NHS
West Hampshire
Clinical Commissioning Group

CCG Board

Date of meeting		28 May 2020	
Agenda Item	3	Paper No	WHCCG20/022

Draft Minutes of Last Meeting (30 January 2020)

Key issues	The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 30 January 2020 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 30 January 2020 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	20 May 2020

NHS
West Hampshire
Clinical Commissioning Group

Minutes DRAFT

Board

Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 30 January 2020 at Andover Baptist Church, Charlton Road, Andover, SP10 3JH.

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

1. <u>Chairman's Welcome</u>

1.1 Sarah Schofield welcomed everyone present to the fortieth 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.

Questions from Members of the Public

1.3 Sarah reported that a number of questions had been received from members of the public which required a response at the meeting, details of which are as follows.

Q1. Does the CCG have details of the proposed new hospital in the Andover / Basingstoke / Winchester area, and given the CCG's role in the recent attempt to build a critical treatment hospital, does the new proposal stand any chance of success?

1.4 Mike Fulford advised that there was funding announced by the Government in the autumn as part of the health infrastructure plan intended to support 40 hospital building developments across the country, one of which was in this geography. This is positive news, however it is important to clarify that funding was for the development of a plan as to what aspects of infrastructure development are needed across the whole of the Andover, Winchester and Basingstoke area. Preliminary work is underway however we are still awaiting formal guidelines / a framework to structure timelines. As information is released the CCG will work with local partners, stakeholders and service users to plan the local development of future infrastructure for the next 25 to 35 years.

1.5 Maggie MacIsaac added that we are really fortunate to be one of the 40 areas chosen. It is known that some of the buildings that hospital services are currently run out of are not ideal and we would like better. The CCG will work together with primary care, community services, hospitals, the local authority, voluntary services as well as the public and it is hoped that out of this some really strong plans will be developed. The danger is that the headline given would be that there would be a hospital, however it is actually about developing plans. We will work together to ensure the plans are the right thing for the future.

Q2. There are failures with telephone and internet communication between (a) hospitals within the North Hampshire Health Trust leading to wasted journeys of patients to hospital (b) outright failures in internet communication to GPs lead not only to wasted visits but also embarrassing GP excuses such as 'due to confidentiality'. This shows executive incompetence. What has the CCG done to eliminate these problems?

1.6 Adrian Higgins reflected that it is always disappointing to hear that there are communications difficulties especially when they lead to wasted patient journeys and clinical time. Hampshire Hospitals NHS Foundation Trust have multiple legacy systems and the trust is participating in the NHS Digital Exemplar scheme to try and modernise telephone and IT hospital systems in conjunction with University Hospital Southampton NHS Foundation Trust. It is envisaged that as this progresses communications will improve and there will be much fewer examples of wasted appointments. There is also a lot of legacy issues in GP practices and there is a great deal of work ongoing to improve connectivity. Adrian offered to meet with the individual who had raised the question after the meeting if he would like more details.

Questions relating to the presentation on Improving Health Services for the People of Andover

1.7 The following questions were covered within the presentation provided on Improving health services for the people of Andover (please refer to section 2):

- **Q3. When will the Urgent Treatment Centre be up and running?**
- **Q4. When and where will Andover Health Centre move into Andover War Memorial Hospital?**
- **Q5. Will additional car parking be included for Andover Health Centre move when it moves to Andover War Memorial Hospital?**
- **Q6. What will West Hants CCG be doing on the ground in Andover and who will be responsible for / who is the key point of contact for doing this work locally to 'join the dots' and bring together voluntary / third / community / charitable sector organisations who are already working and committed to**

improving health related services in Andover for local people by complimenting the work of the local NHS?

2. Improving health services for the people of Andover

2.1 Rory Honney welcomed members of the Board and residents of Andover to the Board meeting in public and began a presentation on improving health services for the people of Andover. The presentation included a profile of the population of Andover as well as health and health inequalities for the area.

2.2 West Hampshire has five key priorities, which in relation to Andover include:

1. **Supporting people to stay well** e.g. investment in social prescribing: the CCG is working with individuals to identify specific needs that may not be healthcare related such as breaking down social isolation, and the Wisdom Project which is about providing education to practice staff to help support diabetes care.
2. **Proactive joined up care for those with ongoing or complex needs**: the Primary Care Network (PCN) in Andover is one of only a handful that have managed to recruit a pharmacist to work across practices on medication reviews, to answer queries and help improve understanding of prescribing.
3. **Better access to specialist care**: Paediatric Hubs - there are lots of young families in Andover; a paediatrician is rotating through practices to see patients / children who may otherwise have needed an appointment in hospital. In relation to the question that had been raised about breaking down boundaries, a cardiology service has been developed working with GPs, hospital cardiologists and CCGs to create a service where GPs with a special interest can sit alongside cardiologists to triage referrals.
4. **Integrated urgent and emergency care services 24/7**: this was covered in more detail later in the presentation.
5. **Effective step up, step down, nursing and residential care**: this is about aligning GP practices with certain care homes to improve continuity of care.

2.3 PCNs are not just looking at practice lists, but at the people in Andover and how practices can work together to improve care, share resources, understanding and best practice to maximise care. The PCN is still in its infancy however practices in Andover already have really strong relationships with each other.

2.4 Jenny Erwin referred back to CCG priority 4: Integrated urgent and emergency care and the question that had been raised regarding the Urgent Treatment Centre (UTC) for Andover. There are three components which are intended to come together under the UTC model. The NHS England (NHSE) model is quite restrictive; as a CCG it was felt that the best approach was to go through the recommissioning process to create one new model for Andover. As part of this process it has been determined that the UTC model for the people of Andover is not quite the best model. There is no intention of losing the current UTC, extended access facilities or out of hours services. The process included lots of discussion with GPs, the public, staff members, with all three of the current providers informing discussion.

2.5 There is very low footfall in Andover at the weekend and it was found that the patients that are currently using acute services are making the right decisions as to where they need to go when they need medical assistance. The CCG therefore did not want to create a service which people would walk into that could potentially delay them going into the urgent acute care they may need. It was also identified that using the boundaries of the model that NHSE had set resulted in ending up with almost the same arrangements as are currently in place.

2.6 The aim now is to simplify the offer; have an integrated service in Andover that does everything that we need it to do. This is being described as an integrated health and wellbeing hub. Andover is a small geography with limited travel issues and good availability of services. Work is ongoing; contracts that are in place now will continue until the new service design and will not be lost. A key feature in development is engagement.

2.7 With regard to the question in relation to Andover Health Centre, there had been a number of attempts to plan however a decision has been reached that the building needs to be re-provided. Capital funding has been received to redesign Andover Health Centre. The initial business case has been reviewed to ensure that the design takes on all the things that have been talked about previously for which plans are available on line. The CCG is currently waiting for the planning application to be approved. The outline business case has been approved; the next stage will be the full business case which should go to the NHSE Business Case Review Panel in April 2020.

2.8 Jenny added that there is also a real opportunity to consider how the services that are provided in primary care are connected to things like extended primary care and minor injuries, and bringing them together to capitalise. It was confirmed that the design considers the parking requirements for both Andover Health Centre and Andover War Memorial Hospital to ensure there is sufficient parking; work to map travel needs has also been undertaken.

2.9 There has been local engagement work, including with Andover Vision. Andover already has an engaged community, with a lot of patients and voluntary services working together. With regard to the question about how the CCG engages with Andover Vision and who people can link with, Rory advised that he has been to speak to events before as part of that engagement, adding that he would be more than happy to come and visit / continue that involvement.

2.10 Sarah Schofield expressed her thanks to Jenny for all her leadership in the locality, along with Rory and GP practices regarding what they want to achieve for the future. She added that Jenny will be taking on a new role focussing on mental health services across Hampshire, with Ruth Colburn-Jackson taking on leadership of both the Mid-Hants part of West Hampshire CCG and also North Hampshire CCG.

2.11 Judy Gillow commented that she was pleased to see that mental health is a priority and she queried if mental health teams will be more accessible to the local population. Rory responded that Andover has been privileged to be identified as a pilot for a new primary care mental health project. The CCG has worked closely with Andover MIND, iTalk and Hampshire County Council (HCC) to develop a service which is led by GPs focussed on primary care level mental health issues with the idea that early intervention can help prevent people from 'tipping over' into secondary care. New guidance has also been published regarding the transformation of community mental health care. A review has been undertaken of the primary care elements of this and we can now take the model forward and spread it working with SHFT and other colleagues to ensure we have a very integrated service working closely with HCC with regard to the prevention components. Rory added that he is proud to work for the CCG as the way that projects were allocated were based on need and of all the 50 practices in West Hampshire CCG four of the five Andover practices have the highest rates of depression across the CCG; this is therefore a good example of the CCG responding to need.

3. Declaration of Board Members' Interests *(Paper WHCCG20/001)*

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

3.2 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.

3.3 AGREED

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

4. Minutes of the Previous Meeting held on 28 November 2019 *(Paper WHCCG20/002)*

4.1 Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 28 November 2019 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.

4.2 AGREED

The Board approved the minutes of the Board meeting held on 28 November 2019 and commended them for signature by the Chair of the meeting.

Matters Arising

4.3 It was acknowledged that updates had been provided in response to all of the actions which had been raised at the November meeting, as detailed in the minutes.

5. Chief Officer's Report (January 2020) *(Verbal)*

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

5.2 Further developments are ongoing around integrated care systems as part of the NHS Long Term Plan which sets out the vision of how the NHS will focus on prevention and work with partners / local authorities. A range of collaborative arrangements have been put in place across the country already. The intention of the Long Term Plan is that all parts of the country will be covered by Integrated Care System arrangements by April 2021. As part of discussions regarding Hampshire and the Isle of Wight (HIOW) it has been agreed by NHS England / Improvement that HIOW will be in operation in shadow form by September 2020, subject to a number of conditions for which plans are underway.

5.3 Alongside that there have been discussions with other local CCGs about how commissioning comes together to operate in a collective and collaborative way as part of the changes in the Long Term Plan. These conversations continue with CCGs in Southampton and the HIOW CCG Partnership with the first steering group having taken place this week to consider options and how these will be progressed. Discussions are ongoing and the expectation is that a form update will be provided to the next Board.

5.4 With regard to planning at system level, CCGs are in the process of updating the medium term financial and operational plans as part of the Long Term Plan submissions required at both HIOW and local level. It had been expected that national guidance would have been issued before Christmas however it is now anticipated that it will be issued by the end of the month. In the interim work has continued to develop those plans without that guidance. An update will be provided to the next Board meeting.

5.5 Maggie MacIsaac reflected that in all this planning across the geography, it is important to remember that it is all in the service of local populations. Some planning has to be done at local level and some across a wider geography. Sarah Schofield added that what is most important is that we have very strong clinical leadership in practices and localities and this is where a lot of change happens, rather than at strategic level.

5.6 AGREED

The Board received and noted the Chief Operating Officer's Report (January 2020).

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

6. Integrated Performance Report (January 2020) *(Paper WHCCG20/003)*

6.1 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.

6.2 The common themes that emerged 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 the 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

6.3 The following was reported:

- For the 2019/20 financial year WHCCG is planning on income of **£811.262m** and expenditure of **£824.807m**. The year-end forecast is **£13.6m** adverse of the annual plan; which was to deliver an in-year breakeven position.
- This reflects the materialisation of previously reported risks including acute contract performance, continuing healthcare and medicines management pressures, along with a failure to gain full traction against the challenging **£29.6m** QIPP target; with the forecast currently at **65%** delivery (£19.2m). The financial performance position to the end of December 2019 is **£9.0m** adverse of the year-to-date plan, which was to deliver an in-year breakeven position.
- Following the movement of the in-year deficit in month 9 to £13.6m, the CCG's net unmitigated risk has been reduced to zero.

6.4 The following comments and queries were raised during a period of discussion:

- Mike reported that the focus for next year is to ensure there is no further deterioration against the revised financial forecast but to continue to work to try and improve the position. This entails a focus on existing programmes and developing joint working relationships with partners to ensure transformation of services to address key issues around unscheduled care and non-elective admissions.
- Maggie MacIsaac noted the concern and expressed disappointment that the CCG finds itself in this position. However, the actions being undertaken around keeping people out of hospital will ensure better services and consequently costs will be better. We are in a challenging position in terms of spending money with hospitals that have to spend money on agency staff, sometimes on people who do not need to be there. We therefore need to accelerate people out of hospital working with community providers and GPs so that the costs will follow.
- In context, it was clarified there are significant pressures particularly with non-elective activity across wide parts of the country. Some of the CCGs areas, particularly around Winchester, Andover and Basingstoke have seen a higher level of unscheduled care attendance through Emergency Departments (ED) and higher admissions through ED than elsewhere which reinforces the need to consider how to support patients better in primary care and the community to help prevent them going into hospital.
- It was acknowledged that whilst the CCG is putting more funding into mental health services, community and primary care this has not been as fast as we would have liked. Part of this is that there are lots more pressures in lots of parts of the system. This is about working with partners to move funding together in a quicker way than perhaps we have been able to do before.
- Sarah Schofield observed that the work around integration has started to shift focus so that hospitals are saying they want the right people coming through the doors with the right out of hospital model to make a difference. There has been a real change in clinicians and doctors in messages about working together to put investment into the community. As well as shifting funding the other aspect to consider is shifting staff; models of care are being considered looking at helping staff to move in and out of hospital to support people at home as well as in hospital wards.

Quality Update

6.5 Ellen McNicholas highlighted the range of issues which have been reviewed by the Clinical Governance Committee that took place on 9 January 2020:

- Risk Register. The Committee was informed of four new risks relating to:
  - Impact on quality relating to ED Performance Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.
  - Quality directorate fourth floor flexible working and hot-desking
  - Hampshire Hospitals NHS Foundation Trust (HHFT) acute diabetic foot service (North Hampshire CCG Service).
  - Provision of the Designated Doctor for Looked After Children role.
- The Committee was updated on the following emerging or changed risks:
  - Primary Care provision of Adult Medicals for Foster Carers and Adopters – impact on Looked After Children
- The Committee asked for the risks relating to the care programme approach at Southern Health NHS Foundation Trust (SHFT) and the application of the Mental Capacity Act (including how this relates to Liberty Protection Safeguards) to be reviewed
- The Committee ratified the new Commissioning Policy for Adult Continuing Healthcare (CHC)

- The Committee noted the continued positive performance of the CHC team despite significantly increased activity in both CHC assessment and Fast Track applications.
- The quality team are working with providers across the system around **ophthalmology capacity** and risk. Specifically, HHFT has identified a capacity gap of 16 slots short per week for new appointments and 107 slots short for follow-up appointments as well as three patients lost to follow-up who have been declared as Serious Incidents.

6.6 Ellen added that since writing the paper for the Board, the Care Quality Commission (CQC) have published their reports on SHFT and Portsmouth Hospitals NHS Trust (PHT), which were both given an overall rating of 'Good' which is a significant improvement. SHFT were rated as 'Outstanding' for their long stay rehabilitation wards for working age adults and for their ward for people with a learning disability or autism; some areas still require improvement and the CCG will continue to work with the trust in achieving those improvements. PHT were rated as 'Outstanding' for critical care, although Urgent and Emergency Care and the Maternity settings still require improvement.

6.7 There are continued concerns around ophthalmology, particularly in HHFT. The look back of cases refers to 3,000 cases which are being reviewed. There is no suggestion that there is an issue for all of these cases; the review is just to ensure that there has not been. To date 286 have been reviewed by staff within business as usual processes. HHFT has taken on some additional validators this week so the numbers reviewed should increase quickly. The quality team undertook a snapshot look at ophthalmology data for 2019 across all our providers and have taken a number of actions to improve how learning is shared. This will continue to be reported to the Clinical Governance Committee and any issues will be escalated as needed.

6.8 Sarah Schofield expressed congratulations to the CHC team who have gone from strength to strength, adding that it was also great to see the CQC outcomes for both SHFT and PHT as we want our patients to go to good quality services. Sarah reflected that when considering the ophthalmology issues, one of the things put in place last year was a community service which we have been trying to put in place for some times. So out of something that was not a good piece of news some positive changes have been made resulting in patients no longer needing to go into hospital.

6.9 Judy Gillow noted that ophthalmology is a national issue as well as locally. One of the things which have been identified is in relation to patients who are on the waiting list and because there is such an increasing demand they are waiting much longer than they should do. She therefore queried if trusts are undertaking reviews to ensure that there has not been any harm e.g. if we are also reviewing patients who are not being seen for over a year who are on this list. It was confirmed that this is part of the process.

6.10 **<u>Performance Update</u>**

- 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. However, strong winter planning has meant that provider services have remained strong and resilient over the Christmas and New Year winter period. Over the past four 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. HHFT performance improved marginally in December to 75.98% but remains of concern with two key pressures across the trust being medical and nursing staff vacancies and a sharp increase in the number of patients whose discharge is delayed. The trust

performed well over the immediate Christmas and New Year period, despite high levels of attendances.

- The pressures in ensuring timely **diagnostics access** for all providers, and in maintaining **total waiting times for elective surgery, cancer, and CAMHS**

6.11 The following points were highlighted:

- There has been a particular focus in UHSFT on ED performance. The trust has a detailed action plan in place which was developed with NHS England / Improvement. There has been some improvement against the A&E 4 hour wait target and significant work has been undertaken across the system in terms of community and primary care development to stop patients going in who do not need to be there. This remains a key area of work being delivered across the system and continues to be an area of concern for both the CCG and NHS England.
- UHSFT has seen an improvement with regards the 62 day cancer standard; the trust is continuing to be supported by the Wessex Cancer Alliance. A deep dive into tumour sites is being undertaken which will inform the action plan and delivery against that standard.
- The CCG remains extremely concerned with regards to the Child and Adolescent Mental Health Service (CAMHS) and long waits for children. There have been some developments which should support a reduction i.e. investment into the service and the trust recruiting eight people into all of the locality teams, with the expectation that people will be in post by April. A bidding process is in place for mental health support for schools which if successful will provide support to primary and secondary schools in the New Forest (from September 2020) and Winchester and Eastleigh (from January 2021) so there is a focus on early intervention rather than crisis. However, it was acknowledged that these are not in a position to resolve current concerns. A piece of work is being undertaken to ensure that children and young people are being looked after and regularly triaged whilst waiting. We have received some assurance on this and are establishing a transformation group to build additional elements into the strategy to develop revised actions and strategic developments for CAMHS. This will be chaired by Judy Gillow with the first meeting taking place week commencing 3 February.
- To add to that we are looking for some rapid interventions and changes to services to make early changes that will make a difference.

6.12 Clarification was sought as to whether there is representation from education and Hampshire County Council on the new transformation group, given that one of the great losses was the early support for young families when Sure Start was closed down. It was confirmed that they are very much part of planning for the group; this will be looking at rapid start and finish to create quick results, but will consider the prevention agenda as well. Rory Honney added that as funding has been secured for a paediatric hub, it would be helpful if this were formally evaluated to see if there is any other learning that can be shared with other networks.

6.13 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

7. Collaborative Commissioning Report (January 2020)

7.1 NHS Continuing Healthcare and Learning Disability Highlight Report (January 2020) *(Paper WHCCG20/004)*

7.1.1 Ellen McNicholas presented an update to the Board on the NHS Continuing Healthcare (CHC) and Learning Disability (LD) commissioning performance and activities in December 2019. She apologised that the team were unable to pull together a summary for the Board on this occasion and that she would ensure this was provided for the next meeting. The following points were highlighted with regard to CHC:

- One of the targets is that CHC assessments should be completed within 28 days; whilst the CCG is still not achieving that target, the number of people who are waiting longer than this has decreased overall (although there was a spike over the Christmas and New Year period). From 220 waiting over 28 days in April 2019 this has now reduced to 142. The element that Ellen is particularly pleased about is that there had been 107 patients waiting over 12 weeks; this number is now at 16 across the whole of Hampshire, which is a significant improvement.
- The number of assessments taking place in the community is at 93% against a target of 85%, improved from a starting position of 26%.
- The team are not complacent and will continue to strive to improve. Key to mention is that the team have spent some time sorting out the length of time it takes to get to a decision to approve Fast Track cases. Whilst there remains an issue regarding time to put care in place once a decision has been made, for West Hampshire CCG this has been brought down to 3 days for people who are still in hospital; whilst this is not ideal this is a very different position from previous and the team will continue to work to improve.

7.1.2 The following points were raised:

- Maggie MacIsaac commented that she was really pleased to see the progress on Fast Track and was grateful that the team had been able to make this improvement.
- It was queried if it would be possible to have a summary communication for acute trust medical directors regarding their issues where they have previously raised concerns. In response it was advised that Ellen had agreed a 'communications summit' with the CHC and Communications team which agreed a whole series of stakeholder communications for colleagues within trusts and particularly for members of the public as well as primary care, given that the CHC Framework is incredibly complex and even the simplified guidance can be difficult to understand.

7.1.3 The following points were raised with regard to Learning Disability (LD) services:

- Much of the work around LD services is part of the Transforming Care Partnership (TCP) which came out of recommendations from the Winterbourne View Review to ensure that service users are receiving the least restrictive care in the right location, and transferring out of inpatient care where appropriate. Whilst these do not look like high numbers, it is challenging to arrange these discharges, for example one of the cases has been supporting a lady who has been in inpatient care for more than 40 years. These individuals require really considerable wraparound packages i.e. moving is distressing for them and would be more distressing if this fails and they need to be readmitted. The team are

doing phenomenally well and just that morning Ellen had received an email from NHS England where they have suggested that the CCG has a team of people who are relentless in their questioning if people should be in hospital and doing everything they could do to facilitate discharge.

- The local TCP is ahead of trajectory as it currently stands however this is always subject to change with an unprecedented number of admissions end of December / beginning of January. It is anticipated that the Hampshire TCP will finish the year head of trajectory, which is not the same position for some other TCPs across the country.
- With regard to annual health checks for people with LD and autism, we are Amber as not quite there yet; there are a number of actions in place and the CCG has implemented Learning Disability Friendly in practices across the area and are doing some work focussing on improving that target.

7.1.4 Rory Honney commented that health checks are one of the things delivered by GPs which is so important as it is known that people with a learning disability have worse outcomes in general than people without. He queried if there is anything that the commissioning team needs from clinical locality directors to improve uptake. Ellen advised that the team is in the process of reviewing data to consider where some targeted focus can be put in and will be linking with locality directors at that stage.

7.1.5 AGREED

The Board reviewed and noted the Continuing Health Care and Learning Disability Highlight Report (January 2020), and considered the associated risks and mitigations.

7.2 <u>Mental Health Highlight Report (January 2020)</u> *(Paper WHCCG20/005)*

7.2.1 Jenny Erwin presented an update on work programmes of the mental health team, highlighting performance across programme areas, providing updates from respective Local Care Partnership (LCP) areas and the wider programme of work relating to key issues for West Hampshire CCG. The two key points that Jenny highlighted to the Board are as follows:

- **Physical health monitoring of mental health patients in the community**. The CCG's pace against this is challenging; not because GPs are not committed or because it is not funded, but because this is difficult to do. Work needs to be undertaken to determine exactly why this is.
- **Out of Area Placements / Extra Contractual Referrals**. These are very unwell patients that are being transported out of area, in particular female Psychiatric Intensive Care Units (PICU) and general adult psychiatric care. SHFT has done a fantastic piece of work which has accelerated over the last three or four months so now there has been four months in a row where numbers have declined. It is understood that we are now left with a residual number of patients for which we do not have enough local care beds. Commissioners and providers can work hard to reduce length of stay, ensure low Delayed Transfers of Care and maximise capacity but fundamentally we will need to put in more capacity. This may be a temporary fix whilst the future workforce is modelled and so we need to do something locally to support SHFT to ensure that our bed based provision is appropriate. SHFT is one of the most challenged providers in the country and so there is a lot scrutiny; in a way this is good as it helps to get support / advice from national teams and perhaps secure funding to improve service.
- With the decrease in transport of patients out of area, there has been a shift in the cost of transportation which has come down but key to remember is ensuring effective solutions for patients. This is not all about bed base but about local

housing solutions and ensuring the community offer for people is there and is about working together with the local authority and voluntary services etc to make this happen.

7.2.2 It was queried if there is some capacity in neighbouring areas such as Dorset, Wiltshire and West Sussex. Jenny responded that we have some neighbours who are helping us. For example, there are some service users for which we are using a lot of funding who have been placed in Marchwood Priory (which is not within the West Hampshire CCG area) who are receiving good quality of care and not travelling too far. Dorset is probably in a similar position to Hampshire, however they have roughly the number of beds they need for their population. Some elements such as female PICU can be done over a broader geography as they need a highly skilled workforce so if they have appropriate care it should be a short period of care which would allow people to be discharged earlier within two or three weeks and so may not necessarily be such an issue for family members. We also need to work with Solent NHS Trust and the Isle of Wight.

7.2.3 AGREED

The Board reviewed and noted the Mental Health Highlight Report (January 2020), and considered the associated risks and mitigations.

7.3 <u>Maternity and Children's Collaborative Commissioning Highlight Report (January 2020)</u> *(Paper WHCCG20/006)*

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

- Full review of spend and future investment into services to support Children's Emotional Health and Wellbeing services underway in collaboration between West Hampshire CCG and the Hampshire CCG Partnership.
- **Child and Adolescent Mental Health Services** and long waits for children: as already discussed (reference section 6.11).
- **Children's Therapies services**: draft service specification has been produced and a business case is under development, working closely with the local authority
- **Psychiatric Liaison**: within acute systems (for children and young people) there are currently differing levels of provision at acute trusts which risks adding to acute care pressures through winter months.
- Production of refreshed Local Transformation Plan for Children's Emotional Health and Wellbeing.

7.3.2 Clarification was sought with regard to actions relating to Children with Special Educational Needs (SEND) and the statement that 'It is apparent that an element of Hampshire County Council's (HCC) process was contributing to the increase in demand'. It was advised that there had been an understanding at one point that if a child needed a Statement of Special Educational Needs, HCC were saying that unless you were following this process you would not get a service. In fact there is no evidence that this was ever actually stated by HCC and so there has been an element of myth-busting undertaken.

7.3.3 AGREED

The Board reviewed and noted the Maternity and Children's Collaborative Commissioning highlight report (January 2020) 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

8 Local Delivery Systems Report (January 2020) *(Paper WHCCG20/007)*

8.1 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.

8.2 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.

8.3 Attention was drawn to the following:

- Practices have been doing some fantastic work regarding immunisation and screening uptake. The CCG has a high uptake rate and benchmarks really well both across Hampshire and the Isle of Wight and regionally despite some of the recent challenges regarding supply. The CCG will continue to share good practice and address areas of variation to increase uptake rates.
- A key initiative relating to providing care closer to home is the redevelopment of Hythe and Dibden War Memorial Hospital. The outline business cases have been approved by the NHS Property Services Board and NHS England. The CCG is now working at pace to develop the full business case and detailed design of the hospital. There was a fantastic engagement event held with local stakeholder groups to see what this means to them and to help design the space. This is still subject to business case approval. Sarah Schofield observed that it is fantastic to hear that there is now a date and that something the CCG inherited and has been talked about for so long is now moving forward.
- With regard to Integrated Urgent and Emergency Care, as of April 2020 NHS 111 will be able to book a limited number of appointments straight into a GP, which is about more integrated care for local people and joining up systems.

8.4 AGREED

The Board reviewed and noted the Local Delivery Systems report (January 2020) 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

9. Patient and Public Engagement *(Paper WHCCG20/008)*

9.1 Judy Gillow and Ellen McNicholas presented the report from the Patient and Public Engagement Steering Group. The Patient and Public Engagement (PPE) Steering Group was set up as the Involvement Steering Group nearly five years ago with the first meeting held 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. The PPE Steering Group is chaired by Judy Gillow with support from the engagement manager, Jane Gordon. Details of membership are included in the Terms of Reference which have recently been revised. The report is the latest bi-annual report into the activity of the group to the Board for information and review in order to provide assurance around the range of engagement activities undertaken by the CCG in support of service improvement and redesign.

9.2 Sarah Schofield expressed her thanks to Judy who has led this group along with Jane Gordon from the communications team. Ellen echoed her thanks, adding that Judy has been instrumental with Jane in ensuring there are outcomes from the work we do. She reminded Board members that the communications team has recently undergone a restructure to support the work of the CCG and to deliver the communications and engagement work plan. The last member of the team was recruited and started earlier this month and Ellen anticipated that there will be bigger and better things reported in the future.

9.3 Ellen advised that the report demonstrates the work the PPE Steering Group is doing with commissioning managers. There are some really excellent members around the table who are really helping to get things right for communities. The workshop held in December was to consider if the group had the right Terms of Reference and membership. The CCG has been trying to broaden the membership of the group, which now includes representatives from councils, community and voluntary services and gives an added perspective to the group, as well as PPG members from GP practices.

9.4 Clarification was sought as to why the scope of the Terms of Reference does not include being there at the beginning of the design of services. This is because commissioning managers have other patient focus groups for service design consultation. The PPE Steering Group is a high level group focussing on whether the right processes have been followed by that consultation and engagement and the Terms of Reference are guided by NHS England guidance for this type of group. This will consider if focus groups included the right people, were they there in the beginning and as such this is an oversight group rather than a specific focus group.

9.5 Adrian Higgins drew attention to page 3 of the report and the section on Appointments+ and the outcome ‘More robust communications will be produced to stop patients with potentially life threatening heart conditions attending the UTC when they should be calling 999 or going to A&E’. He reported that a snapshot audit of care in Mid Hampshire and Andover determined that from a population of around 218,000 there were roughly 3,000 GP attendances and 140 emergency attendances. Of this 140 a substantial proportion had not had any previous contact with health services to seek advice and therefore could have been directed elsewhere. His question was therefore how communications are more robustly developed to reduce attendances and direct people more appropriately. In response it was advised that this is part of the Use the Right Service programme that the CCG has been working on and the tools that are coming out of that.

9.6 Lorne McEwan reflected that following on from this are the communications going to patients direct from GP practices. He referenced a suggestion within the report that TV screens should appear in every practice to share messages, stating that there is something about expanding this to all digital platforms that patients are accessing e.g. the NHS App, Wi-Fi pages in practices; promoting this would be a significant improvement for GPs. Judy responded that this is precisely what is being discussed in the group with the help of the communications team. It was highlighted that the new team structure includes a specialist in digital and other media and they will be linked in to take this agenda forward.

9.7 AGREED

The Board reviewed and received the Patient and Public Engagement Steering Group report.

10. <u>Board Assurance Framework (January 2020)</u> *(Paper WHCCG20/009)*

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 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.

10.3 One new very high risk and two new high risks have been added to the Corporate Risk Register since the November Board meeting:

- #679 Financial impact of setting a budget that is below the control total for 2020/21 - 16.
- #667 There may be insufficient immediate or future capacity within the Safeguarding Adult's team to meet the needs of adult's at risk or the CCG's statutory duties – 12
- #678 There is risk to ensuring the safe and sustainable delivery of NHS services during the winter period due to escalating urgent care demand - 12

10.4 There are fourteen risks which have been downgraded and removed from the BAF:

- #215 SHFT not commissioned to deliver national access targets for psychological therapy – 8
- #399 Cost pressure associated with NHSE discharges under the TCP – Transforming Care Programme – 9
- #423 If Millbrook Healthcare do not have access to staff with the required specialist skills – 9
- #551 Quality Team Resource and Capacity - 9

- #589 Ophthalmology Outpatient Capacity – 9
- #618 SHFT Governance oversight during transformation – 9
- #626 Eastleigh Southern Parishes Contract End – 6
- #630 Andover Estates and Technology Transformation Fund (ETTF): If the business case approval process is delayed this may impact on delivery of the scheme – 9
- #633 Andover ETTF: If the increased costs of the new building are unaffordable, the services will not be prepared to relocate – 9
- #634 Andover ETTF: If the cost of equipping the new build is unaffordable, the service will be unable to relocate – 6
- #642 Deliverability of the Health and Social Care Network – 9
- #655 If there is a substantial level of staff absence – 9
- #656 If the CCGs information systems are subject to a cyber-attack or there is a break-in at the CCGs' premises or IG – 9
- #657 If the CCGs' premises/facilities become unusable or inaccessible – 9.

10.5 There are four risks which have been merged due to a review of the EU Exit Risks following the General Election:

- #570 Shortage of critical pharmaceutical products merged with Risk #557 if the UK leaves the EU without a deal.
- #571 Shortage of critical medical equipment merged with Risk #557
- #572 Shortage of critical consumables due to increased time for imports to clear customs merged with Risk #557
- #581 Potential for large numbers of live animals to be trapped in vehicles caught up in road closures merged with Risk #557.

10.6 One duplicate risk has been closed:

- #664 Non-compliance with the Intercollegiate Document for Designated Nurse Resource – 12.

10.7 No comments or queries were raised with regard to the contents of the report.

10.8 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.**

11. <u>Other CCG Corporate Governance Matters</u> *(Paper WHCCG20/010)*

11.1 It was reported that this month's update on corporate governance matters relates to:

- The approval of a new Supporting Staff with Mental or Physical Disabilities (Reasonable Adjustments) Policy HR/043/V1.00
- Policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board
- Policies and documentation that have been reviewed, amended and recommended for approval by the Audit Committee taking place on 4 February 2020.

11.2 AGREED

The Board

- **Ratified the approval of a new Supporting Staff with a Mental or Physical Disabilities (Reasonable Adjustments) Policy HR/043/V1.00**
- **Noted the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board**
- **Noted the policies and documentation that have been reviewed, amended and recommended for approval by the Audit Committee taking place on 4 February 2020.**

INFORMATION

12. Committees of the NHS West Hampshire CCG Board ***(Paper WHCCG20/011)***

12.1 AGREED

The Board received the approved minutes of:

- **Audit Committee meeting held on 12 November 2019**
- **Clinical Governance Committee meeting held on 7 November 2019**
- **Clinical Cabinet meeting held on 14 November 2019**
- **Finance and Performance Committee meetings held on 24 October 2019 and 26 November 2019**
- **Primary Care Commissioning Committee meeting held on 24 October 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 26 March 2020** at **Hedge End** or **Lyndhurst** (to be confirmed closer to the time).

Signed as a true record

Name: **Title:**

Signature: **Date**

BLANK PAGE