

**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 18 July 2018.

**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.

**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 – Actioned.**

## 9.1 Finance, Performance and Quality 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 – No update received.**

- 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 – No update received.**

- 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 – Actioned – appropriate representation had been identified by SWASFT to attend in the absence of the Deputy Chief Executive.**

- 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 – Waiting times for core CAMHS are on an improving trajectory generally. The service always sees urgent or emergency cases quickly and is always prepared to discuss concerns about referrals.**

**CAMHS has introduced an electronic referral form with the intention of ensuring quality referrals which will speed up the process when all referrers use the form. The service has employed 7 psychological wellbeing practitioners to see children and young people referred to CAMHS who have anxiety and depression and the service seems to be having an impact. Over time this part of the service should increase access to nearly 1000 additional children.**

**The Governing Body is aware that the service is only funded to see up to 35% by 20/21 of the prevalent population - this is about 4400 out of c12,000 children and young people. The service is currently seeing about 32% and is on track to meet the five year forward view target, however that leave 65% of our prevalent population unable to access the service.**

**The Clinical Commissioning Committee has asked that a business case be presented to them so that discussion can be held regarding the remaining 65% of children not able to access CAMHS. The intention is to present a comprehensive needs analysis, the rewritten Local Transformation Plan and the business case to the CCC on the 17 October 2018.**

## 9.6 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 – Complete.**

## 9.9 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 – reporting will be brought forward recognising the results are embargoed until early March and time is required to understand the results and to formulate actions. The reporting has been rescheduled for reporting annually to the Governing Body in May (2019).**

## 10.1 Dorset Better Care Fund Update

- 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 – This reablement indicator is not continuously monitored. We monitor on a monthly basis the number of people at home on discharge from our DHC services for intermediate care and this has consistently been at 80-81% for the last year.**