

## CCG Board

<b>Date of meeting</b>		<b>30 January 2020</b>	
<b>Agenda Item</b>	<b>4</b>	<b>Paper No</b>	<b>WHCCG20/002</b>

### Draft Minutes of Last Meeting (28 November 2019)

<b>Key issues</b>	<p>The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 28 November 2019 are attached for approval by the Board.</p> <p>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.</p>
<b>Actions requested / Recommendation</b>	<p><b>The West Hampshire Clinical Commissioning Group Board is asked to</b></p> <ul style="list-style-type: none"> <li>• <b>Agree the minutes of the Board meeting held on 28 November 2019 and commend them for signature by the Chair of the meeting.</b></li> <li>• <b>Discuss any matters arising from the minutes that are not already covered on the Agenda.</b></li> </ul>
<b>Principal risk(s) relating to this paper</b>	There are no risks relating to this paper.
<b>Other committees / groups where evidence supporting this paper has been considered.</b>	Not applicable.
<b>Financial and resource implications / impact</b>	There are no financial implications arising from this paper.
<b>Legal implications / impact</b>	There are no legal implications arising from this paper.
<b>Public involvement – activity taken or planned</b>	Not applicable.

<b>Equality and Diversity – implications / impact</b>	This paper does not request decisions that impact on equality and diversity.
<b>Report Author</b>	Jackie Zabiela, Governance Manager Ian Corless, Board Secretary/Head of Business Services
<b>Sponsoring Director</b>	Sarah Schofield, Clinical Chairman
<b>Date of paper</b>	20 January 2020

# Minutes

## Board

**Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 28 November 2019 at Omega House, 112 Southampton Road, Eastleigh, SO50 5PB (CCG Boardroom).**

<b>Present:</b>	Sarah Schofield Charles Besley Mike Fulford Simon Garlick Karl Graham Adrian Higgins Rory Honney Johnny Lyon-Maris Lorne McEwan Ellen McNicholas Jim Smallwood Caroline Ward Stuart Ward	Clinical Chairman (Chair) Locality Clinical Director / Board GP Chief Operating Officer and Chief Finance Officer Lay Member, Governance Locality Clinical Director / Board GP Medical Director Locality Clinical Director / Board GP Locality Clinical Director / Board GP Locality Clinical Director / Board GP Director of Quality and Nursing (Board Nurse) Secondary Care Consultant Lay Member, New Technologies Locality Clinical Director / Board GP
<b>In attendance:</b>	Ian Corless Rachael King Jenny Erwin Ruth Picknett-Powell Jackie Zabiela	Board Secretary/Head of Business Services Director of Commissioning, South West Director of Commissioning: Mid Hampshire Graduate Management Trainee (Observing) Governance Manager
<b>Apologies for absence:</b>	Judy Gillow Maggie Maclsaac Alison Rogers	Lay Member, Quality and Patient Engagement Accountable Officer Lay Member, Strategy and Finance

### Summary of Actions

Minute Ref.	Details	Who	By
6.2.4	<b><u>Mental Health Highlight Report: Proactive Joined up Care for those with ongoing or complex needs.</u></b> To obtain more detail as to what is involved in the action 'ADHD: Amend shared care protocol, pilot advice service in Primary Care'.	Jenny Erwin	ASAP
	<b><u>Update</u></b> Discussions have been held with Surrey and Borders Partnership NHS Foundation Trust on development of the ADHD service to consider options as to how this group could be better managed. Demand is outstripping capacity, with people with ADHD needing ongoing medication which requires regular review. It was agreed		

Minute Ref.	Details	Who	By
	<p>from discussion to look at a transition over a period of five years or so to a situation where the majority of people with ADHD are managed in primary care specialist support and step up when required, with shared care arrangements to be put in place for people to return very swiftly to specialist psychiatric management should they deteriorate. It was agreed to pilot arrangements with a few Primary Care Networks to establish what is needed in order to move forward over the longer term.</p>		
6.3.5	<p><b><u>Maternity and Children's Collaborative Commissioning Highlight Report: Single Maternity Record.</u></b> To obtain an update on progress with development of a single maternity record across the Sustainability &amp; Transformation Partnership (STP).</p> <p><b><u>Update</u></b>  A new Programme Manager for IT Transformation commenced in post October 2019. During the first three months in post he will complete:</p> <ul style="list-style-type: none"> <li>• Digital specification to be finalised end of December 2019</li> <li>• Procurement, timeframes and plan by January 2020, with the aim of a pilot starting in the community pathway, antenatal in January 2020.</li> </ul> <p>Women have been engaged in the process of design of the 'Mymaternity' record and will be involved in the evaluation. Mymaternity records will feed into the overarching SystemOne system, with engagement with different provider groups regarding interoperability with the various provider systems. This will be discussed further with the STP Digital Programme regarding support with this in relation to current available financial resource. The Local Medical System Board has escalated this to the STP Clinical Director.</p>	Jenny Erwin	ASAP
6.3.6	<p><b><u>Maternity and Children's Collaborative Commissioning Highlight Report: Community Paediatric Audiology Service (South West System).</u></b> To provide clarification as to whether there are any delays in prescribing of hearing aids.</p> <p><b><u>Update</u></b>  There are currently no delays in paediatric aetiology services as for South West system children this is provided by Portsmouth Hospitals Trust, who are happy to continue until a new service is in place. The normal community paediatric service remains in place with InHealth for SW system children.</p>	Jenny Erwin	ASAP
8.6	<p><b><u>Emergency Preparedness, Resilience and Response (EPRR): Provider Self-Assessment / Assurance Ratings.</u></b> To provide an update to the Board on the self-assessment / assurance ratings for all the CCG's main providers for comparison.</p> <p><b><u>Update</u></b>  A full summary report to Board will follow once all provider assurance ratings have been received from NHS England and collated by the EPRR team. Expected before year end; March 2020. Logged for Board agenda planning.</p>	Jenny Erwin	ASAP

Minute Ref.	Details	Who	By
8.6	<b><u>Emergency Preparedness, Resilience and Response: Primary Care Audit of Business Continuity Plans</u></b> . To consider providing an update to the Primary Care Commissioning Committee (PCCC) on the audit being undertaken on Primary Care / GP practice business continuity arrangements.	Rachael King	ASAP
	<b><u>Update</u></b> Audit is due to be completed by end of February 2020. The results of this will then go to PCCC with recommendations. Logged for PCCC agenda planning.		

## 1. **Chairman's Welcome**

- 1.1 Sarah Schofield welcomed everyone present to the thirty-ninth 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, adding that the meeting had been moved to Omega House from Hedge End due to the CCG's decision not to hold a public seminar in light of the pre-general election period. 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 members of the public which required a response at the meeting.

## 2. **Declaration of Board Members' Interests (Paper WHCCG19/108)**

- 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 were any business items where there may be potential or perceived conflicts of interest.
- 2.3 **AGREED**

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

## 3. **Minutes of the Previous Meeting held on 26 September 2019 (Paper WHCCG19/109)**

- 3.1 Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 26 September 2019 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.
- 3.2 **AGREED**

**The Board approved the minutes of the Board meeting held on 26 September 2019 and commended them for signature by the Chair of the meeting.**

### **3.3 *Matters Arising***

No items of matters arising from the minutes were raised:

## **4. Chief Officer's Report (November 2019) (Verbal)**

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

### ***Joint Board Session***

4.2 On Thursday 21 November 2019 the governing bodies from West Hampshire, Southampton City and the Hampshire and Isle of Wight Partnership of CCGs came together to discuss the future. Time was spent thinking about the needs of our population, the context in which we work and the delivery of the NHS Long Term Plan. The consensus is that the CCGs need to work better together, as one commissioning voice, to improve the health and wellbeing outcomes for the populations we service. Over the coming weeks meetings will be taking place to discuss planning, development and timescales.

### ***Hampshire and Isle of Wight NHS Long Term Strategic Delivery Plan***

4.3 Mike reported that the Hampshire and Isle of Wight NHS Long Term Strategic Delivery Plan 2019-2024 had not been submitted in November in light of the pre-general election period and that therefore the final submission had not been provided to today's Board meeting for approval. The opportunity has been taken to further develop the Delivery Plan in readiness for the revised submission deadline of 16 December 2019.

### ***Communications and Involvement Strategy***

4.4 The Board were reminded that a draft Communications and Involvement Strategy had been submitted to the Board in September 2019. As a result of subsequent discussion with lay members it has been agreed that this document will be adopted as the CCG's communications operating plan, with further discussion ongoing with colleagues in other local CCGs around a process to develop a wider Communications and Engagement Strategy that reflects the CCGs' collaboration journey.

4.5 Sarah Schofield reflected that it would be useful to have some of the elements of the plan already enacted with staff when thinking about how staff are kept involved in discussions around the future destination / CCG commissioning form. Sarah expressed thanks to Ellen McNicholas, Simeon Baker, Acting Associate Director of Communications, Engagement, Inclusion and Organisational Development and the wider communications and engagement team on making the changes in the communications approach, which are commendable. Mike added that he was very impressed regarding the internal communications plan which in conjunction with the new members of staff is already seeing a difference in the capacity of the team, with day to day improvements on an already improving service.

## **4.6 AGREED**

**The Board received and noted the Chief Operating Officer's Report (November 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 (November 2019) (Paper WHCCG19/110)**

**5.1** Mike Fulford and Ellen McNicholas presented the Integrated Performance Report which brings together the key finance, performance and quality issues for the Board's 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 WHCCG are planning on income of **£811.537** and expenditure of **£811.491m**. This reflects the planning requirement to replicate in 2019/20 the small actual surplus of **£0.046m** that was the final position in the CCG Annual Accounts for 2018/19.
- The financial performance position shown to the end of October 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 October 2019 the CCG identified **£10.5m** of QIPP risk, **£7.3m** of risk associated with in-year activity pressures and **£2.3m** of other risks. These risks are partially mitigated through plans totalling **£2.6m** and **£4.0m** contingencies. However, after mitigations the CCG has still identified a net **£13.6m** risk to the year-end breakeven forecast. This compares to **£14.0m** net risk at the end of month 6. Work is still underway to reduce this as fast as possible, with the CCG continuing to work with NHS England as to what that final position will be.

### **Quality Update**

**5.4** Ellen McNicholas highlighted the range of issues which have been reviewed by the Clinical Governance Committee that took place on 7 November 2019:

- Risk Register. The Committee was informed of one new risk relating to **Integrated Care Partnership (ICP) Quality Governance Development** and the ability of the quality team to meet the demands of developing integrated models of quality governance across two ICPs in order for the system to be ready to become a fully functioning and accountable integrated care partnership by 2021.

- The Committee was updated on the following emerging or changed risks:
  - The **University Hospital Southampton NHS Foundation Trust (UHSFT)**: emergency department not meeting their performance waiting times and the potential impact on quality for patient outcomes, safety and experience.
  - **Designated Doctor for Looked After Children**: provision of the Designated Doctor for Looked After Children role. The Designated Nurse for Looked After Children is also currently absent, which has a significant impact on the safeguarding children team. Administrative support for the team is good and the Designated Nurse for Safeguarding Children will provide support. The CCG has linked with colleagues and it has been agreed that Southampton City CCG will provide additional specialist support if needed.
  - **Primary Care provision of Adult Medicals for Foster Carers and Adopters**: a minority of Hampshire practices are refusing to undertake adult foster care medicals for prospective or current adoptive parents leading to the risk that vulnerable Looked After Children will not be placed or could be removed from stable foster carers. A great deal of work is underway to try and resolve this issue, although no timescale can be given at this stage as to when this matter will be resolved.
  - **Capacity within the Safeguarding Adults Team**: to meet operational and intercollegiate document requirements.
- Workforce Strategies. The Committee received an overview assessment of current provider workforce strategies, benchmarked against the NHS Interim People Plan. The CCG's opinions have been fed back to providers to consider, with further work assessing impact and delivery of key targets ongoing through the Clinical Quality Review Meeting process. It was noted that political parties are making various announcements with regard to NHS workforce and as such the results of the general election may have an impact on workforce strategies, with the awaited national workforce strategy (NHS People Plan) likely to be influenced by the political approach.
- Millbrook Hampshire Wheelchair Services (MHWS). In September 2019 there were 2079 adults (1848 routine and 231 urgent) and 388 children (358 routine and 30 urgent) on the MHWS waiting list. The average adult routine wait is 32 weeks (32 weeks routine and 31.8 weeks urgent) and average child wait is 23.5 weeks (23.7 weeks routine and 21.9 weeks urgent). The service is reporting that current staffing vacancies (two occupational therapists (OTs) and one rehabilitation engineer) are having an impact on day to day operational work, with the service needing an estimated additional 160 hours of clinical time. This position is set to decline due to the service receiving further staff resignations (three OTs and an occupational therapy assistant). The service is currently working with 12.1 full time equivalent staff (FTE) but will be at 9.6 FTE by the end of November 2019. It is known that there is a national shortage of OTs and recruiting to these positions may be difficult for the provider. MHWS has been asked to submit comprehensive staffing plans, which has just been received and is currently subject to review.

## 5.5 Performance Update

- All acute providers within the CCG continue to fail to meet the 95% **Emergency Department (ED) standard**, or to meet the recovery trajectories agreed as part of this year's operating plan. Over the past two months there has been some improvement at University Hospital Southampton NHS Foundation Trust (UHSFT), as a result of system wide delivery of a recovery plan entirely focused on delivering improvements in six main areas. Hampshire Hospitals NHS Foundation Trust (HHFT) and Royal Bournemouth and Christchurch NHS Foundation Trust (RBCHFT) performance has deteriorated notably over the same period. Nationally, October performance has deteriorated to its poorest ever recorded level. For context, out of 134 acute trusts HHFT was ranked 109<sup>th</sup>

(lowest quartile), UHSFT 73<sup>rd</sup> and RBCHFT 64<sup>th</sup> (inter quartile). Recovery action plans are in place for all providers. It was reflected at the preceding Finance & Performance Committee that the system needs to improve winter planning for Primary Care moving forward, with work in relation to this already in progress both nationally and locally.

- The national NHS standard for **diagnostic care** is that 99% of patients should receive their required test within 6 weeks. Nationally, and across West Hampshire CCG, this position is deteriorating. In October, 310 patients did not receive their test within 6 weeks, 96.38%. This means the CCG benchmarks in the middle of the national performance for this standard. The CCG is working on recovery actions with providers across specialities.
- The CCG is required to maintain its waiting list at, or below, the total number of patients waiting in March 2019. Since then the **waiting list for elective surgery and cancer** has grown by 5.80%. The growth in waiting list is predominantly at the CCG's two main providers (HHFT and UHSFT) but has been seen across all trusts. Actions being taken to improve performance include improved validation at all sites, and increased outpatient capacity where available, but it is unlikely the performance standard will be achieved. A whole system approach is needed to support organisational challenge, although it is recognised that there is now more co-working between providers in terms of working and sharing resources.
- None of the **Child and Adolescent Mental Health Service (CAMHS) waiting times** were achieved in month five, with further deterioration in four out of the five standards; seasonal trend. However, it should be noted that the CAMHS access target achieved 44.54% in September 2019 vs 34% standard.

**5.6** It was reported that NHS England / Improvement have undertaken a formal review of UHSFT with regard to their ED and cancer standards and will be formally writing to the trust regarding the outcome; this is likely to be week commencing 2 December. The CCG will be sighted on this, with Rachael King taking part in a phone call with NHS England (NHSE) on 29 November 2019 to receive some informed feedback.

## **5.7 AGREED**

**The Board received the Integrated Performance Report and considered the associated risks and mitigating actions.**

### **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 (November 2019)**

### **6.1 NHS Continuing Healthcare and Learning Disability Highlight Report (November 2019) (Paper WHCCG19/111)**

**6.1.1** An update was presented to the Board on the NHS Continuing Healthcare and Learning Disability (LD) commissioning performance and activities in October 2019. The following points were highlighted:

- The key message for the Board to note is that the Continuing Healthcare (CHC) team are receiving more and more referrals, which include Fast Track as well as full CHC applications. The team has improved processes and is significantly more productive now than had been the case. The number of people waiting more than 12 weeks has reduced to 22 from 117 weeks in April and for six consecutive months the team has achieved the target of more than 85% of assessments taking place outside a hospital setting.

- The report included information on the wider work of the team, for example, supporting winter capacity in systems by purchasing Fast Track provision in advance, some of the transformation work including that around Personal Health Budgets and in particular the significant amount of work being done in CHC to try and digitise processes which will result in further increases in efficiency. The CCG was successful in its bids to NHSE to support with some of these pieces of work. Some of the funding for the NHSE Digital Pioneer Programme is to train people that are making the referrals; there are in excess of 400 people to be trained, which will streamline the process.
- It was highlighted that Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) are performing well with regard to the Learning Disability Transforming Care Partnership programme; not as fast as we would like however ahead of trajectory. Whilst the whole of the South East is one of the lowest performing areas in the country, SHIP is performing well and plans are in place to increase annual health checks for people with a learning disability and the completion of Care and Treatment Reviews. Ellen reported that she will be going to London for an assurance meeting given this is now part of the NHS Long Term Plan.

#### 6.1.2 The following points were raised during a period of discussion:

- The cause of the sudden increase in demands for CHC assessment has not yet been identified. The percentage conversion rate of applications which are eligible remains the same i.e. around 22%; as such work is still required regarding the referrals that are coming in.
- Previously the reviews which should be undertaken at three and twelve months were not happening as regularly as they should be; the work that the team has been undertaking is helping with this review process. There is a good system established around performance and governance monitoring for CHC, with a multi-agency committee in place where performance is discussed. It is highlighted that there is a need for additional investment from other CCGs this committee can agree this as finance representatives are in attendance and can make those agreements there and then.
- Ellen did not consider that the increase in referrals has impacted on the waiting list, however if it continues to grow at the current rate this will need to be reviewed. The difference is that now the team fully understand their performance and as soon as an issue arises it is identified quickly and escalated immediately.
- Adrian Higgins reflected that feedback from acute providers is that fast track is a continuing problem and he queried if providers understood the reasons for the recent spike in referrals. In response Ellen advised that she did not think there was a spike in demand from acute trusts as the greater percentage comes from community referrals. Work is ongoing with the CCG commissioning teams around Fast Track. A number of different schemes have been implemented that will help to address this, such as block purchasing of nursing and rest home beds and care packages, and streamlined internal processes which have fixed problems in delays with Fast Track, however the main delay is in finding appropriate care, particularly in rural areas. It is anticipated that by Monday 2 December more of these schemes should be live.
- Rachael King added that some national funding has been provided as part of the government pledge to support hospitals, with funding utilised to secure capacity up until March 2020.
- It was clarified that the CCG feeds back to acute providers the proportion of their referrals that convert if their performance is clogging up the system. To provide some context, it was advised that for UHSFT generally the number of people waiting for Fast Track is one or two people. It was also clarified that if an application is declined and then rewritten / resubmitted, it is counted as one referral.

- The Board were reminded that it had spoken before about the level and complexity of complaints for CHC and Funded Nursing Care (FNC). This has since improved from the position last year and now levelled out. Themes remain the same and are predominantly related to disappointment that they were not eligible for CHC, often due to the raised expectations that people have been given. This is partly as some of the staff making the referrals do not fully understand the eligibility criteria and process. Now that the new team structure has been established in the communications team, the team is working with CHC to look at how to produce tools to help people to understand some of that process.
- It was highlighted that a number of the challenges that the team has is that providers may be requesting a package which would be completely out of line with what would normally be funded; this is about expectations and the management of cases, which is ongoing. However, the success of the team over the last 12 to 18 months should be celebrated when looking at the improvements in performance. It was acknowledged that it would not be possible to resolve people feeling disappointed when they are not found eligible.
- In terms of the report format, whilst the report details the areas for the Board to focus on, it was suggested that it would be helpful for future reports to have a summary section, with the detailed information provided behind it / separately i.e. divide the report into two.

### **6.1.3 AGREED**

**The Board reviewed and noted the Continuing Health Care and Learning Disability Highlight Report (November 2019), and considered the associated risks and mitigations.**

## **6.2 Mental Health Highlight Report (November 2019) (Paper WHCCG19/112)**

- 6.2.1** Jenny Erwin presented an update on the key adult mental health operational issues being managed by the CCG. The update provided an account of progress being made against the elements of the 2019/20 work programme that were due in October and November. Actions for the next two months were noted. A detailed report was also given on the current management of the key risk regarding Southern Health NHS Foundation Trust (SHFT) bed pressures and high use of out of area placements for local patients.
- 6.2.2** The main point that Jenny wished to highlight to the Board was a piece of work undertaken by Beth Ford from the SHFT service user involvement team. She undertook a peer led survey that went to every patient that was in an Out of Area (OOA) placement for a detailed review of the quality of placements, with good feedback coming back. This has demonstrated that SHFT do not benchmark well against themselves. It has been questioned how well those in OOA placements were supported to complete the questionnaires, however thematically there are some issues for SHFT to look at further in their own area. The OOA placement survey also did not look at how much support they were provided in terms of local housing, however it was acknowledged that this was probably not appropriate given they were out of area. This will remain under review to see how improvements can be delivered.
- 6.2.3** A sum of money is available from NHSE Wessex with regard to winter pressures funding. It is not yet clear how much is available and will be allocated on a combination of fair shares funding together with an assessment of the quality of bids that are made. CCGs have been working together to try not to create separate bids for the same things. These bids are in the process of being reviewed and will be submitted on 29 November.

A crisis summit took place two weeks ago across Hampshire and the Isle of Wight where patient stories and incidents were shared to look at key components of CAMHS and input into out of hours support; this has been included in the bids i.e. CAMHS on call support.

**6.2.4** It was queried as to whether there was any reason why results from the service user survey in relation to Parklands Hospital were so different from other areas, in response to which it was advised that there is not an obvious one. It is evident from the results that an action plan is needed from this piece of work.

**6.2.4** Karl Graham drew attention to the key programme of work on 'Proactive Joined up Care for those with ongoing or complex needs', with clarification sought on what was involved in the action 'ADHD: Amend shared care protocol, pilot advice service in Primary Care'. Jenny offered to find out the detail and feed back.

**ACTION: Jenny Erwin**

**6.2.5 AGREED**

**The Board reviewed and noted the Mental Health Highlight Report (November 2019), and considered the associated risks and mitigations.**

**6.3 Maternity and Children's Collaborative Commissioning Highlight Report (November 2019) (Paper WHCCG19/113)**

**6.3.1** Mike Fulford and Ruth Picknett-Powell declared an interest, as they are both related to service users. The Board noted the interests declared and were content for them to remain for the presentation and ensuing discussions.

**6.3.2** Jenny Erwin presented an update on work programmes of Maternity and Children's Collaborative Services; highlighting performance across programme areas, providing updates from respective local care partnership areas and the wider programme of work relating to key issues for West Hampshire CCG. Key issues highlighted were:

- **Child and Adolescent Mental Health Service (CAMHS) Tier 4** services performance: funding solutions for Autism Assessments services beyond March 2020 has not yet been identified; Counselling services require a sustainable procurement solution.
- **Children's Therapies services:** draft service specification has been produced and a business case is under development. Slippage in the programme plan is the key risk, particularly in terms of the ability to put this in place within the timelines available.
- **Psychiatric Liaison:** within acute systems (for children and young people) there are currently differing levels of provisions of Acute Trusts which risks adding to acute care pressures through winter months.

**6.3.3** With regards to CAMHS services, funding for 2019/20 and 2020/21 has been agreed. This includes CAMHS staffing, autism assessments for 2019/20 and small amounts of funding for tier 2 innovations during 2019/20. Further work is required to fully identify need and gaps to achieve an 18 week referral to treatment target for Hampshire CAMHS. Discussion and financial planning is underway to resolve the funding and pathway plans for autism diagnostics post March 2020, which is a high risk for ongoing service delivery. The counselling service (currently provided by No Limits) ends in March 2020, with decisions as to the way forward pending.

**6.3.4** A Children's Collaborative Performance and Assurance Group has been implemented to ensure programme oversight and to support delivery and the Transformation Board is

developing a 'CAMH Strategy'. Annual planning is underway to finalise the key mental health spend and delivery priorities. Monthly oversight groups will be held chaired by Mike Fulford which will focus on a range of children's services where there is no assurance around performance, waiting times, value for money and quality of services. A task and finish group will also be established that will meet weekly with a specific focus on CAMHS agreed actions to be rapidly put in place, investment, employment, trajectories and increased capacity. These arrangements will continue until stabilisation has been achieved. The three most important actions to be taken forward are as follows:

- The finances already agreed need to be turned into 'people' and the level of vacancies needs to be confirmed; coverage by locums clarified and agreed investment deployed in order to turn committed money into making a difference.
- To clarify what clinical elements are needed to deliver critical capacity to deliver waiting times.
- External support to be identified to look at how we reshape the service and look at the prevention agenda and the management of the children and young people pathway in order to move away from crisis services and treat them earlier.

**6.3.5** An update was sought on progress with development of a single maternity record, which was being taken forward as part of a Sustainability and Transformation Partnership (STP) work stream to streamline maternity care across the area. Jenny agreed to obtain an update. **ACTION: Jenny Erwin**

**6.3.6** Attention was drawn to the update on Local Care Partnership – South West System, Community Paediatric Audiology Service, which refers to delays in understanding the cause of paediatric hearing loss, with clarification sought as to whether this was causing any delays in the prescribing of hearing aids. Jenny agreed to obtain the detail. **ACTION: Jenny Erwin**

### **6.3.7 AGREED**

The Board reviewed and noted the Maternity and Children's Collaborative Commissioning highlight report (November 2019) 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 (November 2019) (Paper WHCCG19/114)**

**7.1** Rachael King and Jenny Erwin presented a report which provided an update on the establishment of Local Delivery Systems within West Hampshire and 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 Attention was drawn to the following:

- **Bursledon Surgery** is currently the only remaining single handed GP practice in the CCG area. The GP is retiring and handed in their General Medical Service (GMS) contract, which is ceasing at the end of December. The CCG has worked with Blackthorn Health Centre which will be taking on an interim contract for six months to ensure continued service provision to the registered patients. Exactly the same services will be provided as current, with patients being able to access services in the same way as usual from the local centre. During this period the CCG will take steps to secure permanent provision from 1 July 2020. Patient engagement has taken place, including two events which had around 40 people in attendance looking for assurance that services will remain the same and that there will be no difference in GMS service provision.
- The **Frailty Support Team (South West)** has been shortlisted as a finalist for another award in the NHS Elect Patient Experience and Quality Improvement Awards 2019 under the 'Excellent Teamwork' category. The winners will be announced at the NHS Elect National Conference on 5 December 2019.
- **GPs at Andover Health Centre** have signed up to become 'GPs on a Bike' after participating in a social enterprise scheme set up by the Royal College of General Practitioners Wessex Faculty to promote the benefits of regular exercise and a healthy lifestyle, as well as increasing visibility of GPs and their work within the local community. It was also reported that there are also GPs in Eastleigh and Blackfield who already do this on a regular basis.

### 7.4 AGREED

The Board reviewed and noted the **Local Delivery Systems report (November 2019) including the associated work programmes in relation to commissioning new care models, primary care transformation and quality initiatives in West Hampshire's localities.**

## **CCG DEVELOPMENT AND GOVERNANCE**

### **8. Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report 2019 (Paper WHCCG19/115)**

- 8.1 Jenny Erwin presented the Emergency Planning Resilience and Response (EPRR) Annual Report for 2019 which detailed how EPRR corporate responsibilities are met and provided assurance to the Board that it complies with relevant legislation and guidance (as summarised by the NHS England's core standards for EPRR).
- 8.2 The report contained a summary of the 2019/20 EPRR Core Standards self-assessment for the CCG, which identified that the organisation is compliant with 39 of the 43 core standards. The remaining four standards were rated 'Amber' and will form part of the action plan for the coming year.
- 8.3 As part of the process the Accountable Emergency Officer (AEO) must ensure that the Board receive as appropriate, reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and adequate resources are made available to enable the organisation to meet the requirements of these core standards.
- 8.4 During 2018/19 a new EPRR team was developed by the Hampshire and Isle of Wight Partnership of CCG's to also cover Portsmouth and West Hampshire CCG's. The team consists of:

- Associate Director of Emergency Preparedness Resilience and Response - Tracy Davies
- Head of Emergency Preparedness Resilience and Response – Phil Hartwell
- Emergency Planning Resilience and Response Support Manager – Beverley Clarke
- Emergency Planning Resilience and Response Support Officer – Sophie Hopkins.

**8.5** The AEO and Associate Director of EPRR and Head of EPRR met with the Director of Transformation and Strategy, NHS England / Improvement (South East) as part of the assurance process on 1 October 2019. They agreed a position of **Substantially** compliant for West Hampshire CCG.

**8.6** The following points were highlighted during discussion:

- Thanks were expressed on behalf of the Board for Jenny's commitment in leading on EPRR.
- Section 5 refers to the potential for improving on-call arrangements, however the review of rotas needs to be seen in the context of the ongoing discussions as to how CCGs might work together in the future.
- NHSE has overseen the process for NHS provider self-assessment and agreed with CCGs which providers will be reviewed by which commissioner. West Hampshire CCG therefore has a duty to undertake assurance of Southern Health NHS Foundation Trust (SHFT) as a key provider. A deep dive has been undertaken and there are a number of amber ratings, with key issues around their business continuity plans for community hospitals in relation to their ability to have a sheltered accommodation solution should a community hospital have to be evacuated and longer term care requirements needed, for example if the building is flooded. This is a core piece of work to be undertaken in order to be fully assured. It was agreed that it would be helpful for the Board to receive an update on the self-assessment / assurance ratings for all the CCG's providers for comparison.

**ACTION: Jenny Erwin**

- A pandemic flu exercise will be taking place week commencing 2 December; Ellen McNicholas will be the lead on this as it was felt it would be more helpful for the exercise to be clinically led. Instead of a one-off exercise undertaken on one day, it is being split over several days to try and replicate the events which would lead up to an incident being called, with a number of phone calls / meetings having taken place over the past few weeks.
- It was noted that the report provided did not include primary care; this is because the aim of the document is to provide assurance on the CCG as an organisation, as well as the statutory responsibility to assess arrangements in SHFT as allocated by NHS England. In terms of primary care, an audit is being undertaken of GP practice business continuity plans, however this does not come under the same assurance framework. It was agreed that consideration should be given to providing an update to the Primary Care Commissioning Committee, particularly in light of the exercises being undertaken in relation to flu which would need a response from primary care.

**ACTION: Rachael King to consider**

**8.7 AGREED**

**The Board reviewed and received the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report 2019 and considered associated risks and actions.**

## **9. Board Assurance Framework (November 2019) (Paper WHCCG19/116)**

- 9.1** 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.* The Corporate Risk Register which informs the BAF was reviewed by the Corporate Risk Group on 14 October and 4 November 2019.
- 9.2** 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
  - Communications and Engagement.
- 9.3** A query was raised at the Board meeting of 26 September 2019 to ask why Risk 150 – If University Hospital Southampton Foundation Trust (UHSFT) does not meet the constitutional standard for two week cancer referrals, had been downgraded and removed from the BAF. Since the meeting this risk has been reviewed and the risk score has been increased to 12.
- 9.4** The Board also asked for details of Risk 660 – Omnes (ENT) Workforce to be reported in the next version of the BAF. Omnes has assured the CCG that their clinical and administrative teams are now at full strength mitigating some of the workforce risk. The quality team continues to monitor the implementation of new workforce and is keeping the risk score under review. This risk has subsequently been downgraded and removed from the BAF.
- 9.5** One new high risk has been added to the Corporate Risk Register since the September Board meeting:
- #670 If the Royal Bournemouth and Christchurch Foundation Trust (RBCH) do not meet the constitutional standards – 12.
- 9.6** There are two risks which have increased their score and been added to the BAF:
- #150 If University Hospital Southampton Foundation Trust (UHSFT) do not meet the constitutional standard for two week cancer referrals – 12.
  - #441 ETTF (Estates and Technology Transformation Fund) Eastleigh – 12.
- 9.7** One risk has been reduced from Very High to High on the BAF:
- #589 Ophthalmology Outpatient Capacity – 12.
- 9.8** There are 10 risks which have been downgraded and removed from the BAF:
- #596 Discharge to the CCG of learning disability patients by Specialised Commissioning.
  - #600 Inadequate funding to support GPIT Capital Programme in 2019/20.

- #626 Bursledon Surgery Contract End.
- #628 Andover ETTF Funding: if NHSE due diligence is not met, funding will not be awarded and the scheme will not go ahead.
- #629 Andover ETTF: If the application for 100% of the funding is not successful then the scheme will not go ahead.
- #637 Andover ETTF: If planning approval is not granted, an alternative solution for Andover Health Centre will need to be found.
- #642 Delivery of Health and Social Care Network (HSCN) required by August 2020.
- #643 Primary Care Ad Hoc IT Requests/Bids.
- #644 Delay in reviewing health assessments for Looked After Children .
- #660 Omnes (ENT) Workforce.

**9.9** One risk has been merged:

- #641 Andover ETTF: If the construction programme is delayed – merged with Risk #640 Andover ETTF: If unforeseen issues may impact on the construction programme.

**9.10** The Board were asked to note that the risk around CAMHS is already on the Risk Register as a 16. Mike will be working with Jenny Erwin to reflect on the further actions which had been agreed earlier in the week after Board papers had been published in terms of gaps and mitigating actions.

**9.11** The paper provided also included the Board Risk Statement, which the Board was asked to consider.

**9.12** **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.**
- **Ratified the CCG's Risk Appetite Statement as Cautious.**

**10. Other CCG Corporate Governance Matters (Paper WHCCG19/117)**

**10.1** It was 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.
- The approval of the new Modern Slavery Policy CLIN/012/V1.00.
- The review of the Clinical Governance Committee Terms of Reference, which had minor amendments pending annual review next year.

**10.2** **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 Modern Slavery Policy CLIN/012/V1.00**
- **Approved the updated Terms of Reference for the Clinical Governance Committee**

## **INFORMATION**

### **11. Committees of the NHS West Hampshire CCG Board (Paper WHCCG19/118)**

#### **11.1 AGREED**

The Board received the approved minutes of:

- **Audit Committee meeting held on 10 September 2019**
- **Clinical Governance Committee meeting held on 5 September 2019**
- **Clinical Cabinet meetings held on 12 September and 10 October 2019**
- **Finance and Performance Committee meetings held on 29 August and 26 September 2019**
- **Primary Care Commissioning Committee meeting held on 29 August 2019.**

## **OTHER MATTERS TO NOTE**

### **12. Any Other Business**

12.1 There were no items raised.

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

### **13. Date of Next Meeting**

13.1 The next Board meeting to be held in public is currently scheduled to take place on **Thursday 30 January 2020** at **Andover Baptist Church**, Charlton Road, **Andover**, Hampshire SP10 3JH

**Signed as a true record**

**Name:**

**Title:**

**Signature:**

**Date**