West Hampshire
Clinical Commissioning Group

CCG Board

Date of meeting		**25 July 2019**	
Agenda Item	**3**	**Paper No**	**WHCCG19/074**

Draft Minutes of Last Meeting (23 May 2019)

Key issues	The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 23 May 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 23 May 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	17 July 2019

NHS
West Hampshire
Clinical Commissioning Group

Minutes

Board

Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 23 May 2019 at Omega House, 112 Southampton Road, Eastleigh, SO50 5PB (CCG Boardroom).

Present:	Sarah Schofield	Clinical Chairman (Chair)
	Charles Besley	Locality Clinical Director / Board GP
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality and Patient Engagement
	Karl Graham	Locality Clinical Director / Board GP
	Heather Hauschild	Chief Officer
	Adrian Higgins	Medical Director
	Johnny Lyon-Maris	Locality Clinical Director / Board GP
	Lorne McEwan	Locality Clinical Director / Board GP
	Ellen McNicholas	Director of Quality and Nursing (Board Nurse)
	Caroline Ward	Lay Member, New Technologies
	Stuart Ward	Locality Clinical Director / Board GP
In attendance:	Ian Corless	Board Secretary/Head of Business Services
	Sophie Douglas	GP Registrar / GP Fellow
	Jenny Erwin	Director of Commissioning, Mid Hampshire
	Rachael King	Director of Commissioning, South West
	Heather Mitchell	Director, Strategy and Partnerships
	Jackie Zabiela	Governance Manager
Apologies for absence:	Rory Honney	Locality Clinical Director / Board GP
	Alison Rogers	Lay Member, Strategy and Finance
	Jim Smallwood	Secondary Care Consultant

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

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

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

1.3 Sarah confirmed that no questions had been received from members of the public which required a response at the meeting.

2. Declaration of Board Members' Interests *(Paper WHCCG19/048)*

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

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

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

2.4 AGREED

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

3. Minutes of the Previous Meeting held on 28 March 2019 *(Paper WHCCG19/049)*

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

3.2 It was noted that the minutes also reflected the dialogue from the public presentation which had preceded the Board meeting.

3.3 AGREED

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

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

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

- **West Hampshire CCG – Chief Officer Arrangements** - As the Board were already aware, Heather will be leaving the CCG on 28 July 2019 to take on a new role in the Catholic Diocese of Portsmouth. The programme of work for commissioners to consider the implications of the NHS Long Term Plan, accelerated by the resignation of John Richards, Chief Officer of Southampton City CCG and Heather's impending vacancy has provided further opportunity for CCG boards to consider how to progress leadership arrangements for the future, balancing the need for change and for stability in order to continue to meet challenges in the re-design of services, primary care and managing resource. NHS England (NHSE) has discussed options with Sarah Schofield, with a workshop taking place on 3 June 2019 with other commissioning colleagues which will be attended by Sarah and Mike Fulford. West Hampshire CCG will then be required to make a decision for any interim arrangements following Heather's departure.
- **Sustainability and Transformation Partnership (STP)**
    - Hampshire and Isle of Wight (HIOW) Long Term Strategic Plan - There is a requirement to develop a long term strategic delivery plan at STP level, with external support required to help with this. A procurement exercise was undertaken which identified McKinsey's as the preferred supplier, with a plan for completion by September 2019.

- Wessex Cancer Alliance Programme 2019/20 - The STP Executive Delivery Group (EDG) discussed the Wessex Cancer Alliance Programme and how to strengthen HIOW cancer performance, particularly on cancer prevention, for example, early diagnosis. Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust (HHFT) is the executive sponsor for the programme, working with Dr Sallie Bacon, Director of Public Health, who is also retiring in the near future. An update on progress will be provided to EDG next month.
- Workforce - The CCG Board had received a presentation on workforce planning developments and current status earlier in the day. Ellen McNicholas is the CCG's executive representative at STP level. The Board needs to assist her with a clear steer as to what the CCG would expect as next steps, which will help inform the STP programme.
- Future Agenda Items - The EDG will also be discussing the HIOW transformation plan which will impact on services particularly in Southampton and Portsmouth, so there will need to be an understanding of the impact of this on the local system as well as mental health services. Capital and estates programmes are also being discussed.

- **National Briefings** – The governance team produce a national briefings update on a weekly basis which notes which executive director is responsible to review each item and consider how it fits into the work programme. Heather recommended that Board colleagues read this as it gives a broad perspective / background and to highlight if there is anything particular that needs to be taken forward.

4.2 Sarah Schofield stated that Sallie Bacon has participated with the CCG in the past at Board level as an excellent Public Health colleague. Sallie will be retiring in a few weeks and so, on behalf of the Board, Sarah thanked Sallie formally for the work she has done for both the CCG and the whole of Hampshire, adding that she will be much missed.

4.3 AGREED

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

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

5. Glenside Manor Healthcare and The Glenside Hospital for Neuro Rehabilitation: Briefing *(Paper WHCCG19/050)*

5.1 Ellen McNicholas explained that Glenside Manor Healthcare is a facility in Wiltshire owned by the Raphael Group. The facility is made up of six adult social care/nursing services and a hospital providing residential facilities for people who require long-term nursing intervention and support because of an acquired or traumatic injury, or other neurological condition. The site has a maximum bed-base of 142.

5.2 Concerns with the provider were first identified in October 2018 through a whistleblowing to the lead CCG in Wiltshire following which the Care Quality Commission (CQC) has carried out a number of visits / inspections. Glenside has also been subject to a Large Scale (Safeguarding) Enquiry (LSE) led by Wiltshire Local Authority and supported by Wiltshire CCG.

5.3 On 8 and 9 May 2019 the CQC issued notice of decisions to remove the registration of three Glenside facilities. Teams worked hard to move all the patients whose placements were commissioned by the CCG and all are now settling well in their new placements and will continue to be monitored. A number of lessons have been identified, however it was made clear that none of the reasons were similar to those which had been highlighted in a documentary regarding private providers which had aired the previous evening. Issues were around management, numbers of staff and care planning, rather than inappropriate behaviour of staff.

5.4 The Board expressed its thanks to Ellen and her team for leading an operation that worked smoothly in a difficult environment, which can be very distressing for both the individuals concerned and their families.

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

- It was queried how the lessons learnt will be managed and what can be done differently, for example when looking at the timeline and the actions to be taken forward, perhaps within a fast timescale, when people need to be moved. Ellen responded that when concerns first came to light in October 2018 through a whistleblowing member of staff, the CCG had already started to review care plans and the services being provided and had gradually started to move people out; the CCG did not wait until the CQC took formal action. There are six individual units on one site, with three having their registration removed. There were complex placements from all over the country and outside the CCGs geographical area. There were 92 people placed at Glenside by commissioners and by the time the CQC took action numbers were down to 52. Comprehensive assessments of individuals' needs had been undertaken and commissioners were already talking to providers who could meet these needs. Providers were excellent in giving their support in helping to assess and move people. For a number of these patients, this was their home which could be terribly traumatic and everything therefore needs to be considered; if someone has been in residence for 10 years they will need more than an ambulance to transport them as they will have more possessions. It was highlighted that some residents had goldfish and the team put a lot of effort into investigating how to safely move fish to ensure that there was no detrimental impact on the individual.
- The unit is subject to a safeguarding LSE and the CCG will be participating in the review with Wiltshire CCG; there will be a 'lessons learned' meeting for CCGs, at which NHS England (NHSE) will also be involved. One of the pieces of learning was that the team had put in a lot of time reviewing care plans with staff to ensure they were comprehensive enough to meet an individual's needs, however there were a number of agency staff and care plans were not necessarily being followed, which requires further consideration.
- As moving to another environment often impacts on an individual's wellbeing, teams will continue to collaborate to monitor placements more closely during the first few months. CCG nurse facilitators who regularly work with care home providers are supporting, care managers who oversee care for individuals are putting in additional visits and the safeguarding team are also having oversight due to the LSE from the previous placement. As noted earlier, all placements are very well settled and some improvements have been seen, which is not what would normally be expected following a move.
- Karl Graham noted that concerns were raised from whistleblowing from a member of staff rather than the CCG's own quality management. The CQC had also not been aware and had previously rated the organisation as 'good'. This therefore raised a question about assurance processes. Ellen responded that Glenside had previously been rated 'good' with some areas 'requiring

improvement'. However, Glenside was subject to a change of ownership in 2017 when it was bought by the Raphael Group which has establishments elsewhere in the country and there then continued to be issues with senior management in Glenside itself along with the level of oversight. CQC inspections are taken at a particular moment in time; an area to consider is that the CCG's care managers were looking at patients and ensuring that their care plans met their needs, however there was not enough joining up with the local CCG to see if there were any wider concerns. The CQC will participate with the lessons learned event with commissioners. Learning will be picked up through the Clinical Governance Committee going forward.

5.6 AGREED

The Board noted the briefing report.

6. Hampshire Hospitals NHS Foundation Trust Clinical Strategy 2019-2022 *(Paper WHCCG19/051)*

6.1 Adrian Higgins explained that Hampshire Hospitals NHS Foundation Trust (HHFT) had presented Clinical Cabinet with a Clinical Strategy, initially in draft form from Dr Andrew Bishop, Medical Director, and followed with a finalised version. The strategy begins by setting out the context of the NHS Long Term Plan, and the recent consideration of a Critical Treatment Centre and the subsequent decision to retain a 2-site delivery model. The strategy outlines four key areas of:

- High quality and safe care
- Local where possible and central where necessary
- Integrated care
- Efficient care

Each of these components is further expanded upon and consideration given to enablers and key deliverables for 2019/20. Feedback on the Strategy is summarised as follows:

Match to CCG Strategic Priorities

6.2 1. Safe and Sustainable

There is acknowledgement of the areas of challenge within the trust and a commitment to improved performance and quality of care in line with constitutional standards, which should be welcomed.

2. Financial Sustainability

Through the document consideration is given to the trusts challenging position and especially the high cost of delivering services across multiple sites and of the specific estate challenges i.e. old buildings with a substantial maintenance backlog. This gives confidence in the short-medium term for the trust but without any indication as to how the longer term issues will be addressed. There is little indication of a wider system responsibility for financial sustainability.

3. Work in Partnership

Many of the components of the strategy are described as being in partnership or with partners and the CCG should welcome this approach and the engagement with the trust in their strategy, specifically in relation to frailty, and to the development of Primary Care Networks and more community based models of delivery. It would help to expand upon how the trust intends to work as partners with Hampshire County Council (HCC) and Southern Health NHS Foundation Trust (SHFT) in particular.

4. Establish Local Delivery Systems (LDS)
The strategy does reference participation of the trust in the LDS and more clarity would be helpful of how the LDS might evolve as a result of the Long Term Plan, and the role the trust might play in this with a wider responsibility for population health.

Areas for Strengthening

6.3 It has been noted that a number of areas could be strengthened including:

- ***Prevention –*** what role could/should the trust play.
- ***Mental Health –*** given significant issues within the trust, the need for greater integration of physical and mental health services and the prevalence of mental health issues with physical impacts, such as dementia, this area could be greatly strengthened.
- ***Digital –*** there are some references to developing/accelerating digital solutions, such as in relation to out-patients, and medical records. This could be expanded upon and be more ambitious in its objectives and impact for example in relation to footfall on the hospital site.
- ***Workforce –*** the trust describes a relatively traditional approach to workforce which could be challenging given the demographics and sociological changes in our society, and we would suggest exploration of workforce models which support the development of local delivery teams and the out of hospital working.
- ***Population health –*** further thought could be given to how the trust can contribute to reducing the burden of ill-health for our population, and for carers, challenging the perception that the trust remains largely reactive, and could have a greater role in managing demand.

6.4 Further comments have since been received from clinical colleagues; the majority of feedback is that clinicians broadly agree with the direction of the strategy and welcome the engagement. More thought could be given to the pace of change in shifting services to the community and more detail of how the trust might develop more community models of care. The digital component could be more innovative and concerns have been expressed that less work being undertaken in hospital may translate to GPs doing more, with a lack of detail regarding the longer term vision and how the components and themes will be delivered. There are some references to specialist services and how they might be concentrated on a single site, which may potentially have a negative impact on the Winchester site.

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

- It did not feel as though the patient voice came through very strongly. The strategy talks about an aging population, however the needs of the younger population also need to be addressed. How can there be assurance that different groups in society have enough opportunity to comment and actually build the strategy and outcomes i.e. a patient voice throughout the lifetime of the strategy.
- There should be something around the key enablers and culture is not coming through strongly in relation to teams working together. Jenny Erwin added that the cultural change within the trust is quite evident for example the level of engagement on some of the programmes which need to be delivered which allows us to plan together at an early stage. In terms of mental health, whilst this is not coming through as a priority within the strategy, there are already plans / work streams in place as mental health is an area that HHFT are particularly keen on progressing.

- Sarah Schofield added that HHFT's medical director will be moving on to work at STP level. An advert has been placed for a chief clinical officer to take on the medical director role in conjunction with other leadership roles in the clinical workforce, which is an indicator that a different approach is visible; Adrian Higgins and Jenny Erwin have been invited to take part in this recruitment process.
- The quality improvement approach for delivering the strategy did not come through. The CQC identified that there appeared to be a development need for quality improvement, so are there any key enablers to help HHFT deliver.
- There needs to be more within the strategy that supports financial sustainability. The trust has clear risks and there are risks across the system; the strategy needs to describe how it supports the sustainability of the system going forward.
- More needs to be included on digital innovation e.g. where HHFT benchmark against the best in class and getting it right first time.
- This seems to be quite a traditional strategy; there is also a clinical service strategy review going on in the Isle of Wight and the CCG therefore needs to consider how this will impact on our area as well as on HHFT. It was acknowledged that the trust will not know the answer at this point, however it needs to consider how this will impact on how their strategy moves forward.
- It was queried how this Clinical Strategy relates to previous plans for a Critical Treatment Centre (CTC). Heather Hauschild provided some context for the strategy in that when the evaluation work for the CTC had been concluded commissioners stated that there was a requirement to state what is going to be done next. It has taken some time to get to this point for a number of reasons, which tries to answer what the trust is going to do instead. HHFT has a backlog maintenance issue with some of the estate being considerably old. The HIOW STP has also considered that a key piece of work for the Joint Commissioning Committee is to complete a review of the acute hospital strategy. The strategy provided is a snapshot in time on what the organisation needs to do in order to maintain and strengthen services, however there is a much larger piece of work that needs to be done at HIOW level. Consideration also needs to be given to the impact of all the service redesign and the resource that is being put into the community, which will impact on hospitals. It was noted that there is more focus on estate and capital rather than reshaping clinical services, so it would be helpful to feedback on the Board session which had taken place earlier in the day regarding workforce on some of the quicker wins that could be taken forward.

6.6 Adrian will draw together feedback and write a response to Andrew Bishop on behalf of the Board. It was requested that this is circulated to Board members in advance in case there was any additional feedback / queries, with Adrian to provide a timescale for response. **ACTION: Adrian Higgins**

6.7 AGREED

The Board:

- **Noted the receipt of the Hampshire Hospitals NHS Foundation Trust Clinical Strategy.**
- **Commented on the direction of travel and content of the strategy.**
- **Discussed and agreed a CCG response to the trust, to be circulated to Board members for additional comment prior to sending.**

7. Integrated Performance Report (May 2019) *(Paper WHCCG19/052)*

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

Finance Update

7.2 The following was reported:

- For the 2019/20 financial year the CCG is planning on income of £808.7m and expenditure of £808.7m, to give a planned breakeven position for the financial year.
- The financial performance position to the end of April 2019 shows a breakeven position in the year to date. However, for acute contracts and medicines management in particular, no data is available as yet and these budgets are assumed to be at breakeven in reporting month 1.
- Because of the above, the 2019/20 year-end forecast is at plan at this stage in the financial year.
- There remains a significant amount of risk to the CCG's year-end forecast. At the end of April the CCG identified £12.9m of QIPP (Quality, Innovation, Productivity and Prevention) risk, £2.1m of risk associated with in-year pressures and £2.1m of other risks. These risks are partially mitigated through plans to close the QIPP gap by £1.0m and by use of the CCG's contingency of £4.0m. However, after the mitigations the CCG has still identified a net £12.1m risk to the year-end breakeven forecast.
- This risk has been communicated to NHSE and discussions are ongoing with them as to how to mitigate this, with strategies to try and deliver the QIPP requirement including enhanced monitoring and escalation processes for contract management.
- Simon Garlick commented that he appreciated the changed reporting style and that monitoring would be looked at each month in-year, however he would still like more detail to be included on what the next year or two are looking like as it is likely that more savings will need to be made; he acknowledged that this would come with a number of caveats. Mike responded that there is a three year view with caveats which could be brought back to the Board, probably at the end of quarter 1.
  ACTION: Mike Fulford

Quality Update

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

- **Risk Register** – The Committee reviewed all of the risks currently on the Quality Directorate risk register. Currently there are nine risks from Quality and Safeguarding that meet the Corporate Risk Register threshold (score of 12 or more). These risks relate to SHFT, for which a full summary was contained within the quality report.
- **Hampshire and Isle of Wight (HIOW) Quality Board Quality Framework** – The Committee reviewed and commented on the HIOW Quality Framework developed by system partners. The feedback has been collated and sent to the Chair of the Quality Board, who will provide a written response.

- **Continuing Healthcare (CHC) Complaints Thematic Review** – The Committee received and accepted the thematic review of complaints to CHC, noting that:
    - During September 2018 to March 2019 there were a total of 40 complaints, down from 48 in the previous six month period (17% decrease). This represents 1.5% of total CHC activity which results in complaints.
    - The team have progressed from making 46 decisions per month in April 2018 to 183 decisions in February 2019. Speeding up the process should reduce complaints relating to delays.
    - The key theme of communication (timeliness and effectiveness) remains and further work is planned around staff customer service skills.

Performance Update

7.4 Mike Fulford highlighted the following performance issues:

- **University Hospital Southampton NHS Foundation Trust (UHSFT)** – UHSFT cancer performance continues to be of concern, however there was an improvement for West Hampshire CCG patients at UHSFT in all standards in March, in line with the recovery trajectories agreed with the trust. The two week wait standard was achieved for the CCG in March and UHSFT are planning to maintain delivery.
- **Child and Adolescent Mental Health Services (CAMHS)** – CAMHS are delivered for West Hampshire CCG by Sussex Partnership NHS Foundation Trust (SPFT). In Hampshire, as in the rest of the UK, demand for services has been increasing. SPFT was rated 'good' in their January 2017 CQC inspection. However, waiting times for West Hampshire CCG patients have not been meeting national waiting time standards since the start of 2018, and provider and commissioners recognise that in order to meet the demand for their services, more needs to be done. A board to board discussion was held with SPFT and Hampshire CCG Partnership which agreed next steps regarding a review of services and moving forward on waiting time issues, particularly in Winchester.
- **Millbrook Hampshire Wheelchair Service (MHWS)**: **Children's Pathway Initiative** – In March 2019, the MHWS children's waiting list was 397 and the average waiting time for West Hampshire CCG children was 18.9 weeks. The quarter four 2018/19 position for the CCG demonstrated that 52% of child cases were closed within 18 weeks. West Hampshire and Southampton City CCGs have put in additional investment and been working with MHWS to develop an initiative with the prime aim of improving compliance with the 18 week referral to treatment wheelchair target for children. This initiative has now been running for eight weeks and as such it is too early to determine the impact of this on practice.

7.5 The following comments and queries were raised during discussion on cancer performance:

- Sarah Schofield queried how action could be taken on some of these issues in a slightly different way. She had recently attended the Cancer Alliance Board that reviewed cancer performance across the area; there had been some discussion, however there was not much outlined in terms of action. She therefore queried if the CCG Board could usefully ask some questions which might help the thinking; if the CCG changed its approach would this help or hinder management.
- In response it was advised that some providers in the CCG area perform well, whereas this is not the case with others. It should be recognised that UHSFT performance has improved, although it was acknowledged there is further to go, for example diagnostics has been achieved for two months running, the two

week wait target was achieved in March, with the two week breast symptoms pathway now at 70% from 30%. The 62 day pathway remains challenging however there is an action plan in place that continues to be monitored.

- There is a view that performance challenges have been caused by an increase in demand for which the trust do not have the resources. However, part of the NHS Long Term Plan is early diagnosis, which by definition means more staff will be needed. It is about having a strategic approach across the system. Consideration needs to be given as to whether the CCG can ask some useful questions which might help to consider how work is structured / done in a slightly different way. This would be very much around wider clinical pathways, rather than what individual providers should do differently.
- Sarah Schofield added that she had attended the Academic Health Science Network the day before where there had been a presentation around cancer and some of the digital solutions that UHSFT are using which other providers are not utilising; so there is an element about how all organisations ensure they are following good practice.
- Heather Hauschild reflected that the benchmarking information contained within the report is incredibly useful, particularly in the way in which the CCG might look at an organisation and how more is done in terms of quality surveillance, for example, UHSFT indicators are generally at a lower decile. She queried if the trust were to hit all the targets, would this then increase costs? Mike Fulford responded that this would be unlikely as there are relatively small numbers involved. This also needs to be equated with information around the huge amount of resource being spent in out-patient follow-ups which could be released to some other areas.
- Mike noted that UHSFT performance looks very stark when compared with other trust performance, so there are issues around how trusts might learn from each other.

7.6 AGREED

The Board

- **Received the West Hampshire CCG Integrated Performance Report (May 2019) and reviewed the associated risk and mitigations, as summarised above and in the paper.**
- **Agreed that Sarah Schofield would link with Rachael King and Judy Gillow on how she could write on behalf of the Board to Cancer Alliance Board with regard to how the CCG could have an impact there.**
- **Agreed that links would be made with Judy Gillow and Ellen McNicholas as to how to RAG rate / red flag performance**

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

8. Collaborative Commissioning Report (May 2019) *(Paper WHCCG19/053)*

8.1 An update was presented to the Board on the key collaborative commissioning strategic and operational issues managed by the CCG, providing a reminder of the 2019/20 work programmes and an update on activities in April and May. Actions for the next two months and risks were also summarised. The main areas where CCGs across

Hampshire delegate commissioning functions to a lead CCG are as follows:

- Maternity and Child Health – lead is North East Hampshire and Farnham CCG
- Mental Health and Learning Disability – lead is West Hampshire CCG
- Continuing Healthcare – lead is West Hampshire CCG
- Safeguarding and Looked After Children – lead is West Hampshire CCG (updated separately to Clinical Governance Committee / governing bodies).

8.2 Heather Mitchell highlighted the following developments / issues:

- **Maternity and Child Health**
    - Child and Adolescent Mental Health Services (CAMHS) - one of the key areas which continues to be managed is CAMHS. A joint meeting was held looking at review of capacity modelling. It was agreed to test potential improvements and new ways of working / models around prevention as well as addressing waiting lists. It was agreed that Winchester and the South East are areas with the longest waiting times / need and a workshop will be taking place on 5 June 2019 to take this forward.
    - Continuing Care for Children – this service is undergoing a detailed review and has been added to the CCG risk register, with level of resource needed to manage this service to be determined.
    - NHS 111 Paediatric Desk – the pilot of a paediatric desk based within NHS 111 started in April 2019.
- **Mental Health**
    - Mental Health Investment Standard – mental health investment priorities have been identified, for example IAPT (Improving Access to Psychological Therapies) expansion in relation to long term conditions, a primary care mental health service, further investment into crisis resolution home treatment, ensuring 24/7 specialist peri-natal mental health services and investment into the core contract.
    - Digital Innovation – a conference has taken place to discuss digital innovation in mental health services, with a meeting arranged to consider how this is taken forward.
    - Extra Contractual Referrals (ECR) – a 7 point plan has been developed to reduce out of area placements, particularly in relation to SHFT. Hampshire have a very low number of beds for the local population compared to national, so a joint oversight board has been established to ensure consistency of clinical practice, culture within the trust and crisis plans to discharge.

8.3 Ellen McNicholas highlighted the following:

- **Learning Disabilities**
    - There is a new style of reporting; teams have focussed on what they are intending on delivering for the year with a look at what has been done in April and May together with what they will be doing over the next two months.
    - In line with the Transforming Care Programme, there have been a further five people discharged back into community settings from long stay establishments. Over the next couple of months individuals will continue to be discharged into community settings and uptake of annual health checks improved

- The CCG has been able to identify one new LeDeR reviewer (into deaths of people with a learning disability). It has been difficult to keep up with demand for these reviews as there are not enough reviewers given this role needs to be undertaken on top of the normal day job..

- **Continuing Healthcare (CHC)**

  - Positive outputs continue to be seen. There has been closer integration with the local authority to look at direct payments and how patients can be supported in that way. UHSFT had a fast track trajectory and plan which has been delivered, with only one patient currently in UHSFT waiting for CHC Fast Track in Hampshire, which is an improved position. HHFT have reported that Fast Track is working well, and that the CCG does not need to do more than carry on with what we are doing as this means patients are having a positive experience.

  - 85% of CHC assessments should take place in the community. This time last year performance was in the teens and low 20's; this year four of the five CCGs in Hampshire have met the 85% target. For the CCG where this was not met, this was in relation to one patient. The service is still not meeting the 28 day to decision target, which is the next area of focus.

8.4 The following comments and queries were raised:

- Sarah Schofield stated that this improvement in CHC performance was very good compared to the previous position and she expressed gratitude to the CHC team who have worked phenomenally hard to achieve this. Mike Fulford added that the performance improvements have been led by Ciara Rogers, Deputy Director of Continuing Healthcare and Funded Nursing Care, and has been achieved whilst delivering £14m savings against an £11m target. This has had a huge impact on the service with improvement for patients as well as delivering savings.
- It was queried if there are some lessons to be learnt from this as the CHC team have also had some issues with their workforce. Ellen advised that work is now ongoing to see how colleagues who are managing children's CHC can be supported to learn some of the lessons from the adults' service.
- Karl Graham requested clarification on the summary of key risks and issues in relation to CAMHS and children's triage which was coloured 'green' but marked 'red'; it was confirmed that this should be 'green'.

8.5 AGREED

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

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

9. Local Delivery Systems Report (May 2019) *(Paper WHCCG19/054)*

9.1 The Board received a report which provided an update on progress on:

- The work within Local Delivery Systems (LDS) 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.

9.2 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.

9.3 Rachael King drew attention to the following:

- A key area of focus has been supporting the development of Primary Care Networks (PCNs) building on earlier Cluster configuration. PCNs are groups of GP practices with populations of 30,000 – 50,000 working together alongside acute, community and the voluntary sector to deliver joined up care for local people. The Clusters will be become known as Primary Care Networks from 1 July 2019. In line with national guidance, PCNs have submitted registration forms to be formally established. These are in the process of being reviewed with the final deadline being 30 June 2019.
- There has been an exciting opportunity to submit an expression of interest to become PCN accelerator sites. Both South West and Mid Hampshire LDS will submit applications, which need to be made in June. This will give support at national level and will also mean additional financial support; it was highlighted that there is strong competition for this.
- The Primary Care Commissioning Committee has approved a merger of Forest Gate Surgery and Totton Health Centre from 1 July 2019. They will be known as New Horizons Medical Partnership, with the application clearly showing benefits for the practice, population and for staff.

9.4 Jenny Erwin highlighted the following:

- The North and Mid Hampshire system have submitted a bid for NHSE transformation support to try and further accelerate out-patient transformation. This is a collaborative with two GP Federations, HHFT and North and West Hampshire CCGs. There will be a six week wait for a response.
- There have also been a number of local developments. Mid Hampshire are piloting a Musculoskeletal (MSK) First Contact Practitioner (FCP) service following a successful bid from NHSE. The pilot commenced on 1 May 2019 in the Andover PCN and will run for six months. Patients in Andover can be seen by a first contact practitioner without having to see their GP and can access the service by contacting their GP practice. The pilot will be evaluated following which a decision will be made as to further roll out.
- A community Fibroscan service will be piloted for one year across the 18 practices in Mid Hampshire with a view to evaluate and roll out the pilot to the whole of West Hampshire CCG after 12 months. The service is an innovative way to risk-stratify patients for liver disease so that patients are detected earlier. This is the first of its kind for community provision, which has now been followed by two other areas nationally.
- Work is ongoing on effective patient flow and discharge to reduce Length of Stay. The most recent data for HHFT is that a 31% reduction in long stay patients has been achieved against an ambition to deliver a 40% reduction by March 2020

(from baseline March 2018), which is ahead of target. 2018/19 data shows an overall reduction in occupied bed days of 2%, which is a significant change in that less were being used rather than increasing year on year. It is hoped this can be achieved again or bettered in 2019/20.

9.5 The following initiatives were also highlighted:

- Red and Green Practice have worked with their Patient Participation Group to provide a community garden (healthy haven) which community groups and vulnerable people can come and enjoy.
- The Winchester locality are bringing Weight Watchers groups into surgeries and providing scales. Practices are also supporting the local park run and are now getting more involved in prevention in addition to treatment.
- The frailty team in South West New Forest were in attendance at the HSJ awards in Manchester and are one of two initiatives that were submitted by the CCG. The second is the ICON initiative, which is a suite of tools to reduce abusive head trauma in babies / young children.

9.6 AGREED

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

CCG DEVELOPMENT AND GOVERNANCE

10. West Hampshire CCG 360° Stakeholder Survey and Engagement Plan *(Paper WHCCG19/055)*

10.1 Ellen McNicholas introduced the report which provided a summary of the Ipsos Mori 360° Stakeholder Survey 2018, carried out in January and February 2019. The report highlights the key findings and benchmarking with national responses, although it was highlighted that it has not been possible to benchmark against the 2017 responses due to different and fewer questions (33 questions in 2017 down to 9 questions in 2018). The report also lays out the CCG's strategy for improved communications and engagement with stakeholders and an action plan for the 2019 Stakeholder Survey.

10.2 Ellen highlighted that there were a lot of positives in the results, as well as some room for improvement. Her request of the Board was to note the findings and that an action plan is being developed in preparation for the 2019 survey. The report provided included a supplementary paper giving a timeline of steps to be taken to ensure the survey is completed in the months running up to it. The main action to deliver lessons learned from the current survey forms part of the CCG's newly drafted Communications and Engagement Strategy and how this will be implemented over the next year. The Strategy will be ready for review by the Executive Team in the next couple of weeks, with the aim of coming to the Board as soon as a date has been agreed. Ellen added that Board members will be able to recognise the improvements that have been made in the communications and engagement function in recent weeks and that she was very pleased with the contents of the draft strategy.

10.3 Lay advisors will be meeting with the communications team in the near future, and some of the engagement functions have already started, for example, stakeholder mapping and invitations for Board members to meet local councillors.

10.4 It was noted that a lot of effort is put into the survey in comparison with the amount of benefit that seems to be achieved and it was queried why the CCG does not just put in the minimum amount of effort needed. Heather Hauschild responded that it is essential

that the CCG continues with the survey. There is a huge amount of work that teams and localities are doing, however the general population needs to know this. The 360° survey findings act as useful a reminder that the CCG needs to manage a range of communication, engagement and consultation activities on a continuing basis. Ellen added that the CCG also needs to focus on an overarching Communications and Engagement Strategy and getting this embedded as part of business as usual, as 360 ° feedback will fall out of this.

10.5 In terms of benchmarking, West Hampshire CCG is now more or less in line with other CCGs which has not been the case in the past, possibly as we are a larger CCG and engaging stakeholders was more complex. There has since been more reorganisation with locality clinical directors now sitting on the Board; all of this helps the CCG to better review whether the right things are taking place, particularly regarding how we engage. There were no areas where West Hampshire CCG is a particular outlier. The survey highlighted the importance of relationships which will be a key feature of work going forward as there are very obvious differences in responses based on how good relationships were between individuals, so this needs further focus.

10.6 AGREED

The Board

- **Noted the report and the findings of the 2018 survey.**
- **Noted that an action plan is being developed for the 2019 survey. This will be part of the refreshed Communications and Engagement Strategy and implementation plan.**
- **Discussed communications and engagement actions so far.**

11. Board Assurance Framework *(Paper WHCCG19/056)*

11.1 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. The Corporate Risk Register which informs the BAF was virtually reviewed by the Corporate Risk Group on 29 April and at their meeting on 14 May, and a revised BAF designed and reviewed at the same time.

11.2 On recommendation from the Audit Committee the strategic content of the BAF has been reviewed. The BAF has been recast to reflect the new Strategic Objectives for 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

11.3 There are two new high risks:

- #616 Common dataset of information about all children eligible/potentially eligible for Continuing Healthcare – rating 12
- #618 SHFT maintain governance oversight during transformation – rating 12. This is to reflect that SHFT are presently going through a large restructuring and there are a couple of issues that the CCG needs to keep sight of.

11.4 There is one reduced risk:

- #600 GPIT Capital Programme funding for 2019/20 reduced rating from 20 to 12

11.5 There are nine risks which have been downgraded and removed from the BAF:

- #512 S136 transport and staffing
- #441 Eastleigh Estates and Technology Transformation Programme (ETTP) delivery
- #492 If the CCG does not deliver the planned 2018/19 position
- #541 Named GPs for safeguarding children
- #538 GP IT Capital Programme funding for 2018/19
- #529 Primary Care Hubs development
- #591 GMC erased doctor continues to perform unsafe male circumcision
- #598 If a small number of very high cost CHC and S117 packages of care are approved the budget will be overspent
- #605 CCG/SHFT 2019/20 negotiations.

11.6 Judy Gillow reported that she had raised the risk in relation to UHSFT Ophthalmology at the Audit Committee the previous day in that it does not include any detail regarding the risk of patient harm. It would therefore be helpful if this could be expanded on. Rachael King and Ellen McNicholas will ensure this is reflected appropriately in the BAF.

11.7 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.

12. Other CCG Corporate Governance Matters *(Paper WHCCG19/057)*

12.1 It was 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 review of the Policy Sub Group Terms of Reference.
- The approval of the Annual Report and Statutory Accounts 2018/19.

12.2 The Annual Report and Statutory Accounts had been presented to the Audit Committee that had taken place the day before. Simon Garlick, Audit Committee Chair added that this was one of the strongest positions there has been for the CCG in terms of content and results. The delivery by the finance team led by Andrew Short, Associate Director of

Finance was excellent and auditors were very complimentary of the whole process. The annual report shows the benefit of being developed in closer collaboration with the communications team as the report flowed when reading. The Board formally recorded thanks to Andrew and the team.

12.3 With regard to the Policy Sub Group and the review of the Terms of Reference, Heather Mitchell advised that a number of steps had been taken to improve staff engagement with the development and review of policies, which was previously undertaken through Staff Forum representatives. A policy page has been developed on the intranet and updates are provided through newsletters and the regular All Staff Briefings to raise awareness for staff to provide feedback and be advised of changes that have been made to policies.

12.4 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.**
- **Ratified the Terms of Reference for the Policy Sub Group.**
- **Note the approval of the Annual Report and Statutory Accounts for 2018/19.**

INFORMATION

13. Committees of the NHS West Hampshire CCG Board *(Paper WHCCG19/058)*

13.1 AGREED

The Board received the approved minutes of:

- **Audit Committee meeting held on 18 March 2019**
- **Clinical Governance Committee meeting held on 7 March 2019**
- **Clinical Cabinet meetings held on 14 March and 11 April 2019**
- **Finance and Performance Committee meeting held on 28 February 2019**
- **Primary Care Commissioning Committee meeting held on 28 February 2019**

OTHER MATTERS TO NOTE

14. Any Other Business

14.1 The following items of any other business were raised:

- **Heather Hauschild** - Sarah Schofield noted that this was Heather's penultimate Board meeting in public, with the next meeting being a combination of a Board meeting and an Annual General Meeting (AGM). She formally expressed thanks to Heather on behalf of the Board for all the work involved in attendance at meetings in public, which have evolved and changed as time progresses.
- **Sophie Douglas** - Sarah highlighted that Sophie was in attendance at the Board meeting as she will be one of the new partners at the merged practice New Horizons Medical Partnership, starting in October.

- **Future Board Meetings** - Ian Corless advised that the next Board meeting in Public would be taking place in Winchester Guildhall on Thursday 25 July. Future meetings will take place in Lyndhurst in September, Hedge End in November and Andover in January.

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

15. Date of Next Meeting

15.1 The next Board meeting to be held in public is currently scheduled to take place on **Thursday 25 July 2019** at King Charles Hall, **Guildhall Winchester**, Broadway, High Street, Winchester, SO23 9GH

Signed as a true record

Name: **Title:**

Signature: **Date**