

**NHS NEW Devon and South Devon and Torbay Governing Body meetings in common
FINAL MINUTES of the meeting held in PUBLIC**

22 March 2018, 13:00, Committee Suite, County Hall, Topsham Road, Exeter, EX2 4QL

<i>Item</i>	Discussion	<i>Action</i>	<i>Decision taken by Org (SDT and/or NEWD)</i>
1	<p>Welcome and apologies:</p> <p>The following apologies were noted: TB,LCB, RB, NK, PM, CP, VP, MP, JD, Ami, SPo attending for LCB. TP attending for VP</p> <p>Introductions were made around the table.</p>		
1.1	<p>Questions submitted in advance</p> <p>Three questions were submitted in advance of the Governing Body Committees in Common held on 22 March 2018. These questions were read out by the Chair Dr Paul Johnson and he noted those raised by Sue Matthews would be formally responded to in writing following the meeting.</p> <p>Question 1 – Dr Thomas Holt Lloyd MB CHB In 2012, Parliament passed <i>The Health and Social Care Act</i>, which created Clinical Commissioning Groups, and abolished Primary Care Trusts. The entire purpose of this legislation was to place NHS decision-making into the hands of medical Practitioners.</p> <p>In meeting this requirement, each CCG Governing Body was expected to present a satisfactory quota of medical Practitioners in its Board. Recently, it has been exposed that some CCGs have elected to appoint to their Board persons who possess a Doctorate in a subject that is not medical, such as a Doctorate in business studies. The public naturally expect that in every NHS medical organisation created to be run by medical Practitioners, everyone portrayed with the title: Dr. is actually a medical Practitioner.</p> <p>(1). Does the CCG's Governing Board have any member listed with the title of Dr, whose Doctorate qualification is not in fact medical?</p> <p>(2). If so, will the CCG's Governing Board undertake to immediately ensure that the misleading title of Dr. is removed from all of the CCG's website, publications, presentations, correspondence, etc., with regard to any person whose Doctorate is not in fact medical?</p> <p>NEW Devon and South Devon and Torbay's joint reply: The CCGs encourage and support all doctorate awards and titles. These are prestigious entitlements given to be used both clinically and professionally. For full transparency we provide biographies on all of our Governing Body members, where the exact content of their doctorate can be found. We won't be amending the titles; they are recognition of hard work and expertise. Please click on the links below for further information on the Governing Body members for NEW Devon and South Devon and Torbay CCG.</p> <p>https://www.newdevonccg.nhs.uk/about-us/governing-body-102039</p> <p>http://www.southdevonandtorbayccg.nhs.uk/about-us/our-governing-</p>		

NHS organisations involved:

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

body/members/Pages/default.aspx

Sue Matthews on behalf of Save Our Hospital Services (SOHS)

Firstly, it is important to note that both Clinical Commissioning Groups in Devon have been openly working together since 2016, but there are no plans for a new Integrated Care System (also referred to as Accountable Care System) in Devon from 1 April 2018.

Nationally, the first wave of Integrated Care Systems was launched by NHS England last year and it is national policy that health and social care systems continue to work more closely together for the benefit of their local populations. However, no time frame has yet been agreed for Devon to formally become an Integrated Care System.

Taking your points in turn:

Can you confirm which organisations will be 'integrated' as the proposed Integrated Care System (ICS)?

Local organisations are already working together through the Devon Sustainability and Transformation Plan. This is about integrating services, not organisational boundaries, and there is no formal proposal at this stage.

What is the formal legal status of the ICS as proposed? Is this a commissioning organisation only or a combined commissioner/provider partnership?

This is academic as no new organisation is proposed, but it is anticipated that the legal status of an Integrated Care System would be determined by regulators at NHS England and NHS Improvement.

When did the NEW Devon CCG consult with the general public on this proposal?

There is no proposal, however NEW Devon CCG has openly shared information about integrating services through normal communication channels including local authority Overview and Scrutiny and Health and Wellbeing Board processes. As there are no plans for a new organisation, and no change proposed to NHS services, consultation has not been an issue but we are always willing to engage with people.

How can NEW Devon CCG form an ICS which involves Devon County Council, when the Council has not commenced its own process, via the Health and Adult Care Overview and Scrutiny Committee, Cabinet and full Devon County Council meeting, to be party to an ICS or any other formalised merger?

We work closely with our partners at Devon County Council and will continue to do so. This is not a merger, but greater collaboration of services for the benefit of patients and service users.

What are the funding arrangements for the ICS, its management and delivery and will there be a pooled budget for health and social care? If so, how will Health (free at the point of delivery) and social care (means tested), be funded in future and who decides on priorities?

Funding arrangements would be a matter for NHS England if Devon becomes a formally Integrated Care System in future.

How will this impact on the 5 NHS provider Trusts, Livewell SW and other

contracted providers of care for patients in Devon?

Collaboration between our provider Trusts is already working well, for example through the Mutual Support approach that has been held up by NHS England as an “exemplar of joint working”. Closer working in future, for the benefit of patients and hardworking NHS staff, is recognised as best practice nationally.

Who will lead this organisation and under what legislation will it be maintained and measured for quality and safety purposes, priorities and standing financial instructions?

There is no new organisation. However, the first wave of Integrated Care Systems in the country, (our nearest being Dorset), is led by fully democratic boards and continue to be regulated in the same way, by NHS England and NHS Improvement.

What governance arrangements will apply?

Not applicable

Has there been an agreement from NHS England for NEW Devon CCG to form an ICS on 1 April 2018?

No.

Is there additional funding for the formation of the ICS, and if so, from whom?

Not applicable

Will this result in another expensive restructuring of services, management and redundancies?

*One of the main aims of integrating services is to **reduce** duplication and the administrative burden. It is about services, not structures. The two CCGs in Devon have saved nearly £4 million during 2017/18 on back office and management costs, for the benefit of patient care.*

Will there be changes in the employment of staff in the organisations affected by the formation of the ICS? Are the recognised trade unions representing the staff in the various organisations in negotiation already?
How will this proposal affect pay structures?

N/A but changes for our staff are always subject to engagement or consultation with trades unions and others.

How does CCG intend to involve the general public in future on the impact of change to services under the ICS?

Not applicable, but NEW Devon CCG is always keen to involve partners and local people on service changes that affect them.

Finally, we have made information available about Integrated Care Systems on our website since January 2018, with links to other independent sources for more information, and will continue to do so.

<https://www.newdevonccg.nhs.uk/information-for-patients/what-is-an-integrated-care-system-103399>

	<p>Contrary to your suggestion of an “unnecessary rush towards a system that is not planned, piloted or evaluated elsewhere in England,” it is important to note that there is already a First Wave of Integrated Care Systems nationally, agreed and regulated by NHS England. This is in line with national policy but no timescale has been confirmed for Devon and therefore I can assure you that it is not imminent. Any changes would be subject to full regulatory and engagement processes.</p> <p>We share your appreciation of the hard work by frontline NHS staff, demonstrated particularly recently during the additional demands posed by extreme weather conditions.</p> <p>We are committed to securing fair funding and best value for the high quality NHS health and care services provided daily to our local population, and closer working is one of the best ways to achieve this.</p> <p>Chris East – Honiton</p> <p>Firstly, it is important to note that both Clinical Commissioning Groups in Devon have been openly working together since 2016, but there are no plans for a new Integrated Care System (also referred to as Accountable Care System) in Devon from 1 April 2018.</p> <p>Nationally, the first wave of Integrated Care Systems was launched by NHS England last year and it is national policy that health and social care systems continue to work more closely together for the benefit of their local populations. However, no time frame has yet been agreed for Devon to formally become an Integrated Care System.</p> <p>Taking your points in turn:</p> <p>What risk assessment has being carried out before the decision was made to introduce the ICS in Devon and what were the results?</p> <p><i>Risk assessment processes are to assure the quality of services, not systems, therefore this does not apply.</i></p> <p><i>Services will continue to be risk assessed and regulated (as now) by our regulators at NHS England and NHS Improvement, with whom we meet regularly.</i></p> <p>What necessary engagement will there be with the public on the introduction of this major change to Health and Care in Devon? Given that it is to be introduced in just a few days’ time, it must be assumed that there will be no public engagement before the new system of governance and funding is introduced, with no turning back.</p> <p><i>It is important to note that there is already a First Wave of Integrated Care Systems nationally, agreed and regulated by NHS England. This is in line with national policy but no timescale has been confirmed for Devon and therefore I can assure you that it is not imminent. Any changes would be subject to regulatory and engagement processes.</i></p>	
2	<p>Patient experience story – Health and Wellbeing, how little changes have big effects</p> <p>MF introduced Jill Breyley (Wellbeing Coordinator) and Felix Gradinger (Researcher-in-Residence) who delivered a short presentation on volunteering in health about Mary who was supported by Wellbeing Co-ordinator whilst caring for her husband who had dementia, and after he passed away.</p>	

	<p>The Governing Body Committees in Common, thanked Jill and Felix for their time in sharing this patient experience story which was a good example of patient and volunteering support and care and agreed that some patients would not survive without volunteering work and intermediate care teams.</p>		
3	<p>Register of interests The GB CiC reviewed the register of interests and the following declarations were made:</p> <ul style="list-style-type: none"> • SM spouse was no longer an employee of South Devon and Torbay Foundation Trust • SPo, attending in the absence of LCB declared his spouse to be TP Public Health Consultant (Devon County Council) <p>No other declarations were made.</p>		
4	<p>Minutes</p>		
4.1	<p>PJ led a page by page review of the previous minutes of the meeting held on 25 January 2018 and they were agreed as a true and accurate record of the meeting.</p>		
4.2	<p>Action Log Actions 1,2,4,11 and 15 were completed and approved for formal closure.</p> <p>There were no matters arising</p>		
5	<p>New Models of Care – one year on Dawn Butler, Deputy Director of Strategy, TSD NHS Foundation Trust and Maggie Gordon, Devon County Council, Assistant Director Health and Social Care, DCC delivered a presentation on New Models of Care one year on.</p> <p>They described examples that showed how in Devon we are putting the vision into practice to create a system of care that:</p> <ul style="list-style-type: none"> • Builds healthy lives at community and individual level • Delivers system change by moving away from a solely medical model that targets ill health • Refocuses on the social factors that produce health and wellbeing • Redefines the balance between the role of the state and the individual/ community <p>They also touched on the impact for Devon which included:</p> <ul style="list-style-type: none"> • Improved health and wellbeing • Safe and high quality care • Cost-effective care <p>Following the presentation comments and feedback around the table included:</p> <ul style="list-style-type: none"> • Delighted that patient experience and feedback has been captured from patients passing through the system, and acknowledgement there was still a need to ensure feedback is received from harder to reach areas • Social Care Reablement and the amount of general practice support required is being looked into • Beginning of a culture shift and recognition of the importance of continuance with the momentum • Following recent adverse weather conditions and care at home need to carry on nurturing community spirit all year round • Vibrant communities and the need to build resilience and invest in the foundation of support <p>On behalf of the Governing Body Committees in Common PJ thanked Dawn Butler and Maggie Gordon for this informative presentation.</p>		

	<i>Michelle Law left the meeting</i>		
6	<p>STP Board Report PJ reported the purpose of this regular report is to provide a regular update that can be shared with Governing Bodies, Boards and other meetings in STP partner organisations to ensure everyone is aware on all STP developments, issues and success in a timely way.</p> <p>JWi drew attention to the sequence of reporting through the engagement committee and FB queried the risk stratification tools and caution around too much reliance on this and the benefits of other data sets and the feasibility of combining data from other organisations.</p> <p>The Governing Body Committees in Common received and noted the STP Board Report.</p>		
7	<p>Quality and Performance Report ST referred to the Quality and Performance Report included in the board pack and highlighted the following areas to note:</p> <p><u>A&E</u> Difficulties has in achieving the 4hr standard have been experienced with performance remaining low in February against the national average, however actions have been put in place across the system to improve recovery.</p> <p>Targeted work is underway with NDHCT due to low performance in particular the transfer of walk-in-centres from the North to the East.</p> <p><u>Referral To Treatments (RTT)</u> Performance still remains a challenge with all providers and the end of year position was not surprising in relation to the standing down of elective care which has been taken into account. The back log of patients is being addressed with initiatives being implemented to improve services for patients.</p> <p><u>Diagnostics</u> NDHCT have moved away from their trajectory by 22% especially around CT/MRI scanning being the main areas of breaches.</p> <p><u>Delayed Transfers of Care (DTC)</u> An increase in domiciliary care issues has been identified, however a discharge coordinator into hospitals has made a difference</p> <p><u>Cancer targets</u> 62 days target RDE has met seven of eight cancer targets in January; however the 62 day cancer performance has fallen partly due to patients who chose not to be treated during the xmas holiday period. Action plans including pathway optimisation has been put in place.</p> <p><u>Symptomatic Breast Care</u> This pathway has seen improvement PHT continue to receive additional clinical support from RDE to manage this standard and it was noted that improvements have been made due to joint working.</p> <p><u>Cancelled operations not treated within 28 days of cancellation</u> There is a zero tolerance for last minute cancelled operations not treated within 28 days of cancellation. PHT breaches remain the highest and NDHCT still have data issues which are invalidated. The recovery trajectory is being closely monitored.</p>		

	<p>ST noted that winter debrief was being reviewed through A&E delivery boards, and it was acknowledged that A&E admissions had increased.</p> <p>The Governing Body Committees in Common received and note the Quality and Performance Report</p>		
8	<p>Quality Committee Meetings in Common Chair's Report The purpose of this report was to highlight the current items, risk and assurance considered by the committees.</p> <p>The Governing Body Committees in Common received and considered and supported the recommendations made by the Quality Committees in Common.</p>		
9	<p>Risk Assurance Framework HG presented the Risk and Assurance Report which provided an overview of the status of the risks of both NEW Devon and SDT CCG.</p> <p>HG reported that all high level risks are scrutinised in the Audit and Assurance and Finance Committees in Common and that the risk assurance framework is a live document which is constantly being updated.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Received and approved the assurance framework and high risks in line with its constitutional obligations and considered the adequacy and effectiveness of the controls and assurances identified in the management of risks • Approved the additional and removal of risks to the risk and assurance framework being presented <p><i>Carole Burgoyne and Craig McCardle joined the meeting</i></p>		
10	<p>CQC Report PJ welcomed CB and CMc to the meeting.</p> <p>CB described the process and full system review that the Care Quality Commission had undertaken in December of Plymouth's Health and Care Services. The review was intended to identify any gaps or problems in the system and areas of best practice.</p> <p>CB was pleased to report that the CQC were very impressed with the progress towards integration and the risk sharing arrangements that had been put into place. The report highlighted the strong leadership across the health and social care system and acknowledged the pressures in the Plymouth system and that the system leaders were aware of the challenges.</p> <p>An action plan has been developed which builds on existing delivery plans to address the key recommendations following the review. The action plan was not included in the papers and it was requested for this to be circulated following the meeting.</p> <p><u>ACTION: GB CiC 0318/010/01</u> NC requested to circulate the action plan following the Care Quality Commission review of Plymouth's Health and Care Services. Post meeting update this action has been completed.</p> <p>The Governing Body Committees in Common received and noted the CQC</p>		

	<p>final Report into Local System Review for Plymouth.</p> <p><i>Carole Burgoyne and Craig McCardle left the meeting</i></p>		
11	<p>NHS England Bid Award for General Practice Nurses <i>Vanessa Crossey and Sarah Hall joined the meeting</i></p> <p>PJ welcomed VC and SH to the meeting.</p> <p>VC and SC delivered a power point presentation to provide an update on the General Practice Nursing Strategy work which was commissioned by NHS England.</p> <p>VC described and explained this transformation piece of work including a framework that has been developed to enable a level of standardisation and consistency around job descriptions for general practice nurses to respond to the challenges facing the community and primary care nursing workforce.</p> <p>Twenty-five recommendations have been identified along with specific implementation projects, which will focus on addressing the current workforce challenges.</p> <p>There has been STP wide agreement with a full support of SW Regional Board for Primary Care Workforce Sustainability and CCGs and a commitment across the system to work towards practical and sensible solutions.</p> <p>The Governing Body received and noted the update on general practice nursing.</p> <p>Vanessa Crossey and Sarah Hall left the meeting.</p>		
12	<p>Joint Clinical Chair's Report PJ referred to the report included in the board pack that an announcement on the successful candidate for the Devon Wide System Lead Accountable officer would be made over the next week, the delay has been due to the complexities in recruiting to this role.</p> <p>PJ did not have anything further to add to the report however noted that the links to the findings of a census survey of general practitioners by the British Medical Journal (BMJ) were not included in the report and these would be circulated to the members following the meeting.</p> <p><u>ACTION GB CiC 0318/12/01</u> NC requested to circulate the links to the findings of a census survey of general practitioners by the BMJ to the members of the Governing Body Committees in Common members. Post meeting update this action has been completed.</p> <p>The Governing Body received and noted the contents of the Joint Clinical Chair's Report.</p>		
13	<p>Audit and Assurance Committee Meetings in Common Chair's Report NB presented this report and stated there was nothing further to add to the report contained in the board pack and no members raised any issues or concerns.</p> <p>The Governing Body received and noted the contents of the Audit Committee Chair's Report.</p>		

14	<p>Locality Updates <u>Northern and Eastern Locality Report</u> This report highlighted key areas of work in the Northern and Eastern Localities. JWi noticed that the engagement section had not been included in the report and it was agreed that a standardised reporting template should be used in future.</p> <p><u>Western Locality Report</u> There were no additional issues or areas of work to report on other than those included in the report.</p> <p><u>Southern Devon Locality Report</u> There were no additional issues or areas of work to report on other than those included in the report.</p> <p>The Governing Body received and noted the contents of the locality updates for Northern, Eastern Western and Southern Devon Locality Report.</p>		
15	<p>Primary Care Committee Meetings in Common Chair's Report NK presented this report and stated there was nothing further to add and no members raised any issues or concerns.</p> <p>The Governing Body received and noted the contents of the Primary Care Committee Meetings in Common Chair's Report.</p>		
16	<p>Primary Care – GP Strategy SK directed the members to the Devon Strategy for General Practice on page 145 which is a visionary document that describes the future landscape on how we will support and enable practices to deliver an efficient, resilient and sustainable general practice service for the local population.</p> <p>Comments and observations around the table included:</p> <ul style="list-style-type: none"> • Further stakeholder input needed • More work to be undertaken to understand workforce which needs to be built into the strategy moving forward • Useful baseline document • Good to see deliverables in the operating plans that supports this strategy • Need people to believe in primary care and general practice as a career for NHS, this thinking may help improve the workforce issues <p>The Governing Body Committees in Common received and approved the Devon Strategy for General Practice.</p>		
17	<p>Month 10 Finance and Activity Reports – NEW Devon and SDT CCG HG presented the month 10 finance reports for both NEW Devon and SDT CCG.</p> <p>HG reported that trends continue as set out in the report and noted there were variances and these would be further scrutinised in the finance committees. HG was confident that the forecast outturn positions would be achieved and were in line with the current financial plan.</p> <p>The Governing Body Committees in Common received and noted the month 10 finance and activity reports for both NEW Devon and SDT CCG.</p>		
18	<p>Finance Committee and Commissioning and Finance Committee Chair's Reports</p> <p>The Governing Body received and noted the contents of the Finance Committee Chairs Report for NEW Devon CCG and the Commissioning and</p>		

	Finance Committee Chairs Report for SDT CCG.		
19	<p>Engagement Committee Meetings in Common Chair's Report This report highlighted the range of engagement and related activity which had been reviewed. The report was self explanatory and there were no concerns raised. The Governing Body Committees were assured that effective engagement is taking place and statutory duties are being met.</p> <p>The Governing Body received and noted the contents of the Engagement Committees Meetings in Common Chair's report.</p>		
20	<p>Effectiveness of the Meeting and Close PJ thanked everyone for their contribution and that valuable discussions were had around the table.</p> <p>It was noted that there were a number of absences due to diary clashes with key meetings and this would be monitored if it becomes a trend.</p> <p>The meeting closed at 17.00pm.</p>		

Attendees (apologies)

<i>Name and initials</i>	<i>Title and organisation</i>
Brian Mackness (BM)	Non-Executive Director, SDTCCG
Carol Dight (CD) ^{Apologies}	Non Executive Director, Nurse, SDTCCG
Caroline Dimond - Dr (CD)	Director of Public Health, Torbay Council
Chris Harvey (CH)	Lay Member, Safeguarding, NEW Devon CCG
Chris Peach (CP) ^{Apologies}	Non-Executive Director, SDTCCG
David Greenwell Dr (DG)	Clinical Lead for Integration, SDTCCG
Felix Burden - Dr (FB)	Non Executive Director, SDTCCG
Hugh Groves (HG)	Chief Finance Officer, NEW Devon CCG
Jennie Willmott (JWi)	Lay Member, Patient Public Engagement, NEW Devon CCG
John Dowell (JD) ^{Apologies}	Chief Finance Officer, SDTCCG
John Womersley - Dr (JWo)	Clinical Chair, Northern Locality, NEW Devon CCG
Lorna Collingwood-Burke (LCB) ^{Apologies}	Joint Chief Nursing Officer – NEW Devon and SDT CCGs
Mark Procter (MP) ^{Apologies}	Joint Director of Primary Care, NEW Devon and SDT CCGs
Matthew Fox - Dr (MF)	Chair of Localities Group, SDTCCG
Michelle Law (ML)	Lay Member, Finance, NEW Devon CCG
Nick Ball (NB)	Lay Member, Governance & Probity, NEW Devon CCG / NED, SDTCCG
Nick Kennedy - Dr (NK) ^{Apologies}	Secondary Care Doctor, NEW Devon CCG
Nick Roberts - Dr (NR) ^{Apologies}	Chief Officer, NEW Devon and SDT CCGs
Paul Johnson - Dr (PJ)	Clinical Chair, SDTCCG (Chair)
Paul Melling - Dr(PM) ^{Apologies}	Locality GB/ GP Lead, SDTCCG
Rob Bromige - Dr (RB) ^{Apologies}	Locality GB/GP Lead, SDTCCG
Ruth Harrell – Dr (RH) ^{Apologies}	Director of Public Health, Plymouth City Council
Sarah Lees (SL) ^{Apologies}	Consultant in Public Health, Plymouth City Council
Shelagh McCormick- Dr (SMc)	Clinical Chair, Western Locality, NEW Devon CCG
Simon Kerr - Dr (SK)	Clinical Chair, Eastern Locality, NEW Devon CCG
Simon Tapley (ST)	Chief Operating Officer, SDTCCG
Sonja Manton - Dr (SMa)	Joint Director of Strategy, NEW Devon and SDT CCGs
Steph Dyer (SD) ^{Apologies}	Locality GB/GP Lead, SDTCCG
Tim Burke - Dr (TB) ^{Apologies}	Clinical Chair, NEW Devon CCG
Virginia Pearson - Dr (VP) ^{Apologies}	Director of Public Health, Devon County Council
In Attendance	
Andrew Millward (AM) ^{Apologies}	System Lead Director of Communications & Engagement, NHS Devon
Simon Polak (SPo)	Deputy Director of Nursing, NEW Devon CCG

Nikki Coombes (NC)	Senior Executive Assistant, NEW Devon CCG (regular minute taker)
Jill Breyley (JB) - item 2	Wellbeing Coordinator
Felix Gradinger (FG)– item 2	Researcher-in-Residence
Dawn Butler (DB)– item 5	Deputy Director of Strategy, TSD NHS Foundation Trust
Maggie Gordon (MG) – item 5	Devon County Council, Assistant Director Health and Social Care, DCC
Carole Burgoyne (CB)– item 10	Strategic Director for People, Plymouth City Council
Craig McCardle (CMc) – item 10	Director of Integrated Commissioning, Western Locality
Vanessa Crossey (VC) – item 11	Head of Quality, NEW Devon CCG
Sarah Hall (SH) – item 11	Practice Nurse Lead, NEW Devon CCG

Minutes approved	Date: 24 May 2018	Signed by chair: Dr Paul Johnson
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