HEALTHY PEOPLE
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Northern Devon

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

Northern Locality Board Meeting

Wednesday, 23rd July 2014, 14:00 – 15:15
The Assembly Rooms, South Molton

DRAFT MINUTES

Present: Dr John Womersley (JWom), Caroline Dawe (CD), Dr Stephen Miller (SM), James Wright (JWr), Dr Darunee Whiting (DW), Dr Annabelle Tree (AT), Dr Tim Chesworth (TC), Carol McCormack-Hole (CMcCH), Mark Elster (ME), Simon Polak (SP), Tracey Polak (TP), Ruth Carter (RCa), Richard Croker (RCro)

Apologies: Dr James Szymankievicz, Barbara Jones (BJ), Kevin Wheller (KW), Hannah Nicholas (HN)

In Attendance: Nick Pearson, Paul Hopkins, Felicity Aldridge, Kerry Burton, Makylla Isaac.

1. Welcome and Apologies

JWom welcomed everyone including 3 members of the public to the meeting and noted apologies. Housekeeping procedures regarding emergency exits were explained and it was noted that no fire drills were planned.
Board members were then asked to introduce themselves by name and job title.

2. Declarations of interest

The current register of interests was circulated to board members alongside the sign in sheet requesting any new interests – no new interests were declared.
Board members were also asked to verbally declare any conflicts with this specific meeting's agenda. JWr declared that his wife was a physiotherapist with Northern Devon Healthcare Trust and SP declared that he also works for Devon Partnership Trust; neither declaration would prevent the board member taking part in any vote as appropriate.

3. Patient Story

Every board starts with a patient story to keep the individuals at the centre of everything we do and for learning and discussion. This month's story was around a parent and child experiencing communication issues with a service that changed its contact details and then did not relay these new details clearly for patients to find them. The Patient Advice and Liaison Service (PALS) interacted to resolve a positive outcome and worked with the service to prevent reoccurrence in the future.
In relation to this story SM mentioned a project in progress around library services holding service information so that people who do not have access to IT or the appropriate skills can access this information offline. TC mentioned that some services regularly change contact details and these need to be widely available to the public and also staff within the health service to help direct the public. TC noted that it is important to have a good method of keeping details up to date. JWom mentioned an online site 'I want great care' which operates down to a locality level. SP – mentioned there are a number of software and internet tools

available to help people manage their own care. There is also a patient portal included as part of the CCG communications strategy

RCro joined the meeting.

4. Previous minutes

No points of accuracy were raised. Actions within the last minutes have been completed. The minutes were agreed and signed as an accurate record of the meeting.

5. Locality Board Report

This report highlights areas of concern, it details the actions being undertaken to provide the board with assurance around the operation and delivery of healthcare within the locality. Highlights, questions and actions in relation to these reports are reported below:-

Assurance reports

A&E Waiting Times - Nationally this target has been missed continuously for 52 weeks. According to The King's Fund National data, the CCG is in line with this national data and the target remains a challenge. The urgent care working group is working towards improving the position by widening into a 'System Resilience Group' including elective care as well to look at all components of the health and social care system. The System Resilience Group will also be working on mitigation of risks at times of pressure including use of any national nonrecurring resilience allocations for the forthcoming winter period. Decisions are to be made regarding the allocations within the next few weeks.

Stroke - The data shows that Northern Devon Healthcare Trust have achieved the target for the first time, board members are 'delighted' with this and would like to congratulate the hard work of the Trust and the stroke team for this achievement. This will also be fed back through the IPAM. The status will not however be changed until a trend is identifiable to ensure that the position is maintainable. ME also mentioned that the stroke team are national leaders with two awards for services.

Vascular work - Work and discussions are on-going between Taunton and Somerset NHS Foundation Trust and Northern Devon Healthcare Trust. An engagement plan has been drafted and plans to take this forward will be agreed. This is a nationally defined specification which needs to be followed locally. A meeting has been arranged for the first week of August to agree milestones and transition dates.

Patient Transport Services - Discussions between the transport provider NSL and the CCG are on-going to try to understand the activity and to inform whether there is a case for renegotiation of the contract. There are some local provider misconceptions around response times expected of NSL which are not necessarily realistic. Performance against Key Performance Indicators (KPI) is still below standard. It was questioned how this related to other geographical areas with the same provider. Comparison is not straight forward as contracts are individual to each area and the geographical areas are different, however the indicators being struggled with are similar in other areas.

Tiverton CQC: Treatment Escalation Plans - A review and action plan have now been implemented and the warning notice has now been lifted. Once further actions have been completed next month it will be requested to downgrade this report to amber and place on a watching brief and to continue to monitor through IPAM.

Quality, Patient Safety & Performance

It was agreed that as board members are expected to read the report prior to the meeting only areas of exception and / or concern should be raised during the board meeting with a line of

'nothing to report' if everything is on track or has appropriate actions / assurance listed within the documentation.
P25 red markers: JWr - Cancer 2 week wait has been highlighted and will be an assurance report in next month's process with full actions and trajectories listed. There has been an exceptional increase in demand earlier in the year and a full recovery plan has been received from Northern Devon Healthcare Trust set for completion by the end of August.

Finance:
CD explained that the biggest risk financially is the contract with Northern Devon Healthcare Trust and this needs to be an assurance report next month. Various measures are in place however more QIPP (Projects which improve or maintain quality and performance but release funds for reinvestment) are required. Other provider contracts are not expected to show significant financial risk. The Continuing Healthcare spend is an overarching CCG risk and is predicted to overperform against budget. In the Northern locality there is a high risk of overspending due to the progress being made to resolve a backlog of assessments.

Clinical effectiveness and Medicines Optimisation: Nothing to report further to the paper

Public Engagement: Nothing to report further to the paper

Assurance Rating:
Amber for all assurance summaries, this is due to not having detailed enough recovery trajectories (timelines) in place, these are not always available as often are led by provider organisations although more work could be done to pursue this with provider colleagues.

6. Torrington – recommendations from the test of change

A paper and number of attachments were circulated. CD stated that the evaluation report relates a positive message however the CCG want to ensure that the model of care is clinically safe with no or minimal negative impact. However it is recognised that it is missing some social care data, particularly around domiciliary care and this data needs to be included. Also there is a requirement to verify the reliability of the data under an external independent review and it was agreed in general discussion that this was essential. Numbers included are small and therefore not statistically significant however they are in line with the expected figures nationally according to the Cochrane engagement report which was part of the information endorsed by the Health and Wellbeing board in June.

A recent meeting with community representatives in Torrington and with MP Geoffrey Cox raised concerns about making a final decision at this time and advocated adjusting the process to ensure that all information was included in the evaluation and that all members of the public had further time to submit comments. A number of recommendations were made to the board within the papers submitted. A new timeline was suggested to the board incorporating an extension to the feedback on the Torrington Test of Change to ensure more views are considered and actions are completed before a final decision can be made:

- 21 days for the community to send in their written feedback about the care they have received from the community health and social care team serving Great Torrington
- A completed dataset to be provided to the Torrington Oversight Group to enable them to make a recommendation to the Boards of NDHT and the CCG'S Northern Locality
- A final stakeholder forum to discuss the project
- The NHS to seek an independent body to conduct an impartial review of the evaluation data.

It was confirmed that the independent review would not be reviewing the evaluation document itself but the reliability of the data and ensuring that *conclusions and methodology of the existing report are sound, and that the evaluation has been properly designed to capture the true picture in terms of the evidence available. It will also check that the appropriate allowances and weightings have been given to the data collected* The data then needs to be presented in its entirety to a future board rather than a summary of the data. It was also highlighted that on behalf of the staff, patients and families in and around Torrington, this process should be thorough but must not take too long. It was appreciated that staff in Torrington hospital were expecting a decision this week and that any decision taken to lengthen the process will not improve low morale. It was therefore agreed that any extension should be as short as possible whilst still enabling accuracy.

In terms of the recommendations within the paper:

1. The Northern Locality Board of the CCG is asked to recommend the de-commissioning of the Torrington community hospital beds and support the re-provision of community services by commissioning the enhanced model of care.

The board voted unanimously (six voting members were present out of 7) to defer this decision pending the timeline and actions above.

2. The Northern Locality Board of the CCG is asked to support the enhanced use of the Torrington Community Hospital building and continue to work in collaboration with the Provider to maximise the cost effective potential of delivering additional services for Torrington and its parishes from the hospital site.

This was considered to be a separate point to item 1 and that the use of Torrington community hospital could continue to be enhanced despite deferring the decision on item 1.
The board voted unanimously (six voting members were present out of 7) to support the enhanced use of Torrington hospital.

The suggested extension with the timeline and actions were also agreed.

SM gave thanks to all of the people involved within the CCG and NDHT for their hard work on this and stated that it was a good example of working well together.

7. Written Questions from the Public

A number of questions were submitted prior to the meeting; a written statement was circulated containing three points as per below:

Torrington Community Cares
Question 1 "It has been acknowledged that this model of care does require additional investment in to the community services, so how much additional investment will be required each year?"

Answer 1 In order to answer this question accurately we need to understand the context of the acknowledgement, was it a national statement or one made locally and if so by whom?
However, if you are asking specifically about Torrington we need a further two posts at a cost of approximately £75,000 to complete the community team.

Question 2 Financial experts both locally and nationally are now saying that the cost of caring in the community exceeds the savings made by closing community hospital beds. Will the Board please comment on this please?

Answer 2 To answer this question we need to understand the context of the question and if you could supply the detail after the Board meeting that would be really helpful. We can then bring the question back to a future meeting.

Question 3 We have received a number of questions from another author. A written response to these questions will be provided in due course. Some questions could not be answered due to inappropriate content; others need further research to ensure that the answer is correct and appropriate. **Post meeting note – please see Appendix 1.**

The Chair then offered the public an opportunity to ask questions.

1) A member of the public mentioned that they had gathered a number of patient stories that care in the community in Torrington is not so good. It was stated that these could be incorporated into the extended engagement process and that patient stories were welcomed as part of the process and concerns can then be addressed. Both positive and negative stories are included within the evaluation report.

2) Assurance was requested around early discharge – with some people returning to the acute hospital shortly after discharge. TP stated that with an increasingly aging and frail population it is often the case that people may require an admission shortly after discharge but frequently for another cause un-related to the previous admission. Also the evidence shows that it is expected that a small proportion of patients will need a readmission but overall the majority benefit from being discharged sooner. Any readmissions are audited and a geriatrician was involved in a review of case files for those few readmissions. DW stated that it was important to commission the model of care which allowed the best quality services and outcomes for the largest number of people possible, although there will always be a few individuals who may not have the best possible experience and we need to learn from their stories. AT stated that she would only endorse a direction if it was the best for the wider population, for people to have the best possible care wherever they are.

3) The CCG needs to listen to what the local population of Torrington want and need and what is or is not working. JWom acknowledged the data showed a need for between 2 and 3 community inpatient type beds in Torrington. This low number of beds does not warrant the costs of staffing a ten bedded ward nor the quality risks which can emerge and therefore a small unit is economically un-viable. The CCG would need to consider where it would be most appropriate to have these beds: potentially these could be allocated beds available as NHS beds within a nursing home or residential home.

8. Closing Business

It was noted that the acoustics were not good for this type of meeting and alternative venues or equipment will be investigated.

Date and time of next meeting: 20th August 2014 from 9:30 at Crown Yealm House in South Molton. Meeting closed at 15:34

9. Summary of Actions

Actions:

- ME to look into the potential use of the 'I want great care website'
- RCa to send copies of the slides to a visiting member of the public for information and put on website. (Action completed).
- CD to progress actions in relation to the agreed Torrington timeline through the team for feedback at a future board meeting.
- JWr to raise assurance summary recovery trajectories with the commissioning team.

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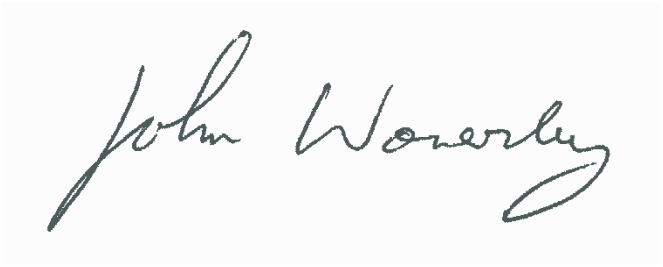
Signed;



Date;

20th August 2014

Name; Dr John Womersley

Job Title; Chair

Appendix 1. Post Board Questions

Questions to the Northern Locality Board of NEW Devon CCG,

In order for questions to be read out at a Board meeting we need to ensure that those questions pose no claims which could be viewed as defamatory to individuals, either employed by the CCG or outside of it.

In addition, both the Data Protection Act and Freedom of Information Act stipulate that any individual(s) names or reference to an individual are protected from disclosure.

The overarching questions presented related to the membership and process of the Oversight group.

Membership: We are satisfied that the membership of the Oversight group is appropriate.

The Oversight group has a membership of 18.

Of these there are 2 members of the Northern locality, (1 manager and 1 GP) Northern Devon Health Care Trust also has 2 seats, (1 to represent community services and 1 to represent community hospital services).
There is 1 seat for Social Care, so in total 5 of 18 are employees of either NDHT or the Northern Locality.

The membership of the Oversight group was selected to provide representation for all stakeholders and we refute the claim relating to vested interests.

There is presently a vacancy for a second lay member. The Oversight group agreed that adverts should be posted and were… The deadline for the closing date did not give some publications long enough to offer a reasonable timeframe for applications, so the Oversight group agreed to extend the deadline. The only known applicant at that time was informed by telephone.

Process: The Oversight group discussed and agreed the voting arrangements. This allows each member to have a vote. It is a matter for each member to decide whether it is within their remit to vote for or against or abstain depending on what the vote is about.

A Statement given by any chair does not compromise his/her position as chair, nor does it confer partiality. An email to the Oversight group about the relocation of the meeting on the 15th July was passed to the media and therefore the purpose of the press release was to formally confirm the reasons why the meeting had moved venue.

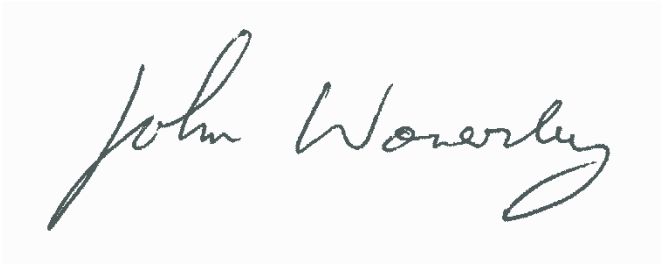
Attempts to find secretarial support other than using CCG staff have been made by other members of the Oversight group, (neither CCG nor NDHT), but to date attempts have been unsuccessful. All minutes are checked by the Chair before circulation.

While we accept that some minutes have on occasions contained errors and have not always been circulated in the timely way we would wish, there is an opportunity to amend minutes at the beginning of each meeting, and all minutes should remain in draft form until agreed by the committee.

We cannot recall any incident when minutes have been “corrupted” and would kindly ask you to provide examples where you believe this to be the case.

The Oversight Group has lines of accountability through a steering group and reports within the CCG to the Executive and ultimately the Board. The CCG constitution allows public attendance at Boards and the Governing Body, but other than that the NHS runs its business through meetings that are invitee only.

With specific regard to the Oversight group it is not and never has been a decision making group with any executive or delegated authority. Its terms of reference describe its role as offering challenge to the evaluation process. The Oversight Group has membership from across the Great Torrington community. It is not a public meeting but members of the community attend and have no decision making rights.



13 August 2014