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# NHS DORSET CLINICAL COMMISSIONING GROUP

## GOVERNING BODY MEETING

## 16 SEPTEMBER 2020

## PART ONE PUBLIC - MINUTES

A meeting of Part 1 of the Governing Body, of the NHS Dorset Clinical Commissioning Group was held virtually (including public live-streaming) at 2pm on 16 September 2020.

**Present:**
Forbes Watson, Chair (FW)
Mary Armitage, Secondary Care Consultant Member (MA) (Part)
Vanessa Avlonitis, Registered Nurse Member (VA)
Hay-Ming Blunt, Governing Body GP Member (Dorset Council area) (HB)
Tim Goodson, Chief Officer (TG)
Karen Kirkham, Assistant Clinical Chair (KK)
Martin Longley, Governing Body GP Member (Dorset Council area) (ML)
Blair Millar, Governing Body GP Member (Dorset Council area) (BM) (Part)
David Richardson, Governing Body GP Member (Bournemouth, Christchurch and Poole Council area) (DR)
Nick Robinson, Governing Body Lay Member and Audit Committee Chair (NR)
Nikki Rowland, Chief Finance Officer (NRo)
Jacqueline Swift, Governing Body Lay Member and Deputy CCG Chair (JS)
Kay Taylor, Governing Body Lay Member for Public and Patient Participation (KT)

**In attendance:**
Sally Banister, Deputy Director: Integrated Care Development (SB)
Elaine Hurll, Principal Programme Lead, Mental Health (EH) (Part)
Steph Lower, Corporate Office Manager (SL) (minute taker)
Pam O'Shea, Deputy Director of Nursing and Quality (POS)
Eleanor Parson, Deputy Director of Engagement and Development (EP)
Sally Sandcraft, Director of Primary and Community Care (SSa)

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| **1.** | **Apologies** | |
| 1.1 | Mufeed Ni'Man, Governing Body GP Member (Bournemouth, Christchurch and Poole Council area).<br>Ravin Ramtohal, Governing Body GP Member (Bournemouth, Christchurch and Poole Council area) | |
| **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:- | SL |
| | - Agenda item 9.6 – CCG Governing Body Reappointment Process:<br>  - Mary Armitage, Secondary Care Consultant Member<br>  The Secondary Care Consultant Member would be required to withdraw from the meeting for this item. | |
| | - Agenda item 24 (Part 2) – Extension of Dorset Healthcare University NHS Foundation Trust (DHUFT) contract for Mental Health<br>  - Dr M Ni'man as a GP with Special Interests in Orthopaedics at DHUFT<br>  - Jacqueline Swift as Mental Health Act Manager for DHUFT<br>  - Dr F Watson – family member employed by DHUFT<br>  Due to the nature of the interests, there was no further action required. | |
| **4.** | **Minutes** | |
| 4.1 | The Part 1 minutes of the meeting held on 15 July 2020 were **approved** as a true record. | |
| **5.** | **Matters Arising** | |
| 5.1 | 9.2.8 – the Chair and Deputy Director: Integrated Care Delivery agreed to follow up the position regarding secondary care referrals back to primary care outside the meeting. | SB |

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 Phase 3 Recovery Plan would be covered in Part 2 in more detail. The Plan was in draft with further submissions due in September and October.

7.3 Dorset County Hospital NHS Foundation Trust (DCHFT) had obtained planning permission to build a multi-storey car park which would enable extended facilities to be built on the site of the existing surface level car parks.

7.4 The Governing Body **noted** the Update of the Chief Officer.

**8. Strategy**

8.1 There were no Strategy items to note.

**Dr B Millar joined the meeting.**

**9. Delivery**

9.1 **Quality Report**

9.1.1 The Deputy Director of Nursing and Quality introduced the Quality Report.

9.1.2 There had been good progress regarding the Venous Thromboembolism (VTE) risk assessment and pilot being undertaken in Dorset County Hospital NHS Foundation Trust (DCHFT). A more comprehensive update will be provided at the next Governing Body. POS

9.1.3 A harm assessment tool was being piloted in three specialty areas in the Royal Bournemouth and Christchurch NHS Foundation Trust (RBCHFT) in relation to identifying any harm due to 52+ week waits.

9.1.4 NHS England had been assured regarding the Flu Plan for the Integrated Care System (ICS) led by the CCG. This included plans for increasing vaccination take up.

9.1.5 The South Western Ambulance Service NHS Foundation Trust (SWASFT) call stack risk has increased in response to a recent increase in demand.

9.1.6 In response to a query regarding the lack of safeguarding data in relation to eligible staff trained in Level 3 Children Safeguarding training for DCHFT and DHUFT, the Deputy Director of Nursing and Quality said there had been issues in supplying the data, however assurance was given that appropriate staff had received the relevant training.

9.1.7 The Governing Body noted that although there was a nationally set flu uptake target of 75%, the CCG would strive to aim higher. Development of the Primary Care dashboard and the monitoring of flu vaccinations would be a key part and the Primary Care Networks had been looking creatively at the delivery model in light of the increased target groups.

9.1.8 The Governing Body received assurance that although the DCHFT Summary Hospital-Level Mortality Indicator (SHMI) data was showing as red compared to the other providers, it was moving in the right direction.

9.1.9 The Governing Body directed that an explanation regarding the reason for Covid-19 deaths being excluded from SHMI but not from the Hospital Standardised Mortality Ratio (HSMR) be included in the next report. POS

9.1.10 The Governing Body **noted** the Quality Report.

9.2 **Performance Report**

9.2.1 The Deputy Director: Integrated Care Development introduced the Performance Report.

9.2.2 Performance in relation to the NHS 111 service was significantly outside of the Key Performance Indicators (KPIs) with rates of abandonment above 15%. This indicated approximately 10,000-11,000 patients might have made other choices regarding receiving urgent care, for example, attending a Minor Injuries Unit or Emergency Department putting subsequent pressure on those services.

9.2.3 That alongside the national mandate to deliver ‘Think NHS 111 First’ put Dorset at risk of being unable to deliver a consistent service. Work was ongoing with DHUFT as the

provider including looking at a different staffing model that could better meet those KPIs. As a result of the issues, the contract performance notice with DHUFT remained live.

9.2.4 There was better data flow from DHUFT which would enable analysis to be undertaken in relation to any correlation between call abandonment and Emergency Department attendance. Patient experience was also an area of focus.

9.2.5 Regarding the recovery of elective care, improvements had been seen in relation to reporting but even with the significant number of schemes/initiatives and additional investment, delivery of the levels of activity anticipated in the Phase 3 Planning letter or what was delivered pre-Covid-19 was unlikely. Inpatient activity delivery was at approximately 63% of the previous year with day cases approximately 66%. The position was slightly improved in terms of outpatient recovery where restrictions in relation to the estate and infection prevention control were less. Orthopaedics, Ophthalmology and Endoscopy remained existing pressures.

9.2.6 There had been recent negative press regarding GP face to face appointments, but it was recognised that Dorset had recovered significantly in relation to face to face appointments which had still been available when deemed necessary during the height of the pandemic.

9.2.7 The report referred to the 2-week referral volumes having returned to pre-Covid levels, but the related graph showed the rates for the current year as below pre-Covid levels. The Governing Body directed this be looked into. SB

9.2.8 Serious mental illness physical health checks would be a particular focus for the coming year. A significant amount of work was underway with the Primary Care Networks to have a sustainable health checks and support model and it was hoped this would enable an improved position.

9.2.9 Concern was raised regarding the lack of data in relation to the Improving Access to General Practice Services (IAGPS) utilisation rates.

9.2.10 The IAGPS was originally included within the Integrated Urgent Care contract. The Primary Care Networks had significantly developed since then and there was a blended model of GP streaming, 111, Urgent Treatment Centres and IAGPS.

It had been agreed within the DHUFT contract that a review of the model of service delivery would be undertaken within the first two quarters, but this had been delayed due to the 111 performance issues following the transfer of the service from SWASFT and the required remedial work.

9.2.11 DHUFT would undertake a review of the IAGPS service model and utilization in light of the dissatisfaction raised regarding the way the IAGPS availability was being used for other reasons.

9.2.12 Following a national access review in relation to improving access and other elements, for example, extended hours, it was anticipated NHS England would put forward a commissioning intention for a combined access model for GPs and the resources that currently went into the extended hours and the IAGPS would instead go through the Primary Care Networks (PCN) Direct Enhanced Services from April 2021.

9.2.13 DHUFT had been made aware of the potentially significant change and it was noted that if GPs/the PCNs did not want DHUFT to continue to be the provider of that service, they would be within their right to deliver the model themselves.

9.2.14 Engagement was ongoing regarding what the future model might look like, making the best use of all the resources within the urgent care pathway and understanding what any financial and operational impact would be. The model may be different in areas of Dorset to reflect the geography.

9.2.15 The Governing Body **noted** the Performance Report.

9.3 **Extending the Budget Arrangements**

9.3.1 The Chief Finance Officer introduced the report on Extending the Budget Arrangements.

9.3.2 The Governing Body **noted** the report on Extending the Budget Arrangements.

9.4 **Finance Report**

9.4.1 The Chief Finance Officer introduced the Finance Report.

9.4.2 The Governing Body **noted** the Finance Report.

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| 9.5 | **Assurance Framework** | |
| 9.5.1 | The Deputy Director of Nursing and Quality introduced the Assurance Framework. | |
| 9.5.2 | There were no reported gaps in controls or assurance. | |
| 9.5.3 | The refreshed Assurance Framework would be taken to the Audit Committee in October and would be brought to the Governing Body in November for approval. | |
| 9.5.4 | The Governing Body **noted** the Assurance Framework. | |
| 9.6 | **CCG Governing Body Reappointment Process** | |
| | **This item was taken at the end of Part 1 after item 13 Any Other Business. The Secondary Care Consultant Member withdrew from the meeting for this item.** | |
| 9.6.1 | The Chair introduced the CCG Governing Body Reappointment Process report. | |
| 9.6.2 | The Governing Body **approved** the recommendations set out in the CCG Governing Body Reappointment Process report. | SL |
| 9.7 | **Governance Arrangements** | |
| 9.7.1 | The Chief Finance Officer introduced the report on Governance Arrangements. | |
| 9.7.2 | There would be no breach in controls with the removal of the Prime Financial Policies with the Standing Financial Instructions being the primary point of reference for financial guidance. | |
| 9.7.3 | The Governing Body **approved** the recommendations set out in the report on Governance Arrangements. | SL |
| 9.8 | **Equality, Diversity and Inclusion Strategy 2020-2024** | |
| 9.8.1 | The Deputy Director of Engagement and Development introduced the Equality, Diversity and Inclusion Strategy 2020-2024. | |
| 9.8.2 | There was a query regarding the reporting process for the Strategy prior to seeking approval at the Governing Body and directed that this be clarified. | EP |

9.8.3 Within the Strategy itself, there was a query regarding whether the word ‘sex’ should be replaced with ‘gender’. EP

9.8.4 The Governing Body **approved** the recommendations set out in the Equality, Diversity and Inclusion Strategy 2020-2024.

9.9 **Workforce Race Equality Standard Report (WRES) 2020**

9.9.1 The Deputy Director of Engagement and Development introduced the Workforce Race Equality Standard Report for 2020.

9.9.2 The Governing Body **noted** the Workforce Race Equality Standard Report for 2020.

9.10 **Annual Review of the Data Security and Protection (DSP) Toolkit**

9.10.1 The Chief Finance Officer introduced the Annual Review of the Data Security and Protection (DSP) Toolkit.

9.10.2 The Toolkit had been submitted within the revised deadline of 30 September 2020 and the CCG remained compliant.

9.10.3 The Governing Body **noted** the Annual Review of the Data Security and Protection (DSP) Toolkit.

9.11 **Customer Care Annual Report**

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

9.11.2 In 2019-20 the majority of CCG complaints were in relation to Continuing Healthcare with the main concern being the delays in assessments and associated decision-making.

9.11.3 In relation to provider complaints, assurance was given that responses were audited in relation to the quality of the response and any subsequent learning.

9.11.4 During the Covid-19 pandemic the complaints procedure was stood down, but any complaints received continued to be dealt with accordingly.

9.11.5 The Governing Body noted the reference under paragraph 8.3 to complaints being answered within the 35-day target was incorrect and should read ’25-day target’.

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| 9.11.6 | The Governing Body **noted** the Customer Care Annual Report. | |
| 9.12 | **Looked After Children Annual Health Report** | |
| 9.12.1 | The Deputy Director of Nursing and Quality introduced the Looked After Children Annual Health Report. | |
| 9.12.2 | The most significant challenge for 2019-20 was meeting the Initial Health Assessment (IHA) performance target but through different ways of working as a result of the Covid-19 pandemic, the position had improved. | |
| 9.12.3 | Dorset was a national outlier in relation to the high number of Looked After Children. | |
| 9.12.4 | The plan for 2020-21 was to look at the current models in place in relation to IHAs including listening to the voice of children and young people regarding how the services should be delivered to meet their needs. | |
| 9.12.5 | Although improvement had been seen, concern was raised regarding the potential for a significant increase in Looked After Children resulting from the Covid-19 pandemic and Dorset's capacity to manage such an increase. | |
| 9.12.6 | Throughout the Covid-19 pandemic, review health assessments had continued to be undertaken, mainly remotely through the nursing service. | |
| 9.12.7 | The Governing Body **noted** the Looked After Children Annual Health Report. | |
| 9.13 | **Annual Report on Personal Health Commissioning** | |
| 9.13.1 | The Deputy Director of Nursing and Quality introduced the Annual Report on Personal Health Commissioning. | |
| 9.13.2 | There was concern at the potential risk of greater financial uncertainty in relation to the backlog of independent review panel (IRP) cases undertaken by NHSE. | |
| 9.13.3 | The Governing Body directed that an update be provided regarding NHSE's plan for addressing. | POS |
| 9.13.4 | The Governing Body noted the amendments to the Mental Capacity Act taking place from 1 October 2020 would have implications for Personal Health Commissioning with changes in relation to the Liberty Protection Safeguards. | |

This element had been pushed back to 2022 but there was a need to undertake advance preparation.

9.13.5 The Governing Body **noted** the Annual Report on Personal Health Commissioning.

9.14 **Children and Young People's Mental Health Care**

9.14.1 The Principal Programme Lead for Mental Health introduced the report on Children and Young People's Mental Health Care.

9.14.2 One focus of the NHS Long Term Plan was increasing access to mental health including extending the Child and Adolescent Mental Health Services (CAMHS) provision from age 18 up to age 25.

9.14.3 Another focus was in relation to no young person having to wait longer than four weeks from referral to treatment.

9.14.4 There were a number of challenges across the Dorset system, primarily within Bournemouth, Christchurch and Poole Council (BCP) area where there were a high number of referrals and subsequent longer waiting times.

9.14.5 Intelligence suggested that the complexity/seriousness of young people's mental health conditions coming into CAMHS had increased.

9.14.6 Dorset had the required Children and Young People Mental Health Local Transformation Plan, but work was being progressed to develop a Young People Mental Health Strategy and Implementation Plan which would meet the requirements of the NHS Long Term Plan but also propose local developments to meet local need.

9.14.7 The new Gateway service was an assessment and brief intervention approach which it was planned would become the entry point into the system. The service went live in the BCP area in September and it was hoped that progress in relation to the backlog of waiting lists would be seen within 6 months.

9.14.8 The service would be continually evaluated to enable adjustments to be made prior to any further rollout, pending approval of the required investment.

9.14.9 Although all Dorset schools had mental health support, a number of Dorset schools would become part of the Mental Health Teams support in schools' national pilot.

9.14.10 Following the impact of Covid-19, It was hoped the transition back to school would assist with the mental and social wellbeing of children and young people with the return of therapy services and prompt progression through the system. An on-line service had been developed by CAMHS to address concerns for slightly older young people.

9.14.11 There was concern regarding the frustration experienced by some GPs in accessing the available mental health resources and the difficulties referring due to the lengthy waiting lists which then became counter therapeutic. It was hoped the new Gateway service would resolve this position.

9.14.12 Part of the waiting list issues was the lack of available therapy work and it was planned the developing Strategy would include an increase in therapist workforce. It was noted one PCN had taken on a teenage counsellor which was proving a useful resource.

9.14.13 Children and Young People's Mental Health and was an area which continued to attract investment through the Mental Health Investment Standard and there was recognition of the need to continue to grow capacity and invest in the services with learning from best practice elsewhere.

9.14.14 It was acknowledged that the specialist CAMHS service was one element of the wider mental health pathway and work continued with DHUFT and the wider community and voluntary sector through the THRIVE model in relation to the wider range of resources available.

9.14.15 The Governing Body **noted** the report on Children and Young People's Mental Health Care.

**10. Wider Healthcare issues**

10.1 There were no Wider Healthcare issues to note.

**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) – 3 June 2020.

The Governing Body **noted** the approved minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 3 June 2020.

**Draft minutes**

11.2.2 Primary Care Commissioning Committee (Part 1 – Public) – 5 August 2020.

The Governing Body **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 5 August 2020.

11.3 **Urgent Decisions**

11.3.1 There were no Urgent Decisions.

**12. Questions from the Public**

12.1 The Chair introduced the Public Questions item.

12.2 There were two questions from members of the public in relation to SWASFT as follows:-

Question 1

The demand on SWASFT has increased on several occasions to a stack of 20. Can you explain why and are there ways in which this could be brought down, bearing in mind we are not at full winter issues yet?

Question 2

Given that SWASFT issued a red alert yesterday, are you confident that they can actually manage the activity that had been undertaken by Enhanced Care Services (ECS) for the past six months?

12.3 Answer

The Deputy Director: Integrated Care Development said the interim additional non-emergency patient transport services were initially put in place to undertake prompt discharges for

Covid-19 positive or query Covid-19 patients from hospital. This gradually also filled existing gaps in service provision but would be reviewed to ensure they remained appropriate and provided value for money, whilst recognising the forthcoming winter pressures and the risk of a potential further Covid-19 spike. It was acknowledged that there were increasing pressures in relation to emergency care and it was important that transport was not a barrier.

In relation to the SWASFT call stack risk, this was a regional risk, not Dorset specific. There were a number of resolutions being considered, including improving the rate of call handling from the 111 service by clinical triaging of calls which had resulted in fewer calls being followed by a request for an ambulance or attendance at the ED.

Improving the efficiency of ambulance handovers would also ease the position allowing ambulances to get back into the field more promptly.

It was clear there was a significant pressure on patient transport services alongside the many other significant pressures currently being faced.

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

Question

Could you advise on the current and future plan with regard to digital care solutions/pathways for older people, with particular regard to care homes?

12.5 Answer

Dr H M Blunt, Governing Body GP member said there had been a significant amount of work undertaken so far to improve technology in care homes to assist both staff and residents.

This included looking at the current level of digital technology to ensure the appropriate toolkits were in place, looking at virtual ward rounds to avoid clinicians visiting care homes and increasing the risk to staff/residents during the current climate, and the use of lower tech monitors to enable care home staff to observe patients.

One project was the use of the RESTORE2 tool which would provide care home staff with early warning signs of any deterioration in residents to enable them to clinically escalate accordingly.

12.6 The Chair said the public questions and responses would be included in the minutes of the meeting and asked members of the public to contact the Corporate Office if a more full response was required to that given.

**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 NHS Dorset Clinical Commissioning Group Governing Body would be held virtually on Wednesday 18 November 2020.

**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.