative Commissioning (Integrated Urgent & Emergency Care (IUEC) Update**

Mr Atkinson presented the Yorkshire and the Humber Collaborative Commissioning (Integrated Urgent & Emergency Care (IUEC) Update to explain the rationale for revising the commissioning arrangements for Yorkshire and Humber (Y&H).

Mr Atkinson informed members that from 2016, the CCG agreed to work as a collaborative across Y&H footprint to commission 111 and 999 ambulance services from Yorkshire Ambulance (YAS). It was agreed that the lead commissioner would act on behalf of Y&H CCG's to negotiate annual contracts with YAS in order to avoid duplication and streamline the process year on year. This arrangement has worked positively for the CCG for our 111 and 999 services.

There have been numerous discussions around YAS performance and that it is measured on a Y&H level not on a CCG footprint level. This raised contractual dialogue and strategic discussion going forward.

Due to a range of system changes over the last twelve months around ambulance commissioning, the Memorandum of Understanding (MOU) requires review.

The four key changes to commissioning which have impacted on ambulance commissioning arrangements are:

- (i) The reflection that the system has gone to an Integrated Care System (ICS) footprint.
- (ii) The move from 111 telephone triage service to the newly commissioned service of integrated urgent care of which procurement was overseen by Governing Body, to provide an enhanced integrated 111 and triage service
- (iii) The National Ambulance Response Programme (ARP) came in over the last eighteen months which set new targets and challenges for YAS

and hospital performance.

(iv) The publication of a national commissioning framework <https://www.england.nhs.uk/wp-content/uploads/2018/09/commissioning-framework-and-national-urgent-and-emergency-ambulance-services-specification.pdf> for how systems should commission ambulance provision.

Mr Atkinson stated that the proposal changes from a collaborative commissioning board whereby commissioners negotiate with YAS, to a partnership approach with YAS to take strategic development forward.

Mr Atkinson highlighted the financial details in Schedule Four, Scheme of Delegation, summarising recommendations for the continued direction of travel.

Dr Page asked if the contract became costly, is there a realistic alternative provider?

Mr Atkinson responded that the national view is that the ambulance response programme looks to build and improve performance metrics year after year, which therefore comes with additional capacity but if it is not affordable to the CCG and across South Yorkshire, the service would require further negotiation.

Dr MacKeown queried the clarity of measurement of local requirements and asked if adjustments can be made.

Mr Atkinson responded that in terms of medical input at local level, our current arrangements will not change so local issues in Rotherham would go through the contractual process with YAS. Performance is not measured on the Rotherham position in isolation so the contractual process with YAS will be managed at a Y&H level, with any major concerns to be escalated through the Rotherham ICS.

Mrs Twell asked if the contract would be including public and patient involvement as there is no detail for patient or lay member representation.

Mr Atkinson responded that the Collaborative Partnership Board (CPB) would be the mechanism to allow patient engagement. The infrastructure would facilitate this, so they could be approached to consider more time on this from a South Yorkshire view.

Mrs Twell requested Mr Atkinson to put this suggestion forward.

**Action: Mr Atkinson to take the suggestion forward to the Collaborative Partnership Board.**

Mr Atkinson agreed and replied that the challenge is in the timing whilst patients are in the care of ambulance services and how to capture service user's feedback, acknowledging that the Friends and Family Test (FFT) may

not be the right way to capture this.

Mrs Cassin also added on behalf of Helen Wyatt, Patient and Public Engagement Manager, that the FFT may not be the right 'vehicle' to capture this data for the Ambulance Trust, as it is difficult to obtain feedback during emergency transport episodes of care..

Dr Cullen commented that the Terms of Reference need to be made clearer.

**Action: Mr Atkinson will provide feedback and comments to the lead officers.**

Governing Body members noted the progress made to date on developing the needs of IUEC across Y&H and;

- Approved the 2019/21 Ambulance Partnership Framework
- Approved the Y&H IUEC collaborative commissioning MOU
- Supported the plans to drive forward the strategic intentions and timeline

## **258/19 Practice Budget Setting**

Dr Cullen, as chair declared a conflict of interest, and handed the chair of the meeting to Mr Barber. Mr Barber informed members that as the paper is for noting and discussion but not for decision making, GP's would be allowed to contribute to the item.

Mrs Allott shared the update to inform Governing Body of the mechanism for setting GP practice budgets.

The CCG total prescribing budget is approximately £49m, of which the vast majority relates to GP prescribing.

The Medicines Management Team (MMT) use a number of sources of information i.e. disease registers, cardiovascular data etc. to set individual Practice Level Budgets. These budgets are uploaded into the ePACT system (national database) which our actual performance is fed back against.

The same practice level budgets are used to operate the CCG's local incentive scheme for prescribing incentive payments, and for internal reporting and monitoring purposes, which influences a small local incentive scheme which GP's receive back, in return for helping the CCG control prescribing spend.

Dr Page commented that the method is now more complicated and therefore would be more accurate.

Dr Avery added it does recognise what individual practices are doing but it is important that where a budget is set, each practice feels that they can achieve it. Historically, when a budget was overspent, they could work on reducing the budget by the same amount leaving little in the budget. In

comparison, if other practices were underspent by £1,000, they would have achieved a payment. The system needs to be responsive to re-imburement for achievement and budget reducing/under budget incentives.

Mrs Allott responded that there should be sufficient room within the budget setting and the operation of the eventual scheme which would look at all domains.

Dr Avery added that if practice was over budget – where will the support for the overspend come from?

Mrs Allott explained that there are two types of incentive – the quality incentive scheme and the financial incentive scheme. This has been designed this way to try to ensure that practices would be rewarded for quality work.

Mrs Twell asked if future reports could be presented to show details by PCN.

**Action: Mrs Allott to include PCN detail in following updates.**

Mr Barber added there is a reporting mechanism in place for this year to ensure fairness and to demonstrate that practices can reduce budgets and increase quality.

Governing Body Members noted the paper and supported the mechanism for setting GP practice budgets

## **259/19 Finance and Contracting Report**

Mrs Allott shared the report to provide an update to members on the financial and contracting performance position as at 31 August 2019, also referred to as month five.

In summary

- Cash is being well managed
- Invoices are being paid on time
- Overall reporting both a balanced year to date and Forecast Outturn position

There are a number of risks to the position highlighted within the report; currently these are not expected to impact the CCG's overall ability to break-even at year end but this will continue to be closely monitored.

Major variances to plan currently include overtrading on the Sheffield Teaching Hospital (STH) and Independent Sector provider contracts, with the risk being the extent of the STH overtrade given the poor data quality currently being handled. The Rotherham Foundation Trust (TRFT) contract is subject to an aligned incentive block which substantially mitigates in-year financial risk.

Prescribing data continues to fluctuate month on month, overall it is staying within budget currently, but there are concerns around the EU exit impact.

Continuing Health Care (CHC) and specialist placements are also currently projected to stay within budget based on current data however several new cases have since emerged in the system which may impact the forecast next month.

The in-year position is being managed, supported by the non-recurrent drawdown monies received in-year.

Mr Barber asked if we should start to include a place based financial summary in order to inform Governing Body on what the potential implications of the place based position is?

Mr Edwards agreed that we should include the Rotherham Place and ICS positions for context, so that there is an understanding of the political pressure faced by officers in South Yorkshire.

**Action: Mrs Allott will look at into timescales to be able provide monthly/quarterly information to governing body on Rotherham Place and ICS positions.**

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

#### **260/19 QIPP Report**

Mrs Allott shared the report to inform members of the progress against achievement of the CCG's 2019/20 QIPP plans for the month five year to date and forecast outturn position.

The report has been updated at month five to give a view of both financial and operational delivery of schemes.

In financial terms, £12.5m QIPP is required in total and delivery is £330k behind plan to date. The main causes of financial variance to date are a £260k phasing issue in Medicines Management schemes, and £120k on a Continuing Health Care (CHC) scheme. Officers are expecting financial performance to recover by year end, as their plans become fully operational.

Governing Body Members noted the position to date, the forecast outturn and the narrative to support the performance of the schemes.

#### **261/19 Delivery Dashboard**

Mr Atkinson shared the report for information reflecting a steady position overall, highlighting the following:

- A&E (TRFT) - remains part of the national field test until March 2020. No reporting data available but statistics currently report a median time of two hundred minutes in the department indicating an improving position.
- Delayed Transfer of Care (DTCOC) - is reported at 3.8% against the

national target of 3.2%. Daily and weekly dialogue will ensure this figure continues to come down.

- The 18 week wait position for the service as at end August was 99.3%. Performance is consistently meeting the 95% standard for 18 weeks.
  - Children and Young People Equipment 18 week wait from referral to wheelchair assessment. This was re-procured to MEDEQUIP at the start of the year and currently now operates at 100%.  
An update on the delivery of the MEDEQUIP contract will be shared in the December Chief Officers Report.

**Action: Mr Atkinson to provide detail in December Chief Officers Report.**

Dr Avery commented on the IAPT figures and the Be The One Campaign, which may put more pressure on the service and that the six week wait is not acceptable as potentially suicidal patients need to be seen more quickly. Are there systems within IAPT for patients to be seen more quickly?

Mr Atkinson responded that part of the suite of services include the Crisis Service in RDaSH.

Dr Avery challenged that the Crisis team actually see people but then there is still a long wait for an IAPT appointment.

Mr Atkinson responded with the example that work is currently on-going to improve the service between Cognitive Behaviour Therapy (CBT) wait and IAPT services. The paper will be submitted to Operational Executive with solutions to support patients and support mechanisms after crisis. This will then come to Governing Body.

Dr Avery also commented on the achievement of the YAS and the improved target results.

Mr Atkinson responded that further information will be presented to governing body, to inform members in more detail on the Rotherham contract increase and additional capacity.

**Action: Mr Atkinson to bring a YAS update paper back to Governing Body.**

Dr MacKeown queried CAMHS service transformation and patient feedback on long waits - how is it measured?

Mr Atkinson responded that the CAMHS mental health element of the pathway does not receive feedback on autism pathways. Mr Atkinson will discuss this further outside the meeting in order to establish availability of information required.

Dr Page informed members that the company HEALIOS has been commissioned to take on one hundred and sixty patients to reduce the Autism Spectrum Disorder (ASD) waiting list.

Mr Atkinson went on to say that NHS England (NHSE) have issued the oversight framework and metrics for the Long Term Plan. The format of the next report will change to capture local intelligence and performance metrics.

Governing Body members noted the content of the information.

## **262/19 Patient Safety & Quality Assurance**

Mrs Cassin presented the report highlighting the following:

- Healthcare Associated Infection (HClA) - Joint work is on-going, with three reported cases which are not linked. The Root Cause Analysis (RCA) has been undertaken.
- Safeguarding – the report includes safeguarding updates which have been shared with GP Practices
- Mental Health Homicide Independent Investigation Report is almost ready for publication. The link to the published report will be shared in a future report to Governing Body to include an overview.
- Details of Child Safeguarding Serious Case Reviews links and links to the published Care Quality Commission (CQC) Care Home Reports.
- Continuing Health Care (CHC) conversion rates from referral to screened and progression to full assessment remain at just below 50% and both elements of the quarterly quality payments continue to achieve
- Feedback on quality visits to GP practices
- Looked after Children - the number of completed Initial Health Assessments (IHA) stood at 100% in June, which is the most recent validated report. This demonstrates much improvement after joint agency work across all agencies involved with our most vulnerable clients, which had started from a very low point, having a high number of looked after children in Rotherham.

Mrs Twell stated that the Looked After Children Team should be congratulated on their achievement.

Dr Cullen queried page 19, e-Referral Slot issue rate, should it be included in the Performance Report?

Mrs Cassin stated that it comes via the quality reporting mechanism from the contract quality meeting and internal quality meetings at TRFT, which has historically been captured within this report.

Mr Atkinson responded that although he is comfortable with where the information is reported currently into the contract quality dialogue, but it could be incorporated in the routine performance report.

Mr Atkinson added that it will require a deep dive as it is an on-going challenge to free more availability of slots into the system.

**Action: Mr Atkinson will present the e-referral slot issue information to AQUA in order to offer further assurance to Governing Body members.**

Governing Body noted the content and assurances provided in the report.

### **263/19 Patient Engagement and Experience Report**

Mrs Cassin presented the report highlighting details including the following:

- What we are hearing - RCGG continue to work closely with Maternity Voices Partnership (MVP) to include feedback from patients
- Friends and Family test - analysis of the local position is positive with maternity responses being high in number, whilst A&E remains low.
- GP Practice Survey results shows similar response numbers (6516) to the previous three months. Four practices did not respond.
- Other work and contracts including diabetes, patient and public groups, maternity and family hubs, engagement and communications and GP survey findings.

Mrs Twell added that there are many initiatives taking place with patients to improve communication and information.

Governing Body members noted the information shared in the report.

### **264/19 Emergency Preparedness, Resilience and Response (EPRR) Core Standards**

Mrs Nubrown informed Governing Body of the annual assurance process for NHS E/I against the EPRR Core Standards which includes the self-assessment completed by RCGG requiring sign-off to allow deadline submission. This has been approved by AQUA.

Governing Body members approved the self-assessment Emergency Preparedness, Resilience and Response Core Standards as fully compliant.

### **265/19 Expenses Policy For Engagement**

Mrs Cassin shared the policy to assure members that the CCG is working to the same principles and payment rates as South Yorkshire and Bassetlaw in line with national guidance.

Governing Body members ratified the policy.

### **266/19 Safeguarding Children Supervision Policy**

Mrs Cassin shared the review of the Safeguarding Supervision Policy for Rotherham CCG. This is the first review of this policy which was first ratified in May 2016.

Governing Body members ratified the reviewed policy.

### **267/19 Freedom of Information Policy**

Mrs Nutbrown shared the revised policy following a three yearly review as part of the governance approval process following AQUA approval.

Governing Body members ratified the revised policy

**268/19 AQuA Terms of Reference (TOR)**

Mrs Nutbrown shared the revised terms of Reference which has had a major re-write after recent audit recommendations.

Mr Barber confirmed that AQuA have approved the review which ensures compliance and an integrated TOR.

Governing Body members ratified the revised Terms of Reference.

**269/19 Budget Management Policy**

Mrs Allott shared the reviewed policy with members for approval.

Mrs Allot explained that there are minor changes to wording and a change to the financial approval limits for contracts, adding that all changes are highlighted and that the policy remains within inflation

AQuA have reviewed and approved the changes.

Governing Body members ratified the changes to the policy.

**270/19 Rotherham ICP Place Board Public Meeting 7 August 2019**

Mr Edwards shared the minutes for information.

Governing Body members noted the minutes.

**271/19 AQUA 2 July 2019**

Mr Barber shared the minutes for information.

Governing Body members noted the minutes.

**272/19 A&E Delivery Board 14 August 2019**

Mr Edwards shared the minutes for information, adding that the field testing is due to complete at the end of March 2020. The next performance report will not include the standard report against the four hour target as the TRFT is working to an average wait time.

Governing Body members noted the minutes.

**273/19 GP Members Committee 31 July 2019**

Dr Avery shared the draft minutes for information.

Dr Avery added that discussions in the new two part meeting included the GPMC Terms of Reference and the Respiratory pathway.

There was an agenda item for the Vote of Confidence in the executive and the direction of travel with members discussing a suggestion that a scale of nought to ten could be implemented against concerns/issues raised.

The second part of the meeting with the Clinical Directors included discussion looking at MacMillan Cancer Support and the intention to set up a project in Rotherham which will require a task and finish group.

Governing Body received and noted the minutes.

**274/19 Urgent Issues and Appropriate Escalation**

Deep dive for e-Referrals through AQuA (Mr Atkinson - action item recorded in 262/19).

**275/19 Risks Raised**

No risks were raised

**276/19 Any Other Business**

None identified

**277/19 Date and time of Next Meeting**

The next Public Governing Body Meeting will take place on Wednesday 6 November 2019 in ELM Room, Oak House, Rotherham.