NHS Castle Point & Rochford CCG

Governing Body Public Meeting

29th November 2018

Audley Mills

MINUTES

Attendees from Southend CCG:			
Cathy Gritzner	(CG)	Interim Accountable Officer	NHS CP&R & Southend CCG
Charlotte Dillaway	(CD)	Director of Strategy & Planning	NHS CP&R & Southend CCG
Dr Biku Kuriakose	(BK)	GP Governing Body Member	NHS CP&R CCG
Dr Kashif Siddiqui	(KS)	GP Governing Body Chair	NHS CP&R CCG
Dr Mark Metcalfe	(MM)	GP Governing Body Member	NHS CP&R CCG
Dr Rachel Liebmann	(RL)	Secondary Care Consultant	NHS CP&R CCG
Dr Riz Khan	(RK)	GP Governing Body Member	NHS CP&R CCG
Dr Sami Ozturk	(SO)	GP Governing Body Member	NHS CP&R CCG
Dr Sunil Gupta	(SG)	GP Governing Body Member	NHS CP&R CCG
John Spicer	(JS)	Director of Primary Care & Operations	NHS CP&R & Southend CCG
Mark Barker	(MB)	Interim Chief Finance Officer	NHS CP&R & Southend CCG
Pauline Stratford	(PS)	Lay Member PPI	NHS CP&R CCG
Peter Murphy	(PM)	Lay Member Assurance	NHS CP&R CCG
Simon Williams	(SW)	Director of Integration & Partnerships	NHS CP&R CCG
Steve Doherty	(SD)	Business Manager	Audley Mills
In Attendance			
Sharon Earl	(SE)	Committee Secretary	NHS CP&R CCG
Matt Gillam	(MG)	Head of Nursing	NHS CP&R & Southend CCG
Cllr Beverley Egan	(BE)	Counsellor	Essex County Council
Mike Bewick	(MB)	Independent Chair	Joint Committee
Good Governance Institute			

Apologies received from:	
Tricia D'Orsi	Dr Mike Saad
Dr Roger Gardiner	

1.	**Welcome and Apologies**	
1.1	The Chair welcomed everyone to the Castle Point & Rochford In Public Governing Body meeting and introduced Mark Barker and Charlotte Dillaway as new Governing Body members.	
1.2	Apologies were noted as above.	
2.	**Declarations of Interest**	
2.1	Members of the Committee were reminded of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of CP&R/Southend CCG and that declarations declared by members of the	

	Committee are listed in the CCG's Register of Interests. The Register is available either via the Committee Secretary to the governing body or the CCG website at the following link: https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/2508-declarations-of-interest-governing-body/file or https://southendccg.nhs.uk/about-us/key-documents/320-nhs-southend-ccg-governing-body-declarations-of-interests-register/file	
2.2	With reference to business to be discussed at this meeting, conflicts of interest were declared by all GPs as either part of the Health Care Alliance or locality hubs.	
2.3	The Chair declared that the meeting was quorate and that GPs would notify of any conflicts that arise against items as the meeting progressed.	
3.	**Patient Story - Dementia**	
3.1	KS introduced the patient story that featured the Dementia Navigator Team.	
3.2	The video was well received by the members of the Governing Body and members of the public. SG informed the Governing Body that whilst the Dementia Navigator Team have been in Southend for a while, they are now also covering the CP&R patch.	
3.3	The dementia diagnosis rate for CP&R has now reached target.	
3.4	SO felt that this had also had an impact for GPs as there was now a single point of contact along with the introduction of the Community Dementia Nurse.	
4.	**Minutes from the meeting held on the 27.09.18 and 25.10.18**	
4.1	The minutes from the 27.09.18 were agreed as an accurate reflection of the meeting.	
4.2	The minutes from the 25.10.18 were agreed as an accurate reflection of the meeting with the exception of apologies from Pauline Stratford to be added.	
5.	**Matters Arising and Action Log**	
5.1	There were no outstanding matters on the Action Log.	
6.	**Report from the CCG Accountable Officer**	
6.1	CG presented the Accountable Officers report that was taken as read and highlighted the following key areas:	
6.2	We have been supporting the hospital with the implementation of tele-tracking and the smoother transition of patients through the hospital.	
6.3	The winter monies/plan has been agreed. It was agreed to purchase more beds in nursing homes to help with the winter pressures. There is a Care Link worker and Social Worker now within A&E. We have a Communications and Engagement plan and communications on social media and public transport are signposting the public away from the hospital.	
6.4	Dr Sharon Hadley for SCCG will be the GP representative on the A&E Delivery Board going forward.	
6.5	Annual Health Checks for patients with learning disabilities is of high importance and workshops will be facilitated to try to find themes and trends and a paper for discussion around this will be going to the Joint CEC.	
6.6	CG and SW have recently met with the Chief Exec of Castle Point Council to start a meaningful dialogue around planning and working together going forward.	

	SW explained that CP&R Council are looking at the 20/50 plan which is a difficult concept as the here and now, with current pressures, is difficult enough to work through. BE declared a conflict of interest, but stated that looking forward and working together is a good step in the right direction and would support this. PG also welcomed the joined up way of working and felt that if areas like Rochford could do the same this would be helpful to all.	
6.7	The Governing Body NOTED the Accountable Officers Report.	
7.	**STP/Joint Committee Update**	
7.1	Mike Bewick was welcomed to the meeting who was attending to give an update as Chair of the STP/Joint Committee.	
7.2	Mike Bewick explained that the Joint Committee was there to enable the CCGs to work together and commission at scale. He felt that Dementia was a good example of not only good practice but also how it can be absorbed into other areas of the STP.	
7.3	The Primary Care Strategy covers the whole of the STP have managed to get through this difficult consultation process.	
7.4	The new Medical School it is hoped will have a profound effect on promoting and strengthening the attraction of working in Essex. Whilst looking at those starting out in their career it is also important to re-engage with the other end of the workforce to ensure that there is also a productive end to a career.	
7.5	SG felt that there needed to be better coordination around children, young people and mental health and whether the STP could support this agenda. MB replied that children's health in general has never been a top priority and agreed that it needed to be.	
7.6	PM wanted to know how we were getting assurance from all the organisations under the Joint Committee as the CCG has less influence over performance now. MB agreed that the services we have concerns with need to be quality monitored carefully and that pressure needs to be put onto areas to insure that intelligence is shared. A discussion ensued around the importance of receiving data/statistics that should come to the CCG. PS also asked when the patient voice would be included as part of the STP and was informed that this was due to happen.	
7.7	SG raised the concern over the proposed 20% administration/running cost cuts that need to be met in 19/20 and whether more staff were likely to stay at STP level rather than CCG level. MB felt that this was unlikely as needed to be dealt with across the whole service collectively to ensure that business is not de-stabilised.	
7.8	PM questioned whether there is pressure for the trio of acute providers to start to drive out variation, to which MB confirmed that there was a business case around the reduction of variation.	
7.9	MB informed the Governing Body that he would take all comments from today to the Joint Committee in the New Year and will respond in writing to the CCGs with the outcomes of the discussion.	
7.10	A member of the public, Mr Ali, asked about the approach that the STP and SBC would be taking regarding the Secretary of State letter.	

	MB informed that there were formalities around this that meant it would be prejudicial to the process for him to comment.	
7.11	KS thanked MB for attending the meeting today to give the update on the STP. MB left the meeting at 15.15.	
8.	**Improvement Assurance Framework Update**	
8.1	CD presented the paper on the Improvement Assurance Framework, which was taken as read.	
8.2	CD explained that the framework is how NHSE monitors our performance throughout the year and had been brought before the Governing Body as there were 7 new indicators that we will be held to account against. This is the commitment that NHSE have made to move to a more system based assurance framework.	
8.3	PM questioned whether for 18/19 we had the data to underpin these changes. CD will be putting together a plan which will come back to Governing Body in the New Year which will set out a base line trajectory. **Action: CD to bring IAF Action Plan to January meeting.**	**CD**
8.4	The Governing Body NOTED the IAF Update.	
9.	**Month 7 Finance & QIPP Report**	
9.1	MB presented the report that was taken as read and made the Governing Body aware of the following:	
9.2	Year to date and full year forecast shows the CCG as remaining on target with a break even position.	
9.3	QIPP progress is positive, we are demonstrating forecast delivery of £12.9m, which is slightly above target, due to extra QIPP schemes that were put in place to mitigate slippage. The QIPP forecast is heavily linked to the MSB block contract, which de-risks the financial position, however, we have agreed within the contract an obligation to deliver on our QIPP schemes. The £6m acute QIPP is currently demonstrating only a £4.6m return, which brings into question whether in future years we can meet the set targets.	
9.4	There is reported over performance with the acute hospitals, particularly the London hospital PBR contracts.	
9.5	Prescribing remains a risk due to only having data received to month 5. It was felt that there was unlikely to be any hidden surprises however.	
9.6	There has been an increase in complexity of care within CHC, but we will meet the target forecast.	
9.7	Winter pressures are also a financial risk and the Exec team are looking at ways to mitigate these and to see where we can provide additional resources.	
9.8	We have uncommitted reserves available which will help to ensure that we meet our targets at year end. There will also be an additional allocation from NHSE to help mitigate the financial pressures.	

	There are a number of vacancies within the Joint Committee and CCG funding may not be fully spent and this may return to the CCG, but will not make a huge impact. These vacancies have impacted on what the Joint Committee can deliver.	
9.9	SW questioned whether we were confident that the acute trusts will not feel that if the block contract is not working for them that they won't pull out and when was the final date that they could change their mind. MB informed that discussions are on-going but it was unlikely that they would change their mind. Message we are receiving is that the block contract is secured for the next year.	
9.10	RL asked whether eating into our reserves was advisable. MB informed that this was common across all CCGs, we would expect reserves to be utilised by the end of the year and is not uncommon.	
9.11	SG queried what progress has been made towards 19/20. CG informed that conversations are being had at STP level to give confidence to the MSB Group. Discussions at AO and DOF level around various ways of working continue and plans will be worked up by the Joint Committee and then will be brought to Joint CEC. CD informed that parallel conversations are also happening with the hospitals Joint Management Board and the Financial Recovery Group will continue to scrutinise the QIPP programme.	
9.12	PM asked what the forecast was for Primary Care. MB felt that all funding will be spent, where there is a possible underspend this is around transformation.	
9.13	KS questioned whether we were making assumptions on delivering our QIPP. MB informed that QIPP is based on plans and sometimes these plans are not as well developed as they should have been. What we have done is prudently identify more schemes. We need more discipline around what we put into our QIPP plan to ensure it is realistic and achievable and to also be mindful that the block contract QIPP is scrutinised.	
9.14	The Governing Body NOTED the Month 7 Finance & QIPP Report.	
10.	**Chief Nurse Report**	
10.1	MG presented the Chief Nurse report on behalf of TD. The report was taken as read with the following areas highlighted.	
10.2	There has been an improvement seen around complaints and the processes now in place since the CCG restructure.	
10.3	There has been a reduction in the 62 week cancer waits.	
10.4	GP patient survey results are included in the report.	
10.5	SW asked that the Governing Body be aware of the good work that Lin Teasdale has been doing around complaints/concerns. The process that is now in place is working well.	
10.6	The Governing Body NOTED the Chief Nurse report.	
11.	**Integrated Performance Report**	
11.1	CD presented the Integrated Performance Report and explained that she was working	

	on reformatting this to ensure that more insight was given around themes and trends and to signpost the things that we need to be concerned about and to also build in some corporate indicators.	
11.2	The following areas were highlighted:	
11.3	Mental Health remains a challenge and focus needs to remain on the 24/7 crisis requirement.	
11.4	COPD licences are slightly underutilised, but a plan is in place to move this forward.	
11.5	PG asked whether as part of the Mental Health 24/7 crisis service do the CCG still support the Street Triage Service. The Governing Body were unaware and this will be looked into further. **Action: TD to give an update at next meeting as to whether we still have a Street Triage service.**	**TD**
11.6	The Swift Service was discussed and whether GP clinical input would be advisable. It was felt that we now have good data on the service and it would be prudent to see how they perform over the winter period. MG suggested that the EPUT Clinical Interface Group would be a good forum to discuss this further.	
11.7	PM questioned the reference to increased emergency admissions in this report. JS advised that a zero stay is classed as an admission, what we are seeing is that length of stay across categorised age groups is increasing, which leads to bed turnover being slower than what we would have expected. A report around the turnover of beds and zero stays is going to the A&E Delivery Board. PM asked whether there is a distinction between acuity of patients and performance. It was felt that the hospital could not have done any more during the particularly difficult month of November. CD raised a concern over the hub appointments not being utilised and felt that we needed to be more innovative in how we sign post people to this service to stop A&E attendances. SG felt that the same analysis was needed with EEAST. JS informed that a meeting of lead commissioners is due to take place and there will be a review of what is being commissioned and Swift and EEAST will also be included. SG queried whether a Skype consultation could be considered alongside the hub appointments. It was felt that this could be considered but cost would need to be considered and this will be raised at the planning for the future event taking place shortly. **Action: GP Streaming update to be presented to future Joint CEC.**	**JS**
11.8	A member of the public, Janine Watts, from the Community DWP was keen to build a working relationship with the CCG and felt that all had a shared interest in working together. SW provided his contact details to Ms Watts to discuss further outside of this meeting.	**SW**
11.9	The Governing Body NOTED the Integrated Performance Report.	
12.	**Integrated Residential & Nursing Framework**	
12.1	MG and MB presented the Integrated Residential & Nursing Framework.	

12.2	The Framework is where care homes and nursing homes can apply to be part of a process where they are given preferential allocation. The Governing Body are asked to approve this procurement which will enable the CCG to place patients into settings with enhanced care.	
12.3	Attain, our procurement partners, are looking to standardise the framework across 6 CCGs and the local authorities. The impact for the CCG is that it will reduce the number of spot beds we purchase but we will be setting a higher value. Financially this will be a small number and is very low risk, but provide a better outcome for patients.	
12.4	PS thought this was a good way forward but questioned whether this would cost more in different areas and could the price vary. MG explained that there are a range of prices and that patient choice is valued, unless it is totally unreasonable.	
12.5	SG asked whether the rates were commercially viable for the homes. MG informed that there is an increase for the homes.	
12.6	CD asked how we would measure/define success of this framework. There will be various KPIs within the contract and should see a reduction in hospital attendances as we will be able to move people to the right place. It was agreed that there needs to be a suite of KPIs so that when reviewed we can monitor success and quality.	
12.7	The Governing Body APPROVED the Integrated Residential & Nursing Framework.	
13.	**Questions from Members of the Public**	
13.1	Mr Ali asked whether items/decisions that were made in Part 2 could be made public once they were no longer confidential. The Governing Body agreed to give this some consideration.	
13.2	John Jones, Governor for EPUT, asked whether there was anything he could do to help improve things and said that comments made today around EPUT he would take back. SW took Mr Jones details and will discuss further outside of this meeting.	
14.	**Minutes for Information**	
14.1	The Governing Body NOTED the sub committee minutes.	
15.	**AOB**	
16.1	There being no further business, the Chair adjourned the meeting at 16.45.	
	Next Meeting Date: 31st January 2018	