

Clinical Commissioning Committee

25 September 2013

Minutes

A meeting of the Clinical Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 14:00 on 25 September 2013 at Vespasian House, Bridport Road, Dorchester, Dorset, DT1 1TS.

Present: Forbes Watson, Chair (FW)
Chris Burton, Secondary Care Member (CB)
Tim Goodson, Chief Officer (TG)
David Jenkins, Deputy Chair and Lay Member (DJ)
Karen Kirkham, Maternity, Reproductive and Family Health CCP Chair (KK)
Ros Maycock, Mental Health and Learning Disability CCP Chair (RM)
Suzanne Rastrick, Director of Quality (SR)
Andy Rutland, Locality Representative (AR)
Paul Vater, Chief Finance Officer (PV)
Craig Wakeham, Cardiovascular, Stroke and Diabetes CCP Chair (CW)

In attendance: Nicky Cleave, Assistant Director for Public Health(NC) (for item 8.8)
Jane Horne, Consultant in Public Health (JH)
Liane Jennings, Deputy Director of Strategic Development & Planning (LJ)
Liz Kite, Deputy Director of Engagement & Communications (LK)
Conrad Lakeman, Governing Body Secretary (CGL)
Steph Lower, Executive Assistant (SL)
Frances Stevens, Deputy Director of Review Design and Delivery (West) (FS)
Charles Summers, Director of Engagement and Development (CS)

Action

1. Apologies

1.1 Apologies were received from:-

- Paul French, Locality Representative (PF),
- Chris McCall, MSK and Trauma CCP Chair (CM),
- Jane Pike, Director of Service Delivery (JP),
- Christian Verrinder, Musculoskeletal and Trauma CCP Chair (CV).

2. Quorum

2.1 It was agreed that the meeting could proceed as there was a quorum of committee members present.

3. Declarations of Interest

3.1 There were no additional interests declared.

4. Minutes

4.1 The minutes of the meeting held on 31 July 2013 were approved for signature by the Chair as a true record.

5. Matters Arising

5.1 The Committee noted the Report of the Chair on matters arising from the minutes of the previous meeting as follows:-

7.3.2 Pan Programme Development Options

- Expressions of interest had been received for the Pan Dorset CCP and the Director for Service Delivery would take forward on her return from annual leave.
- Christian Verrinder had been appointed CCP Chair for the Musculoskeletal and Trauma (MSK) Programme.
- Expressions of interest had been received for the Mental Health and Learning Disabilities (MH) CCP Chair and interviews would be held shortly.

5.2 8.8.3 Health Technologies Forum

The Director of Quality advised that a survey had been sent to current Forum members and CCP chairs to enable them to vote for their preferred name for the Forum and she would update the Committee on the outcome.

SR

5.3 10.1.3 Safeguarding leads - adults/children

As there had been no volunteers for the six cluster Safeguarding lead posts, nominations were now being sought for two names from each locality lead. Clarification was also being sought on the number of hours required and the Chair asked for a note to be sent to locality leads in the next few days.

FS

6. Chief Officer's Update

6.1 The Chief Officer introduced his update.

6.2 Dorset Healthcare University Foundation Trust (DHUFT)

Monitor had recently taken further enforcement action against the Trust.

Following a discussion, a number of points were made:-

- Concern was expressed at the £6M underspend on vacancies and in particular the lack of capacity within the community healthcare teams. The Committee was advised that a special projects team had been put together to address the recruitment difficulties but limited progress had been made.

The Chief Officer and Chair were due to meet the Chief Executive and Chair of DHUFT next week and would feedback comments. DHUFT Board would be requested to provide more regular reporting of information including timelines to increase assurance. They agreed that the CCG as an organisation needed its own action plan and strategy to help DHUFT deliver.

TG/FW

- The CCG affirmed its support to DHUFT. The Chief Officer would look at innovative/collaborative solutions.
- In light of issues with DHUFT's performance, there was discussion around whether the CCG should look to alternative providers. Other options would not be ruled out but the Committee was keen to continue to support DHUFT.

TG

6.3 **Royal Bournemouth and Poole Hospital Inspection**

The Chief Officer reported that the Keogh hospital inspection was to take place in mid October and was expected to last two weeks.

6.4 **Royal Bournemouth and Poole Hospital Merger**

The Chief Officer advised that he had had sight of the draft remedies paper from the Competition Commission which now sought comments from the CCG.

6.5 The Committee **noted** the Report of the Chair.

7. Strategy & Horizon Scanning

7.1 Strategy Update

7.1.1 The Director of Engagement and Development introduced his report on the Strategy Refresh and provided an overview of the stakeholder engagement both planned and to date.

Members queried whether responsiveness, sustainability and finance were tackled in the Strategy and felt consultation also needed to be undertaken with stakeholders about what the CCG should do.

The Chief Officer suggested expanding the local challenges section to provide more information on the particular challenges with the providers.

It was recognised that the CCG needed to be open, honest and transparent, and there was an appetite for more courageous thinking to address issues with systems and sustainability.

Members requested more substance in the Strategy refresh including recognition of the potential systems constraints and how these could be addressed. There would be an opportunity to discuss further at the next CCG Workshop.

7.1.2 The Committee **noted** the Report of the Director of Engagement and Development.

7.2 Health and Social Care Integration

7.2.1 The Chief Finance Officer presented his slides on the Integration Transformation Fund.

He advised that there was very little growth to help providers and this would not come as a surprise.

He said that the Fund would not be a transfer of funds to the local authority, rather a pooled budget and therefore funding from all three organisations would need to be managed through this.

The Chair said information should be included on how the reserves would be used as this would be a likely question from audiences.

7.2.2 The Committee **noted** the presentation of the Chief Finance Officer.

CS

All

PV

8. Delivery

8.1 NICE Technology Appraisals for Ophthalmology

- 8.1.1 The Deputy Director of Review Design and Delivery (West) introduced her Report on NICE Technology Appraisals for Ophthalmology.

Following a discussion it was noted that providers should fund the additional requirement from their baseline figure. Options would need to be considered as to how to deliver the most cost effective pathway going forward. The Committee reiterated that to accommodate new service requirements, existing pathways always needed to be reviewed to remove services no longer appropriate.

The Committee considered the report as an 'in year' variation and would consider the year end position once known.

FS

For future papers of a similar nature the Committee directed that an options appraisal be provided within the relevant report.

All

- 8.1.2 The Committee **approved** the Report of the Deputy Director of Review, Design and Delivery (West) and to fund the additional NICE Technology Appraisals, but directed that existing treatments/pathways be reviewed to ensure that additional resource requests are minimised.

FS

8.2 Annual Delivery Plan (ADP)

- 8.2.1 The Chief Finance Officer introduced his Report on ADP Performance.

In response to a question confirming that outcomes were as anticipated, the Chief Officer said that an evaluation of outcomes was undertaken once the final 'green' rating had been reached.

- 8.2.2 The Committee **noted** that progress continued to be made in the delivery of the ADP and **noted** the Report of the Chief Finance Officer.

8.3 Dementia Update

- 8.3.1 The Deputy Director of Review Design and Delivery (West) introduced her update on Dementia.

The Committee noted the improving position for dementia

diagnosis rates and was advised that the 50% target should be achieved by the end of the financial year.

Targeted work was ongoing across the county to assist in achieving the target.

8.3.2 The Committee **noted** the Report of the Deputy Director of Review Design and Delivery (West).

8.4 **Proposed changes to Dorset NHS Healthchecks Programme**

8.4.1 The Consultant in Public Health introduced the Report on the Proposed Changes to Dorset NHS Healthchecks Programme.

It was agreed that the CCG Chair's signature would be added as a co signatory to the letter being sent out from Public Health to GPs advising of the contract variation.

JH

8.4.2 The Committee **noted** the Report of the Consultant in Public Health on proposed changes to the Dorset NHS Healthchecks Programme.

8.5 **Policy for Individual Patient Treatment**

8.5.1 The Deputy Director of Review Design and Delivery (West) introduced the Report on the Policy for Individual Patient Treatment.

8.5.2 It was noted that section 1.9 of the Policy should refer to NHS England and not NHS CB.

8.5.3 The Committee **approved** the Report of the Deputy Director of Review Design and Delivery (West) and the Policy for Individual Patient Treatment.

8.6 **Engagement Report**

8.6.1 The Director of Engagement and Development introduced the report on Engagement.

8.6.2 He confirmed that locum doctors undertaking task and finish work should be engaged on the CCG payroll rather than submitting an invoice through the GP practice.

8.6.3 Effective working between the CCP chairs and the link GPs was discussed. There may need to be a rethink of how the GP link role was working and it was agreed to put in place a process of review in April 2014.

CS

- 8.6.4 In response to concerns expressed, the Director of Engagement and Development confirmed that he would document the Stakeholder Plan, including responses and forward to members. CS
- 8.6.5 The Committee **noted** the Report of the Director of Engagement and Development.
- 8.7 **Stewardship of CCG Membership Development Events**
- 8.7.1 The Director of Engagement and Development introduced his report on Stewardship of the CCG Membership Development Events.
- 8.7.2 He explained that the emphasis would be on ensuring the events were clinically focused.
- 8.7.3 The Committee **approved** the Report of the Director of Engagement and Development and:-
1. That CCC provides stewardship, on behalf of the Governing Body, for the membership events and agrees the annual event programme which links in with the annual planning cycle and priority setting activity for the CCG.
 2. That the membership events are also used to inform CCG thinking and that performance and wider CCG business has a place at the events as agreed through the CCC.
 3. That the Assistant Clinical Chair becomes the Governing Body sponsor for the events, working closely with the Chair with the GP leads for education and learning and organisational development to ensure they are developmental as well as supporting the business of the CCG.
 4. That the committee considers the annual planning cycle and ensures that Locality engagement is planned at an early stage in the work of the CCPs and that intervening work between membership events, enable localities to have formed views, share impacts and effectively inform Governing Body and CCC discussions.
 5. That the CCC embarks on work to engage further with locality leads to sustain full membership attendance and engagement at the events to ensure that there is wider member practice representation.
 6. That the CCC terms of reference are updated to reflect the role of the committee with the membership development events.

8.8 **Commissioning Services for Drugs and Alcohol**

8.8.1 The Assistant Director for Public Health tabled a paper on the Governance arrangements for Pan-Dorset Drugs & Alcohol Commissioning in Bournemouth, Dorset and Poole.

8.8.2 She sought approval for an appropriate CCG representative for the Pan Dorset DAAT Strategic Group.

8.8.3 The Committee suggested that Appendix 2 should link to the Health and Well Being Board to illustrate that DAAT issues were addressed as part of their approach.

NC

8.8.4 The Committee **noted** the Report of the Assistant Director for Public Health and broadly supported the proposal.

8.8.5 The Committee confirmed that the CCP Chair of the Pan Dorset CCG would be the appropriate representative to sit on the Pan Dorset DAAT Strategic Group.

9. **Wider Health Economy Issues**

9.1 No items.

10. **Any Other Business**

10.1 The Chair provided an update on the Senate Council. Following discussion he advised that the Senate was content for the CCG to send an appropriate specialist representative to each meeting, dependent on the agenda topic to be discussed.

10.2 It was noted that a member of the Wessex Area Team would observe the next CCC meeting in November.

11. **Date and Time of the Next Meeting**

11.1 The next meeting of the Clinical Commissioning Committee will be held on 27 November 2013 at Canford House, Discovery Court Business Centre, 551-553 Wallisdown Road, Poole, Dorset, BH12 5AG at 14:00hrs.