

Minutes of the Part I meeting of the NHS North East Hampshire and Farnham Clinical Commissioning Group Governing Body meeting held on Wednesday 10 September 2014 at The Church on the Heath, The Key, Elvetham Heath, Fleet, Hampshire

Present:	<p>Dr Andy Whitfield, Clinical Lead and Chair Dr Mary Armitage, Secondary Care Clinician Ms Kathy Atkinson, <i>Lay Member with Patient and Public Involvement Portfolio</i> Dr Peter Bibawy, GP, Southlea Practice, GP Lead for Unscheduled Care Dr Steven Clarke, GP, Branksomewood Healthcare Centre, GP Lead for Planned Care Mr Peter Cruttenden, Chair of Audit and Lay Member with Governance Portfolio Dr Olive Fairbairn, GP, Alexander House Practice, GP Lead for Mental Health Mrs Maggie Maclsaac, Chief Officer Dr Ruth Milton, Director of Public Health, Hampshire County Mrs Rosie Trainor – Interim Nurse and Quality Director</p>
In attendance:	<p>Mrs Claire Fleming, Business Manager (Interim) for minute taking Mrs Kaylee Godfrey, Communications Manager Mrs Ros Hartley, Director of Strategy and Partnerships Mrs Sarah McBride, Director of Delivery Mrs Sue Pidduck, Area Director North and East Hampshire, Hampshire County Council</p> <p>Harriet Luximore, NHS England's Operations and Delivery Team</p>
Apologies for Absence	<p>Dr David Brown, GP and Chair of the Practice Council Dr Jane Dempster, GP, Farnham Dene Medical Centre, GP Lead for Long Term Conditions Ms Julie Fisher, Strategic Director, Business Services, Surrey County Council Mr David Giles, Practice Manager and Secretary to the Practice Council Ms Emma Holden, Associate Director of Strategy Implementation Council Mr Roshan Patel, Chief Finance Officer</p>

1	Chairman's Welcome
	<p>Dr Andy Whitfield formally welcomed members and the public to the meeting.</p> <p>Apologies were noted as above.</p>
2	Register of Interest
	<p>NOTED</p> <p>The Governing Body reviewed and noted the updates to the Register of Member Interests.</p>
3	Minutes of the Governing Body Part I meeting held on Wednesday 9 July 2014
	<p>The NHS North East Hampshire and Farnham Clinical Commissioning Group Governing Body approved the minutes of the meeting held on 9 July 2014 as being a correct record and commended them for signature by the Chairman.</p>

4	<p>Action Tracker from the Governing Body Part I meeting held on Wednesday 9 July 2014</p>
	<p>The Governing Body reviewed the Action Tracker, noting those which had been completed. The following updates were provided.</p> <p><u>14 May 2014 – production of a public facing briefing paper with all multiagency contacts</u> Information had been shared with GP practices and the website had been updated although it was recognised that the information wasn't easily accessible and the communications team are working to increase accessibility.</p>
5	<p>Quality Report</p>
	<p>Rosie Trainor summarised the provided papers. She requested that the Committee do not look to approve the Terms of Reference at this meeting that had been included in the papers as these had been discussed at length following the distribution of the papers as some enhancements had been suggested. Mrs Trainor asked that a further version be submitted to the next Governing Body meeting.</p> <p>Action – Terms of reference for the Quality & Clinical Governance Committee to be approved at a future meeting.</p> <p>Mrs Trainor advised that as of August the management of complaints had transferred in-house enabling a more personal approach. She advised that the Complaints and Concerns Policy had been discussed by the Quality and Clinical Governance Committee who also had responsibility for reviewing complaints, and requested the Governing Body's ratification of the policy. Maggie Maclsaac advised that the CCG receives a low number of complaints and the policy will enable richer feedback. Committee members discussed the importance of feedback and how talking to complainants often results in 'soft intelligence'; it was felt that this needed to be captured within the policy to enable monitoring of trends and prioritisation for discussion and action where appropriate. It was noted that this was a difficult task given the small numbers.</p> <p>The Governing Policy approved and ratified the Complaints and Concerns Policy requesting a commentary be included which captures third party feedback.</p> <p>Rosie Trainor advised that there were 17 C Difficile infections within the community since April 14, against a trajectory of 33 for 14/15, and that these were being investigated as a priority. She advised there had been some difficulties gaining information due to governance restrictions on patient data but advised that this was being worked thorough and feedback is anticipated.</p> <p>Mrs Trainor advised that CQC inspections have been undertaken at Frimley Park Hospital NHS FT and Surrey and Borders Partnership NHS FT and the outcome of these was anticipated.</p> <p>She advised that Frimley Park Hospital NHS Foundation Trust had reported 2 cases of MRSA Bacteraemia (MRSAB) against zero tolerance since April 2014 and that actions are in place to minimise recurrence with the commitment to review all cases from 2013/14 to highlight and share the learning.</p>

	<p>The committee noted that a Memorandum of Understanding had been completed as a variation to the contract with Southern Health NHS FT which focussed on quality concerns.</p>
6	<p>Public & Patient Involvement Update</p> <p>Mrs Kathy Atkinson advised that the Patient and Public Engagement (PPE) committee had met on 20th August and noted the importance of capturing information from various stakeholders including Healthwatch, patient involvement, and the voluntary sector. She advised they had been reviewing the committee's terms of reference in particularly focussing on quality input. Mrs Atkinson advised that the Patient Participation Group (PPG) provided a direct link with the Patient and Public Engagement Committee and the CCG, and represented an enormous opportunity for patients to be involved in the work of the CCG; she recognised there was a challenge in communicating this to the community and advised of plans for a stakeholder survey which will provide information to enable the development of a communication strategy.</p>
7	<p>Outcome of Willow Ward Consultation</p> <p>Mrs Rosie Trainor provided an update to the committee on the consultation that had been undertaken by Surrey and Borders partnership NHS Foundation Trust in consultation with the Surrey CCGs, and other stakeholders, with regard to closure of the Willow ward at Woking Community Hospital.</p> <p>Members were reminded that this related to a 15 bed ward providing nursing care to people from across Surrey who had been assessed as requiring continuing health care status in progressed stages of dementia. The consultation looked to close this ward moving care away from the hospital environment to within the community and closer to peoples and carers homes. It was also noted that the proposed closure was driven by the needs for the patients end stage dementia and suitability for patients.</p> <p>Mrs Trainor advised that there remained two patients on the Willow ward and that the continuing healthcare team had identified appropriate care homes for all patients. She advised that the consultation supported the direction of moving patients care to nursing homes and the closure of the Willow ward.</p> <p>Rosie Trainor advised that all of the Surrey CCG Governing Bodies were being asked to approve the consultation outcomes and the closure of Willow ward.</p> <p>The Governing Body supported the closure of Willow ward.</p>
8	<p>Primary Care Review Panel 01/09/14 Outcomes</p> <p>Dr Andrew Whitfield asked Governing Body members to vote on the suspension of Standing Order 3.9 (quoracy) due to the potential clinical conflict of interest in the following item. Five Governing Body members agreed to suspend Standing Order 3.9 thereby not requiring a clinical majority.</p> <p><u>The Chair was passed to Mr Peter Cruttenden for this item.</u></p> <p>Mr Cruttenden invited Lauren Pennington from the public gallery to present this item. Lauren advised that following the approval of the Governing Body to</p>

establish a Primary Care Review Panel, it had met for the first time on 1st September 2014 and considered:

QIPP delivery contract payment appeals

Lauren advised that three appeals had been received and that following review the Panel recommended to uphold two of the three appeals. Details of which were provided within the supporting papers.

The Governing Body approved the recommendation.

Innovation Fund Plans

Lauren advised that following a request from the Governing Body for additional information on eight of the plans which had previously requested funding, the Primary Care Review Panel had reviewed the additional information and recommended approval and release of funds for four of these plans (Practice 3, Practice 4 Practice 6, and Practice 7).

The Primary Care Review Panel recommended to the Governing Body not to approve the plans and release funding for a further four of the submitted plans (Practice 5, Locality 1, Practice 8, and Locality 2) as there remained outstanding concerns. Lauren advised that the affected practices/localities were being given support to address concerns and that the Panel had agreed to virtually review any further information and would make recommendations to the Governing Body at it's private meeting on 8th October.

Sue Pidduck suggested that a representative from Social Care may be appropriate on the Panel to ensure that there was no duplication of funding opportunities.

Action – Lauren Pennington to look at inclusion of Social Care representative

The Governing Body approved the recommendations.

Older Person funding plans.

Lauren advised that following consideration of a paper entitled *Transforming care for Older People* by the Governing Body on 11 June 2014, and in line with guidance it was recommended by the Panel to allocate £1.1m to GP practice. She advised that the aim of the funding was to transform the care of patients over 75 years of age and specifically in avoidable admissions. 15 plans had been received which represented individual practices as well as groups of practices.

Lauren advised of the 15 plans, the Primary Care Review Panel were recommending the Governing Body:

- Approve the plans and release funding for 2 plans (Cronwall New Surgery and Fleet Medical Centre)
- Enable the Primary Care Review Panel to virtually review 2 further plans (Branksomewood Healthcare Centre and Farnham Dene Medical Practice) and accept further recommendation on 8 October 2014.

The remaining 11 plans related to Health Checks for patients over the age of 75 with funding totalling £862,826. Lauren advised that whilst the delivery model varied the plans broadly aimed to proactively monitor 50-75% of patients within this category. Lauren advised that whilst the Panel supported the concept of

delivering Health Checks, members felt that delivery models may need refinement in order to deliver the CCG's strategy and outcome ambitions; specifically to reduce emergency admissions within this patient cohort.

The Primary care Review Panel recommended that the Governing Body support GP Practices to:

- Share best practice and refine ideas across practices
- Consider a consistent specification for the health checks, possibly developed in conjunction with the clinical leads
- Consider target groups of patients, including a suggestion to focus on patients living in residential and care homes and those who are normally unable to leave their home to attend the GP Practice
- Consider use of alternative practice workforce to deliver the health checks which reflects the current environment where recruitment of additional GP capacity is a challenge; and
- Consistent outcome measures and reporting mechanisms

Lauren advised that a workshop was proposed to develop and refine the approach for the health check model with GP practice, and following this the Governing Body would receive a further update on 8 October 2014.

The committee discussed the importance of engaging with all GP practices in this workshop and not to just include those who had submitted a plan. They also recognised that 'one size does not fit all' and that it was important to capture what was trying to be achieved rather than what needed to be done. The committee further recognised the time pressure as funds needed to be released by March 2015 for a 12 month delivery programme.

Dr Steven Clarke noted that there was a lack of plans around medicine management and felt it was an important area of consideration for over 75s and recommended input from the medicines management team in the workshop.

The Governing Body approved the recommendations.

Standing orders were reinstated and the Chair handed back to Dr Whitfield

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Organisation and Resilience and Capacity Planning

Dr Andrew Whitfield invited Joe Croombs from the public gallery to present this item. Mrs Croombs provided a summary of the Operational Resilience and Capacity Plan for 2014/15, of which she was seeking approval from the Governing



Item 9 HANDOUT
140910 - ORCP update

Body, and members were provided with the attached hand-out.

Mrs Croombs outlined the local agreements; she advised that the existing system of utilising the Urgent Care Board was being used, initially, for a period of three months but at the last meeting it was agreed to extend this term, and she was seeking Governing Body approval to this proposal due to recent guidance.

	<p>Joe advised that the Board were developing metrics and key performance indicators for the Better Care Fund with the aim of ensuring there was no duplication. Local needs were being taken into account and best practice utilised to ensure that actions could be up-scaled.</p> <p>Joe highlighted the Area Team feedback had given an overall assessment of low for risk and had given an overall assurance level of assured. She advised there were some suggested areas of work including an analytical review of the plans by an external independent body, and enhanced governance arrangements for holding each other to account.</p> <p>Mrs Croombs talked through the summary financial allocation advising that these were still in development and that the three Surrey CCGs were contributing.</p> <p>Mrs Croombs highlighted the next steps from the hand out and advised that once the plans had been approved they would be published on the website.</p> <p>Rosie Trainor asked for consideration of risks based on workforce and quality and this prompted discussion with the committee around risks and 'do-ability'.</p> <p>Dr Peter Bibawy thanked Joe for the work she had undertaken thus far recognising it had been very challenging. He advised that the CCG had been in a very good position to develop from the resilience group.</p> <p>The committee discussed planned care and how there was substantial development in primary care which was core to the System Resilience Group. They recognised that the standard approach was to provide equity but that this was challenging when trying to assess and identify increase demand. The committee members also recognised the links to other areas such as Primary care development and co-commissioning.</p> <p>Mrs Kathy Atkinson enquired about the involvement of voluntary groups and the independent sector and was advised that there was already some engagement but would feedback to the Board.</p> <p>The Governing Body approved the Frimley System Operational Resilience and Capacity Plan for 2014/15</p>
10	<p>Update on Frimley Park Acquisition</p>
	<p>Dr Andy Whitfield provided an update on the acquisition based upon the press release at the end of July from the board of governors of Frimley Park dated 20th July 2014, (which is available on their website) advising that the Boards had approved the acquisition of Heatherwood and Wexham park hospital by Frimley Park Hospital and that it was accepted that our CCG had no financial contribution.</p> <p>Dr Whitfield advised that there was a considerable financial requirement to support the acquisition and that the majority of these funds would support services</p>

	<p>within Heatherwood and Wexham park hospital. It was also noted by the committee that other CCGs had financially committed but not to the original requested levels.</p> <p>Dr Whitfield advised that it had previously been discussed and accepted by the other affected CCGs that North East Hampshire and Farnham Clinical Commissioning Group were not financially supporting the acquisition and that the focus on quality at Frimley Park remained a priority of the CCG.</p>
11	<p>Committees of NHS North East Hampshire and Farnham Clinical Commissioning Group's Governing Body</p>
	<p>The Governing body received updates from the leads on the following:</p> <p><u>Audit and Risk Committee</u> Mr Peter Cruttenden advised that meetings with the internal/external auditors had raised no concerns and they had been complimentary on the closure of the external audit.</p> <p>Mr Cruttenden advised that the external auditors had given limited assurance for prescribing and medicines management. He advised that this related to staffing and the updating of the risk register. He further advised that an action plan had been set to manage this which will be tracked by the Audit & Risk Committee.</p> <p>The committee had also reviewed the CCG's Standing Financial Instructions, Scheme of Reservation and Delegation, and its Standing Orders. Mr Cruttenden advised that these had undergone a thorough refresh and had then been reviewed by the Governing Body.</p> <p><u>Quality and Clinical Governance Committee</u> Mrs Rosie Trainer advised that the committee had met that morning, they had:</p> <ul style="list-style-type: none"> • Received positive assurance regarding the learning and closure of serious incidents at Surrey & Borders. • Discussed with the safeguarding children's lead to understand learning from serious case reviews of pre-mobile babies • Discussed the planned CQC inspection at Southern Health which is anticipated from 2nd October <p><u>Patient and Public Engagement Committee</u> Update provided earlier in the meeting (agenda item 6)</p> <p><u>Clinical Executive Committee</u> Dr Steven Clarke advised that since the previous meeting the Clinical Executive Committee had met twice and covered a number of topics including:</p> <ul style="list-style-type: none"> • How the CCG liaises with Academic Health Science Networks and that we would be joining the Wessex network • Feedback from the medicines management team to clarify the prescribing strategy • Agreements to cover a gap in fitting coils for non-contraceptive purposes • Supporting the Timeout café for mental health patients to get health and support outside of the A&E environment. This had received positive

	<p>feedback and the CCG were looking at how it can contribute.</p> <ul style="list-style-type: none"> • The continuation of the leg ulcer treatment service in Farnham pending a review of the service as a whole. • A project to look at improving diabetic quality markers in 8 practices. • The Cancer Strategy Document • How we plan to review referrals from GPs which have increased more than expected, and the analysis of trends to enable the CCG to gain a greater understanding.
12	<p>Hampshire Public Health Update</p> <p>Dr Ruth Milton provided highlights of the report to the Committee. She advised of the focus on maximising uptake of the flu vaccination for over 65year olds and also pregnant women. She advised that data from Australia shows that 12% of people with flu had required hospital treatment and that this trend is an indicator for the UK.</p> <p>The committee discussed variation across practices with regard to vaccine uptake and discussed the use of Better Care Funds to support uptake. The committee also felt that there was a missed opportunity that midwives were not trained to administer flu vaccinations.</p> <p>Action – Sarah McBride to discuss midwives administering flu vaccinations with Frimley.</p> <p>Sue Pidduck enquired about uptake for housebound patients and was advised by Dr Steven Clarke that this was being reviewed by the Clinical Executive Committee but it was recognised by the Governing Body that this was a small number of patients.</p> <p>Dr Milton advised on the Stoptober campaign which encourages people to quit smoking. She advised that national analysis published suggests that for Hampshire £14m per annum is spent on adult social care services for people who smoke, and thus emphasised that stop smoking remains an important public health priority.</p>
13	<p>Hampshire County Council Update Report</p> <p>Sue Pidduck provided a verbal update to the Committee; she advised that the Better Care Fund Submission was in its third iteration and work was focusing on how services can be ‘future proofed’ given the reduction in funding and what is needed to protect the services.</p> <p>Sue advised that the Council were working with Deloittes on a digital strategy to ascertain how time can be saved across all sectors using technology and that this is anticipated to make a significant saving and reduce future spending.</p> <p>It was advised that following the take-over of Children’s Services on the Isle of Wight in October a review is in place to look at the impact. Following analysis of educational attainment on the Island, Sue Pidduck advised that overall the picture was positive but it was recognised that there is still further work to be done.</p>
14	<p>Surrey County Council Update Report</p>

	The written report was taken as read by the committee and noted in Mrs Fisher's absence.
15	Emotional Wellbeing and Adult Mental Health Draft Strategy Consultation
	Dr Olive Fairbairn shared with members and the public the public consultation document on the draft strategy for Emotional Well-being and Adult Mental Health which was co-produced by the six Surrey Clinical Commissioning Groups and Surrey County Council. Dr Fairbairn advised that the consultation will run until 28 September 2014 and requested views and feedback from all interested parties.
16	Any Other Business
	<p>Cancer Strategy</p> <p>Dr Whitfield and Dr Clarke highlighted the Cancer Strategy document that had been made available. It was advised that the Strategy was to be launched at the MacMillan coffee morning on 26th September at the Fleet Hotel.</p> <p>The committee expressed that this strategy was a positive move for the CCG and that it was further recognised that it has been statistically confirmed that the patients within North East Hampshire and Farnham CCG have the best one year survival rates.</p> <p>Annual General Meeting</p> <p>Members of the public were reminded of the invitation to the CCGs AGM to be held on 24th September, at 6pm at Farnham College.</p>
17	Questions received from the Public in advance of the meeting
	<p><u>Q What discussions has the CCG had with Hampshire and Surrey as to taking a more involved view on standards in Care homes following the CQC recent statement on a more rigorous assessment criteria?</u></p> <p style="text-align: right;"><u>Received from Councillor Mike Roberts</u></p> <p>Rosie Trainor advised that the NEH&F CCG are proactively working with both Hampshire and Surrey Local Authorities and CCGs to ensure a collaborative approach to monitoring and assuring ourselves of standards of services within care homes. The CCG attends relevant forums where intelligence regarding care home standards are reviewed (including CQC) and this includes, for example, Surrey Quality Care Home Group and Hampshire Care Quality Monitoring Group and Quality Assurance in Care Homes Group. The CCG Quality Team also reviews the CQC Synopsis reports to help us identify and monitor any providers with issues identified via CQC.</p> <p>The CCG is also the lead for a Frimley System-wide Care Homes Forum, which has successfully brought together a large number of care homes with the aim of sharing best practice and improving standards of care through training and networking opportunities. The CQC have been invited to attend the next system-wide Care Home Forum in November 2014. The CCG works closely with the Care Home Matrons that serve our local population to continue to ensure high standards of care.</p> <p>The CCG is currently in the process of reviewing its Quality Function and a key work stream is to review and build upon the systems and processes in place to ensure robust assurance is obtained on a regular basis on the quality of care</p>

	<p>being provided by local care homes. The aim is to ensure we have a clear framework in place for monitoring and assuring the Governing Body of standards in care homes.</p> <p>Sue Pidduck advised that all care homes have contracts as of April and these have tight conditions within them so that contractual action can be taken when issue around quality are known. She also advised that there is a team of quality improvement officers working with care homes to ensure they meet the requirements of the CQC inspections.</p> <p>Councillor Roberts welcomed the robust processes.</p> <p><u>Q. What discussions we are having with FPH about maintaining performance during (and after) the merger (acquisition)</u> <u>Received from Councillor Mike Roberts</u></p> <p>Dr Whitfield noted that this had been answered earlier within the Agenda</p> <p><u>Q. What are the CCG doing to ensure the performance of SABP improves following recent CQC reports</u> <u>Received from Councillor Mike Roberts</u></p> <p>The CCG has a number of mechanisms in place to monitor and assure itself that S&BPT are implementing learning from recent CQC reports to ensure our patients receive consistently high standards of care. For example there was a recent CQC report where a number of recommendations made to improve services on a unit were made and we have worked with S&BPT to ensure these actions are taking place (A recent example were the concerns raised by CQC in relation to use of agency staff. We have agreed an action plan which has resulted in improved numbers of permanent staff to ensure consistent care across services, in response the CCG also undertook specific visits to assure ourselves that actions were taking place).</p> <p>We have set up regular meetings with S&BT, for example our Governing Body Clinical Lead (Olive) meets with the Trusts Medical Director and the Director of Quality and Nursing (Rosie) meets with the trusts Director of Nursing. These enable us to share issues and work together to agree plans to continually improve standards. We have also been part of the Trusts own mock CQC visits which have been open and transparent, enabling us to review standards of care in partnership with service users. We will be a key partner at the CQC Risk Summit planned for October where CQC will feed back the outcomes of the new style inspections that have just been undertaken trust wide.</p> <p>In addition we also lead monthly meetings where Clinical Quality and Serious Incidents are reviewed with the Trust and other CCGs. The Quality Team also works with the Mental Health Commissioning Team, who commission services for tall Surrey CCGs, to monitor standards and ensure that we work to continually improve performance.</p>
	<p>Dates of Future Governing Body Meetings held in Public</p>
	<ul style="list-style-type: none"> • 12 November 2014 • 11 February 2015 • 8 April 2015
	<p>Meeting closed 5pm</p>

Signed as a true record:

Name:

Title:

Signature:

Date:

DRAFT