

## CCG Board

<b>Date of meeting</b>		<b>26 September 2019</b>	
<b>Agenda Item</b>	<b>3</b>	<b>Paper No</b>	<b>WHCCG19/089</b>

### Draft Minutes of Last Meeting (25 July 2019)

<b>Key issues</b>	<p>The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 25 July 2019 are attached for approval by the Board.</p> <p>Following the meeting the minutes will be made available to the public in accordance with Freedom of Information Act 2000 and the Code of Practice on Openness in the NHS.</p>
<b>Actions requested / Recommendation</b>	<p><b>The West Hampshire Clinical Commissioning Group Board is asked to</b></p> <ul style="list-style-type: none"> <li>• <b>Agree the minutes of the Board meeting held on 25 July 2019 and commend them for signature by the Chair of the meeting.</b></li> <li>• <b>Discuss any matters arising from the minutes that are not already covered on the Agenda.</b></li> </ul>
<b>Principal risk(s) relating to this paper</b>	There are no risks relating to this paper.
<b>Other committees / groups where evidence supporting this paper has been considered.</b>	Not applicable.
<b>Financial and resource implications / impact</b>	There are no financial implications arising from this paper.
<b>Legal implications / impact</b>	There are no legal implications arising from this paper.
<b>Public involvement – activity taken or planned</b>	Not applicable.

<b>Equality and Diversity – implications / impact</b>	This paper does not request decisions that impact on equality and diversity.
<b>Report Author</b>	Terry Renshaw, Governance Manager Ian Corless, Board Secretary/Head of Business Services
<b>Sponsoring Director</b>	Sarah Schofield, Clinical Chairman
<b>Date of paper</b>	17 September 2019

# Minutes

## Board

**Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 25 July 2019 at King Charles Hall, Guildhall Winchester, Broadway, High Street, Winchester, SO23 9GH**

<b>Present:</b>	Sarah Schofield	Clinical Chairman (Chair)
	Charles Besley	Locality Clinical Director / Board GP
	Mike Fulford	Chief Finance Officer and Deputy Chief Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality and Patient Engagement
	Karl Graham	Locality Clinical Director / Board GP
	Heather Hauschild	Chief Officer
	Adrian Higgins	Medical Director
	Rory Honney	Locality Clinical Director / Board GP
	Lorne McEwan	Locality Clinical Director / Board GP
	Ellen McNicholas	Director of Quality and Nursing (Board Nurse)
	Alison Rogers	Lay Member, Strategy and Finance
	Jim Smallwood	Secondary Care Consultant
	Caroline Ward	Lay Member, New Technologies
<b>In attendance:</b>	Ian Corless	Board Secretary/Head of Business Services
	Sophie Douglas	GP Registrar / GP Fellow
	Jenny Erwin	Director of Commissioning, Mid Hampshire
	Rachael King	Director of Commissioning, South West
	Heather Mitchell	Director, Strategy and Partnerships
	Terry Renshaw	Governance Manager
<b>Apologies for absence:</b>	Johnny Lyon-Maris	Locality Clinical Director / Board GP
	Stuart Ward	Locality Clinical Director / Board GP

### **1. Chairman's Welcome**

- 1.1 Sarah Schofield welcomed everyone present to the thirty-seventh meeting held in public of the NHS West Hampshire Clinical Commissioning Group (CCG) Board and noted the apologies for absence.
- 1.2 Sarah highlighted that this was a meeting being held in public, rather than a public meeting. She also reminded the Board of the CCG's values, which are published on the front page of the agenda, minutes and cover sheet of each Board paper.
- 1.3 Sarah confirmed that no questions had been received from members of the public which required a response at the meeting.

## 2. **Declaration of Board Members' Interests** (*Paper WHCCG19/073*)

2.1 The Register of Board Members Interests was received and noted.

2.2 Sarah Schofield asked the Board to review the agenda for the meeting and establish whether there are any business items where there may be potential or perceived conflicts of interest.

2.3 It was reported that to the beginning of July, Heather Mitchell was lead director and director sponsor for the mental health proposals (including CAMHS) included in our board and committee agendas today. Since Heather's resignation was received on 5 July and her imminent role as Executive Director of Strategy and Infrastructure Transformation at Southern Health NHS Foundation Trust, due to both potential and actual conflicts with this provider she has withdrawn from all roles in relation to procurement of services with immediate effect, with lead responsibility transferred to the Deputy Director, Beverley Meeson, overseen by the Chief Officer. Heather Mitchell will finish her role at West Hampshire CCG on 2 August 2019.

2.4 No further interests were updated or declared in relation to the agenda.

2.5 **AGREED**

**The Board agreed to accept the Register of Board Members' Interests.**

## 3. **Minutes of the Previous Meeting held on 23 May 2019** (*Paper WHCCG19/074*)

3.1 Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 23 May 2019 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.

3.2 **AGREED**

**The Board approved the minutes of the Board meeting held on 23 May 2019 and commended them for signature by the Chair of the meeting.**

### 3.3 ***Matters Arising***

The following items of matters arising from the minutes were raised:

- **Section 6.6 Hampshire Hospitals NHS Foundation Trust Clinical Strategy 2019-2022** – It was reported that feedback has been drawn together and a response has been sent to Andrew Bishop. A copy of the response will be shared with the Board. **ACTION: Ian Corless (completed)**  
It was reported that Andrew Bishop has now stepped down as Chief Medical Officer at HHFT and Lara Allaway will take on the role from September 2019.
- **Section 7.2 Finance Update** – It was reported that as part of the annual planning refresh the intention after 2019/20 is to move to a five year Sustainability and Transformation Partnership (STP) Strategic Plan for finance and activity. Local planning has started and local partners are engaged in the process and a report will be taken to the next Finance and Performance Committee. The STP System Plans will be presented at the September Board.

#### 4. **Chief Officer's Report (July 2019) (Verbal)**

4.1 Heather Hauschild provided a verbal update on the following key items:

- **CCG Leadership Arrangements**

Chief Officer Arrangements – The development of a future Integrated Care System (ICS) means this is a timely opportunity to bring commissioning leadership together across Hampshire and the Isle of Wight and as a result our Board has agreed that Maggie Maclsaac, who is also Chief Executive of the Hampshire and Isle of Wight Partnership of CCGs and Southampton City CCG, will take up the role of our Accountable Officer. NHS West Hampshire CCG will continue as an independent statutory organisation with our existing Executive Team and Board. Local leadership arrangements will be worked through for the medium term and in the meantime our Deputy Chief Officer and Chief Finance Officer, Mike Fulford, will act as interim Managing Director, to ensure continuity and local co-ordination to support Maggie. It is envisaged that longer term arrangements will be put in place from September 2019. Maggie's experience of leading the Hampshire and Isle of Wight Partnership of CCGs and her newer role with Southampton City CCG will be very valuable to us during the period ahead. This shared role between our organisation and the other six CCGs will strengthen our working relationships with commissioners across Hampshire and the Isle of Wight at a time when we explore ways to work at scale.

Director, Strategy and Partnerships – Congratulations were extended to Heather Mitchell on her new role as Executive Director of Strategy and Infrastructure Transformation at Southern Health NHS Foundation Trust and Heather was thanked for her contribution to CCG development. A shortened notice period has been agreed due to both potential and actual conflicts of interest and Heather will finish her role at West Hampshire CCG on 2 August 2019. It has been agreed not to replace the Director role and the following arrangements have been made to cover the portfolio:

- Jenny Erwin – Mental Health and Children
- Rachael King – Estates
- Mike Fulford – Governance and Digital

- **All Staff Event : 18 July 2019** – The event was well attended with over 200 staff attending. The event included development sessions around Health and Well-Being, Mental Health Resilience and Diversity. Ellen McNicholas reported that within 24 hours of the event 170 electric evaluation forms had been received and these are now subject to evaluation in order to take the learning forward.
- **Executive Delivery Group – STP** – A meeting of the STP clinical and executive senior team was held on Wednesday 3 July 2019. The meeting was facilitated by McKinsey and a data pack was presented which provided high level comparator data across a range of indicators. The data pack will be used to inform planning in moving forward. The afternoon session focused on a discussion about how the STP moves forward towards an Integrated Care System with more focus on how governance and decision making will support system working and Hampshire and Isle of Wight level decision making.
- **CCG Annual Assessment** – The CCG annual assessment for 2018/19 provides each CCG with a headline assessment against the indicators in the CCG Improvement and Assessment Framework. The headline assessments have been confirmed by NHS England's Statutory Committee. The 2018/19 headline

rating for NHS West Hampshire CCG is Requires Improvement which is the same as previous years. The summary of recommendations for 2019/20 for the CCG are as follows and represents business as usual for us:

- Work collaboratively with system partners across the STP/ICS to develop and deliver credible responses to the Long Term Plan.
- Ensure the development of primary care networks fully supports and aligns with the system's out of hospital strategy working with community providers.
- Ensure appropriate commissioner actions are being taken to support the system in its delivery of the control total in 2019/20.
- Working across the wider system, ensure and support the development of credible ICP and ICS arrangements, in line with the STP roadmap.
- Work with system partners to develop and deliver coherent plans that address the current urgent care challenges as well as planned care challenges. These plans need to include improvements to cancer waiting times and with dementia diagnosis performance.
- Continue to work with system partners.

Mike Fulford will progress the detail behind the headline assessment and it will be explored as to why West Hampshire CCG has a different headline rating to that of neighbouring CCGs who are reporting a similar position to ours. It is expected that the collective picture will be available shortly and an update will be provided at the next meeting of the Finance and Performance Committee. **ACTION: Mike Fulford (completed)**

- **CCG Improvement and Assessment Framework (IAF) Patient and Community Engagement Indicator** – Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs have a statutory duty to involve the public in commissioning. In addition to meeting statutory responsibilities, effective patient and public participation helps CCGs to commission services that meet the needs of local communities and tackle health inequalities. NHS England has a legal duty to assess how well each CCG has discharged its public involvement duty, as well as a commitment to supporting continuous improvement in public participation. A robust, and improvement focused, process of national assessment has now been carried out for 2018/19 to reach final RAGG\* ratings and scores for individual CCGs. The final RAGG\* rating and score for 2018/19 for West Hampshire CCG following the national assessment and moderation process was a green rating with three areas rated outstanding in the following domains A. Governance; B. Annual reporting; C. Day to day practice and two areas rated good; D. Feedback and evaluation; E. Equalities and health inequalities.

This is an excellent result for the CCG and reflects all the hard work that has been undertaken to improve our patient involvement and communication. In the coming months NHSE will send each CCG a detailed assessment summary, focusing on those criteria that were identified as requiring improvement following 2018/19 assessments.

- **CCG 360°** - We have been notified by NHS England and NHS Improvement that given the significant changes in the commissioning landscape and the development of Integrated Care Systems it has been decided not to re-commission the 360° CCG survey in 2019/20. We will continue to improve our communication and engagement activity regardless of this decision given the importance of involving local people and members in the planning of health services and the value we place on feedback for the work that we do.

- **Public Events:**

New Forest District Council – The CCG Executive and Sarah Schofield attended an informal meeting with New Forest District Councillors on 2 July 2019, which was well received and presented a useful opportunity to highlight the work that we are doing. It was noted that it is planned to repeat this event in other areas and the detail is currently being worked through.

Thank You - On the 25 June 2019 our annual 'Thank You' event was held with a number of our volunteers who participate in our involvement groups. We have received several messages of thanks from invited guests.

On concluding her report Heather extended her thanks to the Board and the staff of West Hampshire CCG and best wishes for the future.

#### 4.3 **AGREED**

**The Board received and noted the Chief Officer's Report (July 2019).**

**STRATEGIC OBJECTIVES 1 AND 2:**

**Ensure safe and sustainable high quality services – to provide the best possible care for patients**

**Ensure system financial sustainability – to ensure compliance with business rules**

#### 5. **Balanced Scorecard (July 2018) (Paper WHCCG19/075)**

5.1 Heather Mitchell presented the Balanced Scorecard for July and explained that a Balanced Scorecard has been developed to illustrate delivery against West Hampshire CCG strategic priorities, including improving the health of our population. The scorecard is comprised of relevant measures which relate to our mission, 'Quality Services, Better Health' and four strategic areas:

- Financial Sustainability
- Organisation and Governance
- Collaboration and development of systems
- Enabling strategies.

5.2 The measures in the scorecard have been selected from a wider suite of measures that the CCG reports against during the course of the year and are predominantly based on the CCG Improvement and Assessment Framework (IAF). An extract of the IAF measures technical guidance with the more detailed information of the measures being found at Appendix 1 of the report. It was highlighted that:

- This report will come to the Board every six months. The current report includes the latest July 2019 release of IAF data.
- The IAF data show an improvement in the mental health, learning disabilities (LD) and autism measures raising their overall rating from a Red to an Amber RAG rating. This in turn has lifted the Quality Services/Better Health rating from a Red to an Amber RAG rating.
- IAF – proportion of people with LD on GP registers receiving annual health check has improved from an Amber to a Green rating
- A few measures are in development (currently blanked out in grey) and as such are not available for this report; these will be added as they are developed.
- A key to the RAG rating, trend data and aggregation of the Quality Service/Better Health sub sets can be found on the last page of the Scorecard.

**5.3** The Board welcomed the development of the Balanced Scorecard which provides visibility around outcomes, maps to the Operating Plan and Integrated Care Model and provides a focus for Local Treatment Centres, Mental Health, Autism and Children's services.

**5.4 AGREED**

**The Board reviewed the Balanced Scorecard (July 2019) and received and provided comment on the proposed indicators and outcome measures shown.**

**6. Integrated Performance Report (July 2019) (Paper WHCCG19/076)**

**6.1** Mike Fulford and Ellen McNicholas presented the West Hampshire CCG Integrated Performance Report for July 2019 which brings together the key finance, performance and quality issues for the Boards awareness, along with actions to address these issues.

**Finance Update**

**6.2** The following was reported:

- For the 2019/20 financial year we are planning on income of £809,074m and expenditure of £809,027m. This reflects the planning requirement to replicate in 2019/20 the small actual surplus of £0.047m that was the final position in the CCG Annual Accounts for 2018/19.
- The financial performance position shown in the main report to the end of June 2019 shows a breakeven position against plan in the year to date. However, work is underway to analyse the emerging positions on all acute contracts against new contract baselines therefore, with the exception of University Hospitals Southampton NHS FT (UHS), Hampshire Hospitals NHS FT (HHFT) and South Central Ambulance Services NHS FT where there have been material overall variances against contract envelopes, the position on contracts is largely being shown as breakeven against budget in month three.
- The month three position on CHC has moved YTD overspend of £0.5m that extrapolates to a forecast of £2.0m. This is due to a number of new very high cost cases being assessed and an increase in forecast Restitution payments.
- The 2019/20 year-end forecast remains at plan at this stage in the Financial Year.
- In May 2019, risks and mitigations were reduced from the plan position of £14.7m to £12.1m on the basis of contract agreements and work on closing the QIPP (Quality, Innovation, Productivity and Prevention) gap. A review in July 2019 against the emerging position at month three has indicated that the net risk has returned to £14.5m, the level originally anticipated at plan stage.

**Quality Update**

**6.3** Ellen McNicholas highlighted the range of issues which have been reviewed by the Clinical Governance Committee. This included:

- **Risk Register** – The Committee reviewed all of the risks currently on the Quality Directorate Risk Register, and key issues discussed including risks relating to delays in requesting Looked After Children Review Health Assessments, NHS England Specialised Commissioning oversight of providers, Safeguarding pressures, and risk assessment within the Secure Care UK secure transport provider.

- **Fragility hip fracture best practice tariff (# NOF BPT)** - The # NOF BPT was developed to encourage two key clinical characteristics of best practice; prompt surgery and appropriate involvement of geriatric medicine. These characteristics can lead to improved patient outcomes, reduced mortality, shorter length of stay and more cost effective care. The latest results (Quarter 4 2018/19) showed that in relation to West Hampshire CCG patients overall our providers were achieving the BPT in 68% of cases. This means that 39 out of 121 patients (32%) did not meet the seven key interventions. Providers have been asked to share their performance against each characteristic and to highlight reasons for non-compliance in order to identify key areas requiring a quality improvement focus.
- **Continuing Healthcare (CHC)** - During March, April and May 2019, CHC have met the overall target for completing more than 85% of assessments within the community. West Hampshire CCG has met the target for three consecutive months with all five CCGs in Hampshire achieving the target for May 2019. Recent data shows that this position has also been achieved for June 2019.
- **Friends and Family Test (FFT)** – Following consultation, NHS England/Improvement have notified stakeholders that the mandatory FFT question is being amended to make it clearer and more accessible to a wider range of people, including children. The new mandatory question is likely to be : ‘Overall, how was your experience of our service’ with six potential responses, yet to be confirmed. These changes are expected to take effect from April 2020.

#### Performance Update

6.4 Mike Fulford highlighted the following performance issues:

- **Contract Performance** – Significant pressures on both UHSFT and HHFT contract across a broad spectrum of activity especially around non elective activity, outpatient procedures and unscheduled care.
- **Accident and Emergency 4 hour Standard and Urgent Care** – Performance did not significantly improve during June although there was small reduction in the very high volume of attendance we have seen.
- **Diagnostic Performance, WHCCG wide** - Further to the last update there was a general, but notable, decline in the number of patients receiving their diagnostic test within 6 weeks in line with national standards; performance improved marginally but continues to be of concern.
- **Cancer standards, UHSFT and HHFT:**
  - WHCCG met six of the nine cancer waiting time standards at CCG level in May 2019, an improvement from 5 last month.
  - 2 week wait standards improved for the sixth consecutive month. Issues still remain around performance against the 62 day performance standard and the delivery of the remedial action plan remains on track.

6.5 During a period of discussion it was:

- Questioned in terms of slide 7 Patient Safety in WHCCG – Sepsis and Deterioration (Quality Update) the reason for Royal Bournemouth and Christchurch Hospitals FT (RBCHFT) being RAG rated as RED. It was responded that local providers perform consistently well for screening patients for sepsis although administration of anti-biotics within the hour remains challenging in some areas. RBCHFT currently use a different and more challenging criteria for measuring time from decision to administration of antibiotics. The national criteria refers to clock start for antibiotics from the time a competent clinical decision maker identifies sepsis. RBCHFT use time of arrival in the department/sepsis screen identifying risk of sepsis which is more challenging but takes into account the whole patient pathway.

- Highlighted that there is increased pressure on specific health services to deliver statutory health assessments and Child and Adolescent Mental Health Services (CAMHS) with no additional funding and the requirement to obtain assurance from the Partnership Board.
- Reported that UHSFT has submitted a recovery plan that outlines 6 key actions in terms of improving ED performance. The recovery plan is currently subject to review by NHSE/I and feedback on the next steps is to be provided. A System wide recovery plan is also in development and is due to be submitted on the 31 August 2019.
- Suggested that it would be helpful if Lay Members are invited to attend system meetings. Diaries are to be reviewed and dates advised. **ACTION: Mike Fulford (completed)**
- Noted that there is work being undertaken to understand the quality impact of the delays to ensuring timely access to urgent and elective care services.

## 6.6 AGREED

**The Board noted and provided comment on the Integrated Performance Report.**

## 7. CCG Annual Report and Accounts 2018/19 (Paper WHCCG19/077)

7.1 Mike Fulford introduced the paper that updates the Board formally on the approval of the CCG's Annual Report and Accounts for 2018/19, which was completed since the last meeting held in public:

- The CCG submitted its draft annual report, excluding accounts information to NHS England by Thursday 18 April 2019, and draft accounts and supporting information by Wednesday 24 April 2019, and made the same information available to its appointed external auditors (Grant Thornton).
- The audit commenced the week commencing 29 April 2019. The auditors were required to report on the CCG's annual accounts to NHS England by 12.00 noon on Tuesday 28 May 2019.
- As delegated by the Board, West Hampshire CCG's Audit Committee reviewed and approved the final version of the Annual Report and Accounts of the CCG on 22 May 2019, for submission to NHS England by this deadline.
- CCGs were required to publish their Annual Report and Accounts in full on their public website by 10 June 2019. This was completed on 24 May 2019.
- A public meeting must then be held prior to 30 September 2019 at which the Annual Report and Audited Accounts must be presented. These will be presented at the Annual General Meetings on 25 July 2019 in Winchester and 26 September 2019 in Lyndhurst.

7.2 Attention was drawn to the annual audit letter for West Hampshire Clinical Commissioning Group (CCG), the purpose of which is to communicate to the Members and external stakeholders, including members of the public, the key issues arising from the auditor's work covering the 2018/19 financial year. The key findings are summarised as follows:

- The auditors gave **an unqualified opinion** on the CCG's financial statements on 23 May 2019.
- The auditors issued **an unqualified regularity opinion** as the CCG's expenditure was incurred as intended by Parliament.
- The auditors also reported on the consistency of the accounts consolidation template provided to NHS England with the audited financial statements. They

concluded that these were **consistent**.

- The auditors **did not identify any matters** which required them to exercise their statutory powers.
- The auditors were **satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources** (value for money arrangements).

**7.3** The Board observed that that the audit had progressed well and reflects the good arrangements the CCG has in place for producing complete, accurate and timely financial statements. The Board extended their thanks to all those involved in the production of the Annual Report and Accounts 2018/19 and the excellent results this year. However, it is recognised that there are significant challenges facing WHCCG in 2019/20.

#### **7.4 AGREED**

##### **The Board**

- **Noted the publication of the audited CCG Annual Report and Accounts 2018/19 as approved by the Audit Committee**
- **Received and reviewed the Annual Audit Letter 2018/19.**

##### **STRATEGIC OBJECTIVE 3:**

**Work in partnership to commission health and social care collaboratively – to commission services at the appropriate tier to achieve the best possible outcomes for patients**

#### **8. Collaborative Commissioning Report (July 2019) (Paper WHCCG19/078)**

Heather Mitchell declared a Conflict of Interest and provided factual comment only and did not take part in discussion.

**8.1** An update was presented to the Board on the key collaborative commissioning strategic and operational issues managed by West Hampshire CCG. The report provides a reminder of the 2019/20 work programmes and an update on activities in June and July. Actions for the next two months and risks are also summarised. Changes to the structure and work plan of the children and families team are also reported.

**8.2** Heather Mitchell highlighted the following developments / issues:

- **Children's Collaborative** – The Children's Collaborative have been resetting its structure and focus to ensure the team delivers against the key strategic areas of work; delivering both at scale across the Sustainability and Transformation Partnership and locally within each Local Care Partnership. The four key specialist functions will focus on Maternity Services, Children's Continuing Care, Special Educational Needs and Child and Adolescent Mental Health Services (CAMHS). These services carry the biggest risk in terms of patient safety and service delivery. Working via a matrix management arrangement each division will have a key lead role in ensuring services within the community and acute trusts are developed and transformed at a Local Care Partnership level.
- **Children and Maternity**
  - Hampshire and Southampton have been successful with their bids for Mental Health Support Teams within schools:
    - Each area will receive £720k per annum to fund the teams who will be supervised and recruited by the local CAMHS providers.

- In Hampshire the teams for wave 2 will be established in Havant and Gosport
- This will give a significant boost to support for children and young people in the selected areas; recruitment will commence and services will go live January 2020.
- SHIP (Southampton, Hampshire, Isle of Wight and Portsmouth) Local Maternity System has received £1.2m funding to progress development of digital care records in order to continue to transform maternity services for women. The funding will support the roll out of digital innovation and ensure continuity of care for all women.
- Transforming Mental Health Services for Children and Young People is our top priority and despite the significant challenges and long waiting lists, there have been some positive steps taken to improve services. The Safe Haven in Havant opened its door this month and the Think Ninja App is starting to be rolled out; alongside our focus on ensuring children with Autism have access to timely assessments following our investment of £1m last year. We have also supported the recruitment of Primary Care Mental Health Workers in schools.
- **Mental Health**
  - Crisis Services - Bids have been submitted to enhance crisis services across the STP geography. If successful, recruitment will commence to further develop capacity in existing Crisis Resolution and Home Treatment Teams, Psychiatric Liaison teams to move toward delivering a Core 24/7 service.
  - Out of Area Placement – CCGs are working closely with SHFT on the detailed plan to reduce out of area placements. A significant amount of the development already achieved is around more robust inpatient processes. Transformation funding applied for will, however, accelerate some creative planned changes around crisis alternatives, further investment to 111 to act as a single point of access step up/down provision that have come out of this work. A delivery matrix was submitted to the national team in June and a trajectory will be submitted by the end of July.

### 8.3 Ellen McNicholas highlighted the following:

- **Learning Disabilities** – One inpatient has been discharged to a home setting.
- **Continuing Healthcare (CHC)**
  - Be compliant with the National Framework for CHC and Funded Nursing Care:
    - 3 and 6 month reviews action plan is in place. Scoping exercise has been undertaken with operational managers to establish capacity required and availability to clear the backlog and be up to date with current reviews by March 2020.
    - Framework compliance – Disputes Policy has been reviewed and updated. Joint Operational Policy is in the process of being reviewed with Hampshire County Council.
  - Better resources:
    - Nursing Home framework has now gone live.
    - Key Performance indicators for complex patients commissioning has been agreed.
  - Better experience:
    - New interim process in place to speed up individual funding requests.
    - Full launch of Personal Health Budget (PHB) offer for care at home on pause with service focus on 28 day delivery, however team are putting in place new PHBs where they are requested.

**8.4** During a time of discussion the following comments were made:

- The CHC Team were commended for the work they have undertaken to improve and maintain the level of performance. It was reflected that there is a need to look in the longer term around the current level of resilience within the team and the resourcing of the team as they are currently working at full capacity.
- The Learning and Growth Group at their last meeting reviewed the workforce data and it was refreshing to see the realisation of all the efforts of CHC managers in reducing absence rates due to stress/anxiety/depression and as this is a reducing rate generally the managers and the team are to be congratulated.

**8.5 AGREED**

**The Board reviewed and noted the collaborative commissioning report and considered the associated risks and mitigating actions.**

**STRATEGIC OBJECTIVE 4:**

**Establish local delivery systems to deliver patient centred care closer to home which is integrated, prevention based, equitable and high quality**

**9. Local Delivery Systems Report (July 2019) (Paper WHCCG19/079)**

**9.1** The Board received a report which provided an update on progress against the core STP programmes and key priority work streams at a local delivery level, with a focus on:

- New care models through the implementation of five key interventions.
- Urgent and emergency care, including effective patient flow and discharge so that people only remain in hospital for the acute phase of their illness or injury, with timely transfer or discharge and the right support to maximise their independence.

**9.2** There are two Local Delivery Systems across West Hampshire: South West Hampshire covering the four localities of West New Forest, Totton and Waterside, Eastleigh Southern Parishes and Eastleigh North and Test Valley South, and North and Mid Hampshire, covering the two localities of Winchester and Andover in West Hampshire together with North Hampshire CCG.

**9.3** Rachael King drew attention to the following:

- Primary Care Networks – There are 13 Clusters in West Hampshire which as from the 1 July 2019 are known as Primary Care Networks. These are groups of GP Practices with populations of 30,000 to 50,000 working together alongside acute, community and the voluntary sector to deliver joined up care for local people. All Networks have appointed an accountable Network Clinical Director. A Primary Care Network Development Forum has been established and at its meeting on the 24 July 2019 met with representatives from community services to look at how to integrate teams. The Forum was also joined by Southampton City CCG Network Directors in order to build on the joint work that has already been undertaken. It was stated that a similar Forum will be established in North Hampshire in August 2019.
- Minor Eye Conditions – As of 1 July 2019 West Hampshire CCG has commenced a Minor Eye Conditions Service which means that patients with low risk chronic and acute eye conditions can access care at a local optical practice (Opticians) without the need to travel to hospital.

- Integrated Urgent Care – The bringing together of urgent care services to simplify access for patients and ensure they are seen by the right clinician, in the right place and at the right time for their needs is progressing. West Hampshire CCG recently awarded contracts for Extended and Urgent Primary Care Services, which will be known as Appointments+, and Urgent Treatment Centres with services commencing on 1 July 2019. The contracts have been awarded to local providers experienced in providing both urgent and non-urgent healthcare in the following locations:

*Appointments+:*

- Winchester Awarded to Partnering Health Ltd (PHL)
- Hedge End: Awarded to Eastleigh Southern Parishes Network (ESPN), a GP Federation
- Romsey and Totton : Awarded to Tri-Locality Care (TLC), a GP Federation
- Ringwood: Awarded to Partnering Health Ltd (PHL) as part of the Urgent Treatment Centre service.

*Urgent Treatment Centre – Lymington:*

- Awarded to Partnering Health Ltd (PHL)

Arrangements are in hand to promote the service and will be on-going.

- 9.4** Jenny Erwin highlighted that as part of the Outpatient Transformation Programme a bid for support was submitted. WHCCG has been notified that this bid has been successful and 'light touch' support has been allocated and will commence week beginning 5 August 2019.
- 9.5** Clarification was sought in respect of the minor eye conditions service as to whether there is enough capacity available to meet demand. It was responded that this is a developing position and the expectation is as the service moves forward more opticians will sign up. West Hampshire CCG is also closely working with the Local Optical Committee around expansion plans.

**9.6 AGREED**

**The Board reviewed and noted the Local Delivery Systems report (July 2019).**

**CCG DEVELOPMENT AND GOVERNANCE**

**10. Board Assurance Framework (Paper WHCCG19/080)**

**10.1** Heather Mitchell presented the Board Assurance Framework (BAF). The BAF is a high level, aggregated risk description of the risks that relate to the achievement of the CCG's strategic objectives. It is intended to provide assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives. *It only includes very high and high risks which are currently above their target risk score.* The Corporate Risk Register which informs the BAF was reviewed by the Corporate Risk Group on 18 June 2019.

**10.2** The BAF is based on the Strategic Objectives of the CCG.

- Quality and Performance
  - Constitutional standards / performance and key performance indicators, Delayed Transfer of Care

- Patient experience
- Workforce
- Financial sustainability
- Working in Partnership for optimum service delivery
- Developing Local Delivery systems
- Developing CCG workforce

A request was raised at the Board meeting of 23 May 2019 to include Strategic Communications and Engagement as a category of the BAF. This new category has been added to the BAF, however there are no current risks aligned to this objective.

**10.3** There are 9 new high risks:

- #630 Andover Estates and Technology Transformation Fund (ETTF): If the business case approval process is delayed this may impact on delivery of the scheme - 12.
- #633 Andover ETTF: If the increased costs of the new building are unaffordable, the services will not be prepared to relocate - 12
- #634 Andover ETTF: If the cost of equipping the new build is unaffordable, the service will be unable to relocate - 12
- #637 Andover ETTF: If planning approval is not granted, an alternative solution for Andover Health Centre will need to be found - 12
- #640 Andover ETTF: If timetable is impacted due to unforeseen issues this may impact on deliverability and cost - 12
- #642 If the Health and Social Care Network has not been fully funded and delivered by August 2020 penalties will be imposed by NHS England - 12
- #643 If we are unable to fund Primary Care Ad Hoc IT Requests/Bids - 12
- #644 If there is a delay in reviewing health assessments for Looked After Children - 12
- #646 If the risk assessments by Secure Care UK, secure transport provider, are not undertaken, or are not sufficiently robust there is a risk of harm to patients and staff - 12

**10.4** There is one risk which has increased its score and been added to the BAF:

- #215 Southern Health NHS Foundation Trust (SHFT) not commissioned to deliver national access targets for psychological therapy increased from a 9 to a 12

**10.5** There are 9 risks which have been downgraded and removed from the BAF:

- #145 If GPs are not able to access high quality training in adult safeguarding, then they may not meet statutory obligations
- #215 SHFT not commissioned to deliver national access targets for psychological therapy
- #270 If the health Multi-Agency Safeguarding Hub (MASH) are unable to sustain navigating the most complex cases
- #476 Safeguarding Children Teams Resource, Capacity and Succession
- #533 GP IT service provision
- #535 Hampshire Hospitals NHS Foundation Trust (HHFT) Governance processes and standards
- #548 If there is a lack of accurate Child and Adolescent Mental Health Service (CAMHS) performance and activity data
- #552 System Dermatology Capacity
- #567 Resources for delivering against the Digital Portfolio

- #602 Redesign of Andover Minor Injuries Unit to meet national Urgent Treatment Centre standards
- #616 No common dataset of information about all children eligible for Continuing Healthcare

**10.6** During a period of discussion it was:

- Stated that a link to the Strategic Objectives is the element of organisational change and it was agreed that a risk should be added to the risk register around structural/organisational change and managerial change. **ACTION: Mike Fulford (completed)**
- Highlighted that a recent HSJ headline had been around GP members challenging structural reform around CCG mergers and this adds another dimension to the changing landscape.
- Highlighted that last year the Board carried out a comprehensive review of the Risk Appetite Statement, which resulted in the Appetite being downgraded from High to Cautious. This is subject to an annual review. The Corporate Risk Group has reviewed the statement in its meeting on 16 June 2019 and recommends that the Board reaffirms its position. Following a period of consultation with Board members, this has been agreed. An overview of the Risk Appetite statements of partner organisations will be collated and shared with the Audit Committee at its next meeting in September. **ACTION: Mike Fulford (completed)**

**10.7** **AGREED**

**The Board reviewed the Board Assurance Framework as presented and were assured that all reasonably practicable actions are being taken to control and mitigate the risks to delivery of the strategic objectives.**

**The Board reaffirmed the CCG's Risk Appetite Statement as Cautious.**

**11. Other CCG Corporate Governance Matters (Paper WHCCG19/081)**

**11.1** It was reported that this month's update on corporate governance matters relates to the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board.

**11.2** Mike Fulford reported that there is a need to take stock of organisational issues and how we take forward Policies in wider collaboration with other CCGs. An update on how to take this forward will be provided at the next meeting.

**11.3** **AGREED**

**The Board agreed to note the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board, as detailed in the paper.**

## **INFORMATION**

### **12. Committees of the NHS West Hampshire CCG Board (Paper WHCCG19/082)**

#### **12.1 AGREED**

The Board received the approved minutes of:

- Clinical Governance Committee meeting held on 2 May 2019
- Clinical Cabinet meetings held on 9 May and 13 June 2019
- Primary Care Commissioning Committee meeting held on 25 April 2019

## **OTHER MATTERS TO NOTE**

### **13. Any Other Business**

13.1 There were no items raised.

13.2 Sarah Schofield thanked those who had attended and declared the meeting closed.

### **14. Date of Next Meeting**

14.1 The next Board meeting to be held in public is currently scheduled to take place on **Thursday 26 September 2019** at **Lyndhurst Community Centre**, Main Car Park, off High Street, **Lyndhurst**, Hampshire SO43 7NY

Signed as a true record

Name:

Title:

Signature:

Date

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DRAFT