



Northern, Eastern and Western Devon  
Clinical Commissioning Group

## NORTHERN DEVON LOCALITY COMMISSIONING BOARD AGENDA

<b>Date: Wednesday, 22<sup>nd</sup> April 2015</b>	<b>Time: 09:15am – 11:00am</b>
<b>Venue: Crown Yealm House, Pathfields Business Park, South Molton, EX36 3LH</b>	<b>Chair: Dr John Womersley</b>

Item	Item Description	Objective/ Desired Outcome	Process	Item Presenter	Time
<b>Section 1 – Public Forum</b>					
<b>Opening Business</b>					
1.	Housekeeping, welcome, apologies and sign-in				09:15
2.	Register of Interests and conflicts of interest with this agenda	Declarations	To be made	All	09:20
3.	Patient story	Information	Video	Chair	09:25
4.	Previous minutes - meeting held on the 25 <sup>th</sup> March 2015	Approval	Attached	Chair	09:30
<b>Locality Board Report</b>					
5.	Patient Safety and Quality, Performance, Contracting and Finance, QIPP and Communications	Information	To follow	Specialty leads	09:40
<b>General Business</b>					
6.	Update on Continuing Healthcare (CHC)	Information	Verbal	Simon Polak	10.00
7.	NEW Devon CCG Constitution	Discussion	Attached	Caroline Dawe	10:20

Public Questions					
8.	Written questions from the public	Answer	As submitted	Chair	10:50
9.	<b>Date and Time of Next Meeting;</b> Wednesday, 27 <sup>th</sup> May 2015 at 9.15am, Crown Yealm House	Note date	Verbal	Chair	11:00

When at all possible documents and reports should be published with a minimum font size of 12. This may not be fully possible due to volume of information or existing formats. We are working towards providing information in an accessible format. Please note that reports can be requested in larger font if required through contacting: [andrea.fairclough@nhs.net](mailto:andrea.fairclough@nhs.net)

#### Section 2 - Confidential Business

**Admission of the Public** - Under the provision of Section 1, Sub-section 2 of the Public Bodies Admission to Meetings Act 1960, the public may be excluded for such a period as the Clinical Board is in Session on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

#### Voting Membership:

Caroline Dawe, Managing Director, Northern Locality  
 Dr John Womersley, Chair  
 Dr Stephen Miller, Vice Chair  
 Dr Darunee Whiting, GP  
 Dr Tim Chesworth, GP  
 Dr Annabelle Tree, GP  
 Dr James Szymankiewicz, GP

#### Non-voting Membership:

James Wright, Head of Commissioning, Northern Locality  
 Kevin Wheller, Chief Finance Officer, Northern Locality  
 Richard Croker, Head of Medicines Optimisation, Northern and Eastern Localities  
 Tracey Polak, Assistant Director of Public Health, Devon County Council  
 Carol Albury, Locality Medicines Optimisation Pharmacist (Northern locality)  
 Hannah Nicholas, Communications Manager  
 Barbara Jones, Head of Locality Contracting for Northern and Eastern Devon  
 Lorna Collingwood-Burke, Chief Nursing Officer  
 Mark Elster – Patient Safety and Quality Manager  
 Carol McCormack-Hole – Lay Member  
 Andrea Fairclough, Interim Business and Governance Manager, Northern Locality

**NEW DEVON CLINICAL COMMISSIONING GROUP - NORTHERN LOCALITY BOARD  
REGISTER OF INTERESTS – March 2015**

Title	Initial	Surname	Position Held	Voting Member of Locality	Voting member of GB	Date Interest updated	Interest registered:
Dr.	J	Womersley	Chair	y	y	25/07/2014	<b>Self:</b> <ul style="list-style-type: none"> <li>• GP Partner in Warwick Practice providing PMS Services</li> <li>• Community Hospital GP, NDHT</li> <li>• Member of National Community Budgets Pilot (Ilfracombe) - Health and Wellbeing Group</li> <li>• GP providing MIU services for NDHT</li> <li>• Warwick Practice is a Shareholder in Devon Health 2</li> <li>• Vice Chair of One Ilfracombe (Neighbourhood Community Budget Pilot and an Our Place pioneer)</li> </ul>
Dr.	S	Miller	Vice Chair	y	n	15/08/2014	<b>Self:</b> <ul style="list-style-type: none"> <li>• Shares in Astra Zeneca and Reckitt Beckinser</li> <li>• pastoral support Dr for my GP colleagues as part of the Devon LMC pastoral support team</li> </ul>
Dr.	T	Chesworth	Clinician	y	n	01/04/2013	<b>Self:</b> <ul style="list-style-type: none"> <li>• GP principal/provider, Brannam Medical Centre Barnstaple</li> <li>• GP providing out of hours care with Devon Doctors</li> </ul>
Dr.	D	Whiting	Clinician	y	n	01/04/2013	<b>Self:</b> GP at Northam Surgery <b>Spouse/Partner:</b> Partner is GP at Northam Surgery
Dr.	A	Tree	Clinician	y	n	04/07/2014	<b>Self:</b> <ul style="list-style-type: none"> <li>• GP partner Waterside practice, Ilfracombe</li> <li>• Community GP -NDHT - Tyrrell inpatients +MIU</li> </ul>
Dr.	J	Szymankiewicz	Clinician	y	n	04/07/2014	<b>Self:</b> <ul style="list-style-type: none"> <li>• GP partner Waterside Practice Ilfracombe.</li> <li>• Tyrrell GP.</li> <li>• Undertake most of the minor surgical procedures in the practice.</li> <li>• Vice Chair DRSS</li> </ul> <b>Spouse / Partner:</b> Wife is a Partner at Litchdon medical centre
Miss	C	Dawe	Locality Managing Director	y	n	01/04/2013	<b>Spouse/Partner:</b> Partner is an Associate with NHS NEW Devon CCG

Mr.	K	Wheller	Chief Finance Officer, Northern Locality	n	n	01/04/2013	<b>Spouse/Partner:</b> Wife is Finance Manager at Castle Place Surgery, Tiverton
Mrs.	L	Collingwood -Burke	Chief Nursing Officer	n	n	01/04/2013	<b>Spouse/Partner :</b> <ul style="list-style-type: none"> <li>• Dr Tim Burke, Chair of NEW Devon CCG</li> <li>• GP Principal Wallingbrook Health Group</li> <li>• PMS contracts at Chulmleigh &amp; North Tawton APMS contract Okehampton</li> <li>• Director and shareholder of BBBWB Ltd</li> <li>• Wallingbrook Health Group is a shareholder in Devon Health 2</li> </ul>
Mrs.	T	Polak	Assistant Director of Public Health, Devon County Council	n	n	01/04/2013	<b>Self:</b> Works for Devon County Council Public Health <b>Spouse/Partner:</b> Husband is Head of Nursing and Quality for NEW Devon CCG.
Mr.	J	Wright	Head of Commissioning, Northern Locality	n	n	01/04/2013	<b>Spouse / Partner:</b> Wife is a physiotherapist with NDHT
Mrs.	C	Albury	Locality Medicines Optimisation Pharmacist, Northern locality	n	n	04/07/2014	<b>Spouse / Partner:</b> Husband is a consultant surgeon at NDHT
Mrs.	C	McCormack- Hole	Lay member	n	n	04/07/2014	<b>Self:</b> <ul style="list-style-type: none"> <li>• Parish councillor representing Bickington and Fremington.</li> <li>• Member of Devon Senior voice, board member, vice chair for Barnstaple.</li> <li>• Member of Healthwatch</li> <li>• Member of age UK, expert by experience, inspector of Care homes with care Quality Commission</li> <li>• Member of Hospital Trust (1014)</li> <li>• Licence Holder for The Plough Inn, Bickington, EX31 2JG</li> <li>• Ex teacher, still registered to teach – General Teaching Council for England</li> <li>• Represent Fremington Parish Council on Association of Parish Councils</li> </ul>
Mr.	R	Croker	Head of Medicines Optimisation, Northern and Eastern Localities	n	n	25/02/2014	<b>Self:</b> Consultancy work for various pharmaceutical companies <b>Wife:</b> Pharmacist, Bideford Medical Centre
Mrs.	H	Nicholas	Communications Manager	n	n	04/07/2014	Nothing to declare
Mrs.	B	Jones	Head of Locality Contracting for Northern	n	n	04/07/2014	Nothing to declare

			and Eastern Devon				
<b>Mr.</b>	<b>M</b>	<b>Elster</b>	Patient Safety and Quality Manager	<b>n</b>	<b>n</b>	04/07/2014	Nothing to declare
<b>Mrs.</b>	<b>R</b>	<b>Carter</b>	Business and Governance Manager, Northern Locality	<b>n</b>	<b>n</b>	04/07/2014	Self: Member of South Molton Health Centre Patient Participation Group (PPG)
<b>Mrs.</b>	<b>A</b>	<b>Fairclough</b>	Interim Business and Governance Manager, Northern Locality	<b>n</b>	<b>n</b>	28/01/2015	Nothing to declare

# **Northern Locality Board Meeting**

**Wednesday, 25<sup>th</sup> March 2015, 9:15am – 11:00am**

**Crown Yealm House, Pathfields, South Molton, EX36 3LH**

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## **DRAFT MINUTES**

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**Present:** Dr Stephen Miller(SM) Chair, Caroline Dawe (CD), Dr Tim Chesworth (TC), James Wright (JWr), Dr Darunee Whiting (DW), Dr Annabelle Tree (AT), Richard Croker (RCro), Tracey Polak (TP), Carol McCormack-Hole (CMcCH), Mark Elster (ME), Andrea Fairclough (AF)  
- minutes

**Apologies:** Dr John Womersley (JWom), Dr James Szymankiewicz (JSzy), Kevin Wheller (KW), Hannah Nicholas (HN), Carol Albury (CA), Barbara Jones (BJ), Lorna Collingwood-Burke (LC-B)

**In Attendance:** Members of the Public:  
Marc Cornelius, Tina Worth, Lizzie Jennings, Russ Mellenchip and Graham Parkhouse

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### **1. Welcome and Apologies**

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SM welcomed everyone to the meeting. Apologies were noted as above.

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### **2. Register of interests and Conflicts of interest**

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A sign in sheet requesting any new declarations was circulated; there were no new declarations to declare.

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### **3. Patient Story**

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This month's patient story related to 'Expert by experience from battlefield to Barnstaple'. Vanessa Crossey, Lead Practice Nurse for NEW Devon CCG, featured in a short video in relation to how veterans experience life outside of the military. There are approximately 5 million veterans in the UK and 39,900 people connected to the

Military service in Devon alone. Vanessa Crossey, Lead Practice Nurse for NEW Devon CCG, queries what effect this could have on the NHS and how we could Commission services to better serve veterans and their families.

SM suggested including a reminder of the enhanced access to NHS services for our veterans in the Friday e-mail to practices.

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### **4. Previous minutes of the meeting held on 25<sup>th</sup> February 2015**

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The Board agreed the previous minutes of the meeting held on the 25<sup>th</sup> February and these were signed as an accurate record.

The Board agreed and approved formal closure of the completed actions. The following updates were made to the actions as follows:-

**Quality, Patient Safety and Performance (Action from 25<sup>th</sup> February)**

ME agreed to look at the reporting for falls and will take this forward.

**ACTION: ME agreed to pick up reporting falls.**

**Update 25.3.15** – ME confirmed that this is being followed up and will report back with further information at the next meeting in April.

**Clinical Effectiveness and Medicines Optimisation (Action from 25<sup>th</sup> February)**

RCro will be speaking to NHS England regarding flu vaccines and JWom asked for CA to add a paragraph to the Friday e-mail to GPs about this.

**ACTION: CA agreed.**

**Update 25.3.15** – RCro reported that this related to a number of practices who had inadvertently claimed for vaccines where alternative reimbursement was in place. A letter will be sent to Practices this week explaining the process for repayment.

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## **5. Locality Board Report**

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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.

Specific concerns, highlights, questions and actions in relation to these reports are reported below:-

### **A&E waiting times**

CD explained there is scrutiny nationally. The 95% target is being met through including community minor injury units but the NDDH ED itself is more variable and only managing around 91%-92% seen within 4 hours. We are working with the Trust to support the system. It is work in progress. TC referred to the ECIST action plan report which is very positive and commented that it is a target missed for complex reasons. Waiting for a medical bed is the main cause of failure to meet the target.

### **Cancer waits**

SM reported that the figures have improved. JWor explained that it continues to be a worry and that discussions are taking place with NDHT. There is a meeting this week to take it forward to ensure we have a more coherent grip with NDHT and there is a cancer action plan to maintain that improvement. The next meeting is on Friday, 27<sup>th</sup> March. AT explained that she had a meeting on Monday and that it was a reassuring meeting. The risk remains the same.

### **Patient Transport Services (PTS)**

CD stated that the position is more positive and NSL are slowly improving on the key performance indicators. There is some good work on processes to follow, improving communication between all departments that has gone out to the hospitals. The current discussions are around contractual penalties and how these penalty monies should possibly be reinvested back into the contract to help support further improvements to performance.

ME explained that the Nursing and Quality Directorate are working with the provider to ensure that complaints and incident investigations are carried out in line with NHS guidance. While there has been some improvement, there are still ongoing concerns in respect to timeliness and depth of reviews. A further meeting with the provider was

planned for the end of March, (note: this meeting was deferred by the provider but will be followed up in April).

### **Financial position including management of 14/15 NDHT acute contract and QIPP**

CD reported on KW's behalf and she has spoken with him beforehand and his view is that we are approaching the end of financial year but there are no new specific issues. QIPP delivery is on current target but is below what we had expected at the start of the year. As a CCG locality we have done well in comparison with other CCGs

Current contract negotiations for 2015/16 are still on-going and discussions regarding quality indicators (CQUINs) are still continuing but it is not expected the contracts will be finalised until the end of April 2015. This is in part due to the delay national guidance relating to CQUINs and the final version of the 2015/16 contract.

### **Treatment Escalation Plans**

SM advised that this continues to be reported through IPAM for completion. The issue is around recording assessment of mental capacity. If someone doesn't have mental capacity then there are processes that need to be completed on the plan which some GPs haven't been responding in a timely manner. The CCG is offering to support NDHT with training. GPs are in the process. Discussions are on-going. A half day training programme will include a slot to support the GPs. It remains a risk and we will continue to monitor through IPAM (Integrated Provider Assurance Meeting).

TC asked has it been added to a GP half day. SM did say that Susanna Hill has been approached and she is aware.

**ACTION: AFF to take forward and ask Olivia to add to a future agenda (Susanna Hill to do the training).**

### **Failure to deliver the headline targets for 111 by SWAST**

CD explained that the performance is not where it should be for certain performance standards. The main issues are call answering times and abandonment rates at week-ends which then leads to concerns within the healthcare system as to where patients get directed.. The quality of care is right but we need to ensure patients are seen in a timely way. Core performance is variable due to staffing issues and a need to change contracts with staff – e.g. to work 5 out of 8 bank holidays and at weekends. During the week performance is okay. We are supporting the provider but we need to make sure we have a strong service over the Easter bank holiday so we are working closely with DDOC.

CD still has concerns so the risk will not be downgraded for a little while. CD explained that in the North we haven't seen any impact in terms of our emergency admissions trend accelerating, although the perceived view is that the 111 service is having an adverse impact on the acute hospitals workload.

### **Financial position including management of 14/15 NDHT community contract and CIP**

CD referred to this and stated that we have underperformed on the delivery of the Cost Improvement Programme (CIP). This will have an impact in terms of our contract as we'll have to carry it forward into next year. Only 50% of CIP has been delivered which will result in the risk share agreement being enacted.



### **Urgent Care Procurement**

CD explained that this has gone out to tender since the report was written, services include MIU, OOH and NHS England commissioned minor injuries and dental services are all part of the tender process. Providers have been notified. CD will provide a further update next month.

### **Lack of domiciliary care in the community**

SM referred to the South West bid for additional funding to support training. CD confirmed a bid has been submitted but there is no outcome as yet.

### **Team Capacity in the Northern Locality**

CD reported that we do have difficulty recruiting to the Northern Locality and this could possibly be due to our location.

### **Specialised Vascular Services**

JWr reported on this and explained that this sits with NHS England Specialist Commissioning at Musgrove Hospital. TC explained that proposals will go to the hospital Trust boards around provision of service and how many clinics, etc will be provided at NDDH. If there is a knock on effect on surgical provision in general it may be an issue for North Devon but remains as an issue for NDHT at present. This remains as a watching brief.

### **Lack of care of elderly Consultant – impact on care closer to home**

One Geriatrician has now been appointed but recruitment remains an issue and therefore remains a watching brief.

### **Quality, Patient safety and Performance**

ME referred to the last Locality Board meeting in February and explained that there are more concerns around red (under -) performance in respect to cancer and these are covered in the assurance framework. Work is ongoing with Business Intelligence to further consider the CCG's information requirements and to redesign the current Nursing and Quality Directorate dashboard for further scrutiny. ME gave an brief overview of the Patient Quality Dashboard for March.

AT referred to the Deprivation of Liberty Safeguards and asked what the capacity to accommodate the DOLs assessment is and ME explained that there are a number of DOLs applications which are time consuming and this will impact on the availability of staff for other clinical duties.

### **Finance report**

CD referred to section 5.2 (introduction Northern Locality). This report is up to month 9. GP referrals show a downward trend, however, further information received up to month 11 shows that referrals continue to decrease. This will have an impact in our spend in the next financial year. CD also referenced other contracts including DDOC and SWASFT which are both on a block basis. Within the SWASFT contract ambulance handovers are fined and therefore can present a risk to commissioners, however, these are capped in the current contract.

SM congratulated JWr and JSzy for all their work they have done and JWr thanked the wider team too.

Partnerships overspend – this will be around 20% above the original budget and has been mainly due to too loose a control on the CHC budget and also due to the clearing of the back log of CHC assessments. There is a large amount of work going on with CHC as part of the Turnaround process.

### **Contracting**

CD thinks this has been covered in terms of the assurance templates. There has been a slight increase in A&E attendances but not admissions into the hospital.

### **999 Contract – SWAST**

There is continued growth in Devon and over 7% contracted levels in activations for 14/15 and this will be difficult for the 15/16 contracting round.

### **Clinical Effectiveness and Medicines Optimisation**

RCro referred to the 4 areas of concern and explained that these are on their way to the CCG's Executive and South Devon & Torbay CCG & Finance Committee in next month or so.

### **Prescribing budget**

There was a large increase in the forecast outturn during December 2014, which were due to unexpectedly high numbers of prescriptions. January shows a decrease of 200k, whereas neighbouring CCGs have seen an increase. This is a positive move and the team continues to find savings. RCro is taking two papers to the LMC negotiating committee this week – a Memorandum of Understanding for the MO team to make changes within practice, and a continuation of the prescribing scheme for 2015-16.

The Northern Locality has the lowest cost in prescribing and he would like to thank the GPs for their support. It is important that practices continue to support us and that we equally support them.

CM-CH referred to the Medicines Optimisation team doing presentations and they are very good and want them to carry on and she has more dates for the team which RCro acknowledged.

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## **6. Update and Timeline for Transforming Community Services (TCS) (Care Closer to Home)**

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EF explained that this is a short report and is to update the Board members and the public. There has been interest about the bed modelling but there will not be discussion around the number of beds today because further information has been requested to inform the discussion and this is not yet available. There will be regular updates in part 2 of the meeting as more information is developed. It is planned that election results permitting the paper regarding bed numbers and modelling will come to the May Board.

EF referred to the time lined sequence which is included in the paper.

### **Community Urgent Care Services**

This went out to procurement on Monday, 16th March 2015. We haven't stated where the MIUs will be located but are looking to the bidders for services to propose their

models including preferred sites. The procurement offer has gone onto the website and we have written to all GP Practices who hold a Minor Injury services LES contract.

EF has a meeting with LMC in a few weeks to take this forward. If the model comes back from providers then we have a plan B.

### **Hub development**

EF referred to the report and explained that Hub ideas are being pursued and we need to understand the learning and to describe them in more detail to the public. There is a meeting soon to discuss the role of carers and where to prioritise the work.

### **Integrated community teams**

We will update more after this afternoon's GP Forum.

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## **7. Written questions from the public**

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SM has a list of questions from Mr Graham Parkhouse, Chair of the Ilfracombe Trade Council and he has volunteered to put the questions forward.

Q1 Why is the documentation not in plain English?

A1 We do try to write in plain style English. However, we have obviously not met the public needs this time. Mr Parkhouse asked could a paragraph be added indicating what a decision is about and SM agreed to pass this back to our communications team.

Q2 Why is there not a firm commitment to reopen the Tyrell Hospital Ilfracombe as a 14 bed unit?

A2 There are 2 processes which are running concurrently. NDHT have temporarily closed the hospital due to staff difficulties and for safety reasons. The CCG is reviewing the longer term strategic direction of community services and this is being conducted in two stages, one on the number of beds required for the whole Northern Devon locality and the second to determine where these beds will be. These decisions will not be made until the autumn.

Q3 Why is there no firm public commitment for the Ilfracombe Tyrell Hospital MIU to remain open 24/7?

A3 The CCG is currently out to procurement for community urgent care services. This is based on the Keogh review and the need to establish urgent care centres where there is a need which will enable more patients to be treated outside of secondary care. Bidders for this service are being asked to indicate where they would offer a minor injury service. Urgent Care Centres, as described by Keogh, provide a more comprehensive service than most Minor Injury Units and there may not be a large enough population base in North Devon to offer this.

Q4 Why can't members of the public ask questions in person at the CCG meetings?

A4 It is CCG process to have written questions submitted in advance to ensure that an accurate and complete answer is provided.

Q5 Is the CCG following Government guidance on salaries paid to CCG members/staff and when are they going to publish their salary details?

A5 CCG executive staff salary details are published in the annual accounts and are available for viewing on the NEW Devon CCG website.

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## **8. Date and Time of next meeting**

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The next meeting will take place on Wednesday 22<sup>nd</sup> April 2015 at 9:15am in Crown Yealm House.

SWM thanked everyone for attending the meeting.

The meeting closed.

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## **9. Summary of Actions for this meeting**

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### **Treatment Escalation Plans**

TC asked should this be added onto the programme for a future GP half day event and SM did say that Susanna Hill has been approached and she is aware.

**ACTION: AFF to take forward and ask Olivia to add to a future agenda (Suzanna Hill to do the training).**

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**Signed;**

**Date;**

**Name; Dr John Womersley**

**Job Title; Chair**

**Item 5 - Northern Locality Board (to follow)**

Item 7

## Locality Board Report Constitution

<b>Date</b>	22 April 2015		
<b>Report title</b>	Constitution		
<b>Author(s)</b>	Clare Doble, Interim Head of Corporate Governance		
<b>Supporting Executive(s)</b>	Janet Fitzgerald, Interim Director of Corporate Governance		
<b>Supporting Executive Approval Date:</b>			
<b>Purpose of Report</b>		<b>Decision</b>	✓
		<b>Assurance</b>	
		<b>Information</b>	
<b>FOI Status</b>		<b>Public</b>	✓
		<b>Private</b>	
<b>Category of Paper</b>		<b>Decision</b>	✓
		<b>Position Statement</b>	
		<b>Information</b>	
<b>Does this document place Individuals at the Centre</b>		<b>Y</b>	<b>N</b>
	✓		
<b>Actions Requested</b>	To seek approval from Member Practices of revisions to the NHS NEW Devon CCG constitution		
<b>Which other committees has this item been to?</b>	Governing Body in February 2015		
<b>Reference to other documents</b>			
<b>Have the legal implications been considered?</b>	Yes		
<b>Does this report need escalating?</b>	Governing Body and NHSE to provide assurance that Member Practice approval has been sought		
<b>Equality Impact Assessment</b>			

<b>Who does the proposed piece of work affect?</b>	Staff	✓		
	Patients	✓		
	Carers	✓		
	Public	✓		
			Yes	No
1.	Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?			✓
2.	Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?			✓
3.	Will there be a positive benefit to the users or workforce as a result of the proposed work?			✓
4.	Will the users or workforce be disadvantaged as a result of the proposed work?			✓
5.	Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?			✓

If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using **Screening Form One** available from Corporate Services

If an equality assessment is not required briefly explain why and provide evidence for the decision.

### Reference to Core Strategies and Corporate Objectives

Core Strategies, we will:	Corporate Objective	Does this report reference to the Core Strategies/ Corporate Objectives	
		✓	X
1. Take joint ownership with partners and the public for creating sustainable health and care services	1.1 Develop people, and those who support them, to value strengths and personal qualities in all that they do	✓	
	1.2 Listen to people and take action on what they say about services	✓	
2. Implement systems that make the best use of valuable health resources, every time	2.1 Innovate to increase productivity and reduce waste	✓	
	2.2 Commission safe services and reduce avoidable harm	✓	
3. Commission to prevent ill health, promote well being and help people with long-term conditions to live well	3.1 Support people to make healthy lifestyle choices and understand the care, treatment and services available to them	✓	
	3.2 Commission services with partners to reduce health inequalities and improve people's lives	✓	

# Locality Board – (Northern Locality)

## Constitution

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### 1. Executive Summary

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The CCG Constitution is fundamental to the effective working of the CCG. It sets out the arrangements that it has made to discharge its functions and those of its governing body; its key processes for decision making, including arrangements for ensuring openness and transparency in the decision making of the clinical commissioning group and its governing body.

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### 2. Purpose of Report

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It is important that our Member Practices have visibility of the revisions to the constitution and feel satisfied of the content prior to signatory submission to NHS England. To enable us to do this efficiently and in a documented and auditable manner we are requesting approval from our Member Practices of the revisions through our respective Locality Boards which have been approved at Governing Body in February 2015.

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### 3. Content (risk and assurances)

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In May 2013 NHS England issued 'Procedures for clinical commissioning group constitution change, merger or dissolution' (Publications Gateway ref: 00128), which sets out the procedures in the circumstances where a CCG would want to apply to NHS England to make changes to its constitution. There are two opportunities to apply for a change/amendment which are in June and November respectively.

The application and formal process that has been undertaken so far is:

Process	Action
Undertake review of the existing constitution	Complete (From July 2014 – March 2015) <i>By Head of Corporate Governance, Legal scrutiny and Interim Director of Corporate Compliance</i>
Request feedback from consultation of Member Practices on revisions to constitution	Complete (07 January 2015 and updated version submitted 04 February 2015 which was approved)
Detailed summary and need for revisions or content change to Governing Body	This was presented to Governing Body in February 2015
Seek approval from Member Practices	This document
Formal signature from each Member Practice	This document
Letter from Chair or Accountable Officer (serving as the required self-certification 'checklist') to NHS England	Following approval from Member Practices
Completed 'impact assessment' of the changes, which cover the factors required to be considered by NHS England as set out with the guidance	Attached



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#### **4. Recommendations**

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The Locality Board are asked to:

- Note that the February 2015 Governing Body have reviewed the revised CCG constitution and agreed to the amendments;
- Request from its Member Practices to accept the revisions to the organisations constitution (as appended) in anticipation of approval by NHS England on or before 01 June 2015
- To ask that the Locality Board request each of its GP Member Forums (sub- localities) to consider, note and accept the changes by signature as approved by the Governing Body in February 2015 (document of Member Practices for Locality as appended)

**Executive Lead**

**Janet Fitzgerald**

**Job Title**

**Interim Director of Corporate Governance**

**Date of Approval by Executive: 14 April 2015**

**NHS Northern, Eastern and Western CCG  
Constitution Changes – Impact Assessment**

**The National Health Service (Clinical Commissioning Groups) Regulations 2012 (the Regulations) set out the factors which NHS England must consider when considering an application under this procedure. They are:**

<b>Impact Assessment Factors to be considered by NHS England:</b>	<b>CCG Self-Assessed Impact Assessment</b>
That the constitution meets the requirements of legislation and is otherwise appropriate.	Yes
That each of the members is a provider of primary medical services	Yes
That the area is appropriate (ie. That there are no overlapping CCGs and no gaps)	The CCG are is appropriate and there are no overlapping CCGs and no gaps
That the Accountable Officer is appropriate	Yes
That the CCG has made appropriate arrangements to ensure it is able to discharge its functions	Yes
That the CCG has made arrangements to ensure that its governing body is correctly constituted and otherwise appropriate	Yes
The likely impact of the requested variation on the on the persons for whom the CCG has responsibility – (the registered and resident population of the CCG)	Limited / Nil impact
The likely impact on financial allocations of the CCG and any other CCG affected for the financial year in which the variation would take effect	Limited / Nil impact
The likely impact on NHS England’s functions	None
The extent to which the CCG has sought the views of the following, what those views are, and how the CCG has taken them into account:  i. Any unitary authority and/or upper-tier county council whose area covers the whole or any part of the CCG; ii. Any other CCG which would be affected; and iii. Any other person or body which in the CCG;’s view might be affected by the variation requested	i. Unitary authority – no views sought as requested variation has no impact on the Local Authority whose area covers the CCG (Devon and Plymouth) i. Other CCG – no views sought as requested variation has no impact on any other CCG ii. The CCG has taken the proposed changes through its Practice Membership for discussion and agreement. iii. No other person or body would be affected as requested variation would have no impact
The extent to which the CCG has sought the views of patients and the public; what those views are; and how the CCG has taken them into account, and	The CCG has not sought the views of the patients and the public on the requested variations as they will not impact upon or affect patients and the public directly, or the

	<p>healthcare services they receive.</p> <p>However, it should be noted, that the revisions to the constitution were made in public and documented revisions have been made publically available at both the January 2015 and February 2015 Governing Body in the event that a member of the public or a patient should want to offer any view.</p>
<p>How often the CCG has applied for variations of the kind requested.</p>	<p>The CCG has not previously applied for any variations of this kind.</p>

## NORTHERN LOCALITY

Practice Name and Address	Practice Representative's Name (please PRINT)	Practice Representative's Signature & Date Signed
The Surgery, Blake House, Black Torrington, Beaworthy, EX215QE	Dr A Howlett	
The New Surgery, The Square, Bradworthy, EX227SY	Dr J Wood	
Castle Gardens Surgery, Castle Hill Gardens, Torrington, EX38 8EU	Dr A Bremner	
Lyn Health, Burvill Street, Lynton, EX356HA	Dr G Allaway	
South Molton Health Centre, 9-10 East Street, South Molton, EX36 3BZ	Dr J Gillard	
Caen Health Centre, Braunton, Devon, EX331LR	Dr H Bradford	
Queen's Medical Centre, 6-7 Queen Street, Barnstaple, EX328HY	Dr R A Holman	
Waterside Medical Centre, St Brannocks Road, Ilfracombe, EX348EG	Dr S J Hunt	
Wallingbrook Health Group, Back Lane, Chumleigh, Devon, EX187DL	Dr W Sherlock	
Bideford Medical Centre, Abbotsham Road, Bideford, EX393AF	Dr D Bardner	
Litchdon Medical Centre, Landkey Road, Barnstaple, EX329LL	Dr G Gardner	
Beech House, Shebbear, Beaworthy, EX215RU	Dr F Fernandez	
Northam Surgery, Bay View Road, Northam, EX391AZ	Dr A Kwiatkowski	
Boutport Medical Centre, 110 Boutport Street, Barnstaple, EX311TD	Dr S Tapsell	
Torrington Health Centre, New Road, Torrington, EX388EL	Dr S Mogge	
East Street Surgery, South Molton, Devon, EX363BU	Dr J Pike	
Fremington Medical Centre, 11/13 Beards Road, Fremington, EX312PG	Dr B Hughes	
Brannams Medical Centre, Brannam Square, Kiln Lane, Barnstaple, EX328GB	Dr B Waterfall	
Holsworthy Medical Centre, Dobles Lane, Holsworthy, EX226GH	Dr D Lee	
The Wooda Surgery, Clarence Wharf, Barnstaple Street, Bideford, EX394AU	Dr M Owen	
The Warwick Practice, St Brannocks Road, Ilfracombe, EX348EG	Dr R Cullen	
The Health Centre, 66 The Square, Hartland, EX396BL	Dr R Tapsell	

**Item 7 - Locality Board – (Northern Locality)  
Constitution (saved as a separate item)**