NHS
Rotherham
Clinical Commissioning Group

	Title of Meeting:	**Audit & Quality Assurance Committee**
	Time:	09.00am
	Date:	1st May 2018
	Venue:	Elm Room, Oak House
	Reference:	JB/LD
	Chairman:	Mr John Barber

QUORUM: 2 x Governing Body Lay Members

Present:
Mr J Barber, Lay Member Governance (Chair)
Dr J Page, GP Lead, RCCG
Mrs K Henderson, Lay Member Patient & Public Engagement, RCCG
Dr R Carlisle, Lay Member Primary Care, RCCG

In Attendance:
Mrs S Cassin, Chief Nurse, RCCG
Mrs K Meats, 360 Assurance Internal Audit
Mr M Jones, Head of Financial Services, RCCG
Mrs W Allott, Chief Finance Officer, RCCG
Mr R Khangura, Director, KPMG
Mr I Atkinson, Assistant Chief Officer, RCCG
Ms A Hague, Corporate Services Manager, RCCG
Miss L Dennis, PA to the Chief Nurse, RCCG (minute taker)

Apologies:
Ms R Nutbrown, Assistant Chief Officer, RCCG
Mrs C Croft, Counter Fraud Specialist, 360 Assurance

		Action
SESSION A : INTRODUCTION		
18/48	**Declaration of Pecuniary or Non-Pecuniary Interests**	
	The standard declaration for GPs (Dr Page) as providers was acknowledged overall. No other declarations of interest were made.	
18/49	**Minutes of meeting held 6th March 2018** The full minutes of the group's meeting held on Tuesday 6th March 2018 were agreed as a correct record of proceedings.	

		Action
18/50	**Matters Arising from meeting held 6th March 2018**	
	All included on the action log (see below).	
18/51	**Actions Log**	
	Officers provided Rag ratings against actions and current updates. Members acknowledged the actions that have been completed and noted the progress to date for those which still require further action. After discussion the group agreed to close the following actions: - 18/23 - 18/27 (1) - 18/27 (2) - 18/32	
SESSION B : EXTERNAL AUDIT, FINANCE AND COUNTER FRAUD		
18/52	**Financial Matters Update**	
	Mr Jones presented the Financial Matters Update covering the period up to 31st March 2018 which included the year end position of the CCG. He drew attention to the £2.35m in year surplus which has been achieved as planned. He also advised that all CCG obligations have been met and subject to external audit the accounts will be signed off. Members noted with the following comments: Mr Barber noted that everything in the report is in line with what was expected and congratulated the finance team on their excellent work. **AQuA received and noted the Update.**	
18/53	**Draft Annual Accounts**	
	Mr Jones presented the draft annual accounts paper to the group, noting the following: - We have had a smooth year end period with all submissions to NHS England happening within correct deadlines - External Audit are currently on site and we expect them to finish their work by 14th May 2018 - The finance team would like to offer a one hour session to all AQuA Committee members to go through the annual accounts in detail prior to the Extraordinary AQuA meeting on 23rd May 2018. Members noted with the following comments: Mr Barber noted that he had picked up in the annual accounts that there has been an increase in staffing costs. Mr Jones responded that this figure includes all staff incremental pay rises along with the 1% national pay rise. It also includes the	

		Action
	Rotherham CCG share of the jointly commissioned posts with the Local Authority. He confirmed that we have complied with the running costs envelope. **AQuA received and noted the update.**	
SESSION C : QUALITY (10:00am – 10:20am)		
18/54	**Safeguarding Updates – Stovewood Investigation** Mrs. Cassin presented the safeguarding update to the group, noting the following: - The fusion bid which we have submitted jointly with other agencies has been unsuccessful three times - We did secure £250k to offer pretrial support and this paper details how we plan to spend this money. Members noted with the following comments: Mr Carlisle asked whether anyone is doing any work on whether there have been any improvements to victims as a result of this intervention. Mrs Cassin responded that this is a big issue and to date we have not found any un-met need in Rotherham however we need to ensure that we take a whole team approach and provide a wraparound service to families. She also noted that there is a requirement for an evaluation at the end of year one in order to secure money for year 2. We will disseminate these findings widely in order to support others who are doing similar investigations. **AQuA received and noted the report.**	
18/55	**Personal Health Budgets – Letter from NHS England** Mrs. Cassin presented the letter to the group for information. Members noted with the following comments: Dr Carlisle commented that we expect to see more PHBs in 2018/19. Mrs Cassin responded that with the increase in social prescribing we will most certainly see an increase in PHBs. There may be some challenges in the monitoring and support of these PHBs but it's always a positive thing to offer people a choice in their care. **AQuA received and noted the update.**	
COMFORT BREAK (10:20AM – 10:35AM)		

		Action
SESSION D: INTERNAL AUDIT AND GOVERNANCE 10:35AM – 11:35AM		
18/56	**Progress Report** Ms. Meats presented the Internal Progress Report noting the following: - Three reports have been issued in the last reporting period - Work for 2017/18 has now been completed - Work on 2018/19 have now started - The final Head of Internal Audit Opinion will be presented to the committee at the Extraordinary meeting on 23rd May 2018. Members noted with the following comments: Mr Barber noted that there are 17 outstanding recommendations and asked Mrs Meats why there are so many and how we can clear them? She responded that they are in conversation with the responsible officers to get them sorted as soon as possible. **AQuA received and noted the update.**	
	2018/19 Internal Audit Plan Ms. Meats presented the Internal Audit Plan, noting the following: - There have been some changes in the planned work; the 10 days' work which was planned to be on CHC has now changed to Primary Care. Members noted with the following comments: Dr. Carlisle noted that given the current state of Government policy contract management may be an issue. Mr. Atkinson also commented that different areas do things differently now so we will be meeting with internal audit to recognize this and decide on how we will manage it going forward. Mrs. Meats agreed to reflect this in the Terms of Reference. **AQuA received and signed off the Internal Audit Plan.**	
	Information Governance – Final Report Ms. Meats presented the Information Governance Report, noting the following: - Significant assurance has been provided now that the IG Toolkit has been submitted - There have been no material changes to the IG Toolkit **AQuA received and noted the update.**	

		Action
	Conflicts of Interest – Final Report Ms. Meats presented the Conflicts of Interest Final Report, noting the following: - Revised guidance has been received from NHS England - Significant assurance has been provided - We need to ensure that all conflicts are identified within 28 days in future. **AQuA received and noted the update.** **Integrity of the General Ledger & Key Financial Systems – Final Report** Ms. Meats presented the Integrity of the General ledger & Key Financial Systems Report, noting the following: - Full assurance has been given to this area of work - There are a couple of areas to strengthen but overall a really positive piece of work. Members noted with the following comments: Mr. Barber noted that it is excellent to receive full assurance for this work. **AQuA received and noted the update.** **Q4 Client Briefing** Ms. Meats presented the Q4 Client Briefing to the group for information. **AQuA received and noted the update.** **GBAF Benchmarking** Ms. Meats presented the GBAF Benchmarking report to the group for information. Members noted with the following comments: Mr. Barber commented that he thinks it would be useful when we review the GBAF in future to consider the questions on the last page of this report. **AQuA received and noted the update.** **Board Survey Results** Ms. Meats presented the Board Survey Results to the group for information. **AQuA received & noted the update.**	

		Action
18/57	**Governance**	
	Q4 Corporate Assurance Report Ms. Hague presented the Corporate Assurance Report to the group, noting the following comments: - We have received 227 Freedom of Information requests in the last year - The majority of these are hitting the 20 day target and where they aren't hitting this they are only over by one or two days. **AQuA received & noted the update.** **OE Terms of Reference** Ms. Hague presented the OE Terms of Reference for information to the group. **AQuA happy to recommend taking forward to Governing Body.** **AQuA Terms of Reference** Ms. Hague presented the AQuA Terms of Reference to the group for information. Members noted with the following comments: - The lead executive needs to be changed to Wendy Allott - Mr Barber is going to speak to Dr Avery (Chair of GPMC) about GPMC membership at AQuA in future - Quoracy needs to be changed to two lay members and one clinician. **The committee would like to review these again at the next meeting before formal approval is given.** **Cyber Security Review** Mr Atkinson presented the Cyber Security Review to the group, noting the following comments: - We have increased the amount of work we are doing internally to increase staff awareness - We are increasingly challenging colleagues to hold TRFT to account – they are also happy with their performance.	

		Action
	Members noted with the following comments: Dr. Page commented that we can mitigate against cyber security but we can never prevent it from happening. Mrs Henderson asked whether the Rotherham Health Record is safe and Mr Atkinson responded that it is safe as there are procedures in place to manage it. The committee agreed that they would like updates on cyber security throughout the year and they are happy for them to be raised by exception. **AQuA received & noted the update.**	
18/58	**Policies** **Mr Peter Smith joined the meeting to discuss this item.** **Alcohol, Drug & Substance Misuse & Smoke Free Policy** Mr. Smith presented the policy to the group noting the following: - The previous policy was very short and didn't address people who have addiction needs - Our policy now reflects the same as other South Yorkshire & Bassetlaw CCGs on this subject - We have an agreement with Occupational Health that for random drug testing they will be here within two hours. **AQuA happy to recommend taking forward to Governing Body.** **Sustainable Development Plan** Ms Hague presented the plan to the group noting the following comments: - This is a complete refresh of the current plan Members noted with the following comments: Dr. Carlisle noted that there is nothing in about virtual meetings; Ms Hague will take it back to Ruth Nutbrown and Ian Atkinson for them to look at this. **AQuA happy to recommend taking forward to Governing Body once any changes detailed above have been made.**	
SESSION E: FOR INFORMATION		
18/59	**Serious Incidents & never Events Committee Draft Minutes** 14th March 2018	
	Received and noted for information.	
18/60	**TRFT Contract Quality Meeting Minutes** 28th March 2018	

		Action
	Received and noted for information.	
18/61	**Information Governance Meeting Minutes** 23rd March 2018	
	Received and noted for information.	
18/62	**Clinical Commissioning Group Governing Body Minutes** 7th March 2018 & 4th April 2018	
	Received and noted for information.	
18/63	**Equality & Diversity Steering Group Meeting Minutes**	
	Received & noted for information.	
SESSION F: ADMINISTRATION		
18/64	**Other Business**	
	None	
18/65	**Issues for Escalation to Governing Body**	
	None	
18/66	**Forward Planner (for information)**	
	The committee agreed that they are now happy with this document. Mr Barber commented that it is now in accordance with what standard committees should have.	
18/67	**Next Meeting (for information)** Extraordinary AQuA Wednesday 23rd May 2018 12pm – 1pm Elm G.04	
18/68	**Future Meetings (for information):** All at 9am, Birch Room, Oak House Tuesday 3rd July 2018 Elm G.04 Tuesday 4th September 2018 Elm G.04	

Approved 25 July 2018
Paper 15

NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**GP MEMBERS COMMITTEE**
	Time:	**12:30 – 15:30 (NO LUNCH PROVIDED)**
	Date:	**Wednesday 27 June 2018**
	Venue:	**G.05 Birch, Oak House**
	Chairman:	**Dr Geoff Avery**

Quoracy: 5 GP members or their deputies

Members or Deputies Present:
Dr Geoff Avery (GA) Blyth Road - Chair
Dr Subbannan, Sukumar, High Street, Rawmarsh
Dr Bipin Chandran (BC) Treeton Medical Centre
Dr Tim Douglas (TD) Dinnington Group Practice
Dr Shivalingam Chandran (SCh), Wentworth South
Dr Simon MacKeown (SM) St Anne's Medical Centre
Dr Simon Bradshaw (SB) Street Surgery
Dr Simon Langmead (SL), Broom Lane

Apologies:

In Attendance:

Dr Gokul Muthoo, LMC, Stag Medical Practice
Dr Richard Cullen (RC), Chair Rotherham SCE
Mr Chris Edwards (CE), Chief Officer
Dr Jason Page (JP), Vice Chair Rotherham SCE
Mr Ian Atkinson (IA), Deputy Chief Officer
Mr Barry Wiles (BW), Maltby Service Centre/Clifton MC
Ms Wendy Allott (WA) Chief Finance Officer
Mrs Sue Cassin (SC) Chief Nurse
Mrs Melanie Robinson (LD), Minute Taker
Mr John Barber (JB)
Dr Anand Barmade (AB)

No.	Item	Action
1.	**Declarations of Pecuniary or Non-Pecuniary Interests**	
	Dr Avery informed the meeting he has a specific conflicts of interests in agenda item 3, Integrated Locality Proposed Models as he is a member of the Connect Health Board. Dr Avery declared the meeting has quorate.	
2.	**AQuA Annual Report**	
	Mr John Barber joined the meeting and informed members of his role within RCCG as a lay member and the Chair of the Audit and Quality Assurance (AQuA) Committee and presented the AQuA Annual Report to the members. Mr Barber highlighted the following:- • The report highlights that RCCG is well managed and well governed.	

	• RCCG is assessed independently by internal and external auditors and reported no areas of concerns of concern and full assurance in one area. • As a result of this AQuA is satisfied that RCCG has appropriate and robust internal controls in place. • The systems of governance incorporated in the constitution are fully embedded within the organisation. • There is no significant duplication or omission in the systems of governance and internal control. • Going forward AQuA are to continue to examine the governance and internal control arrangements of the RCCG, seek assurance upon quality and patient safety within the services commissioned, monitor closely risks faced by RCCG and its major providers, work closely with local audit committees and consider the governance issues arising from developments in the Rotherham Integrated Care Partnership and wider South Yorkshire and Bassetlaw system. Mr Barber informed members of the proposal to no longer have representation from the GPMC on the AQuA Committee and for • Mr Barber to attend the meeting yearly to present the AQuA Annual Report. • Any issues regarding audit and quality to be raised with either Mrs Cassin or Dr Page to feedback to AQuA and maintain the link between GPMC and the Committee. Members agreed the proposal.	
3.	**Diagnostics**	
	Dr Anand Barmade joined the meeting and presented the Diagnostics paper to the members to note the current diagnostics service and consider the proposed option for future service provision. Dr Barmade highlighted the following:- • Care UK delivered this service until September 2017 when they served notice and handed the contract back to RCCG. The contract was novated to TRFT and commenced for a one year period on 1 October 2017. This is due to cease on 30 September 2018. • The current service model delivers the imaging and reporting of four main imaging modalities consisting of X-Ray, Echocardiography, Ultrasound and bone Densitometry. • Good quality of images, standardised waiting times and workforce working effectively • Patient, public and stakeholder involvement commenced through the Rotherham Patient and Public Participation forum on 5 June 2018. • Car Parking – TRFT are currently updating their Car Parking policy. Members are asked to:- • Note the challenges with the current service model for diagnostics. • Note detailed options appraisal. • Endorse the development and implementation of option 3. Dr Muthoo informed the meeting that the paper was well produced and with good clarity. The meeting discussed whether TRFT can accommodate the service move, waiting times and patients concerns around car parking and receiving a personal service. Dr Barmade informed the meeting that If centralised, TRFT would have capacity to see patients sooner, if there is a long waiting in the department. TRFT are working towards seeing patients quicker. One of the audits showed that their waiting in department is quicker than in the RCHC.	

	Dr B Chandran raised an issue regarding a patient and agreed to provide further information to enable Dr Barmade to investigate. The meeting discussed how the services will be monitored through KPIs and the contract. Mr Atkinson informed the meeting that transparency of the KPIs will be monitored as part of a monthly paper at the public Governing Body meeting and provide assurance to GPs and the public. Dr Muthoo enquired about the plans for the Community Health Centre and Mr Atkinson informed the meeting that the RCCG still have a lease on the property and that dialogue is being undertaken to look at how to utilise the property. Following a further general discussion members were asked to agree to Option 3. Members agreed unanimously. Dr Barmade left the meeting.	
4	**Feedback from Members on Locality Proposals**	
	The Integrated Locality Proposed Model paper was presented at the 30 May 2018 meeting and members had been asked to provide feedback from localities on the direction of travel. Dr Cullen informed the meeting that the proposal had been circulated to practice managers to disseminate to GPs. Drs MacKeown and Muthoo informed the meeting that the proposed Central hub combines large practice areas and the problems this may cause around line management. Dr B Chandran enquired whether the Gate practice will include Rose Hill and this was confirmed as correct. Mr Wiles informed the meeting of the possible issues around co-location as not all localities have the same estate. Drs Avery and Sukumar raised the issue of current co-location staff been moved to other localities and working relationships being effected. Dr Muthoo highlighted the need for GP representation on the Integrated Partnership, Leadership Model. Members discussed the possibility of practices being able to change localities if issues are experienced around patient numbers etc. Members discussed the possibility of the reducing the number of locality representatives to 7 from 8. Further discussion to take place at the 28 November 2018 meeting. Dr Cullen informed the members that partner organisations have signed and are awaiting approval from RCCG. Members approved the proposals for the Integrated Localities with the following options included:- • Appropriate Review Period • LTC LES review to be considered to mirror locality priorities • Maintain 8 or move to 7 localities representatives	**IA**
5	**Draft Minutes of the 25 April GPMC Meeting**	
	The minutes of the meeting were agreed as an accurate record of the meeting held on 30 May 2018. Item 6 – Work still being undertaken on the DVT Pathway and the development of the UECC report. Dr Clitherow to bring to the 26 September 2018 meeting. **Action: Dr Clitherow**	**DC**

7	**Issue Logs** **a) RDaSH Issues Log** **b) TRFT Issues Log**	
	Issues logs noted for information. The specific issues to be presented to the next meeting.	
8	**Locality Feedback and Outstanding Feedback from June 2018**	
	Members reviewed the information for feedback.	
9	**Feedback from GPMC Members attending sub-committees**	
	a) Practice Managers Forum Mr Wiles informed the meeting of the main items discussed at the meeting held on 12 June 2018 including:- • Sexual Health Services gave an insight into the services provided and the change in the booking system due to a large amount of DNAs • Parkwood – Future meeting arranged to promote working relationships • Extended Hours – Implementation by October • Migration to NHS Net • Flu Vaccines • Macmillan to engage with practices – Funding for a Macmillan GP and Nurse	
	b) Community Transformation Dr Mackeown informed the meeting the next meeting was scheduled for this afternoon and that the main items for discussion are:- • Intermediate Care • Home First • Implementation of Community Care The meeting discussed the problems being experienced by practices were they are being expected to take on patients from other practices admitted to care homes covered by their practice which the registered practice will not visit and that practices not partaking in the Care Home LES are obliged to visit patients. Following the discussion and the noted conflict of interest Mr Atkinson is to feedback the members request for an updated paper on the evaluation of any gaps in the current Care Home LES. **Action: Mr Atkinson** Feedback will be provided via the Primary Care Committee minutes	**IA**
	c) Mental Health Transformation	
	Mr Atkinson informed of the main issues discussed at the meeting held on 6 June 2018, including:- • The benefits to patients of the commissioning of the Ferns ward and how this had assisted patients to have short stays. An evaluation of the funding of the ward is being undertaken and a report is expected in the October period. • Investment in the Mental Health Liaison Service and investment to implement the 24 Hour Response Service which will go live in August. • Dialogue is being taking place to undertake Phase 2 of the Dementia LES within the community setting. Dr Brynes is undertaking this work with engagement from the LMC.	
	d) A&E Delivery Group	

	Dr Douglas informed the meeting that the group had discussed:- • UECC – Review to be released shortly. Review been undertaken by Dr Clitherow • A&E performance was achieving a mid-table position. • Mid-Grade Doctors have been recruited from India to ease the pressure on the staffing issues. • RAT system is to be rolled out shortly to assist with patient flow. • Winter Planning – Planning is underway with the aim to promote home first. • Call 24 – Embedding Mental Health Service • A&E links with GP Hubs	
	e) IT Strategy Group No update	
	f) Nursing update Mrs Cassin gave a verbal update and highlighted the following :- • Mrs Cassin's article within the local newspaper reflects upon her 40 years' service within the NHS and the celebration of 70 years of the NHS. • Mrs Helen Wyatt has captured local resistant's experiences of changes within the NHS over the last 70 years and a display will be on display at the AGM. • PLTC Cancer Event 12 July 2018 – The Practice Nurse session will also cover the topic of Cancer. Mrs Serena Thorpe has taken over from Mrs Denise Hicks in the organisation of the sessions and nurses are encouraged to give feedback to Mrs Thorpe regarding their training requirements. • ANP's are welcome to attend the practice nurse session or the workshops. • RCCG CHC nurses are providing mentoring to nurses from 4 CCGs. • Mrs Emma Batten is providing support to practices following their CQC visits around Cold Chain Audits and is undertaking work around CDIFF, MRSA and E.coli. • The RCCG Safeguarding team are providing support to practices following CQC visits. • Mrs Thorpe and the Trainee Nursing Associate, Sheffield Hallam University are investigating funding to provide returning to practice nurse courses.	
	g) Primary Care Committee No meeting	
	h) Connect Health Care (Federation) Feedback Dr Avery informed the meeting that:- • Dr Gokhul Muthoo has been appointed as the new medical director from 1 August 2018 and will be undertaking the role 2 days (4 sessions) per week. • Details of the board members have been circulated on the June bulletin. • Dr Douglas enquired around the new app and Mr Atkinson agreed to provide a timeline to the next meeting. **Action: Mr Atkinson**	**IA**
	Feedback from Key Issues Discussed at CCG Governing Body	
	Dr Avery highlighted to the meeting the key issues discussed at CCG Governing Body including:	

	• Save Our NHS representatives in attendance at the public session. • Hospital Services Review • Primary Care Annual Report • Friends and Family - There are now only 2 practices not submitting their data. • Delivery Dashboard Antibiotic Prescribing is down to only 1.5% above the target level. Mr Atkinson informed the members that recent figures are showing that Rotherham Antibiotic Prescribing rate is now below the national performance exception.	
	a) Chief Officers Report – April 2018	
	Mr Atkinson informed the meeting that the Chief Officers Reports are for information. Members noted the reports.	
	b) South Yorkshire & Bassetlaw (SY&B) Integrated Care System	
	Mr Atkinson informed the meeting that:- • Hospital Service Review has been published and an update will be given by Alexandra Norrish & Des Breen NHS England at the Governing Body Meeting on 4 July 2018. • The joint committee hyper acute stroke proposal has been challenged by Barnsley CCG and a judicial review court case has upheld the original decision.	
10	**Feedback of Key Issues Discussed at SCE**	
	Mr Atkinson informed members that the key issues discussed at today's SCE meeting were:- • An update on the Equipment and Wheelchair re-procurement – The bidding process is now live and looking to be awarded mid-autumn with a start date of February 2019. • Community Health Service • AGM preparation – Event date 4 July 2018	
11	**Items for PLTC Consideration**	
	Dr Avery made the suggestion of holding a 30 – 40 minutes commissioning discussion in the form of facilitated table work and alternate PLTC Events. Mrs Cassin informed the meeting that GPs feedback from events had suggested the exclusion of commissioning from the events. Following a discussion it was agreed that Mrs Cassin and Mrs Robinson would look into the possibility of holding a Commissioning discussion at the January 2019 event. **Action: Mrs Cassin and Mrs Robinson**	**SC/MR**
12	**Any Other Business**	
	Members agreed the cancellation of the August GPMC meeting due to the holiday period.	
	Next Meeting **Wednesday 25 July 2018 Elm Room (G.04), 12.30pm, Oak House – No Lunch Provided**	

Paper 16

Enc 4.2

NHS Rotherham Clinical Commissioning Group

Action Points of the Rotherham A&E Delivery Board
Wednesday 20 June 2018, Seminar Room, U&ECC, TRFT

Attendees	**RCCG:** Chris Edwards (CE) – Chair, Ian Atkinson (IA), Tim Douglas (TD), Jacqui Tufnell (JT),Alun Windle (AW), Lydia George (LG) **TRFT:** Chris Holt (CH), Jeremy Reynard (JR), Mel Simmonds (MSi) **RMBC:** Darren Rickett (DR) **RDASH:** Ed Bryan (EB) **NHSE:** Mark Janvier (MJ) **YAS:** Matt Sandford (MSa), Steve Rendi (SR), Julie Wilson (JW) **VAR:** - **LMC:** Bipin Chandran (BCh)
Apologies	Louise Barnett, Sue Cassin, David Clitherow, Claire Smith, Ed Dimelow, Janet Wheatley, Anne-Marie Lubanski, Richard Smith, Gordon Laidlaw, Steve Turnbull
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary. TD declared an interest in Aythorpe Lodge.

Abbreviations:

ICS = Integrated Care System	*UECC = Urgent and Emergency Care Centre*	*ED = Emergency Department*
NHSE = NHS England	*AMU = Acute Medical Unit*	*NHSI = NHS Improvement*
IST = Intensive Support Team	*DTOC = Delayed Transfers of Care*	*U&EC = Urgent and Emergency Care*

1 Urgent and Emergency Care Position

1.1 Current Performance

- Performance as at 19 June 2018

	Performance
Month to Date	**92.74%**
Qtr to Date	**88.21%**
YTD	**88.21%**

- June has seen a significant improvement, A&E performance is better than the overall trajectory. From May to June we were the 10th most improved nationally.
- Still experiencing some periods of challenge, mostly attributed to workforce, demand and bed pressures.
- The key workforce pressures are: medical staff (only 8 out of 12 middle grades until August) and 1.5 consultants down (should be resolved by mid-July).
- The recruitment of doctors from India has a one month delay, but will be in place for next winter. The initiative will see 14 additional doctors; 7 for emergency medical and 7 for acute medical.
- The plan to move ANPs to join the middle grade rota in ED is being taken forward, however significant training is required. ANPs are to be rotated to help address 'hot spots'.
- Recruitment of experienced primary care ANPs will bolster the front end of 'See and Treat'.
- MSi explained that the addition of an experienced primary care physician has made a positive impact on performance and has brought the operating model closer to the original model for the UECC. The 'see and treat' is operating each day and is enabling effective streaming and deflection and supports patient education.
- Mental Health support will increase once Core 24 goes live in the summer.
- MJ recognised the improved performance in June, actions against the local plan and the hard work that has taken place to achieve this position.
- **YAS** - Cat 1 and 2 have seen improvements. CH has received the Escalation Policy, which is currently being reviewed.
- **Mental Health -** Demand is steady. Core 24 goes live in the summer, which will provide 24/7 acute support. The switch over to SystmOne had some initial issues, but overall it is an improvement, and the

visibility of primary care information is proving very useful.

- **Primary Care -** Colleagues reported that activity has been fairly steady, with pockets of high demand.
- **Social Care** – overall fairly steady, including DTOCs.

1.2 Weekly Operational A&E Delivery Board notes

- The meeting continues to be effective and has been used for the development of the Winter Plan, the minutes were noted.

1.3 YAS System pressure dashboard

- As above, in addition the dashboard was noted. MSi will liaise with MSa in relation to the action to analyse high attendances and will ensure the appropriate information is provided. ***Action: to report back to the July or August meeting.***

1.4 Action on A&E: Home First

- Our choice for the Action on A&E project was 'discharge and recovery' (i.e. 'Home First'). CH provided a presentation on the work so far.
- The visions is: 'One team working together to support people being at home', the outcomes are:
  - A pathway which supports people to be at home by providing interventions from a range of specialisms appropriate to the needs of that episode in a person's life.
  - A way of thinking that should be at the forefront of everybody's minds.
  - Underpins and integrates each of the Urgent and Community Place Plan priorities enabling individuals with more complex needs to be supported in the community.
- It incorporates the following priorities: Integrated Point of Contact, Integrated Rapid Response, Integrated Discharge, Intermediate Care and Reablement.

2 System Resilience / Winter Planning

2.1 Draft 2018/19 Winter Plan

- IA reported that we are 3 - 4 months ahead of last year in developing the Winter Plan.
- The Plan will change over the next few weeks as we get more granular on the actions needed, there will be more detail on the specifications within the next version.
- The Plan includes a reflection on last year, and takes account of the analysis of bed usage.
- Members need to be assured that actions are in place and to be clear on what can be achieved for Winter. The revised Plan has specific focus on:
  - Workforce in community and acute setting.
  - Enhancement of surge processes post inclement weather that enables up to 3/4 days recovery for primary and secondary care, with clarity on actions to be taken.
  - Enhancement of de-escalation coming out of winter and up to April.
  - Taking account of NHSE/I expectations, particularly in terms of addressing long Lengths of Stay.

Feedback received:

- CH 1) good progress, the plan addresses the main points.
- JT 1) Out of hour admissions are rising, have we considered what we are doing / what we can do, 2) During inclement weather processes within GP practices can vary, could we agree a process that prevents patients coming to practices several days later and sicker. 3) In terms of the bed plan, can we understand the number of beds in TRFT and agree what the community number needs to be.
- YAS 1) thorough plan.
- AW 1) good reflection on last year, happy with DTOC. Commented on the significant reduction in the number of assessments taking place in the acute setting, which is now down to 1-2.
- JR 1) IT is a barrier, it prevents patients moving around within TRFT and is a stumbling block for change.
- EB 1) when Core 24 is up and running, the mental health teams want to be more proactive in accessing the TRFT bed system to actively seek patients who need their support.

Actions / considerations as a result:

- Rotherham IT Interoperability group oversees IT Rotherham wide, can we identify one or two issues with the most impact and ask for a resolution. ***Action: JR and ? to discuss.***
- Following further discussion it was agreed that the weekly operational group need to be clear on the

expectation from primary care hubs in terms of: what the hub offer is, use of chat box and communication to patients. In addition, there was a discussion on the use of the High Intensity User Group (who actively case manage regular and repeat users) and the operational group were asked to consider this. ***Action: CS/ MSi***

- TD queried when a decision would be made in terms of the use of escalation beds as it had been quite a late decision last year. IA confirmed that there is still analysis to be undertaken and sign off would be via the A&E Delivery Board.
- BCh queried if A&E could deflect patients to GP practices through block appointments for the UECC to use. JT added that there are significant additional hours coming into the system of 132 on top of the current additional 140, and this is to be by October. This will be 300 more appointments and it may be that some of these need to be directed to after 6.30pm.
  He also queried the protocol for nursing homes in calling 999 for unwitnessed falls when a patient appears to be fine. ***Action: it was agreed that MSi / AW would pick up a discussion out of the meeting.***
- MSa added that Rotherham is recognised as an exemplar for the use of the Escalation Management System, adding that YAS can clearly see the benefits. There is a discussion at ICS level in terms of the roll-out across SY&B, supported by NHSE. MJ added that there is a workshop taking place next week.
- MJ welcomed the discussion in relation to workforce. He directed A&E Delivery Board members to the letter from Pauline Phillip, which included a required reduction in Length of Stay. Annex 2 of the letter has range of Key Lines of Enquiry that will need assurance. ***Action: Circulate the letter from Pauline Phillips when received***.

Next Steps:

- A further draft to be received in July taking account of the feedback and actions raised, anticipated sign off in August.

2.2 Update on Ambulatory Care Review

- A number of meetings have taken place to progress this area of work, Rotherham has engaged with the Ambulatory Care Network and are on the accelerator course. ***Action: CH to share a report***

3 Delayed Transfers of Care

3.1 DTOC Action Plan

- Members noted the continued positive performance for DTOC, it was agreed that going forward the position would only be reported by exception if performance dips.

4 Communications

4.1 Rotherham Place Communications - none to report

4.2 SY&B Accountable Care System Communications - none to report

4.2 NHS England Communications

- The A&E Delivery Board newsletter was noted.
- Members noted that the Pauline Phillips letter re: winter planning will be circulated once received.

5 Standard Business

5.1 Risks / items for escalation, including review of Risk Log - no changes were made.

5.2 Minutes of 23 May 2018 – agreed.

5.3 Outstanding matters arising not covered in the meeting – None

5.4 Future Agenda items:

- Draft Winter Plan (IA/CS) – July and August
- YAS Proposal re: analysis of High Ambulance Attendances(MSa / MSi) – July / August
- Update on Ambulatory Care ' 6 month look back' report – CH - July
- Rotherham response to Annex 2 of the Pauline Phillip letter: 13 June – CE - July
- Action on A&E – each meeting
- August – chat box demo

5.5 Date of next meeting - Wednesday 18 July 2018, 9.00am in the Seminar Room UECC.

approved 18 07 2018

NHS
Rotherham
Clinical Commissioning Group

Action Points of the Rotherham A&E Delivery Board
Wednesday 18 July 2018, Seminar Room, U&ECC, TRFT

Attendees	**RCCG:** Chris Edwards (CE) – Chair, Ian Atkinson (IA), Tim Douglas (TD), David Clitherow (DC), Jacqui Tufnell (JT), Sue Cassin (SC), Claire Smith (CS), Gordon Laidlaw (GL), Lydia George (LG) **TRFT:** Chris Holt (CH), George Briggs (GB), Sally Kilgarith (SK) **RMBC:** Darren Ricketts (DR), Nathan Atkinson (NA), Steve Turnbull (ST) **RDASH: -** **NHSE:** Mark Janvier (MJ) **YAS:** Julie Wilson (JW) **VAR:** Janet Wheatley (JW) **LMC:**
Apologies	Louise Barnett, Ed Dimelow, Ed Bryan, Anne-Marie Lubanski, Richard Smith, Steve Turnbull, Bipin Chandran, Dianne Graham, Matt Sandford, Steve Rendi, Jeremy Reynard
Conflicts of Interest	Members were asked to register conflicts of interest at the beginning and then throughout the meeting as necessary. TD declared an interest in Aythorpe Lodge.

Abbreviations:

ICS = Integrated Care System	*UECC = Urgent and Emergency Care Centre*	*ED = Emergency Department*
NHSE = NHS England	*AMU = Acute Medical Unit*	*NHSI = NHS Improvement*
IST = Intensive Support Team	*DTOC = Delayed Transfers of Care*	*U&EC = Urgent and Emergency Care*

1 Urgent and Emergency Care Position

1.1 Current Performance

- Performance as at 18 July 2018

	Performance
Month to Date	**84.44%**
Qtr to Date	**84.44%**
YTD	**88.86%**

- June saw a significant improvement in performance, however July has been challenged with exceptional numbers of attendance and admissions.
- The increased attendance are mostly in minors and those seen later in the day and at weekends.
- There has been a high acuity in resus.
- MJ confirmed a significant growth across South Yorkshire but added that Rotherham has had the volatility in the system that other areas have not.
- Periods of challenge are mostly attributed to workforce, demand and bed pressures.
- The recruitment of doctors from India will help resilience and consistency within the workforce.
- GB reported that a meeting is taking place to focus on actions to address the current position. He will communicate with partners if anything is identified that they can support.
- He highlighted that additional primary care presence would be beneficial.
- Action: Agreed that DC/GL would promote the availability of shifts at the UECC with GPs across Rotherham. SK to identify the gaps in rota times where support would be most needed.
- GB added that going forward:
  - the rota will be adjusted to provide more cover overnight, especially at weekends and that there would be an increase in the number of middle grades to improve flow at AMU and supplement ED.
  - TRFT will seek physician assistants.
  - Nursing will continue to be an issue, an option to address would be to reduce the number of beds.
- The changes will be implemented over the next few weeks, this may have a knock on effect to social care in terms of a surge in discharges.

- Action plans will be considered at the A&E DB Operational meetings and brought back to A&E DB for assurance.
- **Social Care** - higher delays due to the level of demand, this reflects the length of stay position.
- Integrated Discharge Manager will be in place within the next few weeks.
- **YAS** – high attendances but nothing of note. Spikes seen correlate to weather or events that have taken place – but this is YAS wide. No major concerns or reports of delays in handovers.
- **Primary Care -** colleagues reported that activity has been fairly steady, with pockets of high demand.

1.2 YAS System pressure dashboard

- As above, the dashboard will be received at the next meeting.

2 System Resilience / Winter Planning

2.1 Draft 2018/19 Winter Plan

- CS presented the draft Winter Plan explaining that there are still gaps to be completed.
- The document sets out the key learning from winter 2017-18 across the health and social care system and provides a clear integrated framework for delivery of services and outcomes moving into and during winter 2018-19.
- The revised Plan has specific focus on:
  - Workforce in community and acute setting.
  - Enhancement of surge processes post inclement weather that enables up to 3/4 days recovery for primary and secondary care, with clarity on actions to be taken.
  - Enhancement of de-escalation coming out of winter and up to April.
  - Taking account of NHSE/I expectations, particularly in terms of addressing long Lengths of Stay.
  - Opportunities for utilising GP capacity and the hubs
- GB explained that TRFT have a draft internal winter plan and are looking to undertake a 'perfect week' during September / October. Any findings would then inform the winter period.
- The Research Foundation have visited TRFT and shared a discharge toolkit which covers 9 key actions. GB added that TRFT are to focus on 2/3 of the actions which will supplement the winter plan.
- MJ commented that the plan seeks to address the ongoing challenges in Rotherham; particularly around staffing and bed pressures. ***Action: MJ offered the possibility of undertaking a table top exercise / challenge to stress test our winter plan – potentially in October.***
- Implementation of EMS across SY&B will support Winter Planning and NHSE are facilitating its development.
- ***Action: Following discussion it was agreed that DC would consider how EMS could be utilised in primary care.***
- Members were happy with the development of the winter plan. The final plan will be received August / September for sign off.

2.2 A&E Delivery Board Communications re: Winter Planning

- Enc 2.2c is the draft response to the letters received from Pauline Phillip and Alison Knowles in relation to the requirement to reduce long stays in hospital.
- JT has undertaken an analysis on where we are against the recommendations and members were asked if they agreed with the assessment.
- It was thought that ambulatory emergency care should be green rather than amber - we are part of a national programme working with ECIST to look at a new tool from which actions will be developed to drive forward over the next 3 -5 months.
- The final response will be submitted to NHSE by 10 August, any relevant comments will be added to the winter plan. ***Action: CS/IA the assessment will be brought back to the next meeting for information***.

2.3 Update on Ambulatory Care Review

- ***Action: The update on Ambulatory Care Review was deferred to the next meeting***

3 Communications

3.1 Rotherham Place Communications - none to report

- There is work taking place on Right Care / First Time and there will be some targeted coms in relation to the winter plan later in the year
- There was a discussion on how we ensure utilisation of primary care capacity at the hubs.

- It was highlighted that there needs to be some clarity on how pathways will work in relation to the GP hubs and the links to NHS 111 and the new primary care app.
- It was agreed that this should be picked up as part of the communication plan for the Winter Plan to be received in September.

3.2 NHS England Communications

- GP Streaming Audit – TRFT colleagues are completing and will share the final version submitted.
- Monday surge Provider Diagnostic Tool- noted
- A&E Delivery Board newsletter 14 - noted

4 Standard Business

5.1 **Risks / items for escalation, including review of Risk Log -** no changes were made.

5.2 **Minutes of 20 June 2018 –** agreed.

5.3 **Outstanding matters arising not covered in the meeting** – None

5.4 **Future Agenda items:**

- Final Winter Plan (IA/CS) – August / September
- Length of Stay Action Plan - August
- YAS Proposal re: analysis of High Ambulance Attendances – August /September
- Update on Ambulatory Care ' 6 month look back' report August
- Action on A&E – September
- Winter Communication Plan - September
- Chat Bot demo - tbc

5.5 **Date of next meeting** - Wednesday 15 August 2018, 9.00am in the Seminar Room UECC.

Approved 15 08 2018

Paper 17

South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

8 June 2018

The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU

Decision Summary

Minute reference	Item	Action
44/18	**CEO ACS Report** After discussion it was agreed that a financial briefing paper for AOs and CEOs should be prepared by 15th June 2018.	**JC**
45/18	**Overview of Health and Wellbeing in South Yorkshire and Bassetlaw** After discussion the Chair highlighted that the ICS needs an understanding of the issues involved at each 'place' in the system and we need to gain agreement on the issues we will address as a system. The Chair informed members that a population health timeout will be arranged for members to debate this matter and identify the priorities we will progress so we are able to get some movement by September 2018.	**WCG**
46/18	**AHP launch of the strategy and council for AHPs in South Yorkshire and Bassetlaw** The Chair thanked Suzanne Bolam for her `attendance and her presenting at this meeting. The Chair confirmed the presentation would be circulated to members after the Collaborative Partnership Board meeting.	**JA**
47/18	**ICS Capital Bids update** Chris Edwards thanked the teams involved for their work in collating the bids. He added that the bids will be categorised and prioritised for discussion at the Executive Steering Group meeting on 19th June 2018.	**AP/CE**
48/18	**Hospital Services Review** Members agreed that a high level briefing paper for Governing Bodies and Boards should be drafted and circulated on Monday, 11th June 2018. The briefing paper should identify key items that the HSR is asking Governing Bodies and FT boards to progress. Governing Bodies and Boards should forward their support of the HSR and any comments they may have that detail how we respond to the HSR as an ICS and how we progress work from September 2018. Comments should be forwarded to Lisa Kell. The pathway scheme hub and scope should be referenced that it is the NHSI model and this should be identified in the documentation.	**AN** **All** **AN**

	The Collaborative Partnership Board: • Noted the background, process, next steps and timeline set out within the paper and the receiving of the report at this meeting. • Chief Executives and Accountable Officers agreed to confirm with Alexandra Norrish if they wish the Independent HSR Director, Professor Chris Welsh to attend their respective Boards /Governing Bodies after the 8th June 2018.	**CEs/AOs**
51/18	**Finance Update and System Control Totals – summary** • Note that all 12 partner organisations signed up in principle to the recommendations by 31 May which was notified to NHSE/I. Formal approval needs to be undertaken in June through Trust Boards, Governing Bodies and the SYB ICS governance processes.	**JC**
53/18	**South Yorkshire and Bassetlaw Local Maternity System (LMS): summary of 18/19 deliverables and transformation funding** Proposals for discussion will be brought to the next Executive Steering Group meeting on 19th June 2018.	**CE**
55/18	**Date and Time of Next Meeting** Will Cleary-Gray asked members if they are unable to attend would they please send a deputy to the meeting. The August meeting will be the last meeting before new meeting arrangements are put in place.	**ALL**

South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

8 June 2018

The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash **CHAIR**	South Yorkshire and Bassetlaw Shadow ICS	ACS Lead/Chair, Sheffield Teaching Hospitals NHS FT, CEO	✓		
Adrian Berry	South West Yorkshire Partnership NHS FT	Deputy Chief Executive		✓	
Adrian England	Healthwatch Barnsley	Chair		✓	
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	✓		Anthony May CEO
Alexandra Norrish	South Yorkshire and Bassetlaw ICS	Programme Director - Hospital Services Review	✓(pt)		
Alison Knowles	Locality Director North of England,	NHS England	✓		
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources		✓	Adrian Berry
Andrew Hilton	Sheffield GP Federation	GP		✓	
Andrew Pepper	South Yorkshire and Bassetlaw ICS	Strategic Finance Lead	✓(pt)		
Ann Gibbs	Sheffield Teaching Hospitals NHS FT	Director of Strategy		✓	
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher	✓		
Brian Hughes	NHS Sheffield Clinical Commissioning Group	Director of Commissioning	✓		Maddy Ruff/Tim Moorhead
Catherine Burn	Voluntary Action Representative	Director	✓		
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer	✓		
Chris Holt	The Rotherham NHS FT	Deputy Chief Executive & Director of Strategy and Transformation	✓		Louise Barnett
Clare Hodgson	EMAS	Assistant Director of Strategy Development & Commercial Services	✓		
Clare Morgan	Sheffield Teaching Hospitals NHS Foundation Trust	Programme Director (Chief Executives Office)		✓	
Clive Clarke	Sheffield Health and Social Care NHS FT	Deputy CEO			Kevan Taylor

David Purdue	Doncaster & Bassetlaw Teaching Hospitals NHS FT	Deputy Chief Executive/COO		✓	Richard Parker
Des Breen	SYB ICS	Medical Director	✓		
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Greg Fell	Sheffield City Council	Director of Public Health	✓		John Mothersole
Frances Cunning	Yorkshire & the Humber PHE Centre	Deputy Director – Health & Wellbeing	✓		
Helen Stevens	South Yorkshire and Bassetlaw Shadow ICS	Associate Director of Communications & Engagement		✓	
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer	✓		
James Scott	South Yorkshire and Bassetlaw Shadow ICS	Senior Programme Manager	✓		
Jane Anthony	South Yorkshire and Bassetlaw Shadow ICS	Corporate Committee Administrator, Executive PA & Business Manager	✓		
Janet Wheatley	Voluntary Action Rotherham	Chief Executive		✓	
Jeremy Budd	NHS Barnsley CCG	Director of Accountable Care	✓		Lesley Smith
Jeremy Cook	South Yorkshire and Bassetlaw Shadow ICS	Interim Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive		✓	
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive	✓		
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health	✓		
Karen Taylor	South West Yorkshire Partnership NHS FT	Director of Delivery	✓		Alan Davis
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive	✓		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive		✓	
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ACS System Reform Lead, Chief Officer, NHS Barnsley CCG		✓	
Lisa Kell	South Yorkshire and Bassetlaw ICS	Director of Commissioning Reform	✓		
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive		✓	
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer		✓	
Matthew Groom	NHS England Specialised Commissioning	Assistant Director		✓	
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning & Development		✓	Rod Barnes

Mike Curtis	Health Education England	Local Director		✓	
Moira Dumma	NHS England	Director of Commissioning Operations		✓	
Neil Taylor	Bassetlaw District Council	Chief Executive		✓	
Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Executive Director	✓		
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓		
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS FT	Chief Executive	✓		
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		✓	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive	✓		
Roger Watson	East Midlands Ambulance Service NHS Trust	Consultant Paramedic Operations		✓	Richard Henderson
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health		✓	Jo Miller
Ruth Hawkins	Nottinghamshire Healthcare NHS FT	Chief Executive		✓	
Sandra Crawford	Nottinghamshire Healthcare NHS FT	Associate Director of Transformation Local Partnerships Division		✓	Paul Smeeton
Sarah Halstead	NHS England Specialised Commissioning	Senior Service Specialist and RightCare Associate	✓		Matthew Groom
Sarah Turner-Saint	Chesterfield Royal Hospital NHS FT	Head of Communications	✓		Simon Morritt
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive		✓	
Simon Morritt	Chesterfield Royal Hospital NHS FT	Chief Executive		✓	
Steve Shore	Healthwatch Doncaster	Chair		✓	
Susan Bolam	Doncaster & Bassetlaw Teaching Hospitals NHS FT	Head of Therapies	✓(pt)		
Teresa Roche	Rotherham Metropolitan Borough Council	Director of Public Health	✓		
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw Shadow ICS	Sustainability & Transformation Director	✓		

Minute reference	Item	Action
40/18	**Welcome and introductions** The Chair welcomed members to the meeting. The Chair also greeted Professor Ted Baker, Chief Inspector of Hospitals, Dr Malte Gerhold, Executive Director of Strategy and Janet Ortega, Head of Integrated Care from the Care Quality Commission. Dr Malte Gerhold informed members that he and his Care Quality Commission colleagues were at the meeting to observe as partners and not in their role as inspectors.	
41/18	**Apologies for absence** The Chair noted the apologies for absence.	
42/18	**Minutes of the previous meeting held 13th April 2018** The minutes of the previous meeting were agreed as a true record and will be posted on the website after this meeting. **www.healthandcaretogethersyb.co.uk**	
43/18	**Matters arising** **Communication and Engagement:** **Draft Communication Plan for ICS Launch** The Chair sought agreement from members for the ICS launch to take place in September 2018, this was due to the delay regarding the financial framework, clarification of ICS regulations from NHSE/I and what transitional arrangements will be in place for level 2 and level 3 systems by September 2018. Members were in agreement. All other matters arising are on this agenda.	
44/18	The Chair invited the Care Quality Commission (CQC) to introduce themselves to members and regarding their presence at this meeting. Dr Malte Gerhold said that the CQC team is here to listen and learn. As a regulator the CQC is committed to change and transformation and the achievement of this is enshrined in the CQC's strategy. The CQC is being proactive on how change and transformation is achieved e.g. in the Framework for Health there is great emphasis on collaborative working and sharing insight on the quality of care, access, being familiar with geographical areas and the organisations involved therein. The CQC is also reviewing health and social care systems in 20 local areas to find out how services are working together to care for people aged 65 and older. Dr Malte Gerhold added that the CQC would like to engage with the SYB ICSs leadership in a two way approach: • To have one point of contact for the CQC and vice-versa, • Share issues regarding good and bad quality, understanding concerns regarding quality and priorities. There will be an element of listening and learning and the relationship between the two organisations will evolve over time. Dr Malte Gerhold suggested the possibility of working with SYB ICS on 2 or 3	

	of its priorities that are challenging across the area. Professor Ted Baker commented that the CQC has publically voiced their support of collaboration and integration as the key to delivering quality care. The CQC supports the SYB ICS agenda and wants to be helpful and not put barriers in the way but must also maintain their regulatory duty. Professor Baker added it was helpful to be here at this meeting listening and learning. The Chair gave a presentation which updated the CQC visitors of the current position of SYB ICS which included information pertaining to budget, population, staff/partners and organisations across the system, SYB ICS architecture and relationships, SYB ICS development timeline, developing an integrated care system, North STP comparison, SYB ICS priorities and the SYB ICS next steps. The Chair requested a representative from each 'place' to provide a brief verbal update regarding their Accountable Care Partnership (ACP) progress: <u>Sheffield – Brian Hughes</u> The ACP board is strong and consists of 6 partners; the board is looking to include a voluntary sector representative. The ACP received a whole system CQC report yesterday which identified a number of challenges but has further strengthened the ACP strong partnership ties. There is an acknowledgment that the ACP has a strong presence at place and in the SYB ICS system. <u>Bassetlaw – Catherine Burn and Idris Griffiths</u> The ACP board is a strong partnership and its chair is Catherine Burn Director lead for the Bassetlaw community and voluntary sector (BCVS).The board is supported by a Memorandum of Understanding and has a programme director in post. Members have developed good relationships and they are very engaged with the ACP. The board is working with partners to address the wider determinants of health i.e. substance misuse and drug distribution in the community, employment of Bassetlaw's 100 most challenging unemployed, housing and local community developments, schools and colleges to set up a children's summit, obesity, mental health and youth aspiration. <u>Rotherham – Chris Edwards</u> The ACP system board has been meeting for one year and started meeting in public in April 2018. The ACP board has one full member representing the voluntary sector. The Board has prepared a Memorandum of Understanding and members have agreed in principle how they will work together. The Memorandum of Understanding is a morally binding document and not legally binding. The first Rotherham Place Plan was agreed 18 months ago and a redraft of the Plan is expected at the ACP board for approval in July 2018. <u>Doncaster – Jackie Pederson</u> In Doncaster there is a real identification and sign up to the health and social care Place Plan in the wider context of living, working, learning and caring in Doncaster. The ACP has a legal agreement in place regarding joint commissioning with the Local Authority. The ACP has 7 priority areas which partners are focussing on which require assessment before they are rolled out. Traction is being achieved in intermediate care and this can be evidenced by the reduction of hospital admissions and quicker discharge. The ACP is currently looking at consolidating estates, communications and back office functions across health and care. <u>Barnsley – Richard Jenkins</u> The ACP board is in its third year and has made good progress through close working with partners across Barnsley. Barnsley has some of the most deprived areas in the South Yorkshire and Bassetlaw area and to provide the best outcomes for local people the ACP relationship is evolving further around integrated working. Providers are working closely together on: cardiovascular, frailty and neighbourhoods and are piloting ways of working in the most deprived areas e.g. focussing on a test bed regarding the pathway of individual	

	cases The Chair added that it could be useful for the CQC to assist and help Barnsley regarding this testbed initiative as this is the direction that SYB ICS would like to move towards. However, Professor Ted Baker noted that the ACP is not a legal entity and the CQC have to regulate through legal entities. The CQC want to support collaboration at all levels but the nuance of how they do this at all levels will require exploration to ensure that it fits within its regulatory powers and the established legal frameworks. It was suggested that the CQC could be involved in the development of the clinical networks (based upon on the hospitals review). The Chair thanked members for their updates. **National Update** **CEO ACS Report** The Chair gave his Chief Executive Officers report to the meeting. This monthly report provides members with an update on: • The work on the Shadow ICS CEO over the last month. • A number of key priorities not covered elsewhere on the agenda. The report gave a concise update to members regarding the: • ICS assurance • National ICS leads meeting – June 2018 • Capital Bids • ICS Management Structure • Future of Commissioning SYB Workshops • NHS England and NHS Improvement • Four new systems announced as ICSs • Non-Executive Directors and Lay Members event • Hospital Services Review update • Pathology Services • Hyper Acute Services The Chair invited Alison Knowles to update members regarding ICS assurance. Alison Knowles said that in April 2018 she had represented SYB ICS at a meeting with Richard Barker, Regional Director (North), NHSE and Lyn Simpson Executive Regional Managing Director (North), NHSI. The meeting went well and was instrumental in SYB sICS achieving level 2 assurance from NHSE/I. The Chair added: • transformation funding as a level 2 ICS is only marginally more than as a shadow form, • £5.7m of PSF is linked to system financial performance After discussion it was agreed that a briefing paper for AOs and CEOs should be prepared by 15th June 2018. This will enable a consistent message to be given across all organisations. The briefing paper will help AOs and CEOs inform their boards and governing bodies with the detailed information they require in order to obtain their agreement to supporting being part of a level 2 ICS. Members were in agreement that the paper should contain: • The key FAQs to enable AOs and CEOs to inform their board members with the level of detail they require. • How the ICS will utilise transformational funding. • What will be the key items that the System Efficiency Board will be	**JC**

	progressing for 20218/19. • Risk profile for organisations. • A view on the system improvement plan from NHSE/I. The Collaborative Partnership Board noted the update. **ICS System Design** The Collaborative Partnership Board noted this document from NHSE/I that outlined the STP "must dos" and ICS "should dos" relating to their key activities and functions for their next phase of work and requesting input at a variety of upcoming events about the emerging content and early thoughts for communicating the message. **SYB integrated care system progress and next steps** The Collaborative Partnership Board noted this report from Matthew Swindells, National Director, Operations and Information, NHS England and Ben Dyson, Executive Director of Strategy, NHS Improvement regarding the next steps on the development of Integrated Care Systems.	
45/18	**Overview of Health and Wellbeing in South Yorkshire and Bassetlaw** The Chair welcomed Greg Fell, Director of Public Health Sheffield City Council and invited him to give his presentation entitled 'Strategic Needs Assessment' to the meeting. After his presentation Greg Fell asked members to reflect on the top 10 things he outlined in his presentation namely: 1. Objective should be **to bend the multi morbidity curve** - prevent, avoid, delay 2. **Prevention** - primary, secondary, tertiary. Not "something the DPH does". NHS70 plan should focus on prevention 3. **Proportionate universal offer**. All services. 4. **System response to multi morbidity**. Generalist / specialist. **Person centred approach** 5. **Push hard on health** in all policies 6. **Children**, best start, upstream. **Adverse Childhood Experiences** 7. Link **medical to social** - housing, debt advice, skills and employment. 8. For hospital care - **why not home, why not now** 9. **Community services in different venues** - pharmacies, community centres, libraries 10. **Focus on incident events, burden of illness** – not managing conditions A question was raised regarding which intervention had the earliest impact in terms of improvement measured by time. Greg Fell responded saying that stopping smoking cigarettes could give an improvement to population health over the next 5 to 25 years, by managing the clinical risk in relation to blood pressure could show a tangible improvement over 18 months to 5 years. After discussion the Chair highlighted that the ICS needs an understanding of the issues involved at each 'place' in the system and we need to gain agreement on the issues we will address as a system. The Chair informed members that a population health timeout will be arranged for members to debate this matter and identify the priorities we will progress so we are able to get some movement by September 2018. The Collaborative Partnership Board noted they key messages from the JNSA and considered the extent to which these can help shape strategic direction. The Chair thanked Greg Fell for his presentation and information he has shared with members.	**WCG**
46/18	**AHP launch of the strategy and council for AHPs in South Yorkshire and**	

	Bassetlaw The Chair welcomed Suzanne Bolam, Head of Therapies, Doncaster & Bassetlaw Teaching Hospitals and invited her to give her presentation to this meeting. Alison Knowles said that it was important to have a representative from NHSE Primary and Social Care on the Council. Suzanne Bolam would ensure there is representation from NHSE Primary and Social Care. Rob Barnes noted that representation from paramedics linked into this network and would liaise with Suzanne Bolam directly regarding this aspect. The Collaborative Partnership Board endorse: The AHP Strategy The formulation of an AHP Council Each 'place' partner to nominate their representative to sit on the AHP Council. The Collaborative Partnership Board recognised that the nursing and midwifery profession could benefit from a similar strategy and they were informed that this has been recognised by the LWAB and the workforce workstream. The Chair thanked Suzanne Bolam for her `attendance and her presenting at this meeting. The Chair confirmed the presentation would be circulated to members after the Collaborative Partnership Board meeting.	**JA**
47/18	**ICS Capital Bids update** The Chair welcomed Andrew Pepper to the meeting and invited him to give his presentation to this meeting. Andrew Pepper summarised the process that the capital bids will undertake: 1. All bids must be ranked by the ICS 2. Demonstrating value for money (vfm) is key 3. Large bids usefully phased into discrete schemes and/or be supported by alternative source of funding 4. Priority recommendations being formed for Executive Steering Group on 19 June 5. Further regulator engagement session (end of June) 6. Submission 16 July 7. Lots of work still to do – including refining vfm, consolidating bid writing, finalising estate strategy and ensuring templates completed Chris Edwards thanked the teams involved for their work in collating the bids. He added that the bids will be categorised and prioritised for discussion at the Executive Steering Group meeting on 19th June 2018. He agreed to share information on the individual bids received if the individual bidders agree in principle. The Chair thanked Andrew Pepper and Chris Edwards for their presentation and attendance at this meeting.	AP/CE
48/18	**Hospital Services Review** Members agreed that a high level briefing paper for Governing Bodies and Boards should be drafted and circulated on Monday, 11th June 2018. The briefing paper should identify key items that the HSR is asking Governing Bodies and FT Boards to progress. Governing Bodies and Boards should forward their support of the HSR and any comments they may have that detail how we respond to the HSR as an ICS and how we progress work from September 2018. Comments should be forwarded to Lisa Kell.	AN All

	The pathway scheme hub and scope should be referenced that it is the NHSI model and this should be identified in the documentation. The Collaborative Partnership Board: • Noted the background, process, next steps and timeline set out within the paper and the receiving of the report at this meeting. • Chief Executives and Accountable Officers agreed to confirm with Alexandra Norrish if they wish the Independent HSR Director, Professor Chris Welsh to attend their respective Boards /Governing Bodies after the 8th June 2018.	AN CEs/AOs
49/18	**STP Refresh** The Collaborative Board Partnership Board received the Draft Refresh SYB ICS STP Plan from Lisa Kell, Director of Commissioning, SYB ICS. Lisa Kell asked members to forward any comments they have regarding the draft directly on to her. The Collaborative Partnership Board: • Considered the ICS refresh plan document which has been circulated as a first draft and noted that further work is required. • Noted the draft was being shared to obtain initial high level views regarding the overall framing, context and content and whether there are any key themes missing/gaps or issues. • Noted the timeframe for expected completion of the plan of end of September 2018. The Chair thanked Lisa Kell for her report.	
50/18	**ICS Operational Plan** Alison Knowles was invited to comment regarding the SYB ICS Operational Delivery Plan (ODP). Alison Knowles said that the ODP will be on the agenda for discussion at the Executive Steering Group on 19th June 2018. The ODP sets out the key deliverables, risks, issues and mitigating actions in order to deliver a balanced system from a finance, performance, and transformation and delivery perspective. The information contained in the plan is at a point in time and as such the financial performance has moved on. The ODP allows the assurers to understand the level of risk for SYB ICS. The ODP will be used as part of the quarterly assurance for the ICS going forward. The Collaborative Partnership Board noted the Operational Plan for 2018/19. The Chair thanked Alison Knowles for her report.	
51/18	**Finance Update and System Control Totals – summary** The Collaborative Board Partnership Board received this report from Jeremy Cook, Interim Finance Director, SYB ICS. The Collaborative Partnership Board noted the following recommendations to be considered by the provider Trust Boards and CCG Governing Bodies during June 2018: a. Note that significant progress has been made securing recognition of material issues associated with the new Financial Framework for ICSs in particular Rotherham FT control total and the need to reduce the impact of risk in the way that the Provider Sustainability Fund (PSF) is weighted; b. Note the assurance given by NHS Improvement and NHS England for South Yorkshire to be designated as a 'go live' ICS;	

	c. Confirm that the benefits of remaining an ICS are greater than the level of risk imported on the revised options and that parties agree to enter into a system control total; d. Note that a "system improvement plan" will need to be developed in return for the adjustment to the system plan figure in respect of the Rotherham FT control total; e. Confirm that the preferred option is Option 3 (50% partial PSF). Under this option the level of opportunity from transformation funding (£7.0m) is greater than the PSF at risk (£5.7m). f. Note that all 12 partner organisations signed up in principle to the recommendations by 31 May which was notified to NHSE/I. Formal approval needs to be undertaken in June through Trust Boards, Governing Bodies and the SYB ICS governance processes. The Chair thanked Jeremy Cook for his report.	JC
52/18	**ICS Highlight report** Will Cleary-Gray, Director of Sustainability and Transformation introduced the Workstream Highlight Report to the meeting. The Chair added that this report will be at the top of the next agenda at the next CPB meeting. The Collaborative Partnership Board noted the highlight report.	
53/18	**South Yorkshire and Bassetlaw Local Maternity System (LMS): summary of 18/19 deliverables and transformation funding** The Chair invited Chris Edwards to update members. Chris Edwards was pleased to inform members that South Yorkshire and Bassetlaw Local Maternity System has been granted £762k funding from the Maternity Transformation Programme and it is up to the ICS Leadership Team to decide how the overall package is allocated. He added that proposals for discussion will be brought to the next Executive Steering Group meeting on 19th June 2018.	**CE**
54/18	**To consider any other business** There was no other business brought before this meeting.	
55/18	**Date and Time of Next Meeting** The next meeting will take place at 9.30am to 11.30am on 10th August 2018 in the Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU. Will Cleary-Gray asked members if they are unable to attend would they please send a deputy to the meeting. The August meeting will be the last meeting before new meeting arrangements are put in place. The Chair thanked the CQC team for their attendance at this meeting.	**ALL**

Paper 18

Joint Committee of Clinical Commissioning Groups

Public Meeting held 28 March 2018, 3:30 – 4pm, at NHS Sheffield CCG

Action Summary for CCG Boards

	There were no actions to progress resulting from this meeting.	

Public Minutes of the meeting of the

Joint Committee of the Clinical Commissioning Group Meeting

Public Meeting held 28 March 2018, 4 - 5:30pm, at NHS Sheffield CCG

Present:
Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG (Chair)
Jeremy Budd, Director of Accountable Care, NHS Barnsley CCG
Adrian England, Healthwatch Representative, Healthwatch Barnsley
Chris Edwards, Accountable Officer, NHS Rotherham CCG
Victoria McGregor- Riley, Director of Primary Care, NHS Bassetlaw CCG
Priscilla McGuire, Lay Member
Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG
Philip Moss, Lay Member
Julia Newton, Director of Finance, NHS Sheffield CCG
Jackie Pederson, Accountable Officer, NHS Doncaster CCG
Phil Smedley, Senior Commissioning Manager, NHS Wakefield CCG
Will Cleary-Gray, Director of Sustainability and Transformation, SYB sICS

Apologies:
Dr Nick Balac, Clinical Chair, NHS Barnsley CCG
Sir Andrew Cash, Lead, South Yorkshire and Bassetlaw sICS
Dr Chris Clayton, Chief Executive Officer, NHS Derbyshire CCG
Dr David Crichton, Clinical Chair, NHS Doncaster CCG
Dr Richard Cullen, Clinical Chair, NHS Rotherham CCG
Dr Phillip Earnshaw, Clinical Chair, NHS Wakefield CCG
Andrew Goodall, Healthwatch Representative
Idris Griffiths, Accountable Officer, NHS Bassetlaw CCG
Pat Keane, Chief Operating Officer, NHS Wakefield CCG (Deputy for Jo Webster, Accountable Officer)
Dr Eric Kelly, Clinical Chair, NHS Bassetlaw CCG
Dr Steven Lloyd, Clinical Chair, NHS Hardwick CCG
Maddy Ruff, Accountable Officer, NHS Sheffield CCG
Lesley Smith, Accountable Officer, NHS Barnsley CCG
Jo Webster, Chief Officer, NHS Wakefield CCG

In attendance:
Marianna Hargreaves, Transformation Programme Lead, SYB sICS
Lisa Kell, Director of Commissioning Reform, SYB sICS
Helen Stevens, Associate Director of Communications and Engagement, Commissioners Working Together/ SYB sICS
Kate Woods, Programme Office Manager, SYB sICS

Minute reference	Item	ACTION
63/18	**Welcome and introductions** The Chair welcomed members to the meeting. An initial query was raised around limited time on the agenda for questions from members of the public. It was confirmed in response that time, as required would be allowed to hear questions from the public.	
64/18	**Apologies** Apologies were received and noted.	
65/18	**Declarations of Interest** There were no declarations of interest.	
66/18	**Previous minutes of the meeting:** The minutes of the meeting held on 15 November 2017 were accepted as a true and accurate record.	
67/18	**Update on HASU** The group noted a challenge to the HASU work that was subject to a judicial review. Due to this, it was not possible to discuss the HASU work further.	
68/17	**Questions from the public** A query was raised regarding HASU, noting patients were being moved to Sheffield from Rotherham and in response it was confirmed that this was the case, that providers had to implement arrangements to ensure patients presenting across the area with stroke or suspected stroke received the best possible care. This was taking place without a formal arrangement with commissioners. A number of issues existed that the stroke services were facing and these existed prior to the development of the business case. The following questions were put to the committee that had been submitted in writing: **Question from Ms Nora Everett** We, the public, are aware that the Refresh of the NHS Plans published in February 2018 require the SYB Integrated Care System to: • prepare a system operating plan that aligns key assumptions on income, expenditure, activity and workforce between commissioners and providers • that this plan ensures that organisation plans, of the system partners, underpin and together express the system's priorities • and that this system plan is submitted to NHS England and NHS Improvement for assurance by 30th April 2018	

	How do you propose to involve the public, and inform them of your intentions? - given that the Next Steps for the NHS Five Year Forward View, the original NHSE/I business plan, says on P35: "As STPs move from proposals to more concrete plans, we expect them to involve local people in what these plans are and how they will be implemented. The Joint Committee agreed to respond to this question in writing. **Response:** Each NHS organisation is required, by NHS England and NHS Improvement, to submit an operational plan by the end of April 2018. These plans describe how they will meet their financial and NHS Constitutional targets (such as the four hour A&E wait, 62 day referral to treatment standard) for the year ahead. The SYB shadow ICS is reviewing all the organisational operational plans together to identify the financial and performance risks across the region, as well as ensuring their priorities align with those of the shadow ICS. The shadow ICS has made a commitment to involving the patients and the public in health service developments. During 2017-2018 the ICS engaged patients and the public in a conversation about the South Yorkshire & Bassetlaw plan. The results of these conversations can be read here and here. In August 2017 it started to take forward its first piece of work, looking at hospital services in the area. Patient, public and clinical involvement has been key to the ongoing review, with engagement including conversations with seldom heard communities, a demographically representative telephone survey with 1000 people, an online survey and regional and local meetings, stalls and events. The findings from the engagement to date can be found here. In 2017-18 the shadow ICS started to develop a Citizens' Panel in recognition that the voice of local people is at the heart of the work. The panel brings together people from across South Yorkshire and Bassetlaw who can offer an independent view and critical friendship on matters relating to the work of Health and Care Working Together. Initial recruitment has taken place, with further recruitment to the panel ongoing. **Questions from Peter Deakin** Is there any point in public questions to the JCCCG when they are seen and answered by the Associate Director of Communications and Engagement, Commissioners Working Together/ SYB ACS. The Associate Director of Communications and Engagement is not a member of the JCCCG but an attendee. **Response:** All JCCCG members receive the public questions and intended responses. The draft responses to questions asked at JCCCG meetings held in public are put together by a range of people who work across the CCGs in the collaboration as the knowledge and information is held by different individuals. Once collated, they are checked and signed off by	

	the JCCCG. How can they be called public questions to the JCCCG when seen and answered by one person? I asked fourteen questions to which answers were provided by the Associate Director of Communications and Engagement. **Response:** All JCCCG members receive the public questions and intended responses. The draft responses to questions asked at JCCCG meetings held in public are put together by a range of people who work across the CCGs in the collaboration as the knowledge and information is held by different individuals. Once collated, they are checked and signed off by the JCCCG. The answers were not to all of my questions for instance I asked: Is the JCCCG required to have Declarations of Interest relevant to the agenda? *The answer - The JCCCG operates a register of interests and has a Conflicts of Interest Policy.* It's not an answer to what I asked. The Joint Committee agreed to respond to this question in writing. A comment was made in the meeting in response, noting that a Declarations of Interest register was available online, and members were asked at each meeting to declare conflicts of interest to members. **Response:** The JCCCG has a register of interests which is published online - https://smybndccgs.nhs.uk/about-us/how-were-run - and updated on an annual basis. Members advise if there are any changes in the interim. In addition, there is a standing item on the agenda for members to declare any interests in relation to the meeting, which allows for any conflicts to be recorded and managed. **Question** If a public question is not answered correctly or the answer is questionable, for example the facts in the answer are wrong, what recourse has the questioner got to receive an adequate answer. Is there a protocol for this to happen? The Joint Committee agreed to respond to this question in writing. **Response:** Responses to questions from the public are seen and signed off by the JCCCG members. If a response is factually inaccurate, the matter should be raised with the Chair of the JCCCG. **The following questions from Mr Tony Nuttall were read out to the meeting.** **Question:** Whether an officer acting independently has a right to answer questions intended for a public meeting without the members having seen the questions or answers.	

	Response: All JCCCG members receive the public questions and intended responses. The draft responses to questions asked at JCCCG meetings held in public are put together by a range of people who work across the CCGs in the collaboration as the knowledge and information is held by different individuals. Once collated, they are checked and signed off by the JCCCG. **Question:** Why 18 months after the changes to emergency stroke services at Barnsley Hospital no audit of whether outcomes are better or worse is available. **Response:** Since September 2016, Barnsley has had to divert to other hospitals (Pinderfields, Doncaster or Sheffield) patients who present with symptoms suggestive of a stroke and who seek medical attention within the time window when thrombolysis may be given. The divert enables a small number of patients who would benefit from thrombolysis to receive it, improving their chances of a fuller recovery and better clinical outcome. If the Barnsley patients had not transferred they would not have been able to access thrombolysis at all and by default this will result in poorer clinical outcomes for those patients. The clinical audit evidence for the effectiveness of receiving the treatment already exists. Stroke clinical outcomes and processes are monitored nationally and work takes places locally to look at patient experience and complaints. Anecdotal evidence from clinicians points to positive experiences for those patients who have been diverted, with no complaints received either formally or informally. Monitoring of the stroke data does not yet show any trends. **Question:** Why 18 months after the changes to emergency stroke services at Barnsley Hospital there seems to be no assessment of the impact on patient and carer experience, why the CCG or Barnsley Hospital, as the responsible bodies, have not carried this out and how the Citizen's Panel is expected to be able to do this instead. **Response:** Since September 2016, Barnsley has had to divert to other hospitals (Pinderfields, Doncaster or Sheffield) patients who present with symptoms suggestive of a stroke and who seek medical attention within the time window when thrombolysis may be given. The divert enables a small number of patients who would benefit from thrombolysis to receive it, improving their chances of a fuller recovery and better clinical outcome. If the Barnsley patients had not transferred they would not have been able to access thrombolysis at all and by default this will result in poorer clinical outcomes for those patients. The clinical audit evidence for the effectiveness of receiving the treatment already exists. Stroke clinical outcomes and processes are monitored nationally and work takes places locally to look at patient experience and complaints. Anecdotal evidence from clinicians points to positive experiences for	

	those patients who have been diverted, with no complaints received either formally or informally. Monitoring of the stroke data does not yet show any trends. The Citizens' Panel provides an independent view and critical friendship on matters relating to the shadow Integrated Care System (ICS). In particular, the group has been set up to ensure that the voice of the local population is heard and influences any developments. It does this by making sure engagement opportunities are created for citizens, patients and carers and that they are meaningful, targeted and relative to the changes suggested. It does not assess individual services. Further questions were raised for the committee by the public: The Joint Committee agreed to respond to these questions in writing. Why are questions being responded to when JCCCG members had not previously seen them. See above. Why 18 months after changes to stroke services have no audit taken place? See above. Why 18 months after changes to stroke services at Barnsley has no assessment of impact on patient care and experience - why have the CCG not carried this out and how can a citizens panel be expected to do this instead? See above. Regarding the previous questions submitted, how does anyone not attending this meeting find out that questions have been asked and answered. It was confirmed that questions would be published and included with the minutes.	
69/17	**To consider any other business** There was no other business brought before the meeting.	
70/17	**Date and Time of Next Meeting** The Chair informed the meeting that the next meeting will take place on 25 April 2018 in the Boardroom at NHS Sheffield CCG at a time to be confirmed.	

Public questions to the JCCCG – February 2018

From Doug Wright:

1 Have you changed your terms of reference to include other service decisions apart from Children's Surgery and Anaesthesia, Acutely Unwell Children and Hyper Acute Stroke Services.

Response: We are currently reviewing the delegated responsibility of the Joint Committee of CCGs and will report on this in due course.

2. Are Wakefield, North Derbyshire and Hardwick CCG's involved in decisions about South Yorkshire and Bassetlaw Integrated Care System new policies, procedures and budget setting at system level.

Response: This is a matter for the South Yorkshire and Bassetlaw Integrated Care System, not the Joint Committee of CCGs.

3. Can you please ensure that future agendas and minutes of JCCC's meetings are made public at least eight working days before the date of the meeting.

Response: The JCCCG adopts the standing orders of NHS Sheffield CCG in relation to the notice of meetings. These state that written notice will be given five days before the meeting and which we follow.

From Steve Merriman

QUESTION : ACCOUNTABILITY TO, AND ENGAGEMENT WITH, THE PUBLIC

I have lost count of the number of times I have listened to Helen Stevens (and her colleagues) claiming to put the public first.

This assertion doesn't quite fit with the reality, that the majority of your meetings are held in private. Why is that?

Response:

Meetings of the JCCCG are held in public unless the JCCCG considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. This is whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business.

From Peter Deakin

Questions for the meeting of the **Joint Committee of Clinical Commissioning Groups** Wednesday 28 February 2018, 4:15pm-5:30pm from Peter Deakin member of the public and Chair person of Barnsley Save our NHS

My questions are with regard to and refer to the two NHS England documents

Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England (PPPCHC)
and

Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England.

Firstly, I refer to a question that I asked at the Joint Committee of the Clinical Commissioning Group Meeting, held 28 June 2017, 3.30pm - 5:00pm, at Doncaster CCG, and the answer received:

"Question 3. What is the representative democracy mechanism for the public to engage.?

Answer 3. The Joint Committee is made up of seven CCGs, NHS England and Hardwick CCG. Each has a legal responsibility under the Health and Care Act 2012 S.14Z2 to ensure public involvement and consultation in commissioning processes and decisions."

Q.1. When will the JCCCG start to follow this legal responsibility of public involvement in this process and will it follow the guidance documents referred to?

PPPCHC guidance states:

"Where involvement takes place via representatives, staff should seek assurance that the representatives offer a fair reflection of the views of others. Engagement through representatives should only be used where directly engaging with service users is not practicable or proportionate".
and
"The NHS is accountable to the public, communities and patients that it serves and is therefore subject to public scrutiny. Building on the constitution, the Five Year Forward View sets out a vision for growing public involvement"

The Joint Committee of CCGs has carried out pre-consultation engagement and formal public consultation on proposals to change the way hyper acute stroke services (first 72 hours of care) and some out of hours children's surgery is provided in line with statutory guidance.

The communications and engagement plans, analysis and decision making business cases set out the approach and outcomes from the engagement. These can be found on the Commissioners Working Together and Health and Care Working Together websites here: https://smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients here: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery and here: http://www.healthandcaretogethersyb.co.uk/index.php/about-us/commissioners-working-together/hyper-acute-stroke-services and here: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery/decision-making-meeting-28-june-2017

Q2. Where is the evidence that the above *PPPCHC* guidance is being followed and, if it is being followed, why is it not reflected in the minutes of the meeting held on 24th May 2017 (the minutes do not mention involving/engaging the public)?

Helen Stevens gave an Engagement Update at the Joint Committee of the Clinical Commissioning Group Meeting, held 18 October 2017. Helen mentioned an engagement presentation.

The communications and engagement plans, analysis and decision making business cases set out the approach and outcomes from the engagement. These can be found on the Commissioners Working Together website here: https://smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients here: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery and here: http://www.healthandcaretogethersyb.co.uk/index.php/about-us/commissioners-working-together/hyper-acute-stroke-services and here: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery/decision-making-meeting-28-june-2017

Q3. Is there a copy of the engagement presentation that is mentioned in the meeting update?

Yes, see attached.

I am aware of the formation of a Citizens Panel, by the commissioners, "to ensure that the voice of the local population is heard". Such a panel has been referred to as 'self-selecting applicants, motivated to apply, but who cannot be seen as representing the population as a whole'.

Please could you give more detail on where this was referenced?

To our knowledge, this comment is a reference from the Independent Analysis of the Public Consultation on hyper acute stroke services and some out of hours children's surgery and referenced in both decision making meetings, as well as at the Joint Health Overview and Scrutiny Committee meetings. It is not a reference to the Citizens' Panel. See: https://smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients and http://www.healthandcaretogethersyb.co.uk/application/files/7215/1074/0077/Presentation_to_the_JC_CCG.pdf

Q.4. With reference to the *PPPCHC,* which is a statutory guidance document**,** can the JCCCG be sure that they are fulfilling their legal responsibilities and that the Citizens Panel are able to speak for the population of South Yorkshire and Bassetlaw? What are the mechanisms for them to be in touch with the public or the public to be in touch with them, or to even know who they are?

The Citizens' Panel is being developed and set up to provide an independent view and critical friendship on matters relating to our Accountable Care System and is not a replacement for wider public engagement and consultation. For its purpose, aims and background information on the Panel, see: http://www.healthandcaretogethersyb.co.uk/index.php/about-us/whychange/latest-news/could-you-be-part-our-citizens-panel

Is the JCCCG

Q.5. a democratic organisation?

Section 14Z3 of the NHS Act 2006 allows CCGs to make arrangements in respect of their commissioning functions and includes the ability for two or more CCGs to create a Joint Committee to exercise functions. The Joint Committee of CCGs has agreed to collaborate and take joint decisions in areas of work that they agree. Its membership comprises:

- *Voting members – two decision makers from each of the member CCGs, who are the clinical chair and accountable officer.*

- *Non-voting members – two lay members, one director of finance chosen from the member CCGs, a representative from NHS England, a Healthwatch representative nominated by the local Healthwatch groups, ACS lead or deputy, ACS director.*

Q.6. making decisions that will affect the NHS?

As above.

Q.7. funded by public money?

As above.

Q.8. answerable to the public?

As above.

And

Q. 9. Who appoints the members of the JCCCG?

As above.

Q.10. Are the JCCCG members paid for their role on the commissioning group?

Other than the lay members, all members of the JCCCG hold substantive roles within those organisations and remunerated by them. The lay members receive remuneration in line with lay member remuneration across the region.

Q.11. Are the JCCCG members from democratic organisations?

See above.

Q.12. Is the JCCCG required to have Declarations of Interest relevant to the agenda?

The JCCCG operates a register of interests and has a Conflicts of Interest Policy.

Q.13. Who scrutinizes the JCCCG?

The South Yorkshire, Derbyshire Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny)

Regulations 2013/218 and is authorised to discharge the following health overview and scrutiny functions of the authority (in accordance with regulations issued under Section 244 National Health Service Act 2006) in relation to health service reconfigurations or any health service related issues covering this geographical footprint:

a) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, pursuant to Regulation 21 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

b) To make reports and recommendations on any matter it has reviewed or scrutinised, and request responses to the same pursuant to Regulation 22 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

c) To comment on, make recommendations about, or report to the Secretary of State in writing about proposals in respect of which a relevant NHS body or a relevant health service provider is required to consult, pursuant to Regulation 23 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

d) To require a relevant NHS body or relevant health service provider to provide such information about the planning, provision and operation of the health service in its area as may be reasonably required in order to discharge its relevant functions, pursuant to Regulation 26 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2014.

e) To require any member or employee of a relevant NHS body or relevant health service provider to attend meetings to answer such questions as appear to be necessary for discharging its relevant functions, pursuant to Regulation 27 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Q.13. Do all stakeholders include patients and public? How will the people of South Yorkshire and Bassettlaw be informed of the progress and updated?

We inform patients, staff, the public and stakeholders of decisions and progress made by the JCCCG through internal and external communications mechanisms, which include:

- *Partners' statutory bodies – such as governing bodies and boards*
- *Press releases*
- *Updates on our website*
- *Updates to subscribers to bulletins*
- *Briefings to stakeholders*
- *Minutes of meetings*
- *Partners' internal communications mechanisms and networks*

From Tony Nuttall
for the meeting of the Joint Committee of Clinical Commissioning Groups Wednesday 28 February 2018, 4:15pm-5:30pm member of the public and Treasurer of BSONHS:

In response to Marianna Hargreaves answer to my question below:-

Question 1
Could you tell us how many Barnsley patients have been transferred to date to HASU centres for thrombolysis, which centres they were transferred to, and what the outcome for each patient was?

The current situation in Barnsley, where people with a suspected stroke are taken to Pinderfields Hospital in Wakefield or the Northern General Hospital in Sheffield is an interim measure that was put in place because Barnsley Hospital does not have substantive stroke consultants who can carry out thrombolysis. It is not as a result of the JCCCG decision to change the way hyper acute stroke services is delivered. The work to enable the decision to change how services are delivered is still preparatory.

An audit has been carried out by Barnsley Hospital which will have the details and we are awaiting the report.

Question 2
When you say that "patients transported to Pinderfields have been generally positive and supportive", this implies that there has been some negative feedback. What specific negative feedback has there been?

No negative feedback has been received.

Question 3
You seem to be relying on informal reporting of patient and carer feedback. Patients and carers will naturally tend to be appreciative of the care that they receive, and this feedback will tend to become even more positive when reported by staff. What research are you doing to assess objectively whether the patient and carer experience is better or worse, including whether access for relatives is more or less difficult?

The current situation in Barnsley, where people with a suspected stroke are taken to Pinderfields Hospital in Wakefield or the Northern General Hospital in Sheffield is an interim measure that was put in place because Barnsley Hospital does not have substantive stroke consultants who can carry out thrombolysis. It is not as a result of the JCCCG decision to change the way hyper acute stroke services is delivered. The work to enable the decision to change how services are delivered is still preparatory.

The preparatory work includes developing a service specification which has a section on patient experience. We welcome the involvement of patients and the public in this and are seeking views from the Citizens' Panel on what our engagement approach with patients and the public should look like to inform this.

Written questions received from Mr Tony Nuttall Question: As the changes in hyper acute stroke services were implemented 14 or 15 months ago, before any consultation, what evidence do you have by now that a) patient outcomes have improved and b) access for relatives has not worsened?

Answer: Marianna Hargreaves responded by saying there has been a specific arrangements in place with some Barnsley patients being eligible for thrombolysis being taken to other HASU centres for thrombolysis, this has been relatively small number numbers, not large enough to understand with respect to outcomes, we have not had any feedback with respect of adverse implications for relatives and families. Peter Anderton added that informal feedback from Pinderfields is that the patients transported there and sometimes transported straight back if they have not been eligible for thrombolysis have generally been positive and supportive. Again, alluding to the Greater Manchester experience, it is worth noting that Greater Manchester centralised their stroke care in two phases so initially they only transported patients who were thought were eligible for thrombolysis and then in the second phase in 2015 they transported all patients in the hyper acute phase and it was only after that they have seen a reduction in mortality. It is worth noting that from their report published this summer they have had very good feedback from patients and carers and this is despite travelling large distances. There are 3 HASU centres in Greater Manchester and overnight only one which is Salford. So from as far north as Oldham and as far south as Macclesfield you get transported into Salford and their feedback is the patients and relatives are extremely happy with the high quality of care they are accessing so this bodes well in South Yorkshire and Bassetlaw

NHS
Rotherham
Clinical Commissioning Group

Paper 19

Minutes	**Title of Meeting**:	Rotherham CCG Primary Care Committee – Public Meeting
	Time:	1:00pm – 2:45pm
	Date:	9th May 2018
	Venue:	Elm Room, Oak House, Rotherham
	Reference:	JT / RCa
	Chairman:	Robin Carlisle

Present

Robin Carlisle	RCa	Lay Member (Chair)	Member
Avanthi Gunasekera	AG	SCE Primary Care GP	Non-Voting member
Carolyn Ogle	LE	NHS England	In Attendance
Chris Barnes	CB	Rotherham Connect Healthcare (Federation)	In Attendance
Chris Edwards	CE	Chief Officer – RCCG	Member
Cllr Roche		Chair of Health & Wellbeing Board	In Attendance
Dr Michelle Kavanagh on behalf of Neil Thorman	NT	GP LMC Representative	In Attendance
Geoff Avery		GP Members representative	In Attendance
Jacqui Tuffnell	JT	Head of Co-Commissioning RCCG	Member
Julie Murphy	JMu	Senior Contract & SI Officer RCCG (Minute Taker)	In Attendance
Kathryn Henderson	KH	Lay Member	Member
Keely Firth	KF	Deputy Chief Finance Officer RCCG	In Attendance
Rachel Garrison	RG	Senior Contract & SI Manager RCCG	In Attendance
Sara Hartley	SH	Contracting & Service Improvement Manager (Primary Care) RCCG	In Attendance

		Action
1.	**Apologies** Neil Thorman (NT) GP LMC Representative Wendy Allott (WA) Chief Finance Officer Nicola Barnes is no longer with Healthwatch and the returning email asks for papers to be sent to the info@healthwatchrotherham.org.uk	
2.	**Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest** **The GP members of the committee are partners in different practices across Rotherham. They have a direct interest in items that influence finances, resources or quality requirements for general practice in Rotherham. This applies to all items discussed in Items on the agenda. Any additional specific Conflicts of Interest and how the Committee addressed the conflict of interest will be noted under individual items.**	

	The agenda items requiring a decision are grouped together and the GPs and Connect Healthcare Rotherham are requested to leave the room to enable decision making. • GA advised that they were aligned to Queens Care Home prior to its closing and the practice is currently in discussions with Manorfield re new care home alignment. • GPs having contracts in Rotherham	
3.	**Patient & public questions** None received	
4.	**Quoracy** RCa confirmed quorate	
5.	**Minutes of the last meeting and action log** Agreed minutes as a true and accurate record with one amendment required • Point 7a Quality Impact Assessment should read Equality Impact Assessment. • Sue Cassin raised that Alun Windle attended last time on her behalf. Committee agreed action log – JMu to make the necessary updates.	
6.	**Finance** - **Finance report 2017/18** **The report sets out CCG funding that is spent on General practice. The GP members have a direct financial interest in this item. As the item is primarily about understanding the CCG's financial treatment of primary care the chair proposed that all members could participate fully in the discussion** KF took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to: Note the final position in Table 1 and the supporting information. Key points: • Audit undertaken and outcome as expected • Quality Contract underspend of funding was lower than expected and the money is being re invested along with other monies for e.g. IT and mobile working. **GPs and Rotherham Connect Healthcare left the room at this point.** **Committee discussed and noted the final position.** **GPs and Rotherham Connect Healthcare returned to the room at this point.**	

6a.	- **Financial Plan 2018/19** **The report sets out CCG funding that is spent on General practice. The GP members have a direct financial interest in this item. As the item is primarily about understanding the CCG's financial treatment of primary care the chair proposed that all members could participate fully in the discussion** KF took the paper as read by all members and gave an overview of the report. **Members of the Primary Care Committee were asked to:** (i) Acknowledge the plan at ***Appendix A - Table 1*** and note that this will be updated further to reflect the national settlement impact. The final split between the budget lines will alter after the budgets have been recalculated. (ii) Acknowledge the priorities for the use of the PC Central Budget at ***Appendix A - Table 2*** which is protected for primary care use only. KF gave the following overview:- • NHSE finance colleagues are still finalising the impact of the national agreement plus there has been other correspondence from NHSE nationally regarding GPFVFV investments. Consequently RCCG may need to invest more in Primary Care than the allocation increase of £695k. KF assured that Rotherham CCG can cover this gap in 2018/19 due to the due diligence of this Primary Care Committee, but advised that there would need to be action undertaken for 2019/20 QIPP if this theme of insufficient funding continues. • KF asks that this is agreed at this point in time, but to note that the detailed budget links will change as new guidance is released. • <u>Comments from members:-</u> GA enquired about the rent for the Waverley development. KF advised that this is already accommodated within the CCGs budget. **RCa - Committee discussed and noted the recommendations identified within the paper. Areas of uncertainty remain and this will be revisited as appropriate for further discussion.**	
7.	**Strategic direction** - **LES coverage** SH gave an overview of the paper which covers the 2017/18 and the 2018/19 sign up to the basket of services or to have a sub-contract in place. One practice in particular does not provide many LES' from the basket. • Anti-coagulation at this practice has been an issue and this has been addressed. The practice is about to receive a transfer from TRFT of stable patients for them to monitor.	

	Minor Surgery and PSA have also been reviewed across the Rotherham practices. SH drew attention to Appendix A which shows where practices are providing the services or sub-contracting the service out. Appendix B for 2018/2019 showing a similar picture. SH asked the Committee to note the work done to date and the processes in place to monitor activity going forward. <u>Comments from members:-</u> GPs within the room asked, is it viable to stop acupuncture as this is no longer in the national guidelines. AG advised that this will be reviewed for 2019/20 LES scheme. **RCa – Committee note the work undertaken and the continued progress to monitor this activity. Committee agree to review Acupuncture LES for 2019/20.**	
7a.	- **Translation services** **The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion but will be asked to leave before a decision is made.** SH gave an overview of the paper and historical information regarding the ethnic minority community. Shakespeare Road has a dedicated clinic to serve the Slovak population group more effectively. An offer was sent to other practices with high Slovak numbers and only St Anns responded requesting to be added to this scheme. SH asked the Committee to approve the offer for St Ann's to facilitate dedicated Roma Slovak clinics under the same arrangement as Shakespeare Road. SH clarified that this proposal is to provide face to face support in clinics. <u>Comments from members:-</u> CE asked about the service providers within the region. SH confirmed that one provider has now ceased and the provision proposals within the paper are a Rotherham solution. CE recommended reviewing this in line with the funding going forward. SH confirmed that this is outside of the Big Word arrangements. GA noted that over time more Slovak people might have learnt English so the service should be reviewed from time to time. KF proposed that in principle if other practices come on board that they could be supported within the budget available. **GPs and Rotherham Connect Healthcare left the room at this point.** **CE asked about the money available KF was asked to commit up to a maximum of £20k.** **GPs and Rotherham Connect Healthcare returned to the room at**	

	this point. **RCa – Committee discussed and approved the proposals within the paper and agreed to trial this for a year and then review.** **Action – JMu put onto the forward view for a year's time.** **Action – SH to continue to track the use for the update in a year's time.** **Action – KF to make the necessary adjustments to the finance report in line with the budget available.**	**JMu** **SH** **KF**
7b.	- **Annual Report for NHSE** RG gave an overview of the report and work undertaken by the Primary Care Team and the Committee are asked to note the paper. RCa thanked RG for compiling the information. CO enquired if this report goes Governing Body. RCa advised that the report has been compiled from quarterly Governing Body governance reports. **RCa - Committee noted the activity undertaken as identified within the paper.**	
7c.	- **GPFV** **The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion but will be asked to leave before a decision is made.** JT gave an overview of the paper and asks the Committee to note the progress, and support where actions are off track. This report has been broken down per team member going forward and regular updates are discussed at our internal team meetings, and this report is received by PCC every 6 months. JT advised that CCGs are looking at areas of work individually and some area may need to be developed on an ICS footprint. JT gave an overview of REDs:- • NHS 111 - requirement to have a NHS 111 direct booking into primary care. Unfortunately YAS is not in a position to go forward with this. Practices have agreed to provide slots. • Anti-coagulation – discussed earlier. <u>Comments from members:-</u> CE raised Estates - ICS process is in place and access to funding is going through as a South Yorkshire wide bid. This is due by the 16 July 2018 and this committee will need to have a role for future years for the prioritisation of the bids. CE requested that for 2019/20 that the CCG	

	have an Estates prioritisation bids process. JT advised that bids have been submitted in line with the due date of 4th June 2018 and have been for practice mergers, IT, negative equity, training practices and additional space. CO advised that NHSE continue to support this process and locality work is ongoing and Rotherham does not stand out against its peers. JT feels the CCG are well ahead of the game e.g. care navigation RCa advised discussing this when it is next on the agenda. **RCa – Committee note the progress and paper, and will support where actions are off track. Estates Strategy to be reviewed in line with changing landscape and review when this paper is due again.**	
7d.	- **Access – Review of Appointment Figures** AG gave an overview of the paper which encourages diversifying of the workforce to increase clinical appointments available. Advice is to encourage practices to continue to diversify their workforce going forward into 2018/19. AG asks the Committee to note the increase in appointment capacity across Rotherham and continuing action to meet the levels of demand. AG advised that clinical pharmacist bids have been accepted for Rotherham and this will take approximately 6 months to implement. <u>Comments from members:-</u> KH asked if this message could be published publically as a good news story which will help educate patient and promote the availability. **Action – JT/AG to consider the public message. AG could also add this into her column within the advertiser.** **RCa - Committee discussed the paper and have noted the increase in appointment capacity and agree with continued action to meet the levels of demand.**	**JA/AG**
7e.	- **Care Home LES Alignment review and impact appraisal** **The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion but will be asked to leave before a decision is made.** RG gave an overview of the paper on behalf of Julie Dale who compiled this report. In general the system works well and providing the level of service expected. There is an issue with one practice not attending the care home regularly. There is also a perception from care homes that GPs are an urgent response service and conversations have been undertaken to give the correct advice. Data is collated using the postcode which makes it difficult to distinguish between a private residence and the care home within that postcode. RG acknowledges the work by Blyth Road above and beyond expectations to support Queens until its closure.	

	RG asks the Committee to look at the report and approve if they are happy to continue with the service. <u>Comments from members:-</u> SC advised that this was put in place to understand the safeguarding issues. CE and Cllr Roche reported that the standard of safeguarding had increased and the level of care across Rotherham is well above the average within the South Yorkshire region. Further work has been undertaken within Rotherham where the practices are being invited to RMBC meetings to discuss concerns. The Committee recognised the cooperative work between CCG, Community and RMBC with the closure of a care home in our region. JT advised that there are patients who re-admit with the same condition and this is being addressed by the surgical team. DC advised that further discussions for EOLC patients also needs addressing going forward to educate the care homes in what should happen. AG advised that further information relating to patients who pass away outside of a hospital setting to assess against those admitted, and the Hospice are pulling together a pilot for the patients who may require admitting including EOLC patients but are seen by this community team instead to reduce admissions. Regular updates are provided to EOLC **GPs and Rotherham Connect Healthcare left the room at this point.** **Committee discussed the paper and approve and agree that they are happy to continue with this service and the MOU.** **GPs and Rotherham Connect Healthcare returned to the room at this point.**	
7f.	- **GP Resilience Funding** **The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion but will be asked to leave before a decision is made.** JT gave an overview of the paper. JT advised that further information has not been received from NHSE as yet. The Primary Care team has taken advice on recruitment issues, mergers and what else can be bid for and confirmed that this is being supported by NHSE. JT advised that this report has been received by LMC and asks the Committee to consider the menu of support available and how this should be applied in Rotherham. <u>Comments from members:–</u> CO stated that there is an allocation for South Yorkshire and not specifically Rotherham individually and asked the committee if they would want to look at Primary Care at Scale or continue with current remit. Primary Care at Scale has been considered but unsure if this will be sustainable. Therefore CCG opted to go for individual requests.	

	GPs and Rotherham Connect Healthcare left the room at this point. **Committee discussed the paper and gave advice on how this should be applied to Rotherham. Committee agree this year and review for next year.** **GPs and Rotherham Connect Healthcare returned to the room at this point.**	
7g.	- **Extended Hours Arrangements** **The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion but will be asked to leave before a decision is made.** AG gave an overview of the paper and advised that Rotherham are expected to provide the 130 hrs by October and page 1 shows the access plan to meet the full requirement of hours. This is currently with the Federation to develop a plan and provide the hours and have a specification by October 2018. If this is not successful then the CCG will go out to procurement and also allow NHS 111 to book in directly to the system when they are in a position to do so. AG asks the Committee to support the plans for Extended Access and the proposal to pilot arrangements to support the development of a robust specification prior to procurement. <u>Comments form members:-</u> GA enquired about the provision of clinical hours required. SH confirmed that this is a varied workforce which will be in place. DC felt this is quite ambitious. JT advised that the message nationally is that CCGs have to have the hours in place by October 2018 and final procurement would have to be completed by April 2019. CE is confident to defend a timeline change if this is in the best interest of patients. **GPs and Rotherham Connect Healthcare left the room at this point.** **Committee discussed the paper and gave support for the pilot arrangements to be put into effect.** **GPs and Rotherham Connect Healthcare returned to the room at this point.**	
8	**Quality** - **Quality Contract for 2018/19 (for information only)** **The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion but will be asked to leave before a decision is made.** AG gave an overview of the revised contract and discussed the	

comments from LMC and asks the Committee to endorse the following recommendations:-

1) To support the routine management of the contract from both the CCG and Primary care perspective, it is proposed to reduce the number of Key Performance Indicators that will be routinely reported by practices (although all KPI's will remain), work will be captured as part of 'key deliverables'.

2) To cease the clustering arrangement for delivery of Standard 7 of the contract and amend to use a Rotherham average 'scale' for delivery which will help in year management of this standard across practices.

3) Acting on feedback from Primary Care colleagues, amend the payment process to allow payment to work on a financial year as opposed to calendar year. Working in the same cycle as the QOF process

4) Amend the meeting structure to support delivery to base around existing locality based discussions

5) To reduce the need for in year clarifications and to further develop understanding of the contract the Primary care team propose to provide an information pack detailing the information and evidence requirements

6) Propose to practice managers that a representative of the primary care team will regularly attend practice managers forum to discuss the quality contract, working in a constructive way to support delivery of the contract.

7) Agree that by changing the approach as defined above this will move the ratio for payment from 60/40 to 83/17.

<u>Comments from members:-</u>
JT has received comments from the LMC.
RCa is conscious that the contract has not been issued yet and we are already into the financial year.

<u>Background provided by JT</u>
1st year of the Quality Contract arising from reinvesting PMS monies, with caveats from NHSE around PMS monies. This contract was put in place to ensure that the same level of service is provided across all practices and drive improvement. This is being achieved within the performance being achieved. From a financial perspective it was about ensuring practices are sustainable going forward and reinvesting the money back into practice.

<u>Comments form members:-</u>
GA raised issues around day to day basis and being out of date e.g. Asthma searches. Financial change of the timeframe of the contract is a positive one.
DC – Data extraction has to have universal coding.

	LMC view: – MK advised that the LMC only received this contract by email and collated the points. The LMC would like to discuss fuller at the May LMC meeting:- • Overall direction is good e.g. moving to a Rotherham average. • Concerns with SNOMED coming on board and the associated coding and how will this be managed. • Equity amongst the EMIS and SystmOne practices as they feel that SystmOne practices are favoured. • Having the information upfront i.e. the pack being available at the beginning. • Concerns about NHS 111 accessing the available slots and how will this be managed. • Animosity around the penalties and could these be removed, if not able to adjust would the CCG be late. RCa acknowledged that further dialogue is required but it is also important to get the contract out as soon as possible so practices have time to work to it. AG advised that all the points have been reviewed by the Primary Care Team which is ready for receipt by LMC. Then LMC to reply again and will then be discussed at CCG officers sub group. **RCa agreed that the officers communicate via email and agree virtually within a 2 week period.** Recommendation would be to ensure throughout the year that all parties are aware and understand the contract, process and data etc. RG confirmed that she will be attending Practice Managers forum on a regular basis going forward and has already attended two which have been positive. **RCa - Committee discussed the paper and members will agree this electronically over the next two weeks.**	**CCG Officers**
9.	**Any other business** RC on annual leave at the next meeting on the 13th June 2018. KH will chair and JB will attend as second lay member.	
10.	**Forward Programme** - Contract & Quality Visit report - June 2018 - IT Strategy Update – June 2018 - MJOG Update – July 2018 - Estates Strategy – August 2018. - Primary Care work programme – August 2018 - Friends & family test paper (compared to peers and pros and cons) – at earliest convenience. (RG)	
	Date & time of next meeting:- **Wednesday 13th June 2018 commencing at 1pm in Elm Room, Ground floor, Oak House**	