

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

18 JULY 2018

### PART ONE PUBLIC - MINUTES

A meeting of Part 1 of the Governing Body, of the NHS Dorset Clinical Commissioning Group was held at 2pm on 18 July 2018 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**Present:** Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK) - Chair  
 Mary Armitage, Secondary Care Consultant Member (MA)  
 Jenny Bubb, Locality Lead for Mid Dorset (JB)  
 Colin Davidson, Locality Lead East Dorset (CD)  
 Nick Evans, Locality Lead for Poole Bay (NE) (Part)  
 David Haines, Locality Lead for Purbeck (DH)  
 Teresa Hensman, Audit and Quality Chair (TH)  
 Stuart Hunter, Chief Finance Officer (SH)  
 David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)  
 Tom Knight, Locality Lead for North Bournemouth (TK) (Part)  
 Blair Millar, Locality Lead for West Dorset (BM)  
 Mufeed Ni'Man, Locality Lead for East Bournemouth (MN) (Part)  
 David Richardson, Locality Lead for Poole North (DR) (Part)  
 Elaine Spencer, Registered Nurse Member (ES)  
 Jacqueline Swift, Primary Care Commissioning Committee Chair (JS)  
 Simon Watkins, Locality Lead for Poole Central (SW)  
 Simone Yule, Locality Lead for North Dorset (SY)

**In attendance:** Sally Banister, Deputy Director – Integrated Care Development (SB)  
 Amanda Collier, Personal Assistant (AC)  
 Vanessa Read, Director of Nursing and Quality (VR)  
 Sally Sandcraft, Director of Primary and Community Care (SSa)  
 Charles Summers, Director of Engagement and Development (CS)  
 7 members of the public

#### Action

1. **Apologies**
- 1.1 Forbes Watson, Chair

Tim Goodson, Chief Officer  
Ravin Ramtohal Locality Lead for Christchurch  
Ben Sharland, Locality Lead for Central Bournemouth  
Conrad

## 2. Quorum

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

2.2 It was agreed that Tim Goodson would join the meeting by teleconference when he became available.

## 3. Declarations of Interest, Gifts or Hospitality

3.1 Declarations of Interest were made by:-

- Dr K Kirkham declared an interest in item 9.3 – GB Reappointment Process. She would withdraw from the meeting for that item and the Chair would pass to the Deputy CCG Chair.
- All Governing Body GPs present declared an interest in item 20 – Dorset Integrated Urgent Care Service. It was agreed conflicted members could participate in the discussion but would withdraw from the meeting for the vote.
- Jacqueline Swift and Teresa Hensman declared an interest in item 20 – Dorset Integrated Urgent Care Service due to their respective Dorset Healthcare mental health roles. The nature of the interests meant both would not be required to withdraw from the meeting and would be permitted to remain and vote.
- All Governing Body GPs present declared an interest in item 21 – Remuneration Committee Recommendations regarding GB GP pay. Conflicted members would withdraw from the meeting for the relevant vote specific to the interest.

SL

## 4. Minutes

4.1 The minutes of the meeting held on 16 May 2018 were **approved** as a true record.

4.2 The minutes of the Special meeting held on 23 May 2018 were **approved** as a true record.

## 5. Matters Arising

### 5.1 Governing Body meeting – 16 May 2018

5.1.1 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous meeting.

### 5.2 Governing Body Special meeting – 23 May 2018

5.2.1 The Governing Body **noted** the Report of the Chair on matters arising from the minutes of the Special meeting.

## 6. Chair's Update

6.1 The Chair highlighted the work being undertaken to move from the shadow Integrated Care System to a formal Integrated Care System (ICS) status with NHS England.

6.2 The Governing Body **noted** the Update of the Chair.

## 7. Chief Officer's Update

### **N Evans and D Richardson arrived.**

7.1 The Chief Finance Officer introduced the Update on behalf of the Chief Officer.

7.2 He said the Judicial Review hearing was currently taking place and an update would be provided by the Chief Officer when he later joined the meeting.

7.3 The Governing Body **noted** the Update of the Chief Finance Officer on behalf of the Chief Officer.

## 8. Strategy

8.1 There were no Strategy items.

## 9. Delivery

### 9.1 **Finance, Performance and Quality Report**

#### **M Ni'Man arrived.**

9.1.1 The Chief Finance Officer introduced the report on Finance, Performance and Quality.

- 9.1.2 At the Governing Body request, the Finance, Performance and Quality reporting had been combined into one integrated report to draw the narrative together.
- 9.1.3 Financial pressures remained together with operational pressures within the acute providers.
- 9.1.4 The Deputy Director of Service Delivery introduced the Performance section of the report.
- 9.1.5 The Governing Body was concerned regarding ambulance response times. The Deputy Director - Integrated Care Development was directed to look into the issue and provide an update to include Dorset's response to best practice guidance. SB
- 9.1.6 The Governing Body was concerned regarding 111 calls and whether being diverted to the automated queuing system constituted being answered within the 60 second standard. The Deputy Director - Integrated Care Development was directed to look into the issue and report. SB
- 9.1.7 The Governing Body was concerned regarding the lack of SWAST representation at the recent System Leadership Team meetings and directed this be addressed. TG
- 9.1.8 Regarding the Children and Young People's Mental Health Service (CAMHS), the timescale for children being seen or finding an alternative support method was queried and the Director of Primary and Community Care was directed to investigate further what support was available for young people and to report. SSa
- 9.1.9 The Governing Body noted that a mental health delivery plan would be brought to the Governing Body in the Autumn and the prioritisation of resources would then need to be considered.
- 9.1.10 The Director of Nursing and Quality introduced the Quality section of the report.
- 9.1.11 She explained that Appendix 2 had been omitted from the original report and tabled it.
- 9.1.12 Following the Never Event benchmarking exercise the Governing Body noted that the recommendations were being addressed by the Trusts.
- 9.1.13 The Governing Body **noted** the combined Finance, Performance and Quality Report.

## 9.2 Assurance Framework

**T Knight arrived.**

9.2.1 The Director of Nursing and Quality introduced the Assurance Framework report.

9.2.2 The Governing Body **noted** the Assurance Framework.

## 9.3 CCG Governing Body Re-appointment Process

**Dr K Kirkham declared an interest in item 9.3. The Chair was handed to David Jenkins, Deputy CCG Chair and Dr Kirkham withdrew from the meeting.**

9.3.1 The Chief Finance Officer introduced the report on the CCG Governing Body Re-appointment Process.

9.3.2 The Governing Body **approved** the recommendations set out in the report on the CCG Governing Body Reappointment Process.

**Dr Kirkham returned to the meeting and re-took the Chair.**

## 9.4 Commissioning Support Services Annual Report 2017-18

9.4.1 The Director of Engagement and Development introduced the Commissioning Support Services Annual Report 2017-18.

9.4.2 The Governing Body **noted** the Commissioning Support Services Annual Report 2017-18.

## 9.5 Annual Review of the Information Governance Toolkit

9.5.1 The Chief Finance Officer introduced the report on the Annual Review of the Governance Toolkit.

9.5.2 The Governing Body **noted** the report on the Annual Review of the Information Governance Toolkit.

## 9.6 Annual Report on Continuing Healthcare

9.6.1 The Director of Nursing and Quality introduced the Annual Report on Continuing Healthcare.

9.6.2 There had been an increase in the number of Appeals Panels required to manage the significant increase in the number of appeals. The Governing Body directed that this issue be reported to a future System Leadership Team meeting for discussion.

VR

9.6.3 The Governing Body **noted** the Annual Report on Continuing Healthcare.

## **9.7 Customer Care Annual Report**

9.7.1 The Director of Nursing and Quality introduced the Customer Care Annual Report.

9.7.2 The Governing Body **noted** the Customer Care Annual Report.

## **9.8 Looked After Children Annual Health Report**

9.8.1 The Director of Nursing and Quality introduced the Looked After Children Annual Health Report.

9.8.2 The Governing Body noted that that there was a good level of scrutiny through the Safeguarding Boards regarding children with a child protection plan.

9.8.3 The Governing Body **noted** the Looked After Children Annual Health Report.

## **9.9 Staff Survey Results 2017**

9.9.1 The Director of Engagement and Development introduced the report on the Staff Survey Results 2017.

9.9.2 The Governing Body was concerned regarding the timing of receipt of the report and directed that future reports be brought to the Governing Body in a more timely manner.

CS

9.9.3 An update regarding the Our People Culture Programme would be provided at the August Development Workshop.

9.9.4 The Governing Body **noted** the report on the Staff Survey Results 2017.

## **9.10 Integrated Care System (ICS) Delivery Update**

9.10.1 The Deputy Director of Service Delivery introduced the Integrated Care System Delivery Update.

9.10.2 The Governing Body **noted** the Integrated Care System Delivery Update.

## 10. Wider Healthcare issues

### 10.1 Dorset Better Care Fund Update

10.1.1 The Director of Community and Primary Care introduced the Dorset Better Care Fund Update but because of inaccuracies in the circulated report, tabled an updated version.

10.1.2 Good progress had been made and continued to be. The current focus was on high impact changes to enable achievement of the indicators.

10.1.3 The Governing Body directed the Director of Primary and Community Care to clarify the position regarding the Bournemouth and Poole Health and Wellbeing Board dip in performance in January and February relating to the proportion of older people at home 91 days after discharge from hospital into reablement or rehabilitation services and any actions being taken to address.

SSa

10.1.4 The Governing Body **noted** the Dorset Better Care Fund Update.

## 11. Committee Reports, Minutes and Urgent Decisions

### 11.1 Reports

11.1.1 There were no Reports to note.

### 11.2 Minutes

#### Draft Primary Care Commissioning Committee (Part 1 – Public) – 6 June 2018

11.2.1 The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 6 June 2018.

### 11.3 Urgent Decisions

11.3.1 The Chief Finance Officer reported the use of the Urgent Decision powers to sign up to a system control total.

## 12. Questions from the Public

12.1 The Chair introduced the Public Questions item.

12.2 A member of the public had submitted the following question to be asked:-

Question

The CCG aims on patient and public participation include the statement: "feedback is essential to develop trusted and honest relationships".

Nevertheless, earlier this year the CCG stopped supporting the Weymouth & Portland Health & Wellbeing Group (W&P H&W Group) at which Patient Participation Groups (PPG) and other groups representing patients could feed in patient experience, themes and concerns on health and social care services to the relevant providers and the CCG. Their responses gave W&P H&W Group members, and their clientele, a greater understanding of the issues involved in different aspects of service provision, or the promise of improved services to patients. This important two-way communication also gave a vibrancy to all those groups represented on the W&P H&W Group and, through them, showed patients that their concerns and experiences were being addressed.

Weymouth and Portland is a sizeable locality of 66,000 people and has substantial pockets of deprivation with their accompanying health issues (Source: Public Health Dorset data). The W&P H&W Group was a good source of the essential feedback that the CCG aims to secure. What then is the CCG's rationale for withdrawing its support and funding for that Group?"

Answer

Thank you for your question and it's nice to know you are followers of our new CCG website where the principles of our public engagement are set out. Let me also commend our 2017/18 Annual Report on Patient and Public Engagement which sets out an amazing range of ways in which we are hearing and acting on patient and public feedback.

Essentially your question was answered at the last meeting of the Governing Body. Since the last meeting, Mrs Brazier, our Senior Engagement and Communications Officer wrote to Mr Hutchings on 21<sup>st</sup> May identifying the patient engagement discussions we were having within the Weymouth and Portland locality.

We have given to former members of the patient group on several occasions now, our affirmed commitment to supporting practices develop their Patient Participation Groups (PPGs) with local people just like you. Mrs Smeeton herself will recognise this as a local PPG Chair too who has had the opportunity of working with the new PPG support team. I also committed to update on the progress we had made in 3 months when I met and then wrote to former members in April. This I have recently done and for the record this progress has included:

- In May 2018, our team worked closely with the PPGs and staff at Preston Road and Royal Crescent Surgeries, to deliver a well-attended public health promotion event;
- Our PPG E & C Coordinator met with W & P practice managers and will be supporting the development of individual PPG groups and is now working to bring together PPG representatives from across the locality.
- Our PPG team has booked the next 6-monthly PPG event – to be held at St Aldhams Church Hall in Weymouth on morning of Saturday 17 November 2018. Karen Kirkham, GP Locality lead for W & P will be speaking at the event, and the agenda is being planned.

Mrs Brazier also in her email note to Mr Hutchings offered him to meet with me personally to discuss concerns you may have, given that these issues can't really be discussed at a Governing Body meeting very well. We have had no take up of this offer, though this remains open. Taking advice from the Board Secretary, and respectfully, as this question has now been raised twice, it is not our intention to answer this further in this forum and we commend those former members who wish, to avail themselves of the public engagement facilities we do provide.

12.3 A member of the public had submitted the following questions to be asked:-

Question

Does the CCG still have to save £229 million against expected expenditure?

Answer

The original requirement of achieving savings of £229m is still valid. Although additional funding has been announced,

there will be costs associated with this funding, the details of which have not been made available. The Dorset system will be working through the implications of this funding once the detail is released. The system did however achieve the required level of savings in 2017/18 being the first year of the CSR plan.

## Question

What is the thinking behind the closure of Portland Beds when Dr Nagpal of the BMA tells the Guardian that there is a shortage of community beds?

## Answer

The modelling work that we have undertaken on the need and location for community beds across the County does not indicate that more community beds are needed in the West. However, we do believe we need to grow the capacity in line with new model of care, of community teams across the whole County, and we are therefore very positive about the decision to invest £6.5m a year into the community teams to support care closer to home.

The reality is that most of the Portland beds are used by people from off the Island. The average number of people from Portland during the last six months has only been 4 people using the 16 beds. The position as off last week is that there are 3 people from Portland in the 16 beds.

For a very long time there have been difficulties in securing enough staff to safely operate the ward at Portland, the way to ensure that Portland people get the best care in hospital is for the beds to be transferred to Westhaven Hospital. It is an excellent hospital, supported by a Consultant Specialist in Elderly Medicine as well as full range of professionals in the much-acclaimed integrated Hub.

## Question

As there is such a bed shortage and people have to go where the bed is, surely this can only be solved by more beds, not less, so why are you closing at least 136 community hospital beds alongside the CCG's plans to close 245 acute hospital beds?

## Answer

There is not a plan to shut 136 community beds. Over the next five years as the acute hospital changes are made and

the new integrated community model of care is introduced, we will be planning to increase the number of community beds to an additional c.69 in the East of the County, where currently there is less availability, this will also have a positive impact in the West of the County where we have people from the East utilising beds in the West due to availability.

The beds at Portland will be transferring to Westhaven Hospital in Weymouth and will be able to be accessed by Portland residents. We continue to make the commitment that any changes to beds in a particular area will not be initiated until alternative community provision is in place.

### Question

The CCG state that the new 'Community Services' will need 670 extra staff, and the CCG already has a high vacancy rate (230 at Dec 18). How do you plan to recruit these staff, if they cannot find the staff to maintain Portland beds?

### Answer

NHS and Local Authority partners continue to work together to evolve and implement a Retention and Recruitment plan for Dorset. The plan includes a range of initiatives including recruitment campaigns, return to practice, working with the universities to support and attract newly qualified staff, new routes into health and care such as apprenticeships, supporting leavers to return (a copy of the plan will be attached to the e-mail response). It's in all our interests through public discussions such as this to encourage current and future staff to see Dorset as the place to grow your NHS career.

### Question

If it is a staffing issue, surely it would be vital to keep Portland beds open and implement substantial plans to attract staff so that beds on both sites (Portland and Weymouth) could remain fully open?

### Answer

Currently there should be 10 qualified Staff Nurses at Portland and due to recruitment difficulties there are only 5. And similarly, Westhaven Hospital in Weymouth should have 19 Staff Nurses and there are only 9. Consequently 16 out of the 34 beds at Westhaven are currently closed. Portland staff, have at times, provided cover to Westhaven.

Bringing the two workforce teams together on one site at Westhaven will support the delivery of effective in-patient services for the population of Portland and Weymouth.

The workforce challenges in Dorset require us to work closely together to ensure safe staffing levels across all health and care settings in Dorset. We are continuing to develop workforce plans together and these plans must be affordable and realistic based on the current and future workforce supply. As part of the Clinical Services Review, workforce was one of the evaluation criteria and therefore the decision to close the beds in Portland took account of the workforce challenges facing Weymouth and Portland and Dorset as a whole.

#### Question

When Health Campaigners met with Ron Shields in May he told them of plans to create a site with 50 community beds in Weymouth. What is the current progress of this plan, and how can you staff such a new site if you cannot find staff now to keep Portland Beds open?

#### Answer

Following consultation with Ron Shields, there appear to be a misunderstanding and there has been no commitment to 50 community beds in Weymouth. What was made clear is:

- There would be no movement of Westhaven beds unless there was a capital scheme for the redevelopment of the Weymouth community hospital site and this is unlikely in the foreseeable future.
- In the short-term, Dorset Healthcare has tried to sustain the 34 beds at Westhaven and the 16 beds at Portland – which is where we assume the 50 came from but that is no longer possible. The 34 beds at Westhaven is sufficient to meet the needs of the whole area.

12.4 A member of the public had submitted the following question to be asked:-

#### Question

“How can Dorset CCG influence the policies, practices and operating procedures of South West Ambulance Service NHS Foundation Trust (“SWASFT”) to improve outcomes when there is a perceived disagreement by the caller as to

appropriate priorities allocated by 999 call handlers. Should the community develop their own scripts to be best equipped to answer repeated Triage Questions? – perhaps a bit like carrying a donor card.”

Answer

Dorset CCG began the co-ordinating ambulance commissioner role for the South West in April 2017; the tenure of the current agreement is two years. However, discussions are taking place with commissioners across the South West and with SWASFT to explore extending this. This puts Dorset in an excellent position to work with the Ambulance Trust and all commissioners to improve services for patients across the South West and in Dorset.

Since the commencement of the Ambulance Response Standards across the country in November 2017, it has shone a light on the long waits in particular which includes non-life-threatening cases such as patients who have fallen. All acknowledge that this is not an acceptable position and as part of improving this and other standards, a Joint Plan has been developed between commissioners and SWASFT, which includes how response times are improved for these patients. Currently the prioritisation quite rightly is directing its resource to life threatening cases first and how we increase the resource available is also part of the work we are doing.

Our Deputy Director of UEC has recently been nominated as the National Ambulance Commissioning Network (NACN) representative on the National Emergency Call Prioritisation Advisory Group. As a member of the NACN we have also been able to influence and input into the national Ambulance Improvement Programme.

12.5 A member of the public asked the following question:-

Question

Why was there a new website - it is less readable, less accessible so why fix something which wasn't broken? There is also concern regarding those who are visually impaired.

Answer

The Director of Engagement and Development agreed to take this issue back to the relevant team to address as he was not aware of these issues.

**13. Any Other Business**

13.1 There was no other business.

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

14.1 The next meeting of the Governing Body of NHS Dorset Clinical Commissioning Group will be held on 19 September 2018 at Vespasian House at 2pm.

**15. Exclusion of the Public**

It was resolved that representatives of the Press and other members of the public were excluded from the remainder of this meeting having regard to the confidential nature of the business transacted, publicity of which would be prejudicial to the public interest.

DRAFT