West Hampshire
Clinical Commissioning Group

CCG Board

Date of meeting		**28 March 2019**	
Agenda Item	**3**	**Paper No**	**WHCCG19/019**

Draft Minutes of Last Meeting (31 January 2019)

Key issues	The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 31 January 2019 are attached for approval by the Board. Following the meeting the minutes will be made available to the public in accordance with Freedom of Information Act 2000 and the Code of Practice on Openness in the NHS.
Actions requested / Recommendation	**The West Hampshire Clinical Commissioning Group Board is asked to** • **Agree the minutes of the Board meeting held on 31 January 2019 and commend them for signature by the Chair of the meeting.** • **Discuss any matters arising from the minutes that are not already covered on the Agenda.**
Principal risk(s) relating to this paper	There are no risks relating to this paper.
Other committees / groups where evidence supporting this paper has been considered.	Not applicable.
Financial and resource implications / impact	There are no financial implications arising from this paper.
Legal implications / impact	There are no legal implications arising from this paper.
Public involvement – activity taken or planned	Not applicable.

Equality and Diversity – implications / impact	This paper does not request decisions that impact on equality and diversity.
Report Author	Jackie Zabiela, Governance Manager Ian Corless, Board Secretary/Head of Business Services
Sponsoring Director	Sarah Schofield, Clinical Chairman
Date of paper	19 March 2019

NHS
West Hampshire
Clinical Commissioning Group

Minutes

Board

Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 31 January 2019 at Omega House, 112 Southampton Road, Eastleigh, SO50 5PB (CCG Boardroom).

Present:	Sarah Schofield	Clinical Chairman
	Charles Besley	Locality Clinical Director / Board GP
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Karl Graham	Locality Clinical Director / Board GP
	Heather Hauschild	Chief Officer
	Adrian Higgins	Medical Director
	Johnny Lyon-Maris	Locality Clinical Director / Board GP (part meeting)
	Lorne McEwan	Locality Clinical Director / Board GP
	Ellen McNicholas	Director of Quality and Nursing
	Alison Rogers	Lay Member, Strategy and Finance
	Jim Smallwood	Secondary Care Consultant
In attendance:	Ian Corless	Board Secretary/Head of Business Services
	Jenny Erwin	Director of Commissioning, Mid Hampshire
	Rachael King	Director of Commissioning, South West
	Heather Mitchell	Director, Strategy and Service Development
	Matthew Richardson	Deputy Director of Quality and Nursing
	Jackie Zabiela	Governance Manager
Apologies for absence:	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality and Patient Engagement
	Rory Honney	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 thirty-fourth meeting held in public of the NHS West Hampshire Clinical Commissioning Group (CCG) Board and noted the apologies for absence. Particular welcome was extended Jim Smallwood, the CCG's new Secondary Care Consultant who had started with the CCG the day before.

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

1.2 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 WHCCG19/001)*

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

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

Jim Smallwood confirmed that he had no interests to declare for inclusion on the register.

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

2.3 AGREED

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

3. Minutes of the Previous Meeting held on 29 November 2018 *(Paper WHCCG19/002)*

3.1 Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 29 November 2018 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 29 November 2018 and commended them for signature by the Chair of the meeting.

Matters Arising

3.3 The following items of matters arising from the minutes were raised:

- Section 4.1 Local Delivery Systems – Confirmed that the workshop with North and Mid Hampshire partners took place week commencing 21 January 2019.
- Section 4.1 Board Membership – Confirmed that both vacant Board positions have now been filled; Jim Smallwood as Secondary Care Consultant and Stuart Ward as Locality Clinical Director for Eastleigh North and Test Valley South have both started in post.
- Section 5.5 Cancer Performance – Confirmed that the comment regarding performance being expected to improve following the appointment of an additional radiology consultant has been picked up within the performance report.
- Section 5.5 STP Workforce Work Stream Assurance – There had been discussion at the Clinical Governance Committee about inviting the Sustainability and Transformation Partnership (STP) to come to the Board to present on the activity of the workforce work stream, given they were unable to attend the workforce seminar held in September 2018. Ellen McNicholas will ensure that this is arranged.

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

4.1 Heather Hauschild provided a verbal update on the following key items:

- **Local Government Associate (LGA) Peer Review** – Heather took part in a LGA peer review team 14 – 18 January 2019 working in a council near Liverpool in an extremely deprived area. Learning from this and other reviews she has taken part in is that culture, leadership and communications are central to the delivery of strategy. Sarah Schofield and Heather will be looking at how the Board undertakes further development, for example, with the Hampshire and Isle of Wight (HIoW) system leadership, to be able to work collectively. A plan will be brought back, at an appropriate time. A recommendation from the peer review is that we look at the 'St Helens Cares' model for integrated care as this integrates effectively with the local authority.

- **NHS Long Term Plan** – Whilst acknowledging that the publication of the Long Term Plan was subject to a separate paper (reference WHCCG19/003), Heather reported that there have been two system workshops, both of which had occurred during week commencing 21 January 2019 where partners have come to agreement around the broad shape of what the priorities would be for their system, although considerably more work is required in Southampton and South West Hampshire around the integrated care system and how our systems fit into that. An update will be provided at a future Board meeting.

- **Winter Resilience** – As noted in the November 2018 minutes, Heather had agreed to undertake the Senior Responsible Officer role for winter planning and emergency care for HIoW. She reported that all systems managed to contain their pressures through the Christmas and New Year period, with most systems performing much better than the previous year. She added that Hampshire County Council (HCC) is to be commended for the huge amount of work they did with regard to Delayed Transfers of Care (DToC), particularly in conjunction with University Hospital Southampton NHS Foundation Trust (UHSFT) who had 220 empty beds on Christmas Eve, which has not been seen for some time.

  However, there were very significant pressures around Hampshire Hospitals NHS Foundation Trust (HHFT) where performance dipped considerably into the lowest quartile in the country. Actions have been taken and whilst performance has improved, it is not yet stable and so the actions in place will continue.

  Consideration was given to formally writing to providers that performed well over the recent bank holiday period; it was agreed to wait until the end of the winter period as the system did not see the same flu and allied pressure as seen at the same time last year, but which are now beginning to impact this year. However, in terms of such a low DToC in the South West Hampshire system, the chief officers did send a thank you to all staff for this fantastic achievement.

  In terms of winter capacity in primary care, it was reported that the normal business continuity plans that exist in primary care with regard to GP practices will be enacted in the event of snow. Extended access hubs will continue to provide services at evenings and weekends and work is underway looking at gauging capacity in primary care to ensure this has more visibility.

- **Hampshire Hospitals NHS Foundation Trust: Chair –** Steve Erskine has joined HHFT as the new Chairman. Although both Heather and Sarah have met him informally at the recent workshops, they will be meeting with him formally in the next couple of weeks and are looking forward to welcoming him to the system.

4.2 AGREED

The Board received and noted the Chief Officer's Report (January 2019).

STRATEGIC OBJECTIVE 1:
Ensure safe and sustainable high quality services – to provide the best possible care for patients

STRATEGIC OBJECTIVE 2:
Ensure system financial sustainability – to ensure compliance with business rules

5. NHS Long Term Plan *(Paper WHCCG19/003)*

5.1 Heather Mitchell introduced a report which provided the Board with a summary of the key points from NHS England's Long Term Plan and set out the work to be undertaken to ensure the CCG takes forward the ambitions set out in the plan. Heather highlighted the following:

- We now have a secure and improved funding path for the NHS, averaging 3.4% a year over the next five years, compared with 2.2% over the past five years.
- There is wide consensus about the changes now needed
- Five key practical changes to the service model over the next five years:
    1. Boost 'out-of-hospital' care – dissolve divide between primary and community care
    2. Redesign and reduce pressure on emergency hospital services
    3. More personalised care
    4. Digitally-enabled primary and outpatient care
    5. NHS organisations focus on population health with local authorities through Integrated Community Services (ICSs) everywhere

  The key areas identified by Heather in relation to the service model were as follows:
    - Increased investment in primary and community services
    - A bigger share of investment in mental health and of this a bigger share going into children's mental health
    - Practices working in a shared 'network' contract
    - Roll out of the Urgent Treatment Centre model
    - Roll out of personalised care, including personal health budgets
    - Everyone to have a primary care appointment, for which virtual appointments seem to be a key component
- In terms of prevention and health inequalities, consideration is being given to CCGs having a role in commissioning sexual health services, health visitors and school nurses (currently with Public Health). Priority areas for prevention are smoking, obesity, alcohol, air pollution and antimicrobial resistance.
- There are a number of areas of focus / initiatives in relation to care quality and outcomes. It was highlighted that:
    - There has been investment in peri-natal mental health this year, which is expected to continue. There will be a move to 0-25 year service provision, rather than the current 0-18; this will entail a great deal of work to commission to this.
    - Learning disability health checks and a pilot of autism health checks in some areas to see if this adds some benefit. National learning disability improvement standards will also be developed.
    - New credentialing programme for consultants trained in stroke treatment, with a move to more generalist roles. Stroke services will be reconfigured into specialist centres, some of which has already happened.
    - Clusters / Primary Care Networks (PCNs), local networks of GP practices, will support treatment and diagnosis for respiratory disease
    - There will be a growth in planned care surgery with fines for both CCGs and providers for waits over 12 months

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

- Mike Fulford clarified that the CCG has received the five year funding allocation, with the CCG required to produce a one year financial plan.
- Jenny Erwin commented that in cross referencing the Long Term Plan with the Health and Wellbeing Strategy, there is quite a lot in the Strategy with regard to dual diagnosis and alcohol services in hospitals, however Public Health does not seem to specify how this will be achieved; this will be a key factor for people with Severe Mental Illness and does not come through in the Long Term Plan. Heather Mitchell will ensure this is fed back.
- Mike asked the Board to note the next steps will be to evaluate what the financial picture looks like given our funding allocation and determine how the CCG will deliver the objectives detailed within the plan within the available allocations in the next five years.
- Karl Graham commented that the CCG also needs to be cautious of not setting expectations that are not achievable. It was acknowledged that whilst the 3.4% funding is better than it has been in recent years, it is not enough to deliver the level of services required without substantial change / transformation of services.

5.3 AGREED

The Board noted the summary and next steps to ensure our local plans are fully in line with the ambitions of the NHS Long Term Plan.

6. Integrated Performance Report (January 2019) *(Paper WHCCG19/004)*

6.1 Sarah Schofield referred the Board to the Integrated Performance Report bringing together the key finance, performance and quality issues for the Board's awareness, along with actions to address these issues.

Quality Update

6.2 Ellen McNicholas highlighted the range of issues which had been reviewed by the Clinical Governance Committee. This included:

- **Risk Register** – The Clinical Governance Committee reviewed all of the risks currently on the Quality Directorate risk register. Currently there are nine risks from Quality and Safeguarding that meet Corporate Risk Register threshold (score of 12 or more)
    - Child and Adolescent Mental Health Service (CAMHS) continues to be the highest quality risk (16). The Committee requested further assurance to be provided in March detailing compliance with the 18 week pathway by CCG locality. Further updates on CAMHS were available in the performance update.
    - The Committee noted a new risk relating to Quality Team capacity and the ability to provide assurance to the CCG on an increased number of providers whilst carrying vacancies.
- **Hampshire Hospitals NHS Foundation Trust (HHFT) -** The Committee received an update on HHFT's progress against the Care Quality Commission (CQC) actions. The CCG Quality Team participate in HHFT internal peer review visits to gain assurance, recognising that cultural change will take longer to embed improvements. The Committee requested that the Director of Nursing and Medical Director from HHFT be invited to present on the more complex aspects of the CQC actions at a later date.
- **Gosport War Memorial Hospital (GWMH) Independent Report** – The Committee received the CCG action plan into the GWMH Independent Report,

noting that the CCG is participating in the system review under the NHS England (NHSE) led Quality Surveillance Group and benchmarks comparably with other CCGs around levels of assurance we already have. Thanks were expressed to the Quality Team who as soon as the report was received sought assurance from other such community providers within our area.

- **Southern Health NHS Foundation Trust (SHFT)** – The Committee noted the improved CQC Well Led rating and the evidence of greater engagement with system partners but requested assurance on Mental Health services, including the trusts Care Planning Approach to Serious Mental Illness and actions to address the continued high number of out of area placements. The Committee asked that SHFT be invited to present on the work of the mental health teams at a future meeting.

6.3 It was commented that the Integrated Performance Report was a little repetitious, with data on CAMHS performance during the period from April – November 2018 detailed later in the report, and it was queried when it was anticipated that figures and services for our children would improve. Heather Mitchell responded that the provider had given commissioners a trajectory around September / October the previous year which was not accepted. There then followed a Board to Board meeting with North East Hampshire and Farnham CCG, the lead commissioner for CAMHS on behalf of Hampshire CCGs. As part of this there is an action plan that includes a deep dive into trajectories. An independent peer reviewer has been engaged to look at some of the clinical activity assumptions that are going into the model to look at the trajectories, with the aim that this will result in an agreed trajectory.

6.4 There is also a detailed improvement plan particularly focussed around Winchester where there is poorer performance / increased waiting times e.g. holding group sessions, reviewing the open caseload, reviewing children on the waiting list from both the quality perspective or to see if there are alternative methods of community provision. Consideration had been given to transferring children or staff to / from areas outside of Winchester however this had not been taken forward as this would not provide a sustainable solution. It is anticipated that an update will be provided to the next Board, although it may not be possible to provide an improved trajectory at that time.

6.5 Ellen McNicholas has written seeking assurance that children are being managed safely whilst on the waiting list; the response so far relates to some of the information we are already aware of i.e. children are triaged as soon as the referral is received, however there is currently not adequate assurance for children waiting after the initial triage. Ellen will therefore repeat her request.

Finance Update

6.6 Mike Fulford reported the following:

- For the 2018/19 financial year we are planning on income of **£775.7m** and expenditure of **£776.3m**, to give a **£0.7m** deficit of expenditure above income.
- This is in line with our having a formal financial control total of **£2.2m** deficit and being able to bring in our carried forward surplus of **£1.5m** but before accounting for Commissioner Support Fund (CSF) allocations. The CCG potentially has access to **£0.7m** of CSF allocations that would enable it to break even if they are earned.
- The financial performance position shown in this report to the end of December 2018 is in line with the year-to-date plan, which was to deliver **£0.5m** of the planned deficit. The 2018/19 year-end forecast remains on plan although there are significant unmitigated risks associated with the delivery of the control total.
- In addition to the in-year planned deficit of **£0.7m**, there are **£4.0m** of additional net risks and mitigations. If these risks and mitigations materialise the year-end deficit will increase to **£4.7m**.

- The risks mainly relate to non-delivery of QIPP and over performance on acute contracts, potential pressures in primary care and continuing healthcare. The QIPP risk of £2.5m has improved as our forecast delivery of QIPP has increased. These are being addressed through the financial recovery programme and will continue to be reviewed by the Finance and Performance Committee.

6.7 The following points were also raised:

- There is also over performance on our smaller acute contracts which is replicated for the larger commissioners into those services, however there are forecast underspends in medicines management and co-commissioning.
- The forecast for delivery of the savings programme has been increased to around 91% which is increasing over the quarter. There remains some risk, for example acute activity going into winter, providers being required to deliver their own financial targets, particularly UHSFT, however there are contingencies to off-set. There remain some levels of unmitigated risk, currently £4m which should start to narrow over the next month once there is a clearer picture of the risks involved.
- Following a request for clarification on what is included with the primary care co-commissioning budget, it was advised that this relates to functions delegated to the CCG by NHSE, such as PMS (Primary Medical Services), GMS (General Medical Services) and rent reimbursement. Elements which are not included under primary care co-commissioning would be included within 'other' small budgets which would include care navigator funding across localities. Greater detail can be found on slide 18 of the main finance report.

Performance Update

6.8 Mike Fulford delivered a summary of key performance issues all of which had been previously discussed at other committees. These included an update on **West Hampshire CCG performance over Christmas and the New Year period**, with the CCGs main providers being overall more resilient than in previous years, however performance for **Hampshire Hospitals NHS Trust** Emergency Department four hour standard and overall resilience continues to be of concern, **waiting times for Child and Adolescent Mental Health Services (CAMHS)** and **delivery of cancer standards at University Hospitals Southampton NHS Trust**, and an update on progress on the steps being taken to gain assurance. These will be followed up in further detail at the next Finance and Performance Committee.

6.9 The following comments were raised during discussion:

- UHSFT are as concerned as commissioners with regard to cancer performance and are putting a range of actions in place, for which Rachael King can provide detail if required.
- Karl Graham queried if there should be some communications to GPs to advise that women may not be seen within the two-week non-symptomatic breast service, which may not be reflected in the standard paperwork that women will receive from the hospital; the CCG needs to ensure that realistic expectations are given, especially if patients are receiving paperwork that says something different.
- Lorne McEwan added that there had been a breast consultant from HHFT present at their locality meeting who had reported that the trust is rolling out a new GP referral form which includes a lot of guidance for GPs so that where appropriate they can refer elsewhere rather than just referring into the two week wait (2WW) service.
- Sarah Schofield informed the Board that she had recently attended the Cancer Alliance Network where the 2WW Breast service had been discussed, particularly the fact that this area does incredibly well in recognising those that are on the non-cancer pathway, with very low numbers of people who are

identified as being on the wrong pathway; on review of data, of 80+ women reviewed, four had been identified as having a potential cancer and whilst not seen within two weeks all were seen within one or two days after and treated.

- It was advised that communications will be sent to GPs regarding delivery of the cancer standards and the actions the trust are making, with consideration being given to including something on eRS (NHS e-Referral Service) regarding other options that women can go to.
- Commissioners continue to work with UHSFT with key actions in place to address urology capacity as well as diagnostics, with further assurance being sought regarding trajectories with clear timescales for achievement of cancer standards.

6.10 AGREED

The Board received the West Hampshire CCG Integrated Performance Report (January 2019) and reviewed the associated risk and mitigations, as summarised above and in the paper.

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 2019) *(Paper WHCCG19/005)*

7.1 An update was presented to the Board on the key collaborative commissioning strategic and operational issues managed by the CCG, outlining progress in the delivery of service development programmes and operating plans against the strategic objective of collaborative commissioning. There are three main areas where CCGs across Hampshire delegate commissioning functions to a lead CCG:

- Maternity and Child Health – lead is North East Hampshire and Farnham CCG
- Mental Health and Learning Disability – lead is West Hampshire CCG
- Continuing Health Care – lead is West Hampshire CCG

Since April 2018, the Isle of Wight CCG has taken the decision to delegate commissioning to the lead commissioner for maternity, child health and mental health services, hosted by North East Hampshire & Farnham CCG.

7.2 Heather Mitchell highlighted the following developments from the written report:

- Demand for Adults and Children Autism services remains high, a review is being undertaken to consider future commissioning intentions.
- A Senior Executive level meeting was held in December 2018 with HHFT reviewing paediatrics and maternity services and the impact of operating across two sites in Winchester and Basingstoke; assurance was provided with the North and Mid Hampshire Local Delivery Board keeping a close watching brief as new plans are developed for future configuration.
- Winter planning has been a significant focus, additional funding has been received for adult mental health services, and funding has been secured for children's mental health services for £300k. This will be utilised for psychiatric liaison at HHFT and initiatives such as street triage for homeless individuals.
- Work across the STP continues for both adults and children's work programmes.
- Work with Hampshire County Council (HCC) also continues regarding integration opportunities e.g. on discharge to provide support to apply for housing.

- A CAMHS Partnership Improvement Board has been established, chaired by Judy Gillow, West Hampshire CCG Lay Member.
- A closed Board reviewed constitutional targets; deterioration is predominately in out of area placements. Southern Health NHS Foundation Trust have developed a seven point plan for flow through to allow more investment into community health. Both SHFT and Sussex Partnership NHS Foundation Trust continue to have high level executive oversight and action plans.

7.3 Ellen McNicholas highlighted the following

- In terms of figures and progress around the Learning Disability Transforming Care Programme, the Board will see a significant change over the next month as a number of long term placements are scheduled for discharge by the end of March.
- The update on the three business cases to transform the Continuing Healthcare (CHC) service that were previously supported by the Board and other CCGs.
- An update on some of the work underway by the Safeguarding and Looked After Children team, which the CCG hosts on behalf of other Hampshire CCGs. Work is underway looking at a pan-Hampshire approach to the Safeguarding Children Boards in light of new national guidance that has been published.

7.4 AGREED

The Board noted the progress being made on collaborative working to deliver the work programme in 2018/19, including the 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 *(Paper WHCCG19/006)*

8.1 Jenny Erwin introduced a report, which updated the Board on:

- The establishment of Local Delivery Systems within West Hampshire
- 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 Local Delivery System 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 Local Delivery System covering the two localities of Winchester and Andover in West Hampshire together with North Hampshire CCG.

8.3 Jenny drew attention to two key issues. During a time of discussion and clarification the following comments and issues were made:

Primary Care Networks / Clusters

- The development of Primary Care Networks (PCNs) / Clusters, which are critical in terms of the work we want to do for local population health need. There are currently 14 in Hampshire; nine in the South West Hampshire Local Delivery

System and five in North and Mid Hampshire, although this will soon reduce to four with two of the rural PCNs / Clusters merging into one.

- It has been recognised that leadership of PCNs / Clusters is crucial so investment has been put in for clinical leads for two sessions a week, working in practices in natural communities of 30 to 70 thousand working in partnership with local communities and voluntary services. There remain two leadership gaps however candidates are in the pipeline and posts should be filled in the next month or so. The 2020 Leadership Programme has been launched which received a lot of interest from GPs who will be working with clinical colleagues from SHFT and HHFT with the programme running for the next year or so.
- PCNs / Clusters are beginning to look at their population needs and as plans develop these will feed into overarching locality plans.
- A launch event took place the week before with HHFT looking at reconfiguration of the front door of Royal Hampshire County Hospital, Winchester which Lorne McEwan and Adrian Higgins attended. It was reflected that the PCN / Cluster leadership were drawn into this process, however we need to ensure that they focus on what clinical networks look like outside the hospital. The CCG is therefore looking at how we can support the reconfiguration of the front door without detracting from PCN / Cluster development.
- Karl Graham commented that the report provided continues to refer to Primary Care Networks as Clusters and he queried if a decision had been reached as to what they should be called as it is confusing to hear a mix of terms. It was suggested that, as pains were taken to ensure standardised terminology across HIoW this is raised at the New Models of Care Group / STP; it would be logical to match the NHS 10 Year Plan. The new GP contract has just been published which refers to Primary Care Networks; terminology will therefore be correct within papers provided to the March meeting.

8.4 ***Integrated Urgent Care***

- There is a significant piece of work underway with regard to integrated urgent care. As of January 2019, local people can access NHS111 on line, for which details of the national campaign are awaited.
- The clinical assessment service is in place so that local people have access to specialist advice e.g. GPs, social workers etc. Impact is being closely monitored. A more detailed briefing regarding the integrated urgent care programme will be provided to a future Board.

8.5 AGREED

The Board noted the Local Delivery Systems report (January 2019).

CCG DEVELOPMENT AND GOVERNANCE

9. Board Assurance Framework *(Paper WHCCG19/007)*

9.1 Heather Mitchell presented the Board Assurance Framework (BAF). The BAF is a high level aggregated description of the risks relating to the achievement of the CCG's strategic objectives. It only includes very high or high risks and provides assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives.

9.2 There are two very high risk areas with no change in score:

- Finance (financial sustainability, financial recovery plan, Sustainability and Transformation Plan) control total – Score 16.

- Performance (constitutional standards, significant areas of non-delivery) – Score 16

9.3 There are three high risk areas with no change in score:

- Quality (patient experience) – Score 12
- Developing New Models of Care (Sustainability and Transformation Plan, local delivery systems) – Score 12
- Workforce – Score 12

9.4 There is one new high risk:

- If BREXIT negotiations do not agree exit plans – Score 12

9.5 The following risk has been added:

- #441 Eastleigh Estates and Technology Transformation Programme – Score 12

9.6 The following risk has been reduced:

- #492 If the CCG does not deliver the planned 2018/19 position – Score 12

9.7 The following risks have been removed:

- #443 Portsmouth Hospitals NHS Trust (PHT) safeguarding children processes – Score 9
- #487 University Hospitals Southampton NHS Foundation Trust outpatient clinical results and patient follow ups – Score 9
- #435 PHT governance and quality – Score 9.

9.8 Heather Mitchell explained that she had taken on the role as Senior Responsible Officer for West Hampshire CCG for EU exit, adding that the Board needs to be conscious of the risks if the UK does not secure a deal, or if we do, how this is managed.

9.9 The Board reviewed each individual risk to ascertain if actions were on plan to reduce the risk to target level:

- **#448 Children and Adolescent Mental Health Service (CAMHS) Waiting List**
  - ToR for CQRM and SI panel due – HM Q4 2018/19: on target
  - Wider review of CAMHS pathway commenced – HM Q4 2018/19: on target
  - Quality Improvement Board for CAMHS meeting fortnightly – HM Q4 2018/19: on target
  - External peer review to inform new trajectory – HM Q4 2018/19: on target. Work starts week commencing 4 February, which will take two to three weeks to complete, after which data will be analysed. Development of trajectory could take longer and likely to be March before completed.
- **#428 Review health assessments for Looked after Children**
  - Service specification complete. Contract to be agreed with provider to finalise the procurement – EM Q4 2018/19: on track for submission to next Board.
- **#270 Children's MASH (Multi-Agency Safeguarding Hub) delivery to specification**
  - Internal audit of provided SHFT workforce profile and serviced contracts ongoing – EM Q4 2018/19: on target

    - New service spec combined with adult MASH and High Risk Domestic Abuse (HRDA) to be developed and presented to CCG Clinical Cabinets – EM Q4 2018/19: on target.
- **#492 If the CCG does not deliver the planned 2018/19 position**
    - Alignment of organisational objectives through relationships with partners under the STP. Contractual arrangements to support QIPP delivery – MF Q4 2018/19: on plan with risks identified.
- **#493 If the CCG does not deliver the planned 2019/20 position**
    - Continue to model CCG position forward and develop the overarching financial strategy that balances system income with expenditure – MF Q4 2019/10: work is underway to confirm the level of investment for key changes, dependent on whether the system agrees / disagrees with the control total.
- **#399 Discharge to the CCG of learning disability patients by Specialised Commissioning**
    - Agree contractual arrangement with NHSE Specialised Commissioning for discharged learning disability patients – EM Q4 2018/19: forecast for next year is in plan. Will continue to be an issue whilst patients flow from Specialised Commissioning to usual flows. Suggest that when this becomes 'business as usual' over the next six months, this risk can be removed from the BAF.
- **#557 If BREXIT negotiations do not agree exit plans then healthcare services could be disrupted which would require the CCG to provide additional resources into managing issues with some financial cost.**
    - Continuing progressing action plan with STP partners and action on national guidance when received – HM Q4 2018/19: a comprehensive business continuity plan is in place to ensure that the organisation remains on track against timeframes, however there are a number of gaps which are not within the CCG's control.
    - Karl Graham commented that it has been reported that the Government have said that unless a deal is announced, there will be no funding of British pensioners living in Europe and they should therefore consider their health insurance within those countries. This could mean that a large number of high cost patients will be transferring back to the UK for their care and he queried if this had been included as a risk. Heather Mitchell confirmed that this had been considered. She had attended a workshop on the Monday (28 January) which reviewed the high level risks for the area. Risks are across health, environmental, psychological etc, with strategic and tactical coordination groups having been established. In particular there is a lot of focus around Portsmouth; risk assessments have been developed for HIoW.
- **#368 Constitutional standards for patient access and care.**
    - Implement UHSFT and HHFT 18/19 Remedial Action Plans (RAPs) – RK and JE Q4 2018/19: as discussed earlier in the meeting. Improvement plans have been sent to the NHSE region. The CCG needs to ensure that actions will deliver the constitutional standards.
- **#241 use of out of area Acute and Psychiatric Intensive Care (PICU) Mental health bed provision.**
    - Reviewing progress at joint SHFT and CCG director level meeting which is being reconfigured to focus specifically on improving patient flow and reducing out of area placements – HM Q4 2018/19: as touched on earlier.
- **#512 S136 transport and staffing**
    - Consider additional provision, fortnightly RAP progress meetings with provider, out of areas beds plan being produced by SHFT – HM Q3 2018/19: additional funding has been agreed and continues to progress. The main pressure on S136 is out of area beds.

- **#329 If the Andover Estates and Technology Transformation Programme does not meet NHS England requirements then funding for the premises schemes will not be awarded.**
    - NHS England to complete Business Case Approval Process (7 weeks) – RK and JE Q4 2018/19: risk to be reviewed regarding the business case, with focus changing as discussed at the preceding confidential Board meeting. Risk rating will come down and timescales will reduce.
- **#441 If the Eastleigh Estates and Technology Transformation Programme does not meet NHS England requirements then funding for the premises schemes will not be awarded.**
    - NHS England to complete Full Business Case Approval – RK Q4 2018/19: as discussed at the preceding confidential Board meeting.
- **#196 Inability of providers to provide the volume and flexibility of staff and skills to deliver quality services.**
    - South Central and West CSU provider workforce reports system of review and analysis under development for delivery by 31 March 2019 – EM Q4 2018/19: on target
    - Quality team to review workforce strategy of key provider organisations by 31 March 2019 – EM Q4 2018/19: providers have been asked to provide
- **#541 Named GPs for safeguarding children.**
    - Application received for Named GP – EM Q4 2018/19: an individual has now been appointed.
- **#131 Recruitment and retention of GP clinical staff**
    - Develop the Primary Care Workforce Strategy and new models of care – RK Q4 2018/19: there is now a good overview of general practice workforce in PCNs / Clusters. This is being used to develop workforce plans and for key models such as the increase in pharmacists.
- **#476 Future Safeguarding Children Team Resource and Capacity**
    - Proposal provided to Hampshire Partnership CCG's Exec and WHCCG Exec for consideration – EM Q4 2018/19: this has just been agreed and sent to Ian Corless, Board Secretary for inclusion / discussion at the next Executive Team meeting.

9.10 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.

10. <u>Other CCG Corporate Governance Matters</u> *(Paper WHCCG19/008)*

10.1 Mike Fulford reported that this month's update on corporate governance matters relates to the following:

- The policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board.
- The activity of the Policy Sub Group, including updates on the review of policies and documentation in relation to the General Data Protection Regulation which came into effect on 25 May 2018 and the actions in response to the findings of recent policy management audits.
- The final draft Agreement and Terms of Reference for the Joint Strategic Commissioning Committee of Hampshire and Isle of Wight Clinical Commissioning Groups.

- The CCG Constitution and the review of the Terms of Reference of the Committees of the Board.

10.2 Mike highlighted that, as part of the System Reform programme of the STP, a draft agreement has been developed which sets out in practical terms how the local health commissioners will work together in the commissioning of services across Hampshire and the Isle of Wight (HIoW). The local health commissioners have decided to create a Joint Committee through which they can both consider and undertake joint commissioning decisions on behalf of their organisations.

10.3 The majority of CCGs have a history of working together under various memorandums of understanding and collaborative commissioning arrangements. Member CCGs now wish to formalise those arrangements to show the strength of their commitment to working together in the commissioning of the Services pertaining to this Agreement. The role of the Joint Committee, as set out in the Terms of Reference for the Services pertaining to this Agreement, is:

- To determine the future configuration of acute physical health services in Hampshire and the Isle of Wight (connecting the North and Mid Hampshire Transforming Community Services programme with the Isle of Wight Acute Services Review)
- To determine the future configuration of mental health crisis and acute services for Hampshire and the Isle of Wight
- To agree aligned commissioning strategic priorities for Hampshire and the Isle of Wight.
- To agree and retain oversight of the medium term planning approach and process to ensure delivery of these priorities
- To provide leadership of the plans to improve urgent care for Hampshire and the Isle of Wight including oversight of delivery of the Integrated Urgent Care Plan and winter resilience and preparedness
- To sign off commissioner/Strategic Transformation Partnership support for Hampshire and the Isle of Wight wave 4 capital allocations
- To determine model and arrangements for the provision of Hampshire's Community Services

10.4 The Terms of Reference have been developed with the involvement of all the CCG governance leads and have been brought to the Board for consideration, with comments and queries to be fed back to the Commissioning Board for agreement.

10.5 The following are the key issues / requests for clarification which were raised during a period of discussion:

- Implications to the West Hampshire CCG Board and its functions. The purpose is to formalise existing informal arrangements that have been in place for some time and is the next step in the evolution to what a strategic commissioner looks like, which was agreed by CCGs a few months ago and should streamline and facilitate some of the discussions at HIoW level that can be problematic when broken down to constituent parts. As yet nothing has been formally delegated to this group.
- When CCGs were founded there was a focus on them being clinically led; is there a view that this will not be the case for the Joint Committee and it will be managerially led, and if so, will consideration need to be given to how the clinical body can clinically influence decisions. Mike agreed that this was a valid point and if it was the Board opinion that there should be more formal clinical involvement / representation than currently indicated this can be fed back.

- It was suggested that it may be helpful to include the intended direction of travel, presented in the context of a series of change documents including for example the role of PCNs / Clusters and PCN / Cluster Leads and how they are anticipated to work going forward, and that perhaps membership of the Joint Committee should be temporary pending resolution of the membership.
- The establishment of this Joint Board was the recommended next stage forward to give greater clarity on HIoW commissioning decisions which have been quite 'clunky' e.g. wheelchair commissioning which resulted in two contracts within Hampshire.
- There needs to be a line that reflects back the link to CCGs and our processes.
- Once the Joint Committee is formally established, anything that has not been formally delegated to this Committee would still need to go through CCG Boards for approval.
- Attention was drawn to the proposed responsibility 'To determine the future configuration of acute physical health services in Hampshire and the Isle of Wight (connecting the North and Mid Hampshire Transforming Community Services programme with the Isle of Wight Acute Services Review)'; this is problematic as it could potentially include anything and we therefore need to include a line as to what is definitely not included.
- CCGs will remain the statutory organisations so decisions to commit funding would need to be made by the CCG Board; it was reiterated that nothing has been delegated as yet.
- Concerns were expressed in that it felt the CCG would be more exposed by these new arrangements. It was clarified that in practice organisations were already working in this way and that delegation is already happening within the levels which are designated in the CCG's Constitution / Standing Orders. This new arrangement gives the CCG more protection than the organisation already has as it will give a clear agreement as to what can and cannot be done and anything that is not included would need to come back to CCG Boards. This would also result in a more robust governance arrangement.
- In terms of legitimacy and therefore accountability of this delegated group, it was clarified that legislation permits that CCGs are permitted to organise joint committees which have formal delegated powers, whilst accountability remains with CCG Boards. For example, NHSE have formally delegated primary care commissioning to CCGs but accountability sits with them, or Hampshire CCG Partnership where each CCG is separate but brought together under a single management team.
- Members were assured that governance leads from the Hampshire CCG Partnership, the City CCGs as well as Ian Corless, West Hampshire CCG Board Secretary had been involved in the development of the governance arrangements / terms of reference.
- The Board agreed that the final draft Agreement and Terms of Reference for the Joint Strategic Commissioning Committee of HIoW CCGs were supported in principle, subject to caveats as raised above i.e. what does delegation really mean in terms of finances, what is the clinical engagement and the direction of travel, explicitly stating what is not included and the line that reflects back the link to the CCG and our processes.

10.6 Ian Corless reminded the Board that, as reported previously, NHSE published an updated and fit-for-purpose new model CCG constitution and supporting notes. This is considerably shorter than the original version published in 2012 and identifies the minimum requirements to be included. The model sets out the rules and procedures that the CCGs should use to ensure probity and accountability and to ensure that decisions are taken in an open and transparent way.

10.7 The new model provides the CCG with a further opportunity to review arrangements, particularly in the light of system reform. The Terms of Reference for all Board Committees, including membership, are under review in the final quarter of 2018/19, so that a consistent and up to date set are in place for the commencement of the 2019/20 financial year. It is envisaged that this review will require the CCG to revise its Constitution and proposals will be submitted to the Board and membership in due course.

10.8 AGREED

The Board agreed to:

- **Note the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board, as detailed in the paper.**
- **Note the activity of the Policy Sub Group, including updates on the review of policies and documentation in relation to the General Data Protection Regulation which came into effect on 25 May 2018 and the actions in response to the findings of recent policy management audits.**
- **Support in principle the final draft Agreement and Terms of Reference for the Joint Strategic Commissioning Committee of Hampshire and Isle of Wight Clinical Commissioning Groups, subject to assurances as detailed above.**
- **Note the update regarding the CCG Constitution and the review of the Terms of Reference of the Committees of the Board.**

INFORMATION

11. Committees of the NHS West Hampshire CCG Board *(Paper WHCCG19/009)*

11.1 AGREED

The Board received the approved minutes of:

- **Clinical Governance Committee meeting held on 8 November 2018**
- **Clinical Cabinet meeting held on 18 November 2018 (Redacted)**
- **Finance and Performance Committee meeting held on 1 November 2018**

OTHER MATTERS TO NOTE

12. Any Other Business

12.1 No other business was raised and therefore, 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 28 March 2019** at **Omega House**, 112 Southampton Road, Eastleigh SO50 5PB (CCG Boardroom)**.**

Signed as a true record

Name: **Title:**

Signature: **Date**