

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

26 July 2018, Committee Suites, County Hall, Topsham Road, Exeter, EX2 4QL

| <i>Item</i> | Discussion | <i>Action</i> | <i>Decision taken by Org (SDT and/or NEWD)</i> |
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| 1 | <p>Welcome and apologies Dr Tim Burke, Chair welcomed everyone to the meeting.</p> <p>The following apologies were noted: SMA, VP, PM, NK, MF, RH and JWo POS attended for SMA TP attending for VP JF in attendance as deputy chief operating officer for ST</p> <p>No questions were submitted in advance of the meeting.</p> | | |
| 2 | <p>Prevention across the STP (presentation) CD delivered a power point presentation and touched on the ambitions for prevention within the STP. CD described what the prevention working group has done so far, and how this is supporting the ambitions of the new model of care. CD highlighted the next steps that need to be undertaken to realise the ambitions.</p> <p>The Governing Body agreed this was a helpful presentation which highlighted some of the issues that need to be addressed and was very supportive of the approach</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"> • Chris Hanvey reported that he is no longer Vice Chair of the Governments Family Fund Care, and declared a new interest: Trustee of the children's charity – Starlight • Dr Simon Kerr declared that he is the Chair of the East Devon Members forum. <p>It appears that TB's spousal entry has disappeared/ slipped in the formatting, it did not show that LCB is the CNO for the two CCGs but it was noted that this was showing on LCBs entry.</p> <p>The GB agreed that the formatting of this register requires attention along with inaccuracies, and requested for an easier to read format. They also mentioned there appeared to be duplicate entries and felt that 1 entry across both registers would be suffice. These suggestions would be fed back to the Head of Governance.</p> <p>No other declarations were made.</p> | | |
| 4 | <p>Minutes and action log TB led a page by page review of the previous minutes and subject to a minor amendment on page 24 of 221, (which should have read the sub locality forum has decreased from four to three) the minutes of the meeting held on 24 May</p> | | |

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| <p>4.1</p> | <p>were agreed as a true and accurate record.</p> <p>Action Log</p> <ul style="list-style-type: none"> • GB 08 – this action was completed and it was agreed to be formally closed • GB 09, 13 and GB0518/007/01– it was agreed for these three actions to be group together and feed into the organisational design process. • GB0518/006/01 – this action was completed and it was agreed to be formally closed • GB0518/011/01 – this action was completed and it was agreed to be formally closed <p>There were no matters arising</p> | | |
| <p>5</p> | <p>Joint Clinical Chair’s Report</p> <p>TB referred to the joint clinical chair’s report included in the pack which was self-explanatory. The report provided a flavour of various meetings that the chairs attend representing the CCG’s .</p> <p>The Governing Body received and noted the Joint Clinical Chair’s Report.</p> | | |
| <p>6</p> | <p>Interim Accountable Officer’s Report</p> <p>ST presented this report and drew attention to the organisational change process that has been worked through including the executive portfolios. This is to enable both organisations to work more collaboratively.</p> <p>SC highlighted that the executive director roles have been aligned and that there had been a formal recruitment process for the System and CCG Finance Officer and System Lead for Communications and Engagement. SC was also pleased to announce the Independent Chair, Devon STP had been appointed, Dame Suzi Leather, who starts in her role in August 2018.</p> <p>ST noted that the Strategic Leadership Committee Terms of Reference (ToRs) have recently been updated to include the 3 Local Authority Social Care Leads who are now working in an integrated way with the CCGs on joint commissioning.</p> <p>It was reported that discussions were underway around the next wave of development programmes. This will include thinking about a new approach to regulation in the system and alignment to wider design processes and capital planning. It was encouraging to receive positive external support and help in moving forward that showed confidence that progress is being made.</p> <p>A set of strategic commissioning intentions have been developed for Plymouth Health and Wellbeing and more detailed discussions are underway around contract specifications.</p> <p>The Governing Body CiC received and noted the Interim Accountable Officer’s Report.</p> | | |
| <p>7</p> | <p>Strategic Leadership Committee Chair’s Report</p> <p>ST referred to the outputs from the monthly Strategic Leadership Group meeting and highlighted that the next steps had been agreed around the approach to the design methodology around developing place based care partnerships is ongoing and that GB members would be involved in the design process.</p> <p>The Governing Body CiC received and noted the Strategic Leadership Committee agreements and approvals from the June and July 2018 meeting.</p> | | |

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| <p>8</p> | <p>Month 3 Finance and Activity Report JD informed the members that the quarter 1 finance report was reviewed at the finance committees in common meeting in July and directed the members to the executive summary included in the pack.</p> <p>The year to day position for both CCGs is on plan and JD was pleased to report this is the first time for around 5 years that the CCGs are in balance which is a great achievement. JD also reported that risks are being managed.</p> <p>The savings plan is also on target and signposted the members to page 70 of the packs. JD drew attention to the total estimated net risk at month 3 which is less than 1% for both CCGs.</p> <p>The overall STP position is showing a £61m deficit before receipt of the STF funding available if the system delivers its plan.</p> <p>JD highlighted the financial assurance dashboard which assesses the financial processes of CCGs. The first three are in line with delivery of a balanced position with the indicators being agreed with NHS England. JD mentioned the differences in relation to QIPP reporting for both CCGs which are not like for like comparators as there are different arrangements with various contracted providers.</p> <p>JD noted that referral performance had seen an overall increase due to pressure in the system. JD reported that acute activity in general was above plan in most areas apart from outpatients.</p> <p>Following discussion the members agreed that the finance and activity report was in an easy to understand format.</p> <p>The Governing Body CiC received and noted the month 3 position as at 30 June 2018 and the level of risk to deliver the CCGs control totals.</p> | | |
| <p>9</p> | <p>Quality and Performance Report JF noted the report was self-explanatory, however, provided further updates on the following areas:</p> <p><u>Performance</u></p> <ul style="list-style-type: none"> • A&E – performance has improved since June using a clear methodology and breaches are constantly being reviewed. We are actively working with colleagues in ED. • Cancer – issues with Track Care have been identified in North Devon, validation is underway. Urology has seen an increase in demand. The STP pathway for prostate, lung and breast cancer has advance and been implemented. Capacity issues for diagnostics remain. High impact changes and core work have been developed for avoidance of harm, and each excessive wait case is reviewed, checked and challenged • RTT – Static position remains, financial investment has been needed to improve position but not translating into results to date. This has been reported through the system development group • Long waiters – An STP quality deep dive piece of work is being developed for long waits >40 weeks • Diagnostics – work is underway to increase capacity using a consistent and system approach. An additional mobile CT scanner is being used to help clear the backlog. <p><u>Quality</u> LCB confirmed that there was a national programme of work on maternity services and that a recent Local Maternity System (LMS) plan had been submitted and rated as amber. The submitted plan is being further developed</p> | | |

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| | <p>through the LMS delivery board. A further piece of work will also be undertaken around the future commissioning intentions and engagement with the local population ensuring all voices are heard to inform future intentions for informed choice.</p> <p>LCB reported that a Care Quality Commission (CQC) warning notice had been issued to Northern Devon Healthcare Trust giving a clear outline of programmes of work that are required to strengthen governance and alignment for consistency and workforce resilience. Following the issue of the warning notice the CQC revisited and a marked improvement has been seen.</p> <p>E-coli targets remain a challenge and dialogue remains open with NHS England to overcome these</p> <p>There was surprise by some members that referrals had increased in South Devon. ST responded that there was not enough utilisation of out of hospital facilities but this was being promoted. Admission increases had been seen across the board and it was considered that among the contributing factors was the extreme heat suffered during the summer. It was noted that there was a constant drive in community services to maximise throughput. Intermediate care activity is still increasing, however this is appropriate.</p> <p>The Governing Body CiC received and noted the Quality and Performance Report and agreed that there was sufficient time given to this item for discussion and good exploration of the report.</p> | |
| 10 | <p>Locality Updates</p> <p><u>Northern and Eastern</u> SK reported that the Eastern Locality is taking the opportunity to create three GP led sub locality commissioning groups to enable joint working across provider boundaries to improve health and care provision for their neighbourhoods.</p> <p>Four GPs in the Eastern locality have received Serious Incident Requiring Investigation (SIRI) training and will be reviewing SIRI's shortly as well as contributing to the statutory boards in common and executive preparation meetings.</p> <p>Active groups have been set up for community towns which is creating and opening up dialogue and conversations.</p> <p>In the absence of Dr John Womersley, TB drew attention to the North Devon Locality report and particularly the report that GP and former Chair of the GP Collaborative Board, Dr James Szymankiewicz has been elected as chairman of Natural Devon.</p> <p><u>Western</u> SMc was pleased to report that the Western Primary Care Partnership meeting is well attended and going from strength to strength.</p> <p>A shortage of GPs in Plymouth remains, however there are plans in place and initiatives are showing signs of some recovery. Work is also underway with pharmacy colleagues to provide support to practices</p> <p><u>Southern Devon</u> PJ presented this report in the absence of MF and drew attention to the local partnership working looking at areas of service delivery. The benefit of collaborative thinking has triggered alternative ways of working and their current focus is on mental health.</p> | |

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| | <p>The retirement of Mairead McAlinden was noted and a recruitment process for a new Chief Executive is being developed with interviews expected in September.</p> <p>On behalf of both CCGs, SC formally noted and acknowledged Mairead's contribution to the Torbay and South Devon Healthcare NHS Trust and the Devon STP particularly being the driving force for collaborative working.</p> <p>The Governing Body CiC received and noted the locality updates.</p> | | |
| 11 | <p>Sustainable Transformation Plan (STP) Two-Year Report</p> <p>SC presented the STP Two-Year Review Report which highlighted what the STP has set out to achieve. SC paid tribute to colleagues with the fantastic progress that has been made, in particular the collaborative working with our NHS and Local Authority partners across Devon. Positive feedback has been received from stakeholders such as NHS England and we have been invited to share this nationally as we move to the next stage.</p> <p>SC provided more detail on the progress made and highlighted the work that has been delivered through the Devon Referral Support Services (DRSS).</p> <p>SC acknowledged that there had been a real shift in behavior between the acute Trust organisations and that the development of the Integrated Care Model is still in the blue print stages.</p> <p>Reflections around the table included:</p> <ul style="list-style-type: none"> • Strong foundation to build upon to address core issues • Third strategy workshop to be held on 2 August including representation of the governing body. This workshop will concentrate on developing the core strategic framework to design the integrated care system • Report acknowledged as valuable and has been shared with Simon Stevens • Documentation of progress beneficial for learning • Real moment of achievement and fantastic tool to use in moving forward to a 'what if' conversation. <p>The Governing Body CiC received and noted the STP Two-Year Report.</p> | | |
| 12 | <p>Devon STP Bids for National Capital Funding</p> <p>JD explained the purpose of this paper, which was for Governing Body member's information on the process and outcome of the STP led, 'wave 4' bids for National Capital Funding.</p> <p>A summary of the top 3 bids from the process were detailed in Appendix 4 which represented a geographical and service spread to help us address some challenges.</p> <p>JD drew attention to section 4 and some of the lessons learned in particular continued working with Primary Care listing our strategic priorities to ensure we are in a better position for any further waves and allocation of capital resource. The outcome of the Devon STP bids will be announced in due course.</p> <p>The Governing Body CiC received and noted the contents of the Devon STP Bids for National Capital Funding.</p> | | |
| 13 | <p>National Policy Developments</p> <p>AM informed the members the purpose of this report was to ensure the Governing Body were sighted on the key developments and thinking nationally and locally. He mentioned that health and care systems are working more closely together and that following a Health and Care Select Committee a report had</p> | | |

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| | <p>been developed on new integrated ways of planning local health and care services. Dr Sarah Wollaston MP chairs the select committee and is very supportive of the direction of travel and has encouraged the sharing of best practice and the good progress of various STPs across the country.</p> <p>AM referred to Wigan who have been highlighted as area of good practice by the Kings Fund and indicated this would be a good area for a Devon Team to visit.</p> <p>The Governing Body received and noted the update on National Policy Developments.</p> | | |
| <p>14</p> | <p>Proposal to submit an expression of interest to merge the CCGs in Devon In the absence of SMA, POS presented this report and detailed the context and background around a shared purpose to create a clinically and financially sustainable health and care system to improve health and wellbeing for the local population.</p> <p>POS touched on the STP two-year report and progress to date and collaborative working, including the common theme of improved collaboration which is fundamental to progress to date to achieve national policy direction and to bring the NHS commissioning voice together, tailoring the voice for localities.</p> <p>Regulator support received has been encouraging along with support from our STP partners who welcome the two CCGs coming together as one commissioning voice across Devon.</p> <p>POS confirmed there would be a membership vote in September; however it was important to note that whilst this would not trigger a formal consultation we would continue to engage with the local population.</p> <p>A project team has been set up and evidence is being gathered against the 11 key steps and assurance on progress will be fed through to the Audit Committee.</p> <p>It was noted there was no additional resource available for this project, however representatives had been identified from each directorate and will include representatives from NHS E.</p> <p>The members felt it was important to proactively to engage with the GP membership.</p> <p>Following discussion the NEW Devon CCG Governing Body:</p> <ul style="list-style-type: none"> • Considered the local system context and national policy direction • Supported the submission of a Statement of Intent to NHS E in which NEW Devon CCG and South Devon and Torbay CCG express and interest in a merger of the two CCGs with effect from April 2019 • Supported the development of a detailed project plan to align with national timescales and application for merger for consideration by the Governing Bodies in September 2018 • Agreed that the programme of work in relation to the CCG merger is conducted by a dedicated merger and transition team, with assurance on progress through the Audit Committee in Common <p>There were no votes against or any abstentions.</p> <p>Following discussion the SDT CCG Governing Body:</p> <ul style="list-style-type: none"> • Considered the local system context and national policy direction • Supported the submission of a Statement of Intent to NHS E in which NEW Devon CCG and South Devon and Torbay CCG express and | | |

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| | <p>interest in a merger of the two CCGs with effect from April 2019</p> <ul style="list-style-type: none"> • Supported the development of a detailed project plan to align with national timescales and application for merger for consideration by the Governing Bodies in September 2018 • Agreed that the programme of work in relation to the CCG merger is conducted by a dedicated merger and transition team, with assurance on progress through the Audit Committee in Common <p>There were no votes against or any abstentions.</p> | | |
| 15 | <p>Primary Care Committees in Common Chair's Report</p> <p>CP presented this report and was pleased to highlight that the IT digital initiatives that are taking place across both CCGs in Primary Care are coming to fruition and that the Governing Body would be updated on progress in the near future.</p> <p>The Governing Body CiC received and noted the Primary Care Committees in Common Chair's report.</p> | | |
| 16 | <p>Approval for applying for Joint Commissioning of Primary Care for NEW Devon CCG</p> <p>ST referred to this report which had been discussed in detail at the recent Primary Care Committees in Common. Joint Commissioning for NEW Devon CCG would bring them in line with SDT CCG; however there would be no budgetary transfer at this stage. ST mentioned this is a critical step in moving towards integrated commissioning.</p> <p>Concerns were raised as to whether there was capacity in fulfilling this role, and assurance was provided that the structure was fit for purpose and that conversations around vacant posts is underway with NHS E for solutions.</p> <p>Following the Primary Care Committees in Common where the outcome of the vote on joint commissioning was discussed the NEW Devon CCG Governing Body approved an application to NHS England local area team for NEW Devon CCG to become joint commissioners of General Practice.</p> | | |
| 17 | <p>Audit Committees in Common Chair's Report including Risk and Assurance Report</p> <p>NB presented this report and directed the members to section 4, external audit report where there was a report detailing the delay in Grant Thornton issuing their opinion in respect of NEW Devon CCG. This related to internal governance issues and processes which they had to resolve arising from work done by Grant Thornton on behalf of DELT which is part owned by NEW Devon CCG . An apology from the auditors was issued and NHS E was informed. The Audit Committee Chair would make contact with DELT CEO to advise on the process and request they engage with a separate accountancy / audit provider in future.</p> <p>The Governing Body CiC received and noted the contents of the Audit Committees in Common Chair's Report.</p> | | |
| 18 | <p>Quality Committees in Common Chair's Report</p> <p>CH presented the latest report he highlighted that the Quality Committee had received a report following a deep dive for Torbay and South Devon Foundation Trust A & E performance in. They were assured on the redesign work that was underway; however there were still recruitment issues and vacancies. This issue would also be raised with clinical cabinet in relation to the workforce workstream.</p> <p>The Governing Body CiC received and noted the content of the Quality Committees in Common Chair's report and the level of assurance given.</p> | | |

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| 19 | <p>Engagement Committees in Common Chair's Report</p> <p>JWi presented this report and noted that the membership of this committee had been strengthened & now included representatives from the Northern, Eastern, Western and Southern Localities.</p> <p>At the meeting in June they received a presentation on the engagement around lower limb therapy which was welcomed, however agreed that more direct engagement with patients who may be affected by change is needed.</p> <p>JWi was pleased to report that the GP Practice patient participation groups were a positive forum however more resource was required to support them in fulfilling their role more effectively.</p> <p>The committee praised the approach being taken by the asthma team and the excellent piece of engagement approach being taken on the redesign on the asthma pathway and were looking forward to receiving the outputs of the engagement process.</p> <p>The Governing Body CiC received and noted the content of the Engagement Committees in Common Chair's Report.</p> | | |
| 20 | <p>Finance Committees in Common Chair's Report</p> <p>BM presented the report and felt he had nothing particular to highlight, but welcomed any questions.</p> <p>The Committees in Common received and noted the content of the Finance Committees in Common Chair's Report.</p> | | |
| 21 | <p>Review Effectiveness of the Meeting and Close</p> <p>The chair thanked the members for their contribution and support for papers and reports which were more precise than previously which allowed for meaningful discussion.</p> <p>The meeting closed at 17.00pm</p> | | |

Attendees (apologies ^A)

| <i>Name and initials</i> | <i>Title and organisation</i> |
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| Andrew Millward (AM) | System Director Communications and Engagement |
| Brian Mackness (BM) | Non-Executive Director, SDTCCG |
| Caroline Dimond – Dr (CD) | Director of Public Health, Torbay Council |
| Chris Hanvey (CH) | Lay Member, Safeguarding, NEW Devon CCG |
| Chris Peach (CP) | Non-Executive Director, SDTCCG |
| David Greenwell Dr (DG) | Clinical Lead for Integration, SDTCCG |
| Felix Burden - Dr (FB) | Non Executive Director, SDTCCG |
| Jennie Willmott (Jwi) | Lay Member, Patient Public Engagement, NEW Devon CCG |
| John Dowell (JD) | Chief Finance Officer, SDTCCG |
| John Womersley – Dr (JWo) ^A | Clinical Chair, Northern Locality, NEW Devon CCG |
| Lorna Collingwood-Burke (LCB) | Joint Chief Nursing Officer – NEW Devon and SDT CCGs |
| Matthew Fox – Dr (MF) ^A | 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) ^A | Secondary Care Doctor, NEW Devon CCG |
| Paul Johnson – Dr (PJ) | Clinical Chair, SDTCCG (Chair) |
| Paul Melling - Dr(PM) ^A | Locality GB/ GP Lead, SDTCCG |
| Rob Bromige – Dr (RB) | Locality GB/GP Lead, SDTCCG |
| Ruth Harrell – Dr (RH) ^A | Director of 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) | Interim Accountable Officer, NEW Devon and SDTCCG |
| Sonja Manton – Dr (SMa) ^A | Director of Strategy, NEW Devon and SDT CCGs |

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| Sophia Christie (SC) | STP Lead Chief Executive Officer |
| Steph Dyer (SD) | Locality GB/GP Lead, SDTCCG |
| Tim Burke - Dr (TB) | Clinical Chair, NEW Devon CCG |
| Virginia Pearson - Dr (VP) ^A | Director of Public Health, Devon County Council |
| <i>In Attendance</i> | |
| Nikki Coombes (NC) | Senior Executive Assistant, NEW Devon CCG (regular minute taker) |
| Tracey Polak (SPo) | Public Health Consultant – Devon County Council |
| Paul O’Sullivan (POS) | Deputy Director of Strategy |
| John Finn (JF) | Deputy Chief Operating Officer, Planned Care and Programmes |

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| Minutes approved | Date: 27 September 2018 | Signed by chair: Dr Paul Johnson |
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