

**Eastern Locality Board
Meeting
22nd January 2014**

Brixington Church Hall, Churchill Road, Exmouth, EX8 4JJ

MINUTES

Present:	Title:
Dr David Jenner (DJ)*	Chair, Eastern Locality and Mid Devon Sub-locality
Dr Simon Kerr (SK)*	Vice Chair, Eastern Locality and Co-Chair Wakley Sub-locality
Dr Phil Taylor (PT)*	Co-Chair, Wakley Sub-locality
Dr Rob Turner (RT)*	Co-Chair, Exeter Sub-locality
Dr Tom Debenham (TD)*	Chair, WEB Sub-Locality
John Finn (JF)*	Managing Director, Eastern Locality
In attendance	
John Dowell (JD)	Locality Chief Finance Officer
Barbara Jones (BJ)	Head of Locality Contracting
Dr Alison Round (AR)	Clinical Policy Committee Board member
Lorna Collingwood-Burke (LCB)	Deputy Chief Nursing Officer
Sam Smith (SS)	Locality Medicines Optimisation Pharmacist – Eastern Locality
Mike Wade (MW)	Public Health Speciality Registrar
Trudy Emmett (TE)	Patient Safety & Quality Support Manager
Apologies:	
Gilly Champion (GC)*	Co-Chair, Exeter Sub-Locality
Dr Alex Degan*	Vice-Chair, Mid-Devon Sub-locality
Sue Moreton (SM)	Patient Quality & Safety Manager
Dr Joe Mays (JM)	Executive GP
Dr Richard Mejzner(RM)*	Vice-Chair, WEB Sub-Locality
Chris Roome (CR)	Head of Clinical Effectiveness
Richard Croker (RC)	Head of Medicines Optimisation

*Voting member

PART A

Part A of this meeting was held in private and therefore there are no minutes to report or approve.

PART B

1. Attendance and Apologies

Noted as above

2. Register of Interests

Dr David Jenner requested that members review their entries and inform HannahTapp of any updates accordingly.

3. Minutes of the last meeting and Action Log

The minutes were agreed to be a true and accurate record of the meeting. The Board also reviewed actions from the previous meeting and the Action Log was reviewed and updated accordingly.

EL_05_13_006 – Tamara Powderley confirmed that there is a meeting tomorrow between representatives between Royal Devon & Exeter Hospital, Devon Partnership Trust and NEW Devon CCG tomorrow to discuss the issues of mental health patients presenting at the Emergency Department. There have been two previous meetings of this group during which there has been discussions and sharing of information and experiences of where arrangements in ED have not met requirements. This work is on-going and outcomes will be brought back to the Board in due course.

EL_06_13_007 – Dr Simon Kerr confirmed that the Partnerships Board continue to review quality in care homes with work currently underway to develop a case for a quality team to visit care homes or to develop a provision for this at a more local level.

EL_11_13_018 – John Finn confirmed that there has been a review of reporting that detailed incidents have occurred but the question was asked whether a more in depth review was required to ascertain actual harm to those affected as the currently reporting mechanism is not designed to answer this question. From preliminary discussions there is no evidence of harm. It was confirmed that the Emergency Department action plan details that where there is a wait recorded that is in excess of 1 hour then this will invoke an automatic review of notes and outcomes and any learning is fed back into the action plan.

4. Chair's Locality Report

Dr David Jenner presented his report to the Board and noted the following:-

4.1 Christmas & Winter Period

DJ highlighted the on-going collaborative work between providers and commissioners to ensure flow is maintained in the system. These challenges to the system continue with those presenting at the RD&E with high acuity and complex needs.

4.2 CCG Allocations and National Tariff for 2014/15

DJ confirmed that this is the National Planning Guidance which sets out challenging milestones and requires the CCG to formulate a detailed operational plan for the next 2 years by the end of the February this year and a further 5 year plan by June of this year. Hannah Tapp to circulate the National Planning Guidance to the membership.

ACTION: EL_01_14_019 – HT to circulate National Planning Guidance to the membership.

DECISION: The report was NOTED by the Board.

5. Managing Director's Report

John Finn presented his report to the Board and noted the following:-

5.1 Moretonhampstead

JF highlighted the public engagement currently underway with the local population of Moretonhampstead and the commitment of both those in the CCG and Northern Devon Healthcare Trust in terms of this work in shaping future healthcare in this area.

5.2 RD&E Contract

JF noted that in terms of the current financial position and the £2.5 million risk reserve put in place to ensure the contract remains in budget, the CCG's current financial position requires minimal recourse to the risk reserve for which a joint recovery plan has been put in place and which is detailed in the integrated performance report. However, we do expect full recourse to the £2.5 million risk reserve by the RD&E by the end of the year.

DECISION: The report was NOTED by the Board.

6. Locality Vice Chair's Report

Dr Simon Kerr presented his report to the Board and noted the following:-

6.1 Partnerships Commissioning Programme Board

- IPP – it was confirmed that the predicted overspend on the IPP contract with DPT represents a risk to the CCG. There are a large number of outstanding CHC assessments across the whole of Devon and there is currently a business case in place which is awaiting approval to address this issue.
- Virgin Care continue to deliver more on their key performance indicators (KPIs) dealing with a substantial number of extra cases than expected.
- Draft strategies to jointly commission carer services, mental health, learning disability and dementia services are now available to the public to view.

6.2 Mental Health Commissioning Update

SK confirmed that he is the mental health lead for the locality and aims to raise the profile for mental health commissioning across the locality. SK highlighted to the Board the recent event which took place pre-christmas which brought together Exeter GPs and consultants to identify issues and to look at whether the provisions currently in place are meeting patient need.

Furthermore, confirmed that there are contractual discussions between the CCG and providers which challenges current provision and looks at those services that ought to be provided.

SK also outlined the work undertaken by the Mental Health & Learning Disability Group which involves face to face meetings with providers to review operational issues. Work thus far includes improving access to psychological therapies and reviewing the mental health specification and to consider specific business proposals.

SK summarised that the aim is to understand mental health commissioning better and to identify what we want, as commissioners, in terms of provision on the basis of need and demand.

DECISION: The report was NOTED by the Board.

7. Sub-Locality Reports

7.1 EXETER

Dr Rob Turner presented the Exeter Sub-Locality to the Board.

The Single Point of Access was discussed and how the work which is currently being undertaken in Exeter will integrate with the work going on in other localities. It was confirmed that integration is with each sub-locality being asked to review what this will look like in that area and then to review the impact. It was also confirmed that there is an ambition to make the Rapid Intervention Centre a 7 days service which will interface with the 4 local teams and the onward care team at the Royal Devon & Exeter Hospital.

RT confirmed that Dr Hamish Duncan will be leaving his role as vic-chair for the Exeter sub-locality to take up a GP role in Exeter.

The remainder of the report was noted accordingly.

7.2 WEB

Dr Tom Debenham presented the WEB Sub-Locality Report to the Board.

Single point of access - TD discussed the work currently undertaking in relation to the single point of access in WEB which involves getting a multi-disciplinary team working together (to include GPs, physiotherapists and hospice care). The challenges are pulling these facets together which involves working with different employers and understanding the variants.

Transport- there are currently 4-5 providers of transport in WEB and there is work underway to co-ordinate these services and look at how these services are going to work in the future.

The remainder of the report was noted accordingly.

7.3 Mid-Devon

Dr David Jenner presented the report to the Board the contents of which were noted by the Board accordingly.

7.4 Wakley

Dr Phil Taylor and Dr Simon Kerr presented the report to the Board.

PT outlined the challenges faced by the locality but confirmed that the population recognises the need to come together. It was confirmed that the recent meeting at Axminster Town Council attended by GP and management representatives was successful with an agreement that a joint programme board across Seaton and Axminster be established to look at the changing needs of the population.

SK outlined the work currently being undertaken in Honiton and Ottery St Mary whose population amounts to 32,000 patients and the role of the task and finish group which has been set up to understand the complexities in community services and to move toward appropriate home based care.

The remainder of the report was noted accordingly.

8. Integrated Governance Reprt

John Finn introduced the report to the Board.

8.1 Locality Assurance Reports

8.1.1 **Ambulance handovers – Risk Rating Red** - JF confirmed that this data relates to the number of handovers over 30 minutes. There is an agreed plan in place with a revised trajectory. JF summarised the improvement actions in place and currently the agreed trajectory is being met with delays being reduced to less than one a day in the month. However, the risk rating remains red and further assurance is being sought from the providers as to when the target of zero handover delays at 15 minutes will be achieved and the actions that will be implemented to achieve this target in 14/15.

It was discussed whether winter pressures impact on these targets. It was confirmed that extra staff are deployed in response to amber/red escalation and in the case of SWAST (who use REAP levels) when REAP level exceeds Level 3.

8.1.2 **Transfers of Care – Risk Rating Red** – JF confirmed that there is a need to understand how delays are reported as there would appear to be different reporting mechanisms across providers. There is however work underway understand the variants

and how this is measured across the localities. JF added that in terms of the Better Care fund one of the key performance indicators is delayed transfers of care and therefore re-design of the urgent care system will focus on this aspect of the patient journey.

8.1.3 – Cost Improvement Plan (CIP) Delivery – Risk Rating Amber – JF confirmed that this risk relates to the non-delivery of North Devon Healthcare Trust CIP plan which is jointly managed by the CCG and NDHT Community Services Delivery Board and which manages services change which should be in planned way with no changes to the system which fall outside the delivery pathway.

8.1.4 – Financial Recovery Plan – Risk Rating Amber – JF confirmed that key to this placed it to minimise access to the risk reserve. There is a recovery action plan in place that has been jointly agreed and managed between the CCG and RD&E and the commissioning team continues to work with the RD&E to ensure that work is within the contract settlement.

8.1.5 – Patient Transport Services – Risk Rating Amber – JF confirmed that there have been issues with the new transport provider, NSL but this is being monitored through the contractual mechanisms and IPAM with a number of meetings taking place to review the position. Appropriate contractual sanctions are imposed where necessary but overall there is an improving picture.

DECISION: The report was NOTED by the Board accordingly.

8.2 Quality, Patient Safety and Performance

Trudy Emmett presented the report to the Board and noted the following:-

8.2.1 Safeguarding Alerts – it as confirmed that in December the 8 referrals were received in the Eastern Locality, 5 of which have been substantiated and investigated. It was confirmed that there are 14 on-going investigations representing an increase from last month. The Board discussed whether the appropriate number of safeguarding incidents are reported and the variants in thresholds in reporting for Plymouth. LCB would investigate further.

There was also a query around the data received for care homes, LCB agreed that the alerts appeared disproportionate between hospital and care homes. LCB to get assurance that data is obtained is being captured correctly.

ACTIONS:

EL_01_14_020 – Safeguarding alerts - LCB to confirm thresholds for Plymouth and investigate reasons for any variations.

EL_01_14_021 – Safeguarding alerts – LCB to review data capture for alert in relation to hospitals and care homes.

8.3 Finance

John Dowell presented the Finance Report to the Board . The overall position for the total CCG has deteriorated to a forecast deficit of £7.7m after applying all available contingency reserves. Within this overall deficit, the budgets delegated to the Eastern Locality are forecast to overspend by £6.725m. It was noted that the financial position for the Locality has

worsened this month in 2 main areas, namely, the RD&E contract and primary care prescribing.

8.3.1 RD&E – The contract has worsened this month with a forecast overspend of £3.8 million. The increase to the forecast overspend was caused by three issues; i) Increase in the overspend on the fully variable, pass through element of the contract which now stands at circa £1.6m; ii) Increased assumption on the value of access to the reserve, capped at £2.5million; iii) a £1.4m budgetary shortfall relating to the baseline contract value.

Dr Simon Kerr queried if the allocations at locality level is correct as it would appear the Eastern locality carries the whole prescribing budget for the CCG. JD confirmed that the Eastern Locality is responsible for managing the whole budget on behalf of the CCG, taking the lead in working with the other Localities to influence their spending as required. However, as the Locality it is not required to cover any overspend by reducing other spending on services provided to the East Locality alone, it is not unfairly disadvantaged by holding this responsibility.

8.3.2 Primary Care Prescribing – the position has now worsened in month 9 figures seeing a forecast overspend of £3.1million. Work by the Medicines Optimisation team continues to look at opportunities to reduce variations in practice and improve expenditure performance.

8.4 Contracting

Barbara Jones presented the report to the Board.

8.4.1 Referral to Treatment Times (RTT) – It was confirmed that the current performance is 93.6% against the target of 90% and continues to improve with orthopaedics turning to 18 weeks waiting times by April.

8.4.2 Referrals – It was confirmed that referral levels have increased, in particular referrals from “other” which is up by 20.5%. Work is understand where these referrals originate.

JF confirmed that if the locality can bring contracts to where they should be and, furthermore, confirm that the prescribing forecast is where it is believed to be then there is the possibility that financial balance will be achieved by year end. However, if this is not achieved then any deficit will be carried forward into the new financial year. Furthermore, in terms of commissioner responsibility (NEW Devon is currently authorised with no conditions) if financial balance is not achieved then this status could be revoked. Both clinicians and management teams continue to work hard to achieve a year end position.

DECISION: The report was NOTED by the Board.

9.0 Clinical Policy Committee Report

Dr Ali Round presented the report to the Board and noted the following:-

AR confirmed that the stroke rehabilitation pathway has now been agreed following the working undertaken by the Stroke Clinician to Clinician group (C2C).

It was also confirmed that confirmation has now been received re NICE TAG 283. AR highlighted the increase in number of NICE guidance which is published each month and the CCG are looking at mechanisms to assess impact of the guidance and the clinical priority that it should be given.

The Board discussed how quality standards are picked up. JF confirmed that there is a process for review of quality standards (following NICE Guidance). Chris Roome will receive assurances from providers which is reported back to the Integrated Governance Committee. There is, however, no clinical review. JF to confirm processes. It was confirmed that in terms of clinical review of pass through drugs and devices, this work is being undertaken. JF outlined the work underway which is being led by Jo Watson with Bryan Foresheew leading work in the East and it was confirmed that Jo Watson/Bryan Foresheew would attend the next Board to describe and confirm process.

ACTIONS:

EL_01_14_022 – JF to confirm processes in terms of NICE Guidance and how quality standards are picked up and reviewed.

EL_01_14_023 – Pass though drugs and devices - JF to invite Jo Watson/Bryan Foresheew to the next Board to discuss work underway in the Eastern Locality.

DECISION: The report was NOTED by the Board.

10.0 Prescribing Report

Sam Smith presented the report to the Board and outlined the work currently underway with practices to reduce spend. SS confirmed that whilst the November data showed an improving financial position, highlighted to the Board that December data may not look so favourable. However, assurance was given that the Medicines Optimisation team continue to work with practices.

The Board discussed the on-going work and it was stated that practices are struggling in terms of capacity to find the time to undertake this work. SS confirmed that part of the current work is to understand these barriers which vary from practice to practice and the need to prioritise this work and to spend time on areas which have a real impact. TD challenged fellow chairs as representatives from the locality that every area should have a prescribing lead and to formulate a strategy as to how each area is going to address problems in each of the practices identified.

11.0 Community Nursing Specification

Tamara Powderley presented the specification to the Board.

It was explained that as part of the contract settlement with Northern Devon Healthcare Trust, this specification defines the required for community nurses and has been formulated

in response to significant demand and growth within when teams have evolved resulting in significant variations across the locality, therefore, significant change is required. TP confirmed that the specification defines core requirements and eligibility criteria to include the definition of “house bound”. TP stated that the community nurse teams currently provide intervention to ambulant patients and following debate with practices and the LMC that a further specification is to be developed to take this cohort of patients into account. The specification as drafted is before the Board for approval. If approval is given then negotiations with NDHT will commence as to how this will be introduced which will include describing a transitional period.

The Board acknowledged the work of the management team in the drafting of this specification. It was discussed that in terms of key performance indicators (KPIs) that GPs satisfaction as to the service provided to their patients should be measured thus giving reassurance to primary care that there are mechanisms in place for there to be comments on patient experience.

It was acknowledged that in terms of cost, this new service will cost more but the level of investment acknowledges the importance of community nursing. It was requested that TP undertake a full impact assessment and detail the transitional plan to be brought back to Board to review.

Two other aspects were highlighted to be included within the specification:-

1. Diagnostics to include warfarin monitoring.
2. To agree a common prescribing form to facilitate discharge from acute provider to the community. Presently, Community Nurses will not accept prescriptions from another trust.

DECISION: The specification as drafted was APPROVED by the Board SUBJECT TO an impact assessment being undertaken. To be brought to February Board for final approval.

12.0 Budleigh Outline Specification

Dr Tom Debenham presented the specification to the Board asking the Board to agree the specification which will then lead to the development of a capital business plan.

The Board suggested that the following be added; podiatry and nail cutting services, maternity, childrens mental health, carers, Leg Club (social model of delivery of leg care management as used in North Devon, citizens advice (social support).

It was queried if there would be financial implications to the CCG or if these costs are to be recouped from service changes? It was confirmed that it is a North Devon financial commitment and does not have financial implications for the CCG.

DECISION: The Board NOTED the specification. It was confirmed that the Board welcomed the proposed specification and supported the development of a capital business case but without prejudice to the financial commitment.

End of Meeting

The minutes have been approved as an accurate record of this meeting.

Signed 

Dr David Jenner, Eastern Locality Chair

Dated 26th February 2014

Signe 

John Finn, Managing Director, Eastern Locality

Dated 26th February 2014