

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

13 NOVEMBER 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 13 November 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)
 - Colin Davidson, Locality Lead East Dorset (CD)
 - Nick Evans, Locality Lead for Poole Bay (NE)
 - Tim Goodson, Chief Officer (TG)
 - Stuart Hunter, Chief Finance Officer (SH)
 - Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
 - 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)
 - Ben Sharland, Locality Lead for Central Bournemouth (BS)
 - Elaine Spencer, Registered Nurse Member (ES)
 - Kay Taylor, Governing Body Lay Member for Public and Patient Participation (KT)
 - Simon Watkins, Locality Lead for Poole Central (SW)
 - Simone Yule, Locality Lead for North Dorset (SY) (Part)
- In attendance:**
- Sally Banister, Deputy Director Integrated Care Development (SB)
 - Diane Bardwell, Principal Programme Lead, Primary and Community Care (DB) (Part)
 - Mark Harris, Head of Service (Mental Health and Learning Disabilities) (MH) (Part)
 - Jamie Jackson, Deputy Locality Lead for Purbeck (JJ) (Part)
 - Steph Lower, Executive Assistant (SL)
 - 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)

Two members of the public

1. Apologies

1.1 Apologies were received from:-

- Tom Knight, Locality Lead for North Bournemouth
- Jacqueline Swift, Governing Body Lay Member and Deputy CCG Chair.

In accordance with the CCG's Constitution, Jacqueline Swift had given a proxy vote to the Chair in relation to the items on the agenda requiring approval – Part 1 - items 9.4, 9.5, 9.6 and Part 2 – items 22 and 23.

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 Declarations of Interest were made as follows:-

- Item 22 (Part 2) – Proposals for a revised Clinical Leadership approach - all Governing Body Locality Leads present declared an interest in this item and would be required to withdraw from the meeting for the decision.
- Item 23 (Part 2) – Award of Contract without Competition - declarations of interests were noted as follows:-
 - Jacqueline Swift as Mental Health Act Manager for Dorset Healthcare University NHS Foundation Trust (DHUFT)
 - Dr B Sharland – family member employed by DHUFT
 - Dr F Watson – family member employed by DHUFT

SL

Due to the nature of the interests, there was no further action required.

S Yule joined the meeting.

4. Minutes

4.1 The minutes of the meeting held on 18 September 2019 were **approved** as a true record.

5. Matters Arising

- 5.1 9.1.11 – Breast Two Week Wait – the Governing Body directed that a further post meeting note be provided regarding the longest waits.
- 5.2 Following a request for a further update regarding the gastrostomy issue in relation to a school, the Director of Nursing and Quality confirmed that clarification had been provided that the gastrostomy task could be undertaken by non-registered health professionals following appropriate training and the school would seek to make local arrangements.
- 5.3 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 introduced his Update.
- 6.2 The Governing Body noted Stuart Hunter, Chief Finance Officer and Conrad Lakeman, Secretary and General Counsel were both retiring at the end of December. The Chair thanked both on behalf of the Governing Body for their significant contribution to the Governing Body and CCG.
- 6.3 The Governing Body noted David Haines, former Locality Lead for Purbeck had retired and thanks were noted for his significant contribution to the Governing Body.
- 6.4 The Governing Body noted that Elaine Spencer, Registered Nurse Member had tendered her resignation. Her last Governing Body meeting would be 22 January 2020.
- 6.5 The Governing Body **noted** the Update of the Chair.

7. Chief Officer's Update

- 7.1 The Chief Officer introduced his Update.
- 7.2 The Long Term Plan (LTP) final submission date of 15 November had been amended and would now be a further draft submission. A more detailed update would be given in Part 2.
- 7.3 The Governing Body **noted** the Update of the Chief Officer.

SB

8. Strategy

8.1 There were no Strategy items to note.

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 had been continued improvement in the Summary Hospital-level Mortality Indicator (SHMI) at Dorset County Hospital NHS Foundation Trust (DCHFT). A more detailed update would be provided to the March 2020 Governing Body meeting.

9.1.3 Challenges remained in relation to the completion of Initial Health Assessments. The issues were being taken through the Corporate Parenting Board for further action. The CCG would be considering whether there was sufficient capacity to meet the current service demand.

M Harris joined the meeting.

9.1.4 The Governing Body noted that the ambulance call stacking risk was a regional one with a number of the actions linked to the governance of SWASFT. Future oversight would be through the new Regional Ambulance Delegated Committee as well as the Dorset Quality Surveillance Group (QSG). Additionally, this issue would remain a focus of the Urgent and Emergency team. The risk had lowered and was continually reviewed but it was acknowledged it may increase during the winter period due to the increased demand on the service.

9.1.5 The Governing Body noted the QSG specialist commissioning deep dive which had identified a high level of dental extractions in children. This could be linked to possible child neglect and had been raised with NHS England.

9.1.6 An Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER) improvement notice had recently been received for Poole Hospital NHS Foundation Trust (PHFT). Improvement actions were being identified and further clarity would be sought at the forthcoming QSG.

VR

- 9.1.7 The Deputy Director, Integrated Care Development introduced the Performance section of the report.
- 9.1.8 Non-elective admissions had reduced across the system with the main decrease being seen at PHFT.
- 9.1.9 The Dorset system remained under significant pressure in a number of specific specialty areas with increased waiting lists and a high risk regarding 52 week breaches. Work was underway to buy in additional capacity.
- 9.1.10 A meeting had been held with endoscopy clinicians and the principle of a networked service had been accepted. Some slippage had been identified which had enabled the funding of additional work to reduce waiting lists.
- 9.1.11 Regarding Criteria Based Access Protocols, the Governing Body noted one area of possible opportunity was the removal of benign skin lesions.
- 9.1.12 There was a significant difference in the number of removals undertaken in the East compared to the West and this was being investigated to determine whether patients were having the removal procedure undertaken at the same time as the initial appointment test.
- 9.1.13 The Governing Body directed that more detailed information be provided for the next meeting.
- 9.1.14 Regarding outpatient transformation, the Dorset Integrated Care System (ICS) would be part of the national pilot of Attend Anywhere, a web-based secure platform that would help health care providers offer video call access to their services.
- 9.1.15 There were a range of options being put in place to reduce the number of unnecessary outpatient appointments and a workstream would be set up regarding patient-initiated follow up.
- 9.1.16 Regarding the external system-wide ophthalmology review being undertaken by Moorfields Hospital, an update report would be brought to the Clinical Reference Group in December.
- 9.1.17 The Governing Body **noted** the Quality and Performance Report.

SB

9.2 Finance Report

9.2.1 The Chief Finance Officer introduced the Finance report.

9.2.2 Overall, the CCG would achieve its financial plan, however the £3M level of risk previously reported remained.

9.2.3 Evidence of an improvement in the financial position regarding Personal Health Commissioning had been noted.

9.2.4 Overall, the system continued to report that it would achieve its financial plan at the year-end but there was a £5M-£6M level of risk. However, if the system did not deliver its combined control total the Financial Recovery Fund (FRF) would not be paid. A Dorset system task and finish group had been set up to look at any system-based savings that could be found.

9.2.5 Concern was raised regarding the significant increase in workforce across the system since April 2017 but with no resulting reduction in agency staff.

9.2.6 Finding recurrent savings for 2020-21 was a risk and reassurance was sought regarding what was being done across the system with a direction that future reports include progress.

9.2.7 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 Assurance Framework workshop had been unable to proceed in October and a revised date of January/February 2020 would be considered.

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

9.4 Dementia Services Review

9.4.1 The Director of Primary and Community Care introduced the Dementia Services Review Report.

9.4.2 The Governing Body received a presentation on the Dementia Services Review.

SH

- 9.4.3 The review recommendations would improve the outcomes for people living with dementia and enable delivery of a service more fit for the future.

J Jackson joined the meeting.

- 9.4.4 Not all individuals with mild cognitive impairment went on to a full dementia diagnosis and assurance was given that those individuals would also be reviewed.
- 9.4.5 DHUFT was confident of the ability to recruit specialist dementia nurses and a current cohort of workforce to upskill had been identified.
- 9.4.6 The Governing Body noted the cognitive stimulation therapy to help individuals live at home for as long as possible.
- 9.4.7 The new model of care would address the issues regarding initial access to the pathway with a clearer process for GPs through the use of a triage service and memory assessment nurse.
- 9.4.8 Although considered a priority for investment, approval of the recommendations as set out in the report would need to be subject to the outcome of the Long Term Plan financial discussions and settlement.
- 9.4.9 The Governing Body **approved** the recommendations set out in the Dementia Services Review Report subject to the caveat set out in paragraph 9.4.8 above.

9.5 Mental Health Rehabilitation Review

- 9.5.1 The Director of Primary and Community Care introduced the Mental Health Rehabilitation Review Report.
- 9.5.2 The Governing Body noted the dedicated work programme to support individuals with mental health needs return to the workforce.
- 9.5.3 Although considered a priority for investment, approval of the recommendations as set out in the report would need to be subject to the outcome of the Long Term Plan financial discussions and settlement.
- 9.5.4 The Governing Body **approved** the recommendations set out in the Mental Health Rehabilitation Review Report subject to the caveat set out in paragraph 9.5.3 above.

M Harris/D Bardwell/P French left the meeting.

9.6 **Proposed Constitution/Governance Handbook Changes**

9.6.1 The Chief Finance Officer introduced the Proposed Constitution/Governance Handbook Changes Report.

9.6.2 Regarding the Standing Financial Instructions Detailed Delegation Limits table, additional wording was required for section 3.1 (non-pay expenditure covered by delegated budgets) to clarify that any delegated limit applied to the total cumulative spend for a commitment.

SH

9.6.3 The Governing Body **approved** the recommendations set out in the Proposed Constitution/Governance Handbook Changes Report.

SL

9.7 **Engagement and Communications Framework Progress Update**

9.7.1 The Director of Engagement and Development introduced the Engagement and Communications Framework Progress Update.

9.7.2 The Lesbian, Gay, Bisexual and Transgender (LGBT) community was an important part of the Equality, Diversity and Inclusion agenda and there were many ways in which the CCG worked with those communities, one of which was the launch of the CCG Rainbow Badge pledge.

9.7.3 The Governing Body **noted** the Engagement and Communications Framework Progress Update.

9.8 **Organisational Development Framework Progress Update**

9.8.1 The Director of Engagement and Development introduced the Organisational Development Framework Progress Update.

9.8.2 The Governing Body **noted** the Organisational Development Framework Progress Update.

9.9 **Safeguarding Adults and Children's Annual Report Update**

9.9.1 The Director of Nursing and Quality introduced the Safeguarding Adults and Children's Annual Report Update.

- 9.9.2 Key areas to note were:-
- the new Safeguarding Children Partnership which had commenced on 1 August 2019;
 - the replacement of Serious Case Reviews with Safeguarding Children Practice Reviews with the requirement to hold a rapid review within 10 working days;
 - a review of the Dorset, Bournemouth, Christchurch and Poole Adult Safeguarding Boards was underway.
- 9.9.3 The Deprivation of Liberty Safeguards (DoLS) would be replaced with a Liberty Protection Safeguards (LPS) Scheme. The target implementation date was 1 October 2020 and work was ongoing to understand the implications for the system and how the LPS would work in practice.
- 9.9.4 A key feature for the CCG would be in relation to Continuing Health Care outside of a hospital in which the CCG would become the 'responsible body'.
- 9.9.5 A more detailed update would be brought to the Governing Body in the new year.
- 9.9.6 The new Head of Safeguarding was due to commence shortly and the recruitment exercise for the remaining vacant posts in the safeguarding team was underway.
- 9.9.7 The Governing Body **noted** the Safeguarding Adults and Children's Annual Report Update.
- 9.10 **Working with the Community and Voluntary Sector Update**
- 9.10.1 The Director of Primary and Community Care introduced the Working with the Community and Voluntary Sector Update.
- 9.10.2 The Governing Body **noted** the Working with the Community and Voluntary Sector Update.
- 9.11 **Integrated Care System (ICS) Delivery Update**
- 9.11.1 The Deputy Director Integrated Care Development introduced the Integrated Care System (ICS) Delivery Update.
- 9.11.2 The Governing Body **noted** the Integrated Care System (ICS) Delivery Update.

VR

10. Wider Healthcare issues**10.1 Dorset Better Care Fund Update**

10.1.1 The Director of Primary and Community Care introduced the Dorset Better Care Fund Update.

10.1.2 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**Approved minutes**

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

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

Draft minutes

11.2.2 Primary Care Commissioning Committee (Part 1 – Public) – 2 October 2019.

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 2 October 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 The CCG had received a communication from the Wessex Region of the National Pensioners Convention (NPC) in relation to some CCGs having stopped commissioning certain treatments/operations on the grounds that they had low clinical value, yet none of the treatments were so

classified by the National Institute of Health & Care Excellence (NICE). The following questions were asked:-

Question

Has the CCG stopped commissioning/ have you decided to stop commissioning in future any of those or other treatments on such basis although they are not considered of low clinical value by NICE? If so, which one(s)?

Answer

We have implemented clinical policies to ensure we are in line with the NHS England's Evidence Based Intervention Policy-and NICE contributed to the development of that national policy. This means we have stopped commissioning 4 procedures completely and ensured we only commission a further 13 where the patient meets specific clinical criteria. The CCG operates an Individual Treatment Panel to review any clinician applications on behalf of their patient to be treated as an exception.

12.4

Question

Does the CCG Board agree that commissioning policy on specific treatments should comply fully with current NICE guidance?

Answer

We agree that we should fully implement NICE Technology Assessments for medicines and comply with both the Low Value medicines programme and the Evidence Based Intervention programme.

Clinical guidance issued by NICE is not mandatory for CCGs but in most circumstances we fully support the adoption of NICE guidance. We monitor how NHS trusts in Dorset comply with this guidance. We work with our local clinicians, from both primary and secondary care, so that we can understand a range of perspectives when we collectively take difficult decisions about how to use our finite resources to best meet the needs of our local population.

12.5 Question

What other factors does the CCG Board consider, in addition to NICE guidance, when formulating commissioning policy?

Answer

Dorset CCG works with its partners (local NHS Trust and Local Authorities) in the Integrated Care System to deliver the outcomes of our Clinical Services Review and the objectives of the NHS Long Term Plan. Our collective decisions about the specific services or procedures are formed using best practice evidence, benchmarking information which highlights where we may have opportunities to improve how services are delivered as well as an of understanding local pressures and health needs. The information considered includes NHS England Right Care Programme, Getting It Right First Time Programme, national clinical best practice audits, cost and value, and quality impact assessments.

12.6 The full response would be sent to the Wessex Region of the NPC.

SL

13. Any Other Business

13.1 There was no further business.

14. Date and Time of the Next Meeting

14.1 The next meeting of the NHS Dorset Clinical Commissioning Group Governing Body would be held on Wednesday 22 January 2020 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.