Minutes of the NHS Rotherham Clinical Commissioning Group Governing Body held on Wednesday 5 August 2015 at 1pm in the Elm Room (G.04) at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY

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

Participating observers: Ms T Roche, Director of Public Health, RMBC
Ian Atkinson, Cllr D Roche, RMBC

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

Observers: Dr Avanthi Gunasekera (for 93/15) Jane Pearce, Matron, TRFT
Jane Granger, Matron, TRFT
Catherin Bridge, Rotherham Parents Forum (for 93/15)
Catherin Hancox, Rotherham Parents Forum (for 93/15)
Jayne Fitzgerald, Rotherham Parents Forum (for 93/15)
Jo Taylor, Pharmaceutical Representative
Representative from a Consulting Firm
Pharmaceutical Representative from Pfizer
Mrs H Wyatt, RCCG (for 93/15)
Mrs E Royle, RCCG (for 93/15)
Anna Hescott, TRFT NHS Graduate Scheme

90/15 Apologies for Absence
Mrs S Cassin

91/15 Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that Drs Kitlowski, Cullen, Jacob and MacKeown had an (indirect) interest in most items.

92/15 Patient & Public Questions
Dr Kitlowski welcomed the observers to the Governing Body meeting and asked if they had any questions regarding the items on today’s agenda and advised the observers if they had any issues regarding the meeting to contact the CCG in writing.
There were no patients or public questions raised.

93/15 Rotherham Parents Forum Ltd
Mrs H Wyatt, welcomed the representatives from the Rotherham Parents
Forum Ltd (RPFL).
Mrs Bridge, Mrs Hancox and Mrs Fitzgerald gave presentation to the meeting. The presentation informed the members of the meeting that the RPFL is a registered Charity run by parents of children with additional needs for parents or children with additional needs. This follows a national model of parent forums, aligned to the aims of the SEND agenda of families working with practitioners to develop and improve services. RPFL hold three weekly drop ins, provides a text service and a social media page to support families and seek feedback.

A Service Level Agreement with the value of £5,000 had been agreed in 2014 for RPFL to carry out consultations and provide representation on groups, in particular the CAHMS strategy group. From this, the RPFL attracted additional funding and used the results of the initial consultation to inform the conference help in March.

Mrs Hancox then gave an insight into the experiences of her family, with input from forty different professionals and the resultant coordination and communication problems this gives.

The RPFL representatives thanked the Governing Body Members for giving them the opportunity to attend today’s meeting and give their story.

Dr Kitlowski thanked the representatives of RPFL for coming along to the meeting today and for their informative presentation of the work and support they have carried out over the past year.

Dr Kitlowski informed the meeting and the representatives of the RPFL it is extremely reassuring to note that the same issues Case Management and Coordinating Care, Communication and Transition are as important to them as to the CCG.

Mrs Whittle informed the meeting she was very pleased the RPFL had been given the opportunity to give their story and the RPFL lead the way and play a part in influencing how the CCG deliver service.

The representatives from RPFL, Mrs Wyatt, Mrs Royal and Dr Gunasekera left the meeting.

94/15

Minutes of Previous Meetings – For Approval
The minutes from the previous meeting held on 1 July 2015 were approved by the Governing Body.
95/15

Chief Officers Report (CE)

NHS Best Places To Work Awards 2015
Mr Edwards informed the meeting that NHS Rotherham CCG has been named as runner up out of 209 in the CCG category of The HSJ and Nursing Times list of the Best Places to Work in the NHS for 2015. The list comprises of the top 100 provider trusts and top 20 Clinical Commissioning Groups.

The list is compiled using data from the recent NHS staff survey. Rotherham CCG is one of the top performers in staff wellbeing and engagement and a happy place to work, with staff engaged and committed.

Health Watch Rotherham Annual Report 2014-15
Mr Edwards informed the meeting the Health Watch Rotherham Annual Report is online and can be viewed at http://healthwatchrotherham.org.uk/aboutus/reports/

The report reflects the good work carried out by Health Watch Rotherham.

Contract Performance Notice Relating to Child & Adolescent Mental Health Services (CAMHS)

Dr Carlisle informed the meeting that a Contract Performance Notice has been issued to RDaSH with regards to CAMHS services. Dr Carlisle informed the meeting that Contract Performance Notices are not often issued and should help services meet our expectations.

In 2014/15 the CCG invested an additional £200k in CAMHS. There are regular reports ensuring that this investment is delivered to address the areas specified by the CCG.

The CCG is producing a full report on progress and issues with CAMHS services for the September Health & Well Being Board and this will come to Governing Body in October.

Process for Commissioning To Meet The Needs of A Complex patient With Learning Disabilities

Dr Carlisle informed the meeting of the composition of the panel and criteria to be used in the commissioning of care for a patient with complex needs.

Dr Kitlowski reported to the meeting that there have been a number of in depth discussions outside of the Governing Body meeting.

Dr Jacob asked if a Lead GP would be able to sit on the panel. The members agreed to change the membership of the panel from SCE GP Member to Lead GP Member.

The Governing Body approved the composition of the panel and the criteria to be used.

Cllr Roche approved the composition of panel and criteria.

Financial Control Environment Assessment NHSE Letter

Mrs Firth informed the meeting that NHS England have written to CCGs to advise them of an initiative that they are launching across the commissioning system to help NHS England in delivering one of their key priorities for the NHS in 2015/16 – to achieve financial resilience and sustainability. The financial resilience toolkit will be rolled out during the summer and autumn. The aim of the toolkit is to support commissioners to secure robust financial delivery in a challenging year.

Attached to the letter is the suggested template to consider. Mr Barber to take to Audit Quality and Assurance meeting and consider this Financial report.

Action: Mr Barber
**Forward Plan – Key Dates**
7 October - Board to Board meeting with TRFT – 3.30 pm start
4 November – Board to Board meeting with RDash – 3.30 pm start
2 December – governing Body and SCE development session – Legal responsibilities – 11.00 am start

**Communication Update**
Mr Edwards informed the meeting there has been significant media interest had been received following the publishing of the Care Quality Commission (CQC) Children Looked After and Safeguarding report on 14 July. Pre-recorded interviews were undertaken with BBC Look North and BBC Radio Sheffield.
The second issue of “Rotherham Moving Forward Together” partnership newsletter has been distributed and highlights activity and progress made on Child Sexual Exploitation across Rotherham partners.
The “My Mind Matters” website [www.mymindmatters.org.uk](http://www.mymindmatters.org.uk) commissioned by the CCG has been launched to help young people deal with emotional health and wellbeing issues.

The Governing Body noted the two CQC reports should have been circulated to Governing Body members. The meeting also agreed it would be useful to have appropriate press statements circulated to them.

**Action: Mr Edwards and Mr Laidlaw**

The Governing Body noted the Chief Officer’s Report.

**96/15 Plan For Producing CCG 2016/17 Annual Commissioning Plan**
Dr Carlisle informed the meeting that the CCG Constitution requires an annual Commissioning Plan recommended to the CCG Governing Body by the GP Members Committee. The plan is required to be endorsed by the Health and Well Being Board and is then subject to discussion with NHS England.

Dr Carlisle informed the meeting that the CCG is awaiting confirmation from NHS England on the 2015/16 financial allocations and these are expected to be received by the end of December. The CCG will be expected to have a five year outline plan and a one year detailed plan, there may also be the expectation to have a detailed plan for more than one year.

Dr Carlisle reported to the meeting that the plan will be discussed at the next CCG development session in September.

Dr Carlisle informed the meeting that the CCG 2015/16 plan gives a starting point for discussions and all feedback already received will be taken forward into the 2016/17 plan. Aspects from the Primary Care Strategy will be included in the overall Commissioning Plan. Dr Carlisle reported the CCG felt it was important to set out to CCG Officers, GP Members, co-commissioners and partners the timelines the CCG will work to in the 2016/17 planning round so that stakeholder can input effectively.

Dr Kitlowski informed the meeting that the length of the plan makes it hard to engage with the public.

Mr Edwards informed the meeting Health Watch had assisted with making the previous plan understandable for the public and the CCG will ask for their assistance with the new plan.
Dr Jacob informed the meeting it may be a good idea to produce the three year plan on three pages as previously the CCG had produced the one year plan on one page. Dr Jacobs made the suggestion to the meeting of having the plan as standing item on the agendas of the GP Members Committee meeting, locality and practice meetings.

Cllr Roche informed the meeting that the number of ‘road-shows’ has increased from 22 to 30 and RMBC now have a strategy and a vision. On the 14 September people can go online and have their say about Rotherham and how partnerships can be improved. Cllr Roche reported to the meeting Adult Social Care is being reviewed and there will be changes as the provision is not fit for purpose.

Dr Carlisle informed the meeting that a survey monkey will be circulated in October to ask stakeholders questions regarding the plan. CCG Officers to develop the questions for the survey.

Dr Carlisle reported to the meeting that there is to be a discussion on the four areas of the plan at the next development session. Two pages regarding the key features and suggestions for the next plan will be circulated prior to the session. The four areas will be discussed in 20 minute workshops and the discussion findings fed back. The feedback will help develop the presentation Mr Edwards and Dr Jacobs take out to the locality. Governing Body members will be circulated the development session papers prior to the Governing Body papers.

Mr Moss asked what the outcome of the previous development session was and what impact this had on this year’s plan. Dr Kiltowski to meet with Mr Moss to discuss further.

Action: Mr Moss and Dr Kiltowski

Performance Report

97/15

a) Delivery Dashboard (RCa)
Dr Carlisle informed the meeting that the new national assurance framework for CCGs has still not been published. It is likely that the format of future performance reports will be amended to make it consistent with the domains in the new assurance framework.

Dr Carlisle reported delayed transfers of care for both acute and mental health patients will now be regularly reported to the Systems Resilience Group. TRFT and RDaSH now produce monthly reports with details of each patient delayed to the Systems Resilience Group.

Dr Carlisle informed the meeting that the CCG has now had three mixed sex breaches since April this year. TRFT are applying improved criteria. The CCG has been assured the appropriate protocols are now in place and the challenge is for TRFT to be 100% concordance with the protocols. The breaches are discussed at individual level at the Contract Quality Meeting.

Dr Carlisle reported to the meeting that NHS England have changed the criteria for IAPT (Improving Access to Psychological Services) and RDaSH are ready to implement the new criteria. NHS England is providing funding to reduce the IAPT waiting times, which is currently 20 weeks. The waiting list will be cleared by IAPT staff working overtime.

The Governing Body noted the report.
b) Finance & Contracting Performance Report (KF)
Mrs Firth informed the meeting that the CCG is obliged to have a 1% surplus every year and assurance is given to the Governing Body that the CCG will achieve this.

Mrs Firth reported to the meeting regarding an overspend in the contracts with Sheffield Children’s on outpatient follow-up and non-elective, Sheffield Teaching on outpatient and excluded drugs and Doncaster and Bassetlaw on non-elective. The issues are being flagged through contact meetings.

Mrs Firth informed the meeting that TRFT continue to report high levels of uncoded activity. The TRFT Finance Director is working with the coding team and contractors have been employed to clear the back log. The matter has been escalated within both organisations and the CCG is awaiting a formal response from the Trust.

Mrs Firth reported that the coding risks will have an impact on SMI’s and will be put on the risk register.

Mrs Firth informed the meeting with regard to Prescribing the YTD overspend of £210k is based on one month’s prescribing data for 2015-16 and the profiles provided by NHS Business Services Authority. This is a risk but has not been fully validated therefore the Forecast Outturn position does not reflect this risk until deeper analysis has been completed.

Mrs Firth reported to the meeting that the CCG has received legal advice and will assume responsibility for a high cost learning disabilities patient from November 2015 at a part year cost of £0.5m.

The Governing Body noted the report and noted the financial challenges experienced.

98/15

Patient Safety & Quality Assurance Report
Dr Carlisle informed the meeting that there were a lot of general things in the overall quality report. There are two items in particular to emphasise and these are the two CQC reports and to ensure Governing Body is sighted on what happens next and how we will be assured that actions are delivered. The two reports have different Governing Body implications but for each there is the report, an action plan and assurance that actions are delivered.

TRFT CQC Quality Report
Dr Carlisle report to the meeting that TRFT will produce an action plan and submit to the CQC on 11 August. That plan will then be the major item at the Contract Quality meeting in August and then subsequent monthly Contract Quality meetings will have updates until the actions are delivered. From Governing Body Mrs Cassin and Dr Cullen are on the CQC along with Dr Birks as SCE Lead. They will be primarily responsible for gaging our assurance of delivery against the plan. Audit Quality and Assurance meeting will have the first discussion on 18 September.

CQC Children Looked After and Safeguarding in Rotherham Report
Dr Carlisle informed the meeting that the CCG is the agency responsible for the multiagency response. On the 11 August the CCG will submit a plan, actions for the CCG and partners. Delivery against plan will be monitored by Multiagency Action Plan Group, chaired by Mrs Cassin and includes the Chief Nurses of TRFT and RDASH plus senior RMBC representation. They will meet monthly until actions are delivered. The Audit Quality and Assurance meeting
will receive an update on 18 September. In addition to Audit Quality and Assurance Committee there will also be oversight from the Children’s Safeguarding Board.

Dr Carlisle suggested that the CCG circulate to Governing Body members the two action plans on 11 August, Mrs Cassin gives a first progress report to the Audit Quality and Assurance Committee on 18th August and the meeting will decide when next review of action should be and subsequent reporting back to Audit Quality and Assurance Committee.

Ms Roche informed the meeting that Public Health are actioning the recommendations from the report and have a detailed plan to take the recommendation forward. Ms Roche reported to the meeting there had been no consultation from the CQC with Public Health.

99/15

**Patient Engagement & Experience Report**

Mr Moss reported to the meeting that the GP’s responses to Friends and Family was deteriorating and not reaching the required statistics. Some surgeries are not partaking. This issue has been discussed at the Communications and Engagement sub-committee and the suggestion of circulating a questionnaire to GPs for their feedback was made. The meeting discussed how to engage patient participating groups appropriately and suggested Health Watch may be able to assist with this. Mr Moss and Mrs Wyatt to discuss with Health Watch for their help in advising practices.

**Action: Mr Moss and Mrs Wyatt**

Dr Jacob suggested Mr Moss and Mrs Wyatt attend the LMC meeting to identify the problem in getting GPS to respond to Friends and Family.

**Action: Dr Jacobs/Mr Moss**

The meeting agreed that the Primary Care Sub Committee should discuss how to encourage practices to partake in the Friends and Family Test and discuss what is required of practices contractually and voluntarily.

Ms Roche informed the meeting of the free text service and asked if the information from this service should be available. Mr Moss informed the meeting that there are national technical issues with accessing this information.

100/15

**Corporate Assurance Report**

Mrs Whittle informed the meeting that the Corporate Assurance Report is produced quarterly. The quarter 2 report includes changes to the Constitution. NHS England have approved the Constitution and asked for a minor change to be made. The minor change is NHS England to be referred to by their legal name NHS Commissioning Board.

Mrs Whittle asked the Governing Body to note the updates to the Declarations of Business Interest Register and Gifts and Hospitality register and to agree the submission to the Local Health Resilience Partnership of the EPRR Compliance Statement.

The Governing Body noted the changes and agreed to the submission to the Local Health Resilience Partnership of the EPRR Compliance Statement.

Mr Barber reported to the meeting that the Audit and Quality Assurance meeting had concerns that new risks were not reaching the Assurance Report
Mr Edwards informed the meeting that the Operational Executive meeting takes place weekly and will carry out a review of Escalation and de-escalation of risks. Feedback of the review will be brought to the Governing Body meeting.

Action: Mr Edwards

101/15 Fraud, Bribery and Corruption Policy 2015/16

Mrs Whittle informed the meeting that the Fraud, Bribery and Corruption Policy went to the Audit Quality and Assurance meeting on Friday. New guidelines were released on Friday and these will be added to the policy.

Mrs Whittle to circulate the updated version of the policy to Audit Quality and Assurance members and to bring to the next Governing Body meeting.

Action: Mrs Whittle

102/15 Letter From NHS England, Dame Barbara Hakin

Mrs Whittle informed the meeting that the CCG had received a letter from Dame Barbara Hakin, NHS England. The letter reminds CCG’s how important the Conflicts of Interest and Gifts Registrar is and should be taken seriously.

Mrs Whittle reported that the CCG had given assurances to NHS England North that the CCG has policies and procedures in place and they are fit for purpose.

Mrs Whittle informed the meeting that the slides which were used in the Governing Body training session on 15 January 2015 had been circulated. Mrs Whittle asked the meeting to note the information on page 10 of the presentation slides which illustrates:
- Direct Financial Interest
- Indirect Financial Interest
- Non-Financial or Personal Interests
- Professional Duties or Responsibilities

Mrs Whittle asked the Governing Body members to re look at all conflicts of interest and re-register with Mrs Whittle. A Training session is being planned to cover Gifts and Hospitality and more examples are to be circulated.

Mr Barber informed the meeting that it would be a good idea to look a fresh at the audit plan and the Governing Body agreed this.

103/15 Minutes of the GP Members Committee

Mr Barber informed the meeting he had attended the GP Members Committee and had found the meeting positive, enthusiastic and everyone was very committed.

Dr Kitlowski requested Ms Roche and Cllr Roche to attend a future GP Members Committee meeting.

Dr Jacob gave a brief summary of the items that had been discussed at the meeting and informed the meeting Mr John Cartwright TRFT Director of Estates & Facilities had attended the meeting to give an update re car parking and charges at the Emergency Centre.

Dr Jacob reported to the meeting that Dr David Clitherow had attended the meeting to provide an update on the concerns that had been raised last month by members in relation to Paediatrics Rapid Access clinics, Admissions and
follow-ups. Dr Clitherow is to liaise with TRFT around what would be feasible re increasing slots.

Dr Jacob reported to the members of the meeting the GP Members Committee had also discussed why DNA letters for patients not attending hospital appointments are not sent to the patient and only to the patients GP.

104/15 **Governing Body Actions Log**
The meeting discussed the actions log and the actions were RAG rated accordingly.

105/15 **Minutes of Audit & Quality Assurance Committee Meeting**
Mr Barber informed the meeting there were no actions from the meeting to be escalated to the Governing Body.

106/15 **Minutes of Health & Wellbeing Board Meeting**
Cllr Roche informed the meeting Core Strategy and Governance was due to be agreed in September.
Cllr Roche gave a brief summary of the items included in the Health and Wellbeing Board Minutes and informed the meeting that the board had little influence on patients not attending GP appointments and Commissioners will undertake work on this.
Cllr Roche informed the meeting that the Clinical Executive had fed back in writing and version two of the report will be out soon.
Cllr Roche reported to the meeting Sandy Keane is joining the council as the new Independent Chair of the LSCB.
The Governing body noted the minutes of the Health and Wellbeing Board.

107/15 **For Information**
Dr Jason Page will be joining the Governing Body as an Independent GP Member in September and Dr Carlisle will become a Lay Member of the Governing Body.

Ms Roche praised the CCG for including the Better Together newsletter as she felt it was very useful

The Governing Body members felt Mrs Cassin should keep the Governing Body sighted on CSE.

Cllr Roche informed the meeting 3.1 million pounds has been given to Rotherham Council to provide help for survivors of SCE. This is being provided by Barbados.

**Future Agenda Items**
No items discussed

108/15 **Urgent Other Business**
No items discussed

109/15 **Issues For Escalation** – to Governing Body or other Committees
No Items discussed

110/15  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].

111/15  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 September 2015 at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.