

Minutes of the NHS Rotherham Clinical Commissioning Group

Public Governing Body Meeting

Wednesday, 5 June 2019 at 1.00pm

ELM Room, G.04 Oak House, Bramley

Quorum

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

Quorum is 7 members

Present:

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

In Attendance:

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

Participating Observers:

Councillor D Roche	Chair of Health & Wellbeing Board, RMBC
Ms G Brenner	Public Health, RMBC

Members of the Public:

Martin Wright	Public Observer
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Alison Hague
Stuart Henley
Ken Dolan
Colette Farley

Corporate Services Manager, RCCG
Rotherham Save our NHS
Rotherham Save our NHS
KKI, Galashiels

145/19 Apologies

No apologies given.

146/19 Quorum

The Chair confirmed the meeting as quorate.

147/19 Declarations of Interest

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

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

http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm

Declarations of Interest from today's meeting

No declarations of interest were declared other than Dr's Avery and MacKeown having clinical director roles in the Primary Care Network.

148/19 Patient and Public Questions

The Chair agreed to respond to questions submitted confirming that two questions submitted will receive written replies.

Mr Dolan stated that South Yorkshire NHS Group have produced a report which includes public involvement rather than public engagement. This document was submitted to the Joint Committee of Clinical Commissioning Group (JC CCG) and Mr Dolan asked if RCCG have received a copy of the report. Mr Dolan also requested involvement with the engagement team to develop some of the topics being discussed.

Mrs Twell confirmed that the report has been received but is unable to make comment until the points and issues raised have been addressed.

Mr Dolan asked a question on costs relating to the Ferns Pilot which will be covered in the agenda item 9.

Mr Dolan has asked The Rotherham Foundation Trust (TRFT) Board what the impact of the changes to the service will be for the seventeen elective procedures which have had threshold changes. Mr Dolan asked the same

question of RCCG.

Mr Atkinson responded that the Clinical Threshold Commissioning Policy he believes is being referred to, was enacted three years ago which includes Rotherham Local Clinical Thresholds and Procedures of Limited Clinical Value, incorporated in the SY&B Commissioning Policy.

Mr Atkinson added that the national policy and planning guidance included the seventeen procedures which were enacted in the Rotherham and South Yorkshire.

RCCG thresholds and the Commissioning Policy are then followed by TRFT and are linked to National Institute for Health & Care Excellence (NICE) guidelines to bring the Rotherham approach up to NICE Guidelines Standards of Clinical Excellence.

Mr Atkinson can provide further detail if required.

Mr Dolan questioned recent national information suggesting that the changes imply the focus is on reducing the volume of patients going to hospital, adding that minor treatment previously performed but no longer done by the NHS, for example, ear wax removal would become a patient funded treatment of £40.00.

Mr Dolan questioned that if the changes are already enacted, where and when was public engagement and public involvement opinion considered in the decision.

Dr Cullen responded that it went through a lengthy consultation period and asked if Mr Atkinson can provide details of the clinical background and details on how we consulted both with clinicians in secondary and tertiary services, and included engagement with local population prior to implementation.

Dr Avery added that he was not aware that removal of earwax is not an NHS service and is now a patient funded procedure.

Action: Mr Dolan will confirm the source of information.

149/19 Draft minutes of the Public Governing Body Meeting dated 1 May 2019 and the matters arising

The draft minutes of the Governing Body meeting dated 1 May 2019 were agreed as a true and accurate record.

150/19 Draft minutes of the Public Extraordinary Governing Body Meeting dated 22 May 2019 and the matters arising

The draft minutes of the Extraordinary Governing Body meeting dated 22 May 2019 were agreed as a true and accurate record.

151/19 May Action Log

Members reviewed the action log and noted progress. The log will be updated to reflect discussions and will be circulated with the minutes.

152/19 Rotherham MBC Presentation

Ms Brenner, Consultant in Public Health, Rotherham Metropolitan Borough Council (RMBC) shared an update with members on the re-launch of the Rotherham Joint Strategic Needs Assessment (JSNA) and provide a brief overview of how Rotherham is currently performing against a range of health indicators.

Ms Brenner informed members that the aim is to drive improvement in the health and wellbeing of local communities and reduce inequalities for all ages as continuous process of assessment.

Ms Brenner went on to highlight the following:

- Updated more interactive and explicit website launch in November
- New software implementation
- Staff training in multiple organisations
- New format highlighting how the health of Rotherham people is impacted on by a wide range of factors throughout life
- Access to buildings and services
- Recent intelligence
- Poor health in Rotherham and life expectancy
- Risk factors e.g. diabetes, blood pressure
- Information on death registration/causes

Dr Avery asked if death information is obtained from death certificates.

Action: Ms Brenner responded that she believes it is accessed via a national portal but would have to delve deeper to be certain and provide feedback on confirmation.

Dr Avery added that information on individual patients, for example in end of life care can be too complicated to single out one cause of death for the purpose of certification.

Dr Avery went on to say that Integrated Care Strategy (ICS) locality areas should look at how resources can be changed to improve outcomes by developing more intelligence.

Dr Page highlighted page 9, item 2.05ii - Proportion of children aged 2 -2 1/2 offered ASQ-3 as part of the Healthy Child Programme. Dr Page asked how many are actually filled in, and of those completed, how are they used to extract data?

Ms Brenner responded that the data presented is from the Public Health Outcomes Framework National data set completed through their Health Visitor Service on a face to face basis and is then submitted. Going forward it will be completed by the Health Visitor.

Action: Ms Brenner to provide feedback on specifics via Sue Wilson in Children's Services.

Dr Carlisle asked in terms of areas in the CCG's sphere of influence, what is the one thing we should be doing better.

Ms Brenner responded that we seize every opportunity in primary care to encourage lifestyle choice in prevention and treatment of diseases e.g. smoking and appropriate treatment of chronic dependence with supporting treatment and social isolation issues.

Councillor Roche added that we have a data rich environment which should be brought together. Rotherham Metropolitan Council (RMBC) and RCCG should merge the data to reduce health inequalities.

Mrs Cassin asked how the Joint Strategic Needs Assessment (JSNA) interacts with green space/planning applications.

Ms Brenner responded that over time, there would be a built in interactive element. Ms Brenner gave an example of consultation for alcohol licensing and development of a tool indicator/map facility for areas which are statutory for licencing.

Members noted the developments of the Rotherham JSNA and key health issues facing the Rotherham population.

153/19 Chief Officer Report

Mr Edwards presented the report and highlighted the following:

Election of the SCE Chair and Vice chair

Mr Edwards informed members that the annual election for the Chair and Vice chair of the SCE has been completed and Dr Richard Cullen has been re-elected as Chair and Dr Jason Page has been re-elected as Vice Chair of the SCE.

Terms of Reference

At the last meeting it was agreed that the terms of reference for the Collaborative Partnership Board (CPB), System Health Oversight Board (HOB), System Health Executive group (HEG) and Integrated Assurance Committee (IAC) would be shared. The current versions available were shared for information.

ICS System Operating Plan

Mr Edwards introduced an information update from Sir Andrew Cash relating to the agreement of the SY&B ICS 2019/20 System Operating Plan. Mr Edwards added there are no major changes to the previous update.

.Annual Accounts

The CCG's annual accounts were adopted at the extraordinary Governing Body meeting held on the 22 May 2019. Members were provided with an overview of the annual accounts and annual report, supported by assurance

and recommendation from AQuA. The finance team successfully delivered of all financial obligations and a clean set of final accounts

Communications Update

- There has been recent media interest in GP practices writing to patients out of their practice boundary asking them register elsewhere. The Rotherham Advertiser has recently covered two patient stories from different GP practices across the borough.
- A news story on new and expectant Rotherham mums being given more support with launch of a perinatal mental health service has been published on the Rotherham Advertiser website.
- Promotion of the Rotherham Health App amongst patients and the public has commenced. The Editor of the Rotherham Advertiser has visited Broom Lane Medical Centre to see first-hand how the app works and interview Dr Cullen for a story in the paper.

Action: Mr Edwards added that a detailed paper for the Rotherham Health App will be an agenda item at the Primary Care Committee and will go to GP Members Committee next month for further feedback.

STRATEGIC UPDATES

154/19 Ferns Pilot Update

Mr Atkinson shared the paper with members to inform them that the 'Ferns Dementia pilot' ended on 31st May 2019.

Mr Atkinson informed members that the Ferns pilot was established in May 2017 with the purpose to provide specialist mental health input and cognitive rehabilitation for those patients, who following an acute medical admission to The Rotherham Foundation Trust (TRFT), no longer required acute inpatient care as their primary need but required ongoing mental health support.

The pathway established allowed for patients to be transferred directly from the TRFT site across to the Rotherham Doncaster and South Humber (RDASH) provided Ferns Ward, located at TRFT.

It has been very difficult to change access and thresholds to the Ferns ward, while working within the requirements of the Mental Health Act, Care Quality Commission (CQC) regulation and safe staffing levels. As a consequence numbers through the ward and length of stay have continued to be at a level that are not recurrently financially sustainable and it has therefore been agreed across Place Partners (RCCG, TRFT, RDASH) to end the pilot.

Mr Atkinson stated that TRFT and RDASH will continue to work the same model as previously offered prior to the Ferns Pilot. Staff will be redeployed to acute settings and all patients have now been placed in alternative beds.

Mrs Twell asked what the patient pathway is now Ferns is closed?

Mr Atkinson responded that patients will go through rehabilitation and community services, intermediate care and CHC services.

Dr Carlisle asked why the patients were accommodated longer than planned?

Mr Atkinson replied that although the patients were medically fit, cognitive support requirements for rehabilitation and shared care delays in physiotherapy and occupational therapy around the mental health model lead to delays in return to point of care.

Governing Body members noted the end of the Ferns Ward Pilot

PERFORMANCE UPDATES

155/19 Delivery Dashboard

Mr Atkinson presented the latest position and highlighted action being taken to address the challenges highlighting the following:

- Diagnostics are maintaining a positive position
- The 6 week wait position is sustained
- Delayed Transfer of care (DTC) remains low
- Integrated Discharge services are working well
- 18 week wait target has reduced after winter TRFT performance and is improving monthly with additional assurance on the waiting list profile for the 18 week pathways which remain under scrutiny
- A&E has improved. TRFT have been identified as a field test site for a revised indicator for 95% reporting
- Cancer Performance remains a challenge but it improving with good traction on management of the patient treatment list and reduction in number of patients beyond the 62 day/32 day wait without treatment
- Improving Access to Psychological Therapies (IAPT) remains positive with Cognitive Behavioural Therapy (CBT) being under scrutiny

Dr Page added that there is now a triage facility performed by nurses which should reduce the number of two week waits and the team are working hard at speeding up the testing process.

Dr Avery queried what is being monitored e.g. x-rays are taking longer and patient waits are longer?

Mr Atkinson responded that the national expectation is that 13 diagnostic tests are performed within six weeks. Mr Atkinson will look into previous diagnostics provision for comparison and will feedback findings on performance.

Action: Mr Atkinson will provide a further breakdown of diagnostic services at the next Governing Body meeting in July.

156/19 Finance & Contracting Performance Report

Mrs Allott presented the report and provided an update to members on the financial and contracting performance position as at 30 April 2019, also referred to as month one.

Mrs Allott informed members that at this early stage of the year actual activity data was yet to become available in some areas. A month 1 report had been produced to give assurance to members that the plan they had signed off had been enacted into the ledger.

On the basis of currently available information the report indicates balanced year to date and outturn positions.

Mrs Allott highlighted the following risks:

- demand in acute services may go beyond planning
- expectation of £6/head (£1.5m) of investment money is reflected in the plan, any changes would require CCG to review planned investments
- national guidance for primary care expectations and use of allocations is still emerging. A small number are already coming through which may have an impact on the financial position in year
- Prescribing remains high volume – it is possible that we get generic medicine shortages and other pressures above expected levels
- CHC budget setting holds unknown potential risks
- QIPP plan challenges to delivery will impact on the financial position but the governance structure will identify where plans are not working to allow for corrective action.

Mr Barber asked about risks and to what extent they will materialise as most of the risk have been taken into account at the point of budget setting and contract setting?

Mrs Allott responded that the risk would be if something beyond all expectations occurred.

Governing Body members noted the content of the report.

157/19 QIPP Performance

Mrs Allott presented the QIPP Performance achievement of the CCG's 2019/20 QIPP plans. Performance ratings are indicative at this stage and will be updated in future months as actual data emerges.

Mrs Allott highlighted some content changes to the 2019-20 report in terms of the numbers being shown which it is hoped will enhance the information available to members on performance.

Governing Body members noted the report and performance ratings based on assumptions at month one given the actual data and noted the efforts and achievement made by the whole team.

158/19 Quarter Four Commissioning Plan Performance Feedback

Mr Atkinson shared the paper for members to note the Quarter Four (year end) position on delivery of the CCGs commissioning Plan.

Mr Atkinson informed members that a positive position on milestones is reported and moving forward, RCCG will continue to reflect on milestones as some will come to a natural end at the start of the new financial year and will be updated in Quarter One.

The KPI's have shown some movement and those which are more challenging will be brought back to Governing Body.

Mr Atkinson confirmed assurance against the plan.

Governing Body members noted the content of the report.

QUALITY and PATIENT ENGAGEMENT

159/19 Patient Safety & Quality Assurance Report

Mrs Cassin presented the report highlighting the following:

- CDiff targets are more challenging in part due to performance measured in the previous year but remains positive due to joint working controls.
- Safeguarding information is now shared with GP Practices supported by sessions through Professional Leadership Training and Commissioning (PLTC), GP learning events and Safeguarding Leads in GP Practices. Clinically assisted nutrition and hydration information was circulated at PLTC, a template has been updated and circulated to GP Surgeries to assist defining their safeguarding policies, and information relating to veterans was also distributed.
 - the Safe and Sound Framework has been launched at TRFT, working towards the national initiative for delivery of the Quality Improvement Strategy.
 - the Child Exploitation Disruption Toolkit has been published by the Home Office
 - the Annual Safeguarding report from NHS England has been published
 - Yorkshire & Humber Safeguarding follow-on learning events have taken place to look at what can be undertaken on a wider footprint and where we can add value e.g. joint working towards higher achievement
 - Stovewood Investigation brief overview on non-recent child sexual exploitation about the changes on working together to safeguard children. A more detailed report is to follow.
- CHC Quality Premium continues to achieve, discussion are taking place around personal health budgets regarding jointly funded and social prescribing packages assisted by Mrs Nutbrown, to ensure

compliance with standards for personal health budgets which are reported to NHS England.

- The Primary Care team are working with Rotherham Local Medical Committee (LMC) to refine the dashboard for GP practices to ensure information is obtainable and meaningful looking at the wide range of activities and where support is required
- The CQC Inspection reports TRFT as requiring improvement. TRFT are working to achieve the action plan approved by the CQC to measure improvement and provide evidence for next unannounced visit. CQC have requested further information from TRFT which has supplied with no further information requested. CCG will review the action plan predominantly through the contract quality process and other committees who also review elements of it.

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

160/19 Patient Engagement and Experience Report

Mrs Cassin shared the report to update members highlighting the following:

- Be Cancer Safe information has been circulated establishing a wide range of contacts and local evidence with the key message being cancer screening.
- Friends and Family Test have received 3,153 responses recorded for March with only thirty two negative responses - around 1% of the total responses.

A&E continue to receive a low number of responses which has been noted by the TRFT Steering Group for escalation. There was a network meeting yesterday. Mrs Twell added that there was a positive response to the Long Term Plan from Patient and Public Engagement representatives who shared information and discussed ideas for improved engagement.

Dr Avery asked if recent federation feedback reporting 99% satisfaction for extended access could be included?

Mrs Cassin confirmed that this data is included in the overarching figure but it is difficult to tease out exact data.

Governing Body noted the contents of the report.

161/19 Working Together Safeguarding Arrangements

Mrs Cassin presented the paper to update members on the Working Together to Safeguard Children (July 2018) is statutory guidance that focuses on the core legal requirements, making it clear what individuals, organisations and agencies must do to keep children safe.

Mrs Cassin reported that the Wood Review will ensure that the Safeguarding Children process is robust across all agencies. Some changes have been

mandated through the review, namely that we would move from a wholly led process by the local authority with other stakeholders engaged, to a tripartite arrangement of three equally responsible and accountable leads. The leads are Rotherham Metropolitan Borough Council (RMBC), the RCCG for Health, and South Yorkshire Police (SYP).

Mrs Cassin added that Mr Edwards, as Chief Officer is ultimately accountable for Safeguarding for RCCG.

There are some areas including finance, which require final agreement, otherwise arrangements are fully compliant with legislation throughout. Mrs Cassin added that the new thresholds which apply to Child Death Overview Panel have also been applied which will allow wider shared learning from the statistics available on child deaths.

Dr Carlisle added that the challenge for SYP, regarding CSE investigations, is considerable both retrospectively and going forward. If there is joint responsibility would it be more of a risk and do we have the resources to do both.

Mrs Cassin responded that additional funding for health and SYP has been received. A meeting is planned with representatives from Health and Justice to look at continuation of funding for additional support services for the victims/survivors of non-recent sexual exploitation.

Mrs Cassin added that we are aware of the risks but local discussions will monitor the work being undertaken and identify any remaining risks.

Mrs Cassin has also visited the Home office with Sharon Kemp, Chief Executive, RMBC to highlight the need for continued, adequate funding.

Governing Body members endorsed the Multi Agency Arrangements for Safeguarding Children in line with statutory requirements contained within working Together to Safeguard Children (2018)

AUDITS & REPORTS

162/19 Year End EPRR Report

Mrs Nutbrown presented the report to provide a summary of how NHS Rotherham CCG has carried out its duties in line with the Emergency Preparedness Resilience and Response requirements as set out in the Civil Contingencies Act (2004), the NHS planning framework and the NHS Standard contract as applicable.

Mrs Nutbrown shared the report for information.

Mr Barber gave AQuA assurance that all requirements have been met.

Governing Body members noted the summary of emergency preparedness, response and resilience arrangements tested over the

past 12 months

163/19 EPRR and BCM Policy and Plan

Mrs Nutbrown shared The Emergency Preparedness, Resilience and Response Policy (EPRR) to inform members it has been reviewed in line with the policy review date and in line with NHS Rotherham CCG governance process.

The Business Continuity Policy and Plan has been reviewed in line with the annual review process for Business Continuity.

Governing Body members approved the reviewed EPRR and Business Continuity Policy and Plan.

164/19 AQUA Annual Report

Mr Barber shared the AQUA Annual Report with Governing Body reporting a good year for governance and finance, with a strong Chief Officer statement, and a very strong Head of Internal Audit opinion.

Mr Barber highlighted Section 10 detailing areas where further assurance improvement could be made in 2019/20.

Mr Barber invited questions. No questions were raised.

Governing Body members noted the content of the report.

POLICIES

165/19 Email Policy

Mr Atkinson shared the paper detailing changes to the policy which include the new email platform transfer to NHS mail. The policy has been reviewed by Information Governance and the Lead for Counter Fraud following national guidance.

Governing Body Members approved the refreshed email policy.

166/19 Conflicts of Interest Policy

Mrs Nutbrown shared the policy to inform members of the update to the Conflicts of Interest Policy following internal audit recommendations.

Mrs Nutbrown highlighted Section 16 referring to Mr Barbers details, Section 21.2 edits and an amendment made by Clare Croft, Counter Fraud Specialist.

Mrs Nutbrown noted that the paper details tracked changes for ease of identification of the changes.

Governing Body members ratified the changes made to the Policy as approved by AQUA.

MINUTES FROM OTHER MEETINGS

167/19 Minutes from ICP Rotherham Place Board 3 April 2019

Mr Edwards shared the minutes for information.

Governing Body received and noted the minutes.

168/19 Minutes from AQUA 5 March 2019

Mr Barber shared the minutes for information.

Governing Body received and noted the minutes.

169/19 Minutes from Engagement & Communications Committee 15 March 2019

Mrs Twell shared the minutes for information.

Governing Body received and noted the minutes.

170/19 Minutes from A&E Delivery Board 27 March and 24 April 2019

Mr Edwards shared the minutes for information.

Governing Body received and noted the minutes.

171/19 Minutes of SYB ICS CPB 8 March 2019 Public Meeting

Mr Edwards shared the minutes for information.

Governing Body received and noted the minutes.

172/19 Minutes from the JC CCG 27 February 2019 Public Meeting

Mr Edwards shared the minutes for information.

Governing Body received and noted the minutes.

173/19 Minutes from the Primary Care Committee 10 April 2019 Public Meeting

Mr Carlisle shared the minutes for information.

Governing Body received and noted the minutes.

174/19 Minutes from GP Members Committee 24 April 2019 2019

Dr Avery shared the minutes for information.

Governing Body received and noted the minutes.

175/19 Future Agenda Items

No future agenda items identified

176/19 Urgent Other Business

No urgent other business identified

177/19 Urgent Issues and Appropriate Escalation

No urgent issues and appropriate escalation

178/19 Risks Raised

No risks raised

179/19 Any Other Business

GP Members Committee to review PCN configuration relating to the constitution and feedback to Governing Body/AQuA.

180/19 Exclusion of the Public

The CCG Governing Body should consider the following resolution:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted – publicity on which would be prejudicial to the public interest”.

Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers.

181/19 Date and time of Next Meeting

The next public Governing Body Meeting will take place at 1.00pm on Wednesday 4 July 2019 at New York Stadium, Rotherham.