

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

18 SEPTEMBER 2019

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 September 2019 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

- Present:**
- Forbes Watson, Chair (FW)
 - Mary Armitage, Secondary Care Consultant Member (MA)
 - Jenny Bubb, Locality Lead for Mid Dorset (JB)
 - Tim Goodson, Chief Officer (TG)
 - David Haines, Locality Lead for Purbeck (DH) (Part)
 - Blair Millar, Locality Lead for West Dorset (BM)
 - Mufeed Ni'Man, Locality Lead for East Bournemouth (MN)
 - Ravin Ramtohal Locality Lead for Christchurch (RR)
 - David Richardson, Locality Lead for Poole North (DR)
 - Nick Robinson, Governing Body Lay Member and Audit Committee Chair (NR)
 - Elaine Spencer, Registered Nurse Member (ES)
 - Jacqueline Swift, Governing Body Lay Member and Deputy CCG Chair (JS)
 - Kay Taylor, Governing Body Lay Member for Public and Patient Participation (KT)
 - Christian Verrinder, Clinical Lead for MSK (CV) (Part)
 - Simon Watkins, Locality Lead for Poole Central (SW)
 - Simone Yule, Locality Lead for North Dorset (SY)
- In attendance:**
- Kate Calvert, Deputy Director of Primary and Community Care (KC)
 - Vicki Fearn, Consultant, Public Health Dorset (VF)
 - Steph Lower, Executive Assistant (SL)
 - Vanessa Read, Director of Nursing and Quality (VR)
 - Phil Richardson, Chief System Integration Officer (PR)
 - Nikki Rowland, Deputy Chief Finance Officer (NRo)
 - Chris Skelly, Head of Programmes, Public Health Dorset (CSk)

Two members of the public

1. Apologies

1.1 Apologies were received from:-

Action

Colin Davidson, Locality Lead East Dorset
Nick Evans, Locality Lead for Poole Bay
Stuart Hunter, Chief Finance Officer
Karen Kirkham, Locality Lead for Weymouth and Portland
and Assistant Clinical Chair
Tom Knight, Locality Lead for North Bournemouth
Ben Sharland, Locality Lead for Central Bournemouth

2. **Quorum**

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

3. **Declarations of Interest, Gifts or Hospitality**

- 3.1 Nikki Rowland, Deputy Director of Finance declared an interest in item 22 – Chief Finance Officer appointment. She would withdraw from the meeting for this item.

SL

4. **Minutes**

- 4.1 The minutes of the meeting held on 17 July 2019 were **approved** as a true record.

5. **Matters Arising**

- 5.1 There were no further matters arising.
- 5.2 The Governing Body **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous meeting.

6. **Chair's Update**

- 6.1 The Chair had no updates.

7. **Chief Officer's Update**

- 7.1 The Chief Officer introduced his Update.
- 7.2 The Governing Body **noted** the Update of the Chief Officer.

8. **Strategy**

8.1 **Joint Strategic Needs Assessments**

- 8.1.1 The Head of Programmes, Public Health Dorset introduced the Joint Strategic Needs Assessments (JSNA) presentation.

- 8.1.2 The JSNA was a series of online documents and tools designed to capture the system-wide population health and care needs and identify and thereafter close any key knowledge gaps through joint working.
- 8.1.3 There were a number of Panels that had been set up to consider system challenges in key areas including adult/children and young families social care, falls prevention, primary and secondary care, mental health and education.
- 8.1.4 The system learning would be reported to the Intelligence Working Programme to ensure triangulation with the Population Health Management Project work being undertaken within the Integrated Care System.
- 8.1.5 Social Prescribing was suggested as an additional key area for consideration.
- 8.1.6 The Governing Body **noted** the Joint Strategic Needs Assessments Presentation.

C Skelly

D Haines joined the meeting.

The Chair took agenda item 10.1 – Public Health Dorset Annual report next on the agenda.

- 8.2 **Our Dorset – Looking Forward (Long Term Plan)**
- 8.2.1 The Chief Officer introduced the Our Dorset – Looking Forward (Long Term Plan) presentation.
- 8.2.2 He asked that consideration be given to further areas that required inclusion in the Plan and the emphasis to put on those already included. The first draft would be submitted to NHS England/Improvement on 27 September but there would be a further opportunity for feedback at the Governing Body Development Workshop in October prior to the final submission in mid-November.
- 8.2.3 Where possible the Plan aligned with local authority corporate plans but as their engagement/consultation had only recently commenced the Plan would require a refresh in due course.
- 8.2.4 One of the biggest challenges was the workforce shortages in some areas.

8.2.5 This vision built on the previous Plan but there would need to be more focus on prevention at scale and tackling the wider determinants of health.

8.2.6 The Governing Body **noted** the Our Dorset – Looking Forward (Long Term Plan) presentation.

8.3 **Primary Care Commissioning Strategy Refresh**

8.3.1 The Deputy Director of Primary and Community Care introduced the report on the Primary Care Commissioning Strategy Refresh.

8.3.2 The Strategy had been updated to reflect changing priorities and plans. It aimed to respond to the challenges and opportunities outlined in the NHS Long Term Plan and to ensure that general practice was able to sustain local access to high quality primary care services whilst the newly established Primary Care Networks (PCNs) developed to transform the way care was delivered in the community.

8.3.3 The Governing Body **approved** the recommendations set out in the report on the Primary Care Commissioning Strategy Refresh.

8.4 **Dorset Musculoskeletal (MSK) Strategy**

8.4.1 The MSK Lead introduced the presentation and report on the Dorset Musculoskeletal (MSK) Strategy.

8.4.2 Regarding Spinal progress, the preferred model for the Triage and Treat Service would be via a lead provider model.

8.4.3 Work had commenced to map out the workforce implications for each strand of the MSK Strategy to enable a sustainable MSK service.

8.4.4 The MSK Triage task and finish group would need to consider appropriate performance targets and appropriate management of referrals.

8.4.5 It was suggested consideration be given to the use of other under-utilised professionals to provide lower complex interventions.

8.4.6 There was concern at the risk of duplicating first line physiotherapists within the PCNs/secondary care but it was acknowledged that some physiotherapists wanted a

portfolio career which would involve working in secondary and primary care.

- 8.4.7 It was noted that the Operations and Finance Reference Group (OFRG) was the right system forum to discuss the business case funding request and agree what funding might be provided by each organization. The Chief Finance Officer (Chair of the Operations and Finance Reference Group (OFRG)) could approve up to his Standing Financial Instruction (SFI) delegated limit for the CCG element of any funding but above this, a Governing Body decision would be required.
- 8.4.8 Should the MSK business case demonstrate a need for additional funding this may need to be brought to the Governing Body for approval if the funding was above the relevant SFI delegated limits.
- 8.4.9 The Governing Body **approved** the recommendations set out in the Dorset Musculoskeletal (MSK) Strategy.

9. Delivery

9.1 Quality and Performance Report

- 9.1.1 The Director of Nursing and Quality introduced the Quality section of the report.
- 9.1.2 There were a number of continuing areas of concern including Initial health assessments for Looked After Children, the impact on quality due to the operational pressures of the providers, SWASFT call stacking and ambulance handover delays.
- 9.1.3 The Action Plan (Appendix 3) developed from the NHSI Mortality Governance Review set out a number of recommendations and associated actions/target completion dates. The action in relation to the coding issues would continue to be pursued through the contract meetings.
- 9.1.4 Although there was a time-lag in the reporting of the Summary Hospital-level Mortality Indicator data (SHMI) a trajectory of improvement should start to be seen.
- 9.1.5 The Director of Nursing and Quality was directed to investigate the low completion rates for provider trust staff appraisals outside of the meeting.
- 9.1.6 There was concern that Dorset County Hospital NHS Foundation Trust (DCHFT) was unable to capture and

VR

	report the required data regarding venous thromboembolism (VTE).	
9.1.7	The Governing Body directed that the Director of Nursing and Quality investigate the position and report to the next meeting.	VR
9.1.8	The Chief System Integration Officer introduced the Performance section of the report.	
9.1.9	Urgent and Emergency Care performance including handover delays remained of concern.	
9.1.10	There was concern regarding the wording relating to the introduction of the new breast 2 week wait referral forms and the potential inference that the 10% reduction in referrals could be due to the complexity of the form. Assurance was given that the new form would not put patients at risk and the Governing Body's concerns would be fed back.	PR
9.1.11	The Governing Body directed that a post meeting note be provided regarding the breast two week wait current performance, in particular regarding the percentage that were seen within two weeks, the longest waits and whether the 10% reduction had been due to the form including a risk stratification for the lower risk individuals.	PR
9.1.12	The Governing Body noted an executive to executive away-day session had been arranged with DCHFT to discuss the ongoing performance issues.	
9.1.13	In relation to the dermatology service, the Governing Body directed that a post meeting note be provided regarding evaluation of the impact of the use of the Photosaf app and actual referrals.	PR
9.1.14	Agreement had been reached through the OFRG regarding an alternative funding model to address the 52 week breaches.	
9.1.15	Regarding ophthalmology, expertise had been sought to improve the position and a system group had been set up to review how to work better and address the workforce challenges.	
9.1.16	The Governing Body noted the integrated Quality and Performance.	

9.2 **Finance Report**

9.2.1 The Deputy Chief Finance Officer introduced the Finance report.

9.2.2 The system was reporting on track to deliver the £5.9M surplus control total.

9.2.3 The Governing Body **noted** the Finance report.

9.3 **Assurance Framework**

9.3.1 The Director of Nursing and Quality introduced the Assurance Framework report and reported no gaps in control.

9.3.2 The Governing Body noted the Assurance Framework would be the subject of a workshop discussion at the Audit Committee meeting in October.

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

9.4 **Learning Disability Service Partnership Report**

9.4.1 The Director of Nursing and Quality introduced the Learning Disability Service Partnership Report.

9.4.2 The report provided an overview of the Learning Disability (LD) services in Dorset including an oversight of assurance of the current services in and out of area and a review of the governance processes between partners across Dorset.

9.4.3 Oversight of domiciliary care/supported living had been challenging due to the high number of people with learning disabilities living in a variety of settings.

9.4.4 Health assessments for individuals with learning disabilities would be an area of focus for 2019-20 with some of the newly formed primary care networks considering LD health checks as part of the prevention at scale quality improvement initiatives. Learning would be shared across the networks to enable the rollout of good practice.

9.4.5 There was concern that until a health check had taken place an individual might not have the correct care/support in place and there was a need to identify health needs earlier including preventative work.

9.4.6 A particular challenge was getting individuals out of a hospital/residential setting and back into their own homes.

- 9.4.7 The Governing Body **noted** the Learning Disability Service Partnership Report.
- 9.5 **Workforce Race Equality Standard Report (WRES) 2019**
- 9.5.1 The Registered Nurse Member introduced the Workforce Race Equality Standard Report (WRES) 2019.
- 9.5.2 The Governing Body noted the increase in applications from Black, Asian and Minority Ethnic (BAME) applicants with a higher short-listing percentage.
- 9.5.3 The Governing Body **noted** the Workforce Race Equality Standard Report (WRES) 2019.
- 9.6 **Integrated Care System (ICS) Delivery Update**
- 9.6.1 The Chief System Integration Officer introduced the Integrated Care System (ICS) Delivery Update.
- 9.6.2 The Patient Benefits Case had been submitted to NHS Improvement for consideration and the next step would be that the NHS Improvement recommendation be submitted to the Competition and Markets Authority (CMA).
- 9.6.3 External support had been put in place to enable the Dorset Care Record to get back on track. Regular updates were being provided to the System Partnership Board/System Leadership Team.
- 9.6.4 The Governing Body noted paragraph 2.12 and 2.15 contained the same wording regarding Wareham Surgery Business Case and directed that it be determined whether alternative wording had been erroneously omitted from one of the paragraphs.
- 9.6.5 A Programme Manager had been appointed by Dorset Council to recommence the work on the Integrated Travel Programme agenda and a support officer role appointment was underway.
- 9.6.6 The Governing Body **noted** the Integrated Care System (ICS) Delivery Update.

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10. Wider Healthcare issues

Public Health Annual Report - this item was taken after agenda item 8.1 – JSNA presentation.

- 10.1 The focus of the annual report for 2018-19 was on children's health and wellbeing.
- 10.2 Regarding children in Dorset achieving a good level of development at age 5, the system needed to work together to support those children and their families who did not achieve this level.
- 10.3 There would be a need to be able to evaluate the impact of some of the interventions put in place with Kooth given as an example. It was noted that although 1,080 children had accessed the service, there were more than 1,080 children in a single secondary school and there was concern as to how many schools were aware of the support available.
- 10.4 The Governing Body noted that a detailed analysis of the Kooth model was available and directed that a post meeting note be provided. KC
- 10.5 The report's sole focus on children's health and wellbeing rather than a rounded report of the year's activities had led to a number of questions including the omission of the use of the third sector/charities and other services commissioned by Public Health Dorset.
- 10.6 The Governing Body directed that Public Health Dorset attend a future Development Workshop to explore joint working with Public Health in the various elements where the CCG had a lead role. FW

11. Committee Reports, Minutes and Urgent Decisions

11.1 Reports

- 11.1.1 There were no Reports to note.

11.2 Minutes

11.2.1 Approved minutes

Primary Care Commissioning Committee (Part 1 – Public) – 5 June 2019.

The Governing Body **noted** the approved minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 5 June 2019.

Draft minutes

- 11.2.2 Primary Care Commissioning Committee (Part 1 – Public) – 7 August 2019.

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 7 August 2019.

11.3 **Urgent Decisions**

- 11.3.1 There were no urgent decisions to report.

12. **Questions from the Public**

- 12.1 The Chair introduced the Public Questions item.

- 12.2 A member of the public said that she was aware that there were pupils in Dorset schools with long term conditions and disabilities who required clinical support which had not been put in place and pupils might be at risk. The relevant section in The Children and Families Act 2014 was read out regarding the responsibilities of the CCG.

The member of the public asked whether Dorset CCG was aware that it was not providing the necessary support for some pupils as outlined in the Act and what was the CCG doing in order to meet its responsibilities, in conjunction with school Governing Bodies and the local authorities, to provide clinical support for pupils in schools?

The Deputy Director for Primary and Community Care said the CCG took its responsibilities seriously particularly regarding SEND. There was a cohesive service for SEND and if there was a specialized need, this would be identified within the child's education health and care plan and commissioned specifically. The CCG worked closely with schools, local authorities and providers to ensure the needs of children with long term conditions and disabilities were met.

The CCG had been made aware of a specific potential risk regarding gastrostomy for three pupils at one Dorset school and whilst there had been no incidents, the CCG's designated clinical officer was working with the parent,

school and Children's Community Nurse Team to ensure this was managed.

An offer was made to continue the discussion outside of the meeting if there was a specific case that required addressing.

- 12.3 In response to a further question regarding cases of the local authority providing funding to address such issues rather than the NHS, the Deputy Director of Primary and Community Care said that would not be her understanding. The CCG and local authorities had joint responsibility for commissioning and any health needs would be identified in the child's education and care plan. There was also funding support available within schools.

The Lay Member for Public and Patient Engagement had a background in education and had previously been involved closely with SEND and said the funding for students with long term medical issues was covered in the child's education and care plan which encompassed the individual health care plan. Elements were picked up by both the local authority and the CCG.

- 12.4 The same member of the public referred to the recent letters in the press regarding the CCG's modelled travel times from the Purbeck area to the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) and the perceived disparity between the CCG and South Western Ambulance NHS Foundation Trust (SWASFT) figures. She asked why the model appeared to significantly under-estimate the blue light ambulance times when compared to the SWASFT's own real time data. Reference was made to a FOI request response from Dorset CCG advising that it did not hold information that explained the difference between two sets of figures.

The Chief Officer explained the analysis undertaken and confirmed that SWASFT agreed with the CCG's modelled travel times that were used. Actual travel times were within acceptable parameters of the model times used.

There appeared to be misunderstandings in some media reports between blue light travel time, non-blue light travel times, on site treatment time and the initial response time.

SWASFT was supportive of the Clinical Services Review recommendations and it was about getting the patient to the right place, first time.

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 13 November 2019 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.