NHS
Devon
Clinical Commissioning Group

NHS Devon Governing Body Meeting
APPROVED minutes held in PUBLIC

Date: 31 October 2019 Time: 14:15 – 17:20pm

Location: South West Academic Health Science Network, Vantage Point, Pynes Hill, Exeter, EX2 5FD

Item	Discussion	*Action*	
1	**Welcome and Apologies** PJ, chair welcomed everyone to the meeting and VPs and JWs apologies were noted. TP was in attendance representing DCC Public Health. PJ gave a warm welcome to the recently appointed Non-Executive Directors who were in attendance and introductions were made around the table: • Alison Davis, Associate Non-Executive Director • Gaynor Appleby, Non-Executive/ Lay Member Allied Health Professional • Graham Turner, Non-Executive/ Lay Member Finance and Remuneration • James Wooldridge, Associate Non-Executive Director (not in attendance)		
2	**Questions from Members of the Public** There were not questions received from members of the public in advance of the meeting.		
3	**Register of Interests (ROI)** PJ directed the members to the ROI included in the pack and no amendments were requested. There were no other conflicts of interests declared pertaining to the items on the agenda. **The Governing Body received and noted the ROI.**		
4	**Minutes of the last meeting** PJ led a page by page review of the minutes of the meeting held on 26 September 2019 and subject to a minor amendment these were agreed as a true and accurate record of the meeting. There were no open actions.		
5	**Patient Experience Story** LW presented Mr Gorf's story and the impact of long waiting times and detailed the background history and described his experiences and touched on the issues surrounding his care. LW drew attention to the discussion points slide in the presentation and highlighted the impacts of the delays in his treatment.		

	Following the presentation there was an opportunity for discussion and the members agreed that we need to capture the learning from Mr Gorf's experience and stories like these and use these as our desire and ambition to drive improved performance and recognised that we need to consider a personalisation agenda for those patients who are carers for their family.		
6	**Chair Report** This report was taken as read, however noted that we are awaiting NHS England approval for the interim Accountable Officer's appointment to be extended beyond 31 October. PJ was optimistic this would be received over the next few days and would be formally noted at the next meeting in December. Following the merger of the two CCGs we made a commitment to our clinical membership that the clinical voice would be the strongest voice, however that was tied with the number of executives. Following the recent appointment of the Non-Executive Allied Health Professional the clinical voice now has the single largest voice as voting members of the Governing Body. We have also strengthened our Non-Executive membership with the appointment of associate Non-Executive Directors as non-voting members. There are plans in place to update NHS Devon CCGs constitution and this will be brought to next month's Governing Body. **The Governing Body received and noted the contents of the Chair's Report.**		
7	**Accountable Officer's Report** ST did not propose to go through his report in detail however he thanked everyone for their good wishes following his recent absence which he much appreciated and personally thanked JD and AM for holding the fort. ST reported that following a formal letter from the Department of Health and Social Care EU Exit preparations have temporarily been stood down, however he assured the Governing Body that the CCG is fully prepared. SMa confirmed that we are assessing risks in our planning and described local risks and that there were no major issues at this stage and expected that daily reporting to resume in January 2020. There were some concerns raised around medicines in the supply chain, however SMa responded that this did not appear to be attributed to EU Exit preparations and would seek further information from the medicines optimisation team for assurance. **The Governing Body received and noted the contents of the Accountable Officer's Report.**		
8	**Month 6 Finance Report** JD presented the report which detailed the financial position for the first six months of the year which detailed and assessed the CCGs risk to delivering its planned deficit for the year of £27m. The plan included a requirement to deliver a savings plan of £80m, of which £45m relates to recognised stretch savings held on behalf of the wider Devon system, and which would require reductions in our providers' expenditure in order to deliver it. JD directed the members to page 33 and the risks whereby the CCG has reached a significant point the year and that we are still assessing the risk to delivery of plan at		

	£39.5m. This risk has now crystallised and this has been formally declared to NHSE/I. The yearend forecast will be adjusted to reflect this in the month 7 report. We continue to challenge ourselves as to where we are spending money in administration in our own organisation and are holding a level of vacancies where possible to do so whilst retaining ability and capacity to drive changes required in our system. We are also reviewing all areas of discretionary commissioning spend to review and identify a further contribution to savings. The report also set out the wider system context where there is also financial pressure in the provider sector, resulting in a movement off plan in the region of £37m. SK wondered whether the £37m was attributed to demand/activity or an over assessment of savings that could be delivered. ST replied that demand is increasing, but activity still remains below plan in most cases. For the first 3 months demand growth had been contained at around 1% but has increased to 2.4%. JH wondered about the underspend for mental health and JD responded that this was an area where services were seeing increased investment, with the underspend due to a delay in recruitment of workforce. NB asked for assurance that the CCG financial position would not worsen beyond year end forecast. JD replied that the CCG and wider system would work together to deliver the revised year end forecast positions. **The CCG received and noted the Month 6 Finance Report.**		
9	**Financial Inequities** JD introduced this paper and informed the members that current distribution of resources and investments across the localities has been a long-standing issue since first looked at in 2014/15. It is very positive that we are now seeking to agree a response to the issues identified. This is an absolute key priority for the CCG to invest resources allocated to it for the whole Devon population in the most appropriate and cost effective way. CCGs are also responsible for reducing health inequalities, to which the distribution of resources can make a contribution. The process for equitable distribution of finance investment requires considerable technical expertise and the STP established an advisory group to assist the CCG in forming its Resource Allocation Policy. JD directed the members to the report and went through each section and recommendation in detail. The Governing Body: • **<u>Approved with no objections:</u> Recommendation 1: That the scope of the analysis is limited to the CCG allocation, primary care and NHSE-commissioned specialised services.** • **<u>Approved with no objections:</u> Recommendation 2: That the national equity formula is used for assessing financial inequities within Devon.**		

- **<u>Approved with no objections:</u> Recommendation 3: That the latest national equity formula is used for assessing financial inequities within Devon, but that this is regarded as draft until the changes to the mental health formula are understood. This does not prevent the CCG from developing its financial inequities policy, but the locality values to which this policy are applied should be regarded as subject to change.**

- **<u>Approved with no objections:</u> Recommendation 4: That an explanation for the changes in the national equity formula from 2018/19 to 2019/20 is obtained and is reported to a future Governing Body meeting, along with an assessment of any risks to reliability of the formula.**

- **<u>NOT Approved:</u> Recommendation 5: That movement towards financial equity is made by differential investment rather than a reduction in funding for any locality. The rejection of this recommendation is to avoid the CCG being constrained in future years when the circumstances that might apply in those years are unknown.**

- **<u>Approved with no objections:</u> Recommendation 6: The additional allocations for LIFT and small hospitals/remoteness are not related to population need and should be treated separately in the comparison of fair shares and current spend.**

- **<u>Approved with no objections:</u> Recommendation 7: The value of the NDHT size/remoteness adjustment in the local fair shares calculation should be set at the national value**.

- **<u>Approved with no objections:</u> Recommendation 8: That no adjustments to the model should be made beyond the additional national allocations.**

- **<u>Approved with no objections:</u> Recommendation 9: When considering financial equity, the CCG should adopt the national tolerances of -2.5% and +5% around each locality's fair share of the CCG's allocation. This means that if outcome measures were similar, the CCG would be satisfied with this level of funding variation between localities.**

- **<u>Approved subject to wording amendment to agree its pace of change policy to apply from 2020/21.</u> Recommendation 10: Where there are poor outcomes, additional investment is needed and therefore we should not be content with areas with the poorest outcomes being funded at the lower end of tolerance. The CCG should aim to bring the locality with the poorest outcomes from -2.5% to 0% below target, specifically to address those unequal outcomes.**

- **<u>Approved with no objections:</u> Recommendation 11: The position of each locality compared to financial equity should be reviewed each year alongside outcomes and further differential investments made to offset any drift away from equity that may occur for other reasons.**

- **<u>Approved with no objections:</u> Recommendation 12: The analysis of service inequity requires additional data sources and further work.**

	• **<u>Approved subject to wording amendment to agree its pace of change policy to apply from 2020/21.</u> Recommendation 13: The CCG should provide advice to localities about how any differential growth should be invested and should include an expectation that attention is given to interventions that will reduce health inequalities.** • **<u>Approved subject to wording amendment to agree its pace of change policy to apply from 2020/21.</u> Recommendation 14: Any locality benefitting from differential growth should report to the CCG on how that additional money has been invested.** • **<u>Approved subject to wording amendment to agree its pace of change policy to apply from 2020/21.</u> Recommendation 15: The CCG should communicate an expectation to all localities that they should focus on addressing unequal outcomes within their locality.** • **<u>Approved with no objections:</u> Recommendation 16: There should be no additional allocation to compensate for historic under-equity investment. However, where there are poor outcomes, *Recommendation 10* addresses this.** • **<u>Approved with no objections:</u> Recommendation 17: The CCG should understand total NHS resource inequity but should only differentially invest its allocation to address inequities in the distribution of its own allocation.** • **<u>Approved with no objections:</u> Recommendation 18: There should be further analysis of the distribution of NHSE specialised commissioning expenditure compared to equity, but because of *Recommendation 17* that should not delay the CCG in developing its financial inequity policy.** The GB response to recommendations 10, 13, 14 and 15 was as follows: The CCG will consider a further move to the calculated equity figure (rather than just to 2.5% below) where an under-equity locality has particular poor outcomes. The list of outcomes, the timescale for a further move to equity and the question of conditions being set on that additional investment will be discussed at a future Governing Body meeting when the equity model has been updated for the 2020/21 plan. At that point, recommendations 10, 13, 14 and 15 will be reconsidered. **<u>ACTION:</u>** **JD requested to review and amend the wording for the financial inequities' recommendations 10, 13,14 and 15 as appropriate.**		
10	**Quality Assurance Committee Chair's Report** **The Governing Body received and noted the contents of this report.**		

	Quality and Performance Report <u>52 week waits</u> SMa outlined the actions being taken at the system performance group relating to 52 week waits and reported that we are dealing with patients from a single list and that a process has been implemented to deal with patients who have waited longer than 52 weeks. The patients have been contacted and clinically assessed and reviewed for treatment. We are looking at block booking capacity with the independent sector and actions are being modelled through the forecast of 116 patients, with 50 assigned to RDE and 66 University Hospitals Plymouth. <u>Diagnostics</u> Current performance for last month was at 17%. Actions are being taken including procurement of additional capacity for endoscopy and we have also secured additional funding from the cancer alliance. Outturn performance showing 7.9% for the system which is higher than expected and down 3% from the previous year.		
11	Benchmarking has identified that we have under provided for and capacity has been a problem along with equipment and staffing issues. We are looking at Peninsula Clinical Services Strategy and a case for change with our regulators to improve outcomes and projections. There will be a further update on performance improvement and assurance was given to the Governing Body members that performance escalation is discussed at committee levels. <u>Urgent Care</u> A first draft of our Winter Plan has been developed and will be submitted to NHS E/ I for feedback on 8 November. It was acknowledged that more work will be required, and the plan will be further discussed at the system performance group scheduled for next week. The chair summarised the discussions and asked that reports include clarity for performance actions and that they are escalated through the appropriate statutory committee or Governing Body as appropriate. **The Governing Body received and noted the contents of the Quality and Performance Report for October 2019.**		
	EPPR Assurance GS referred to the report in the pack and was pleased to report that following an assessment against core standards are provider organisations have met their core standards. South Western Ambulance Service (SWAST) have been assessed as fully compliant.		
12	Although core standards have been met and we are assured GS reminded the members that we still need to be mindful that the system remains vulnerable. **The Governing Body:** • **Received and approved the position statement of its Emergency Preparedness and Response (EPRR) compliance with the 2019/20 core standards of assurance**		

	• **The Governing Body are also asked to receive the assurance ratings of our provider organisations having regard that these outcomes have been presented to each providers Boards**		
13	**Finance and Performance Committee Chairs Report** **The Governing Body received and noted the contents of this report.**		
14	**Primary Care Committee Chair's Report** <u>Barton Surgery</u> JT informed the Governing Body that following an unannounced Care Quality Commission (CQC) visit Barton Surgery in Plymouth had been issued with a one-month contract suspension. The Primary Care commissioning team and GPs have been supporting patients and a temporary contract with local practices have been secured in the interim. NHS Devon CCG is continuing to work with the CQC and the GP from Barton Surgery to agree how the service will be delivered in future along with a long-term solution and JT formally thanked the Primary Care Team for their intervention and support to patients. **The Governing Body received and noted the contents of this report.**		
15	**Locality Updates** The chair referred to the individual locality reports included in the pack which were of varying lengths and detail and that they were a useful taste of what was happening in each locality. He asked that the triumvirates did not go through individual reports in detail but to highlight support required from CCG/ system or barriers to progress. <u>Northern</u> JWo requested greater clarity on the function of the integrated care system and governance structures to support this. It was felt that the sooner this was understood we could move towards building upon relationships. <u>Eastern</u> SK noted that the Eastern Locality had an appetite to role out multi-disciplinary working to the same degree as the Southern Coastal Model. He reported that working relationships with the acute trusts had improved and PJ noted that there were discussions underway to develop a masterclass programme for Clinical Directors to further understand the Devon System. <u>Western</u> SMc noted that the roll out of population health management (Devon Linked Data Set) was progressing slowly and the chair agreed to link Western with the Devon Public Health Team. <u>Southern</u> DG felt that regular meetings and executive level focus would be required and continue following the recent financial performance review for TSD FT.		

	He also mentioned that although the developments for modernising health and care services in Teignmouth was progressing this would not be at pace due to the timing of the general election and that it was highly likely this would not now be until the New Year. **The Governing Body received and noted the contents of the locality updates.**		
16	PJ thanked the members for their contribution to discussions and important decision making and the members agreed the meeting was well chaired. **The meeting closed at 17:20pm**		

Attendees (attended** / apologies A)	
Name and initials	*Title and organisation*
Alison Davis (AD) **	Associate Non-Executive Director, Devon CCG
Andrew Millward (AM)**	Devon System Lead Director of Communications and Engagement; and Director of Communications and Human Resources, Devon CCG
Caroline Dimond – Dr (CD) **	Director of Public Health, Torbay Council
Charlotte Burrows (CB) **	Non-Executive Director/ Lay Member – Patient Public Involvement, Devon CCG
Dr Matt Fox (MF) A (in absence of DG)	Clinical Representative, Southern Locality, Devon CCG
David Greenwell – Dr (DG) **	Clinical Lead Representative, Southern Locality, Devon CCG
Ginny Snaith (GS) **	Board Secretary, Devon CCG
Gaynor Appleby (GA) **	Non-Executive Director/ Lay Member – Allied Health Professional, Devon CCG
Glynnis Atherton (GA) **	Non-Executive Director/ Lay Member – Quality Assurance of Services, Devon CCG
Graham Turner (GT) **	Non-Executive/ Lay Member – Finance and Remuneration, Devon CCG
James Wooldridge (JW) A	Associate Non-Executive Director, Devon CCG
John Dowell (JD) **	Chief Finance Officer, Devon CCG
John Womersley – Dr (JWo)**	Clinical Lead Representative, Northern Locality Devon CCG
Jo Turl (JT) **	Director of Commissioning – West, Devon CCG
Judith Hargadon (JH) **	Non-Executive Director/ Lay Member – Primary Care
Lorraine Webber (LW)**	Interim Director of Nursing, Devon CCG
Nick Ball (NB) **Vice Chair** **	Non-Executive/ Lay Member – Financial Management and Audit, Devon CCG
Nick Kennedy – Dr (NK) **	Secondary Care Doctor, Devon CCG
Paul Johnson – Dr (PJ) **Chair** **	Clinical Chair, Devon CCG
Ruth Harrell - Dr (RH) **	Director of Public Health, Plymouth City Council
Simon Kerr – Dr (SK) **	Clinical Lead Representative, Eastern Locality, Devon CCG
Shelagh McCormick – Dr (SMc) **	Clinical Lead Representative, Western Locality, Devon CCG
Simon Tapley (ST) **	Interim Accountable Officer, Devon CCG
Sonja Manton – Dr (SMa) **	Interim Director of Commissioning – North, East and South, Devon CCG
Tracey Polak (TP) ** (for VP)	Assistant Director Public Health, Devon County Council
Virginia Pearson – Dr (VP) A	Director of Public Health, Devon County Council
In Attendance	
Nikki Coombes (NC) ** **Minute Taker**	Executive Assistant, Devon CCG

Jade Quartermaine (JQ)** **admin support**	Senior Administrator, Devon CCG
Simon Polak (SP) **	Interim Director of Quality Assurance, Devon CCG
Warwick Heale (WH) ** - **item 9 only**	STP Programme Director, Devon CCG

Minutes approved	Date: 28 November 2019	Signed by chair: Dr Paul Johnson