West Hampshire
Clinical Commissioning Group

CCG Board

Date of meeting		**28 November 2019**	
Agenda Item	**3**	**Paper No**	**WHCCG19/109**

Draft Minutes of Last Meeting (26 September 2019)

Key issues	The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 26 September 2019 are attached for approval by the Board. Following the meeting the minutes will be made available to the public in accordance with Freedom of Information Act 2000 and the Code of Practice on Openness in the NHS.
Actions requested / Recommendation	**The West Hampshire Clinical Commissioning Group Board is asked to** • **Agree the minutes of the Board meeting held on 26 September 2019 and commend them for signature by the Chair of the meeting.** • **Discuss any matters arising from the minutes that are not already covered on the Agenda.**
Principal risk(s) relating to this paper	There are no risks relating to this paper.
Other committees / groups where evidence supporting this paper has been considered.	Not applicable.
Financial and resource implications / impact	There are no financial implications arising from this paper.
Legal implications / impact	There are no legal implications arising from this paper.
Public involvement – activity taken or planned	Not applicable.

Equality and Diversity – implications / impact	This paper does not request decisions that impact on equality and diversity.
Report Author	Jackie Zabiela, Governance Manager Ian Corless, Board Secretary/Head of Business Services
Sponsoring Director	Sarah Schofield, Clinical Chairman
Date of paper	18 November 2019

NHS
West Hampshire
Clinical Commissioning Group

Minutes

Board

Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 26 September 2019 at Lyndhurst Community Centre, off High Street, Lyndhurst, Hampshire SO43 7NY

Present:	Sarah Schofield	Clinical Chairman (Chair)
	Charles Besley	Locality Clinical Director / Board GP
	Mike Fulford	Managing Director and Chief Finance Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality and Patient Engagement
	Adrian Higgins	Medical Director
	Johnny Lyon-Maris	Locality Clinical Director / Board GP
	Lorne McEwan	Locality Clinical Director / Board GP
	Ellen McNicholas	Director of Quality and Nursing (Board Nurse)
	Alison Rogers	Lay Member, Strategy and Finance
	Caroline Ward	Lay Member, New Technologies
In attendance:	Simeon Baker	Interim Associate Director of Communications, Engagement, Inclusion and Organisational Development (agenda item 8.1)
	Ian Corless	Board Secretary/Head of Business Services
	Jenny Erwin	Director of Commissioning, Mid Hampshire
	Rachael King	Director of Commissioning, South West
	Mario Martin	Graduate Management Trainee: Finance (observing)
	Jackie Zabiela	Governance Manager
Apologies for absence:	Karl Graham	Locality Clinical Director / Board GP
	Rory Honney	Locality Clinical Director / Board GP
	Maggie MacIsaac	Accountable Officer
	Jim Smallwood	Secondary Care Consultant
	Stuart Ward	Locality Clinical Director / Board GP

Summary of Actions

Minute Ref.	Details	Who	By
5.8	**Integrated Performance Report: CAMHS Referrals.** To look into discrepancy regarding CAMHS referral data i.e. report states referrals have increased in Winchester and Test Valley areas whereas Lorne McEwan advised that latest data he has seen shows a decrease.	Mike Fulford	ASAP
	Update Referrals for the Winchester Test Valley CAMHS team have ranged between 60 and 120 referrals since October 2017 and the variation can be quite volatile. There was a sharp rise in July 2019 to 140 referrals which reverted in August to 75. The overall trend for the Winchester service is the same as for across Hampshire, i.e. relatively flat.		

Minute Ref.	Details	Who	By
6.3	**<u>Collaborative Commissioning Report: CAMHS Performance</u>.** To clarify what the CAMHS performance summary is showing / if there is a data issue.	Jenny Erwin	ASAP
	<u>Update</u> The performance data is accurate. The summary shows the quarterly reporting of the number of children and young people accessing CAMHS services against the national target of 34%. In the current year West Hampshire CCG is attaining the national target (currently at 51.43%). The variance between current performance and national target is 17% and is highlighted as green. The representation of this information in future reports will be amended for clarity.		
9.7	**<u>EU Exit – Operational Readiness: Reciprocal Arrangements</u>.** To provide an update on what has / has not changed in relation to individuals who are registered with local GPs who become ill abroad.	Jenny Erwin	ASAP
	<u>Update</u> As the government has chosen to postpone the EU Exit date to 31 January 2020 individuals will be treated as normal until this time using EHIC or their personal insurance. If/when this change we will update the board. Guidance posted on gov.uk website states: *<u>Healthcare: check you're covered</u>* *You should always get appropriate travel insurance with healthcare cover before you go abroad. After Brexit your European Health Insurance Card (EHIC) card may not be valid. It's particularly important you get travel insurance with the right cover if you have a pre-existing medical condition. This is because the EHIC scheme covers pre-existing conditions, while many travel insurance policies do not.*		
10.11	**<u>BAF – #150 UHSFT Cancer Performance</u>.** To clarify why the risk had been reduced / removed from the BAF.	Rachael King	ASAP
	<u>Update</u> The risk rating was reduced as it was felt that the controls in place had reduced the risk. The rating has been reviewed since the Board and has been increased back to a 12.		
10.11	**<u>BAF – New High Risks</u>.** To ascertain why the new high risks were not included within the report provided and ensure that the paper is corrected and circulated outside the meeting.	Mike Fulford	ASAP
	<u>Update</u> Not every high risk is included on the BAF – the document shows all the Very High risks and those High risks that were high profile or where gaps in control were substantial and of which the Board needed to be aware. All the new high risks can be placed on the BAF for the month they come onto the Corporate Risk Register but they may not stay for future months as ratings may reduce or be downgraded subsequently. This month's BAF has a new Risk on it. The cover will note for the BAF will provide clear explanation. The Audit Committee will also review the document prior to the November meeting.		

1. Chairman's Welcome

1.1 Sarah Schofield welcomed everyone present to the thirty-eighth meeting held in public of the NHS West Hampshire Clinical Commissioning Group (CCG) Board and noted the apologies for absence.

1.2 Sarah highlighted that this was a meeting being held in public, rather than a public meeting. She also reminded the Board of the CCG's values, which are published on the front page of the agenda, minutes and cover sheet of each Board paper.

1.3 Sarah confirmed that no questions had been received from any members of the public present which required a response at the meeting. However, she explained that questions had been received by Don Harper, Secretary, National Pensioners Convention, Wessex Region. The response and referenced documentation, given as Appendix 1 to these minutes, have been forwarded to Mr Harper. It was noted that this query has also been raised with Wiltshire CCG.

2. Declaration of Board Members' Interests *(Paper WHCCG19/088)*

2.1 The Register of Board Members Interests was received and noted.

2.2 Sarah Schofield asked the Board to review the agenda for the meeting and establish whether there are any business items where there may be potential or perceived conflicts of interest.

2.3 No further interests were updated or declared in relation to the agenda.

2.4 AGREED

The Board agreed to accept the Register of Board Members' Interests.

3. Minutes of the Previous Meeting held on 25 July 2019 *(Paper WHCCG19/089)*

3.1 Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 25 July 2019 as a correct record of proceedings. She explained that there was one amendment required:

- Section 6.3 second bullet: to amend the reference to 'geriatric medicine' to current accepted terminology 'medicines for the older person'.

3.2 AGREED

The Board approved the minutes of the Board meeting held on 25 July 2019 subject to the amendment detailed above and commended them for signature by the Chair of the meeting.

3.3 ***Matters Arising***

The following item of matters arising from the minutes was raised:

- Actions – It was reported that the two actions for Mike Fulford as detailed in sections 6.5 and 10.6 were both completed.

4. Managing Director's Report (September 2019) *(Verbal)*

4.1 Mike Fulford provided a verbal update on the following key items:

Hampshire and Isle of Wight Strategic Transformation Plan
The development of the Hampshire and Isle of Wight (HIOW) Strategic Transformation Plan was coordinated by the Sustainability and Transformation Partnership (STP) and includes input from all the partners within the STP footprint. Work has been ongoing for months, with general outlines shared with the Board. An update had been provided to the CCG Finance and Performance Committee that morning outlining the approach to data and the current status regarding implementation of the Long Term Plan.

The Strategic Transformation Plan remains a work in progress however the first submission will be issued in draft form Friday 27 September 2019 as agreed with NHS England. The STP has asked all organisations within the footprint to look at the next stage of development of the plan and organisational support for the plan prior to submission of the final plan in mid-November.

The Finance and Performance Committee supported submission of the draft Plan, noting that the Part 2 Board on 24 October 2019 will formally receive the most up to date iteration of the plan for consideration for submission and to agree delegated approval as appropriate for designated individuals to approve the final version.

Commissioner Reform
The Board were reminded that in July 2019 Maggie MacIsaac had been appointed as the West Hampshire CCG Accountable Officer and had indicated that this would be a part of the journey that organisations would take across the commissioning sector within HIOW. A draft forward view paper has been shared with all CCG Boards as a discussion document indicating potential next stages and it has been agreed that next steps are further discussion and dialogue across all HIOW CCGs on collectively shaping the next stages of that development. A formal update will be brought back to the Board at the next opportunity.

4.2 AGREED

The Board received and noted the Managing Director's Report (September 2019).

STRATEGIC OBJECTIVES 1 AND 2:
Ensure safe and sustainable high quality services – to provide the best possible care for patients
Ensure system financial sustainability – to ensure compliance with business rules

5. Integrated Performance Report (September 2019) *(Paper WHCCG19/090)*

5.1 Mike Fulford and Ellen McNicholas presented the West Hampshire CCG Integrated Performance Report for September 2019 which brings together the key finance, performance and quality issues for the Boards awareness, along with actions to address these issues.

5.2 The common themes that emerge from the performance, quality and finance issues highlighted this month are:

- The cross cutting theme of workforce challenges in delivery of good patient care and strong performance – shortages in skilled staff are the key factor behind the majority of issues, which in turn impacts on both patient and staff experience, and the overall cost of providing services.

- The impact of quality and performance issues on West Hampshire's financial position: as well as the impact on patient care and experience, providers' performance has a significant impact on commissioners' financial stability. Many of West Hampshire QIPP (Quality, Innovation, Productivity and Prevention) savings schemes involve managing patient flow through acute providers, and there is a clear link between optimal patient flow, sustained performance, and value for money. The highest risks to the CCG's financial position this year are non-delivery of QIPP savings, and the additional cost of activity at acute providers exceeding contracted levels.

Finance Update

5.3 The following was reported:

- For the 2019/20 financial year we are planning on income of £810.104m and expenditure of £810.058m. This reflects the planning requirement to replicate in 2019/20 the small actual surplus of £0.047m that was the final position in the CCG Annual Accounts for 2018/19
- The financial performance position shown in this report to the end of August 2019 shows a breakeven position against plan in the year to date
- The 2019/20 year-end forecast remains at plan at this stage in the Financial Year
- There remains a significant amount of risk to the CCG's year-end forecast. At the end of August the CCG has identified £11.3m of QIPP risk, £6.0m of risk associated with in-year activity pressures and £1.9m of other risks. These risks are partially mitigated through plans totaling £1.2m and £4.0m contingencies. However, after mitigations the CCG has still identified a net £14.0m risk to the year-end breakeven forecast. This compares to a £14.6m net risk reported at the end of July.

5.4 Mike highlighted that the risk of £14m to the year-end breakeven forecast is mainly driven by acute over performance, particularly at University Hospital Southampton NHS Foundation Trust but also other providers and mainly driven by non-elective care pressures, alongside continuing pressure on the Continuing Healthcare budget in relation to very high cost packages of care, and outstanding planning of £9.7m savings requirements. Recovery action plans are in place, particularly focussed on elements of QIPP which have not yet been developed to date and seeking opportunities to close the unidentified QIPP, although there are limited opportunities to do this to date, as well as how to mitigate down the significant over performance in the acute sector. A formal recovery plan going into 2021 is in development.

Quality Update

5.5 Ellen McNicholas highlighted the range of issues which have been reviewed by the Clinical Governance Committee which took place on 5 September. This included:

- Risk Register: the Committee reviewed all of the risks currently on the Quality Directorate risk register. Currently there are nine risks from Quality and Safeguarding that meet the Corporate Risk Register threshold (score of 12 or more). The Committee was informed of two new risks relating to:
    - The University Hospital Southampton NHS Foundation Trust emergency department not meeting their performance waiting times and the potential impact on quality for patient outcomes, safety and experience
    - The resource within the CCG to ensure the Mental Capacity Act is embedded as core business, including MCA champions, given the changes to the MCA that are taking place.

- NHS Patient Safety Strategy: A presentation was provided for the Committee outlining the contents and implications of the new NHS Patient Safety Strategy launched in July 2019. The document brings together many of the current

developments in patient safety, including the work of the National Patient Safety Collaboratives into one document. The document is not a prescriptive strategy but rather a statement of intent around the vision to continuously improve patient safety. The strategy aims to build:

- A culture of patient safety
- A system of patient safety; based on the foundations of:
  - Insight (improving the understanding of safety by drawing insight from multiple sources of patient safety information)
  - Involvement (equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system)
  - Improvement (design and support programmes that deliver effective and sustainable change in the most important areas).

- Acute Provider Comparison Report: the Committee received the quarterly comparisons report which is produced by the CCG Quality Team for its acute providers and supports the assurance work undertaken by the directorate. The report utilises readily available quality metrics which cover clinical effectiveness, patient experience and safety, along with benchmarking results of national audits and surveys. The report does not contain analysis of the data as the intention is for providers to individually review the information and their performance, which may be facilitated during the Clinical Quality Review Meeting or via another appropriate route. The quality team review the data as part of their assurance mechanisms and follow-up trends and outliers (positive or negative) with providers to support quality improvements and shared learning.

- Sussex Partnership, Child and Adolescent Mental Health Services: the latest information regarding actions being taken for young people waiting for assessment was discussed. The data in June 2019 indicated that the level of signposting increased to 47% of referrals which was the highest over the previous six months. The July data, which has just been received, shows an increase to 94%.
  - Initial investigation shows this is likely to be a data reporting issue rather than a true reflection of activity
  - The July data includes a high number of referrals that were received in the previous month but only processed in July due to staffing problems in the Single Point of Access (SPA)
  - Normally, the SPA would triage and process all referrals within seven days ; however, all referrals continue to be screened for risk on the same day as receipt even during busy periods
  - Signposting is expected to be slightly higher month on month as a result of the Autism Spectrum Condition (ASC) referrals now being signposted to Psicon
  - Data from the provider based on month of referral (rather than month processed) shows a signposting rate of 45% in July rather than 94%
  - The Clinical Governance Committee requested further information about the quality of the signposting including re-referral rates and how the service is assured of the appropriateness of the signposting. CAMHS have undertaken to audit this and an update report will be provided to the next Committee.

5.6 The following points were raised:

- Ellen expressed her thanks to Caroline Ward for stepping in to chair the Clinical Governance Committee on 5 September 2019
- It was highlighted that Matthew Richardson, Deputy Director of Quality and Nursing had first-hand knowledge of the National Patient Safety Strategy as he

had been in attendance at the Patient Safety Conference where it had been launched to present on the RESTORE2 project on behalf of the CCG, which will be picked up nationally, along with ICON (abusive head trauma campaign). The Strategy demonstrates a step change in patient safety, culture and systems of safety, all of which plays into the work we do as a CCG and validates much of the focus the CCG and particularly the quality team have placed on incident reporting over the past couple of years.

- It was noted that the Strategy includes a number of actions for different organisations, including CCGs, with a delivery timeline. Clarification was sought on how the CCG will monitor ourselves and provider organisations on the actions that need to be taken. In response it was advised that the plan is to work with partners in the local system to produce some of this; some elements are already in place, for example, the role of the medical examiner. Some trusts already have this role in place and others plans to do so. It is proposed that reports will be provided through the Clinical Governance Committee as to how this is being embedded. Attention was drawn to the last slide of the report that reflects that whilst there are opportunities, there will also be challenges around resources and cost pressures if the CCG is to deliver the Strategy.

Performance Update

5.7 Mike Fulford highlighted the following performance issues:

- Child and Adolescent Mental Health Services (CAMHS): CAMHs are delivered for West Hampshire CCG by Sussex Partnership Trust (SPT). In Hampshire, as in the rest of UK, demand for services has been increasing. SPFT was rated as 'good' in their January 2017 Care Quality Commission inspection. However, waiting times for WHCCG patients have not been meeting national waiting time standards since the start of 2018, and provider and commissioners recognise that in order to meet the demand for their services, more needs to be done. Key to note is that the CCG has escalated via the lead commissioners our concerns regarding further deterioration and are looking to seek additional assurance as to how these issues are being mitigated as a matter of urgency.

- Elective Care – Diagnostic Waits: the national NHS standard for diagnostic care is that 99% of patients should receive their required test within six weeks. Nationally, and across West Hampshire CCG, this position is deteriorating. In July, 273 patients did not receive their test within 6 weeks, 2.91%. This means that the CCG benchmarks as 122 out of 193 providers for performance for this standard.

- Elective Care – total patients on the waiting list: West Hampshire CCG is required to maintain its waiting list at, or below, the total number of patients waiting in March 2019. For July 2019, data shows that the waiting list has grown by 6.4% since that point. The growth in waiting list is predominantly at our two main providers, but has been seen across all trusts.

5.8 The following points were raised during a period of discussion:

- The deterioration in diagnostic waits performances impacts on waiting times, with particular concerns with regard to Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) where there is significant deterioration. All providers are putting in place a series of mitigating actions and the CCG is working with them to make as rapid an improvement as possible.
- There has been a substantial increase in the total number of patients waiting for UHSFT; some of this has been a technical issue regarding identifying patients not previously recorded however in general there is a substantial increase in waiting times across providers. This continues to be reviewed with providers,

however given earlier conversations with regarding to finances it is difficult to put in additional capacity to meet this when balanced with finances.

- Initiatives such as the Frailty Support Service and Referral Support Service (RSS) have been put in place to support demand management. It was queried if the growth in demand is being off-set in any way by the anticipated 7% reduction in referrals resulting from implementation of the RSS. Rachael King advised that further detail will be available shortly. There has not been a significant increase in outpatient referrals; however there is a substantial increase in consultant to consultant referrals.
- Lorne McEwan drew attention to the statement in relation to CAMHS 'Referrals have increased across all CCGs and continue to be above plan, especially from Winchester and Test Valley areas'. He advised that the last data he had seen for this locality showed a decrease in referrals; Mike Fulford agreed to look into this. **ACTION: Mike Fulford**
- Caroline Ward referenced the 20% CAMHS workforce turnover; she queried if there are any themes and if there was an opportunity to share learning from the turnaround that had been achieved with the Continuing Healthcare (CHC) team. In response it was advised that there is a national issue regarding staffing CAMHS appropriately so some of the work that needs to be undertaken is to look at staffing models. The Children's CAMHS service works closely with the Children's CHC team and so they are already learning from the work that we have put in place.

5.9 AGREED

The Board noted and provided comment on the Integrated Performance Report.

STRATEGIC OBJECTIVE 3:
Work in partnership to commission health and social care collaboratively – to commission services at the appropriate tier to achieve the best possible outcomes for patients

6. Collaborative Commissioning Report (September 2019) *(Paper WHCCG19/091)*

6.1 An update was presented to the Board on the key collaborative commissioning strategic and operational issues managed by West Hampshire CCG. The report provides an overview of the 2019/20 work programmes and an update on activities in August and September. Actions for the next two months and risks are also summarised.

6.2 Ellen McNicholas highlighted the following developments / issues:

- Transforming Care Partnership for Learning Disabilities: widely published data is that the South East region is not doing as well as expected for this programme, which aims to support people with a learning disability to move out of long term hospital settings. In terms of assurance for the Board, Ellen is the Senior Responsible Officer for this programme across the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) area and we are actually meeting / are slightly ahead of trajectory.

  Within SHIP we have already supported four individuals to move out of long stay hospitals. Whilst this might not seem like a huge number, in order to provide context there is one individual who has spent 40 years in a hospital setting with extremely complex needs; moving such individuals is very upsetting if we do not get the discharge planning right.

- Continuing Healthcare: the CCG continues to see improvements in performance, particularly against national targets and driving down really long waits within the service.

6.3 Clarification was sought on the CAMHS performance summary, for example, what was meant by 17% of children not getting their access right being shown as 'green'? Ellen advised that it had been identified that there was a data issue regarding some the information which has been coming forward from CAMHS e.g. signposting by the Single Point of Access had been sitting steadily at 46%, went to 98% and then went back which had been ascertained as a data issue. Jenny Erwin agreed to look into this.
ACTION: Jenny Erwin

6.4 AGREED

The Board reviewed and noted the collaborative commissioning report and considered the associated risks and mitigating actions.

STRATEGIC OBJECTIVE 4:
Establish local delivery systems to deliver patient centred care closer to home which is integrated, prevention based, equitable and high quality

7. Local Delivery Systems Report (September 2019) *(Paper WHCCG19/092)*

7.1 The Board received a report which provided an update on progress against the core STP programmes and key priority work streams at a local delivery level, with a focus on:

- New care models through the implementation of five key interventions
- Urgent and emergency care, including effective patient flow and discharge so that people only remain in hospital for the acute phase of their illness or injury, with timely transfer or discharge and the right support to maximise their independence.

7.2 There are two Local Delivery Systems across West Hampshire: South West Hampshire covering the four localities of West New Forest, Totton and Waterside, Eastleigh Southern Parishes and Eastleigh North and Test Valley South, and North and Mid Hampshire, covering the two localities of Winchester and Andover in West Hampshire together with North Hampshire CCG.

7.3 Rachael King drew attention to the following campaigns:

- **Choose Well**: this campaign had been launched that week and will be linked with Self-Care week in November with the aim of patients taking much more responsibility for their own care.
- **Home First**: this initiative supports effective flow and discharge and is aimed at families to promote preparing for discharge at the point of admission. This is a joint programme with Hampshire County Council and will be launched at the end of October.

7.4 Sarah Schofield reflected that there has been a lot of good work that is ongoing between North Hampshire CCG and the Mid Hampshire directorate; noting that several people in the team are moving into new jobs. She queried how confident the locality is in keeping the momentum going whilst new staff are recruited. Mike Fulford commented that it is positive that individuals are being promoted to new roles, however this will clearly give some short term challenges to the mid Hampshire directorate. Part of resilience is that in working with North Hampshire CCG, there are already a number of joint posts. The CCGs are looking at how we can work more closely together and are considering how

some rapid additional capacity can be brought in to support those gaps. Mitigating plans are therefore in place to ensure we do not lose any pace in delivering objectives.

7.5 AGREED

The Board reviewed and noted the Local Delivery Systems report (July 2019).

CCG DEVELOPMENT AND GOVERNANCE

8. Communications and Engagement

Communications and Involvement Strategy 2019-2021 (Paper WHCCG19/093)

8.1 Ellen McNicholas reported that the CCG had commissioned Simeon Baker to review the systems, structures and staffing of the communications and engagement team, including organisational development and equality and diversity.

8.2 As the six month review and transformation period comes to an end the CCG has produced a refreshed communications and engagement strategy which sets out the proposed approach to communications and engagement, the link up across the organisation, and the activity required to support the CCG in delivering its strategic priorities, to the benefit of the patients and public who we serve.

8.3 The strategy includes a summary of the review undertaken, the mitigating actions that have been taken, the improved structure and systems, stakeholder mapping, branding and identity guidelines, standard operating procedures and social media guidelines. Finally the document is to serve as a strategic and operational guide to the delivery of communications and engagement (including equality and diversity and organisational development) moving forward.

8.4 Ellen added that she wished to express her thanks to Simeon for his input in leading this work, and that the transformation of the communications and engagement team has been self-evident during this period. Today (26 September) the team has been supporting not only the Board and Annual General Meeting, but also a major incident exercise which had taken place that morning. In addition the team has been in attendance at recent freshers' fayres at both Barton Peveril and Brockenhurst Colleges.

8.5 The following points were raised during a period of discussion:

- Sarah Schofield commented that this is the first time that the Communications and Engagement Strategy had been presented to the Board. Given that it is in draft form, it would be beneficial for further engagement to take place within the Executive Team and Lay Members as to how the strategy could be strengthened prior to resubmission to the Board for approval.
- It was also suggested that it might be worth considering enhancing the strategy in light of the organisational change that is scheduled, to reflect that we are in a transitional phase in terms of what we do internally and how we also work with our partner organisations on joining up our communications objectives and strategies. It may be that this would need to be produced as a separate document.
- Simeon Baker confirmed that the CCG is collaborating operationally already on specific campaigns and projects. He explained that his task had been to review systems and structures within the CCG and deliver the required changes, to develop a strategic position and to ensure that clear operating procedures are in place. The CCG previously had a high level strategy, whereas the aim of this was to make it a practical document that all staff can use and understand. It is

understood that the CCG is moving into different times and that this document will therefore need to adapt and be flexible moving forwards.

- Caroline Ward expressed thanks for the work that had gone into developing the CCG's communications function which was a big improvement and, in particular, for re-energising the communications and engagement team. She would now like to develop this further to encourage the confidence to come up with ideas for a bolder strategy across the whole system, notwithstanding that we do not yet know what form this will take.
- Mike Fulford acknowledged the significant progress that has been made over the last six months. The need now is to agree post meeting the next stages of the review given the comments that have been raised and then look at how to shape this and bring it back for consideration at the next Board.

8.6 AGREED

The Board reviewed the Communications and Involvement Strategy 2019-2021.

Patient and Public Engagement Steering Group (Paper WHCCG19/094)

8.7 Ellen McNicholas reported that the Patient and Public Engagement (PPE) Steering Group was set up as the Involvement Steering Group nearly five years ago, with the first meeting in March 2014. The membership has changed over time but remains a wide range of representatives from the voluntary sector, local authority, Healthwatch Hampshire and Patient Participation Groups (PPGs) from across west Hampshire.

8.8 The paper provided is the latest bi-annual report into the activity of the group in order to provide the Board with assurance around the range of engagement activities undertaken by the CCG in support of service improvement and redesign. It has been written in such a way as to show the input and also what the outcomes made in response were.

8.9 Ellen expressed thanks to Judy Gillow for chairing the PPE Steering Group, where she is supported by Jane Gordon, Engagement Manager.

8.10 Judy added that she has been trying to work with the group to clarify the focus of the group, which has three key objectives:

i. For the CCG to share information for local communities
ii. Patient Participation Group (PPG) members to take back to their practices and to engage with the group on CCG initiatives, such as designing leaflets
iii. Trying to invite other key organisations with the aim of achieving a more integrated approach to sharing information and obtain views of PPG representatives, for example working in collaboration with Hampshire County Council.

8.11 An exploratory workshop will be taking place on 4 December 2019 from 10am until 12.30pm to review the changes that are ongoing in the health system, such as the establishment of Primary Care Networks (PCNs), to consider what the function of the group could or should be moving forwards and whether the Terms of Reference need to be refined, and what changes in support might PPGs require. An open invitation was extended to Board members to attend, for which details would be sent out in the near future.

8.12 The following comments were raised during a period of discussion:

- It was suggested that it would be helpful for the PPE Steering Group to facilitate work around transformation
- The chairs of 10 to 12 PPGs attend, however information is sent to all PPGs. There is also attendance from local community voluntary groups.

- It was noted that consideration needs to be given to PPGs and the developing PCNs in that rather than a PPG sitting at CCG level there are groups at PCN level to help support and have a really vibrant role within their communities. In response Rachael King stated that some PCNs have already developed their own groups so the issue is around making sure that the CCG is linked in.

8.13 AGREED

The Board received and reviewed the report from the CCG's Patient and Public Engagement Steering Group.

9. European Union Exit – Operational Readiness

9.1 Mike Fulford introduced a report which outlines the national and locally identified risks and the key actions the CCGs are taking in the planning process with links to wider health and multi-agency partners in relation to European Union Exit – Operational Readiness.

9.2 The legal default in UK and EU law remains that, unless and until a deal is agreed and ratified, there is a possibility of a no deal exit at the end of the extension period on 31 October 2019. The NHS is therefore continuing to prepare for every EU Exit scenario, including no deal. As part of these preparations CCGs and providers are expected to have full contingency plans in place to ensure safe services for patients can continue to be provided in the event that the UK leaves the EU without a deal.

9.3 West Hampshire CCG has appointed an EU Exit Senior Responsible Officer (SRO), Jenny Erwin. NHS England has requested that each organisation also has in place a key team to oversee EU exit preparations.

9.4 There was a NHS England regional event on 4 September 2019 in London to discuss further details of the operational response and what is needed at a local level, to update on the EU Exit work streams, and to provide the opportunity to raise questions and give feedback on preparations. The Hampshire Isle of Wight (HIOW) Local Resilience Forums (HIOW LRF) has also asked for all organisations to continue to prepare for a no deal.

9.5 The EU Exit Operational Readiness Guidance circulated in February 2019 was developed and agreed with NHS England and NHS Improvement. This guidance sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit.

9.6 Additionally, for note, both Portsmouth and South Eastern Hampshire CCGs are working with the HIOW LRF on a local Portsmouth issue regarding transport around the Portsmouth International Ferry Port and potential of increased traffic of heavy goods vehicles (HGVs), with a number of other risks as identified in the paper which have been added to the CCGs Board Assurance Framework.

9.7 The following queries were raised:

- Attention was drawn to paragraph 5.3 and the action for CCGs to ensure that providers are aware and able to charge for inpatient healthcare; it was clarified that this only relates to EU nationals and not everyone.
- Clarification was sought as to what happens in relation to individuals who are registered with local GPs who become ill abroad, that is, is there anything being done about reciprocal arrangements and how do GPs and hospitals get them

back. Jenny Erwin agreed to provide an update on what has / has not changed.
ACTION: Jenny Erwin

9.8 AGREED

The Board received the European Union Exit Operational Readiness Report (September 2019) and considered the associated risks and actions in train.

10. Board Assurance Framework *(Paper WHCCG19/096)*

10.1 Mike Fulford presented the Board Assurance Framework (BAF). The BAF is a high level, aggregated risk description of the risks that relate to the achievement of the CCG's strategic objectives. It is intended to provide assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives. *It only includes very high and high risks which are currently above their target risk score*.

10.2 The Corporate Risk Management Policy and Strategy is formally reviewed every three years. This review took place between July and August 2019 with no changes required apart from changes to personnel in the risk line management chain. The revised document was approved at the Policy Sub Group on 11 September 2019 and the Board was asked to ratify the policy.

10.3 At the 25 July Board meeting it was requested that a risk on organisational change is added to the risk register, which has been done. Due to the controls already in place the risk scores under the limit for escalating to the Corporate Risk Register.

10.4 The Board also asked for a comparison of local care partnership members risk appetite statements, a copy of the comparison was provided. Interesting to note is that with the exception of one local organisation all have either a cautious or moderate risk appetite. What particularly stood out is that Hampshire County Council has quite a different risk appetite to health which is a reflection of the other challenges that they may be facing.

10.5 The Corporate Risk Register which informs the BAF was reviewed by the Corporate Risk Group on 21 August and 16 September 2019.

10.6 The Associate Director of Emergency Planning Resilience and Response has completed a review of all EPPR risks on the Risk Register and has consolidated these down into four risks, three of these are new risks and are shown below, and the fourth is the EU Exit risk which already appears on the Board Assurance Framework.

10.7 The BAF is based on the Strategic Objectives of the CCG.

- Quality and Performance
    - Constitutional standards / performance and key performance indicators, Delayed Transfer of Care
    - Patient experience
    - Workforce
- Financial sustainability
- Working in Partnership for optimum service delivery
- Developing Local Delivery Systems
- Developing CCG workforce.

10.8 A request was raised at the Board meeting of 23 May 2019 to include Strategic Communications and Engagement as a category of the BAF. This new category has been added to the BAF, however there are no current risks aligned to this objective.

10.9 There are four new high risks:

- #655 If there is a substantial level of staff absence, then the CCGs' ability to undertake all of their key activities may be compromised (12)
- #656 If the CCGs' information systems are subject to a cyber-attack or there is a break-in at the CCGs' premises or IG policies are not followed (12)
- #657 If the CCG's premises/facilities become unusable or inaccessible (12)
- #660 Omnes Healthcare (ENT) Workforce (12).

10.10 There are seven risks which have been downgraded and removed from the BAF:

- #137 NHS 111 non achievement of calls <60 secs (9)
- #150 If UHSFT do not meet the constitutional standards for Cancer Diagnosis and treatment (8)
- #512 If the S136 transport and staffing provider fails to respond to referrals within reasonable timescales (closed)
- #578 There is potential for Emergency staff being unable to reach patients within safe parameters - combined into existing overall EU Exit risk #557
- #579 There is a potential that staff may not be able to get to work following EU exit – combined in new risk #655
- #585 That providers will be unable to make the planned transformation service changes while their workforce is supporting EU Exit - combined into existing overall EU Exit risk #557
- #588 If there is disruption to the local road network due to EU Exit - combined into existing overall EU Exit risk #557.

10.11 During a period of discussion the following points were raised:

- Alison Rogers highlighted that the BAF did not include any of the new high risks detailed above and queried why risk ID #150 had been downgraded given this performance was still of concern.
- Rachael King advised that with regard to risk #150 she would normally sign off any changes however had been on leave at the time the report had been written. She noted that she would refer back to the team as she too felt that there remains a risk around delivery of the 62 day standard.
  ACTION: Rachael King
- Mike Fulford will also refer back to the team as to why all the High and Very High (>12 and above) had not been included and ensure that the paper is corrected and circulated outside the meeting.
  ACTION: Mike Fulford
- #660 Omnes Healthcare: it was clarified that Omnes Healthcare provide tier 2 ENT services. There had been a restructuring of the company culture and the provider had recently changed its name to Omnes Healthcare. There have been a range of staffing issues because of those changes and to date the CCG has not received enough assurance that they will have enough staff going forward to enable them to fulfil the contract.

10.12 AGREED

The Board:

- **Reviewed the Board Assurance Framework as presented and were assured that all reasonably practicable actions are being taken to control and mitigate the risks to delivery of the strategic objectives, subject to the actions set out and further information sought in section 10.11**

- **Ratified the Corporate Risk Management Policy and Strategy COR/035/V2.09**
- **Noted the Comparison of Local Care Partnership Risk Appetite.**

11. Other CCG Corporate Governance Matters *(Paper WHCCG19/097)*

11.1 Mike Fulford reported that this month's update on corporate governance matters relates to the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board, adding that he now chairs the Policy Sub Group.

11.2 Attention was drawn to the new Safeguarding Adult and Children's Policy: A Family Approach, which replaces the separate Safeguarding Adults Policy and Safeguarding Children Policy. The reason for this was to bring it in line with Working Together and intercollegiate guidance to reflect a joint family approach.

11.3 Judy Gillow commented that she welcomed adults and child safeguarding being brought together and expressed her thanks to Ellen McNicholas and the team for bringing the work together into a coherent document.

11.4 AGREED

The Board:

- **Noted the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board, as detailed in the paper**
- **Ratified approval of the new Safeguarding Adult and Children's Policy: A Family Approach CLIN/011/V1.00**
- **Noted that the following policies are now obsolete:**
    - **Safeguarding Adults Policy CLIN/009/V4.04**
    - **Safeguarding Children Policy CLIN/008/V4.06.**

INFORMATION

12. Committees of the NHS West Hampshire CCG Board *(Paper WHCCG19/098)*

12.1 AGREED

The Board received the approved minutes of:

- **Audit Committee meeting held on 22 May 2019**
- **Clinical Governance Committee meeting held on 4 July 2019**
- **Clinical Cabinet meeting held on 11 July 2019**
- **Finance and Performance Committee meeting held on 25 July 2019**
- **Primary Care Commissioning Committee meeting held on 27 June 2019.**

OTHER MATTERS TO NOTE

13. Any Other Business

13.1 There were no items raised.

13.2 Sarah Schofield thanked those who had attended and declared the meeting closed.

14. Date of Next Meeting

14.1 The next Board meeting to be held in public is currently scheduled to take place on **Thursday 28 November 2019** at **King's Community Church, Upper Northam Road, Hedge End, Southampton SO30 4BZ.**

Signed as a true record

Name: **Title:**

Signature: **Date**

APPENDIX 1

Question to the Board received from Don Harper, Secretary, National Pensioners Convention, Wessex Region

We have seen reports that some CCGs have stopped commissioning certain treatments/ operations such as hernia, cataracts, knee/hip replacement on the grounds that they have low clinical value. Yet none of these treatments is so classified by the National Institute for Health & Care Excellence (NICE).

In our view NICE is the body with the highest expertise to determine what treatments/ interventions have low clinical value. We would therefore like to know:

1. **Has the CCG stopped commissioning/ have you decided to stop commissioning in future any of these or other treatments on such basis although they are not considered of low clinical value by NICE? If so, which one(s)?**

In response: In the context of hernia, cataracts, knee and hip replacements the CCG does have policies in relation to these areas where clinical criteria or conditions should be met and these are published on the South Central and West Commissioning Support Unit (CSU) website (www.fundingrequests.cscsu.nhs.uk) and then clicking 'Hampshire and Isle of Wight'. They are also available through the CCG's websites for public access.

The Policies are evidence based and have been developed and peer reviewed by the Hampshire Priorities Committee, against an Ethical Framework to ensure the highest degree of likelihood of patient benefit, reduce inequity and to reduce the risk of poor outcome or complications. The ethical framework was provided for information.

In addition, NHS England (NHSE) has an Evidence-Based Interventions (EBI) Programme and has issued 'Guidance for CCGs' which supports CCGs in their decision-making, to address unwarranted variation, and to provide national advice to make local clinical decision-making more appropriate. The expectation on CCGs is to have regard to this guidance in formulating local policies and for clinicians to reflect this guidance in their clinical practice.

This national guidance came into effect April 2019 and included 17 interventions - four that should not be routinely offered to patients unless there are exceptional circumstances and 13 interventions that should only be offered to patients when certain clinical criteria are met. West Hampshire CCG complies with these guidelines and monitors progress against them in line with the guidance produced by NHS England.
The interventions are:

- Intervention for snoring (not routinely commissioned)
- Dilatation and curettage for heavy menstrual bleeding (not routinely commissioned)
- Knee arthroscopy with osteoarthritis (not routinely commissioned)
- Injection for nonspecific low back pain without sciatica (not routinely commissioned)
- Breast reduction (commissioned but subject to clinical criteria)
- Removal of benign skin lesions (commissioned but subject to clinical criteria)
- Grommets for glue ear in children (commissioned but subject to clinical criteria)
- Tonsillectomy for recurrent tonsillitis (commissioned but subject to clinical criteria)
- Haemorrhoid surgery (commissioned but subject to clinical criteria)
- Hysterectomy for heavy menstrual bleeding (commissioned but subject to clinical criteria)
- Chalazia removal (commissioned but subject to clinical criteria)
- Shoulder decompression (commissioned but subject to clinical criteria)
- Carpal tunnel syndrome release (commissioned but subject to clinical criteria)
- Dupuytren's contracture release (commissioned but subject to clinical criteria)
- Ganglion excision (commissioned but subject to clinical criteria)

- Trigger finger release (commissioned but subject to clinical criteria)
- Varicose vein surgery (commissioned but subject to clinical criteria).

West Hampshire and neighbouring CCGs across Hampshire, in collaboration with South, Central and West Commissioning Support Unit are a designated 'Demonstrator Community', sharing learning and contributing to the National Programme Board, of the EBI Programme and further information can be found on the NHS England website at https://www.england.nhs.uk/evidence-based-interventions/.

West Hampshire CCG would also like to take this opportunity to confirm that the local system Individual Funding Request (IFR) and Restricted Treatments Procedures, and Interventions Policy (RTAP) has been reviewed with neighbouring CCGs, namely North Hampshire and Southampton City CCGs. Comparison and with due regard to the clinical criteria set out within the EBI Programme, it has been agreed there will be no substantive changes to the current IFR/RTAP Policy and clinical criteria therein, in relation to the 17 EBI procedures considered in the EBI programme.

The CCGs will continue to work with the Hampshire Priorities Committee in development and review of procedures and treatments with limited clinical value.

2. Does the CCG Board agree that commissioning policy on specific treatments should comply fully with current NICE guidance?

In response: The CCG relies on NICE as offering the highest hierarchy of evidence possible behind its decisions around clinical care. However, NICE provides a range of different types of guidance and, outside of Technology Appraisals which generally cover the clinical and cost effectiveness of drugs, clinical guidance issued by NICE is not mandatory on the CCG. In most circumstances the CCG fully supports the adoption of NICE guidance. However, in some circumstances the CCG has to take difficult decisions in order to maintain its statutory obligation of remaining within its budgetary allocation and ensure that the population health needs are appropriately and fairly provided for.

The CCG has a policy statement with regard to adoption of NICE which is shared with all contracted services. This was provided for information. Where evidence supports a treatment the CCG will seek to commission services that offer the greatest healthcare benefit for the widest population. Whilst having regard to NICE guidance to support what services it commissions, such clinical guidance in most cases is restricted to clinical efficacy and safety of a treatment. Apart from Technology Appraisals it does not cover the cost effectiveness of that treatment or intervention.

3. If not, why not?

In response: CCGs are legally bound as part of the statutory instrument that establishes their existence to maintain financial balance and are not allowed to pay for healthcare more than their allocated budget. This means that we sometimes have to make difficult decisions and prioritise treatments via a strict ethical decision-making framework in order to enact statutory responsibilities. In some cases the CCG would be bound by NHSE and its statutory responsibilities which could supersede non-mandatory NICE guidance. Also, see response above.

4. **What other factors does the CCG Board consider, in addition to NICE guidance, when formulating commissioning policy?**

In response: The ethical decision-making framework that underpins the Priorities Committee, which advises CCGs on clinical policy, sets out the factors that are considered. These factors are:

- Clinical and cost effectiveness
- Equity
- Health care need and capacity to benefit
- Cost of treatment and opportunity costs
- Needs of the community.