

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

MATTERS ARISING - PART ONE

Report of the Chair on Matters Arising from Part 1 of the Minutes of the NHS Dorset Clinical Commissioning Group Governing Body meeting held on 16 March 2016.

1. Purpose

To report to the Governing Body on any matters arising from the draft minutes of the last Governing Body meeting.

2. Recommendation

That the Governing Body notes this report and directs any action it sees fit.

3. Background Information

This report covers all outstanding action points contained in the minutes and is required in order that the Governing Body can be satisfied that all action points in the action column have either been done, are being done or will be done in accordance with the timescale contained in the minute, if any.

5. Matters Arising

- 5.1 9.2.8 CAMHS – The Governing Body was not assured with the information provided and requested further information including the trends over the past year. The issues were actively being managed through the contracts and the Director of Service Delivery was directed to share the Action Plan with Governing Body members.

MW – Actioned. Post meeting note sent 29/03/2016.

8. Strategy

8.1 Operational Plan 2016-17

- 8.1.3 The Governing Body was concerned at the lack of reference to the CCG Strategy and it directed that the wording be more explicit.

CS – wording has been updated within the introduction to ensure link to the ambition set out in the CCG strategy.

- 8.1.4 The Governing Body **approved** the report on the Operational Plan 2016-17 and delegated to the Chair authority to endorse the final submission due on 11 April 2016.

CGL – Noted.

9. Delivery

9.1 Quality Report

- 9.1.7 Paragraph 1.7 (Section A) detailed the CAMHS areas being addressed by Dorset Healthcare (DHUFT). The January data had now been received and showed a deterioration in performance. More detailed information would be reported to the next CCC.

SSh - A full CAMHS report is being submitted to the Governing Body meeting on 18 May.

9.2 Performance Report

- 9.2.6 There was concern regarding the Quality Premium measure 1 - Reducing Premature Mortality. The Chief Finance Officer said this was a difficult area to report as it was a wider Public Health issue, but agreed to provide a post meeting note with further details to reflect the information in the Performance report. The CCG directed additional information regarding mortality rates across the county be reported through to the Primary Care Commissioning Committee, through the Public Health network.

PV - A post meeting note to explain the data used in the Performance Report is being drafted.

Public health reporting into Primary Care Committee to expand on the underlying reasons associated with increased premature mortality in Dorset.

- 9.2.7 It was noted that there were inconsistencies in the reporting periods which made the information difficult to understand. The Chief Finance Officer and Director of Service Delivery were directed to agree a standardised approach for the reporting periods.

PV - For the future for the Performance Report, where exception performance data is used then a consistent six month period will be reported to provide a sufficient trend.

- 9.2.11 Dementia diagnosis numbers had risen more than in previous years, but Dorset CCG's diagnosis rates had not improved to reflect this increase. This concern had been raised with NHS England.

9.2.12 A number of activities were underway to identify patients who may not be on the system, including a nursing home pilot and a data harmonisation exercise that had identified a further 200 patients.

9.2.13 The Locality Lead for East Bournemouth was directed to provide an update to the next Clinical Commissioning Committee.

PF – on agenda for next CCC - 15 June 2016.

9.3 Finance Report

9.3.3 There was concern at the rising GP Prescribing budget that was showing an overspend of £3.2M and the Governing Body directed that more information be provided, including a breakdown of spend. It was noted a detailed report would be taken to the next PCCC meeting on 6 April 2016.

PV - The matter has been discussed with the Chief Pharmacist, who agreed to ensure full detail is provided into the Primary Care Commissioning Committee regarding cost pressures in prescribing. The detail will include analysis of volume and price growth and the impact of new branded drugs.

9.3.5 Yeovil District Hospital NHS Foundation Trust (YDHFT) had not been exceptionally reported in the Finance report and the Governing Body directed that it be included as a standard item in future reports.

PV - Yeovil District Hospital NHS Foundation Trust to be included specifically in future finance reports.

9.5 Annual Review of Governance documents

9.5.3 The Director of Service Delivery said discussions had taken place with a number of GPs regarding the 6 April 2016 meeting and he would liaise with the Governing Body Secretary accordingly regarding attendance.

MW/CGL – Dr Craig Wakeham attended the 6 April 2016 PCCC meeting.

9.5.4 The Governing Body **approved:-**

- (a) The changes to the Terms of Reference for the Joint Primary Care Commissioning Committee and its renaming as the Primary Care Commissioning Committee;
- (b) Deferment of the appointment of a GP to the membership of the Primary Care Commissioning Committee until after its meeting on 6 April 2016 and delegated authority to appoint both a temporary and permanent member to the CCG Chair;
- (c) Confirmation of the membership of the Primary Care Commissioning Committee as Jacqueline Swift – Chair, David Jenkins, the GP (to be appointed) and the relevant postholders as set out in the Terms of Reference;

- (d) The changes to the Audit and Quality Committee Terms of Reference;
- (e) The consequential changes to the Scheme of Delegation to facilitate operation of Primary Care delegation.

CGL – Actioned.

9.7.2 **Mental Health Services Review**

- 9.7.2.5 The JPCCC Chair declared a conflict of interest regarding her Mental Health Manager role at DHUFT. She asked what was being done with local authorities to address the delays occurring for patients unable to access Section 117 care (appropriate housing and packages of supports). The Locality Lead for East Bournemouth said work was ongoing regarding Section 117 care and agreed to ensure a more detailed report was provided to the next Governing Body.

PF (MW) – Item on agenda.

9.8 **Update on the CCG election process**

- 9.8.1 Forbes Watson, Karen Kirkham, Colin Davidson, Mary Monnington, David Jenkins and Teresa Hensman declared an interest. Given the non-contentious nature of the matter, members would not be required to withdraw from the meeting apart from David Jenkins who withdrew from the meeting for the discussion in paragraph 9.8.5 below. None could participate in the decision regarding their own appointment.

CGL – Noted.

- 9.8.6 The Governing Body **approved** the amendment set out in 9.8.5 and reappointment of David Jenkins as Deputy CCG Chair for a maximum period of three years from 1 April 2016.

CGL - Actioned.

10. **Wider Healthcare issues**

10.1 **Systems Resilience Update**

- 10.1.5 An independent consultant who had a depth of understanding of both health and social care had conducted a review of the Delayed Transfers of Care in respect of the Bournemouth system.
- 10.1.6 A focus of the report was the disconnect between Better Together, the Better Care Fund and Systems Resilience processes. Members were keen to see the outcomes of the report and the Director of Service Delivery was directed to circulate to Governing Body members.

MW – Actioned. E-mail sent to Governing Body members 14/04/2016.