

West Essex Clinical Commissioning Group Board Meeting in Public

Date: Thursday 26th September 2019
Time: 9am to 12.30pm
Location: Essex Studio, Zinc Arts, Ongar

Attendees:	Initials:	Role
Dr Rob Gerlis (Chair)	RG	CCG Chair
Andrew Geldard	AG	Chief Officer
Dr Kamal Bishai	KB	GP Board Member
Bobbie Graham	BG	Lay Member, PPE
Stephen King	SK	Lay Member, Governance and Deputy CCG Chair
Toni Coles	TC	Director of Transformation
David McConnell	DMcC	Lay Member, Primary Care
Dr Christine Moss	CM	Chief Medical Officer
Maggie Pacini	MP	Consultant in Public Health
Dr Ian Perry	IP	GP Board Member
Ian Tompkins	IT	Director of Corporate Services
John Leslie	JL	Interim Director of Finance, Contracting and Performance
Dr Angus Henderson	AH	Clinical Vice Chair
Cllr Gagan Mohindra	GM	West Essex District Councils Representative
Peter Wightman	PW	Director of Primary Care & Localities
Dr Amik Aneja	AA	GP Board Member
Jane Kinniburgh	JK	Director of Nursing and Quality
In attendance:		
James Roach	JR	Programme Director, Integrated Care
Simone Surgenor	SS	Head of Legal and Governance (Company Secretary)
Louise Thomas	LT	Assistant Director of HR & ODL
Caroline Durrell	CD	CETR Co-ordinating Manager (for item 077/19)
Juliet Matunge	JM	Care and Treatment Review Case Manager (for item 077/19)
Jess Thom	JT	Assistant Director CAMHS Commissioning (for item 077/19)
Olivia Rate	OR	Senior Transformation Manager, Acute Mental Health (for item 082/19)
Joanne Reay	JR	Senior Transformation Manager, Adult Mental Health (for item 082/19)
Apologies:		
Dr Jen West	JW	GP Board Member
Peter Boylan	PB	Special Advisor to the Board for Clinical Quality
Cllr Terry Cutmore	TCu	Member of Essex County Council
Duncan Forsyth	DF	Secondary Care Consultant
Members of the Public:		
Ray Woodcock		Member of the public
Andrew Smith		Member of the public
Fabrizio Ferrari		Public Health Improvement Officer, Epping Forest District Council

Item No	Agenda Item
074/19	Declaration of Interest
074.01/19	RG reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of West Essex Clinical Commissioning Group.
074.02/19	Declarations made by members of the West Essex Clinical Commissioning Group Board are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG's website at the following link: https://westessexccg.nhs.uk/news-and-publications/publications/registers-and-declarations/board-and-subcommittee-registers-of-interest
075/19	Minutes of Meeting of the West Essex Clinical Commissioning Group Board on 25th July 2019
075.01/19	The minutes of the meeting on 25 th July 2019 were agreed as a true and accurate record.
076/19	Matters arising from the minutes of the last Board meeting (not covered by the agenda)
076.01/19	062.42/19 – Essex wide neuro rehabilitation procurement – CM confirmed that an update was provided in the papers – action closed.
076.02/19	062.43/19 – extension to the premises at Thaxted – PW confirmed that further work is due for completion in October – action closed.
076.03/19	066.0519 – Patient Safety & Serious Incidents – JK confirmed that there were no serious incidents involving West Essex patients from Barts or Mid Essex in the last financial year. CM agreed to follow up West Essex footfall from Whipps Cross outside of the meeting – action closed.
077/19	Patient & Staff Engagement
	Care education and treatment reviews for children
077.01/19	JT, JM and CD attended the meeting to talk about the care, education and treatment (CETR) reviews for children under the age of 18 across Essex, Southend and Thurrock.
077.02/19	JM advised that she has a clinical background in children's and adult's mental health and was appointed under the transforming care agenda following national policy to improve services for people with mental health and autism.
077.03/19	When the team receive notification of a child requiring a review, a panel is put together to co-ordinate community services provision across the agencies with the aim to prevent hospital admission. NHSE commission inpatient care and when a child is admitted to hospital a member of the CETR team attends to co-ordinate hospital treatment and a community discharge plan.

077.04/19	The team work with agencies and professionals to expedite care for young people and assist with the challenges that professionals caring for them face. The team maintains an admission avoidance register for young people diagnosed with autism, LD and mental health and check the risk profile to ensure co-ordinated reviews are undertaken prior to reaching crisis point. JT advised that she attends strategic commissioning meetings when real life case studies are reviewed to identify gaps and assist the system across Essex in supporting children and their families to achieve improved outcomes.
077.05/19	DMcC declared an interest as he is Chair of an LD charity in West Essex and also has a son with speech needs and down's syndrome and queried what the team can do in practical terms to assist vulnerable children and the stress and strain this puts on the family. JM advised that the team focuses on the child's needs primarily and does not offer interventions but can listen objectively and recommend actions, following which a meeting may be set up with a family member to ensure that actions recommended have been followed up by relevant agencies.
077.06/19	GM declared an interest as an Essex County Council Cabinet Member and Governor of the National Autistic School in Chigwell and queried how the team measures the impact of their work and suggested an update is provided in around 12 months to discuss the improved outcomes alluded to earlier. JT advised that statutory guidance is based on admissions into tier 4 placements and this is higher than set in Essex. There is a robust process for CETRs and recommendations made are reviewed in circa 28 days and then 3 months to track progress and improved outcomes for the young person and their family.
077.07/19	SK declared an interest as Chair of the NHS 111 provider and queried the pathway through which people can access services to avoid attendance at A&E and how those referrals reach the team. JM responded that they receive referrals from specialist teams, primarily the crisis team and social care team working with disadvantaged children in schools. At the point when a child needs a CETR they will already be under the mental health team and will not have much GP intervention. The main reason children end up in A&E is because their needs are not adequately met in the social care domain.
077.08/19	AA queried how many children arrive at A&E as a result of the response time of mental health services. JM responded that all referrals are seen based on clinical needs. For Crisis there is a 4 hour wait to do an assessment and there have been 2 breaches in the last quarter.
077.09/19	The Board noted the work undertaken by the CETR team. Caroline Durrell, Juliet Matunge and Jess Thom left the meeting.
078/19	Chair's Report
078.01/19	RG reported that various meetings have been held across the 3 CCGs with regard to the JD for the Joint Accountable Officer (AO). The STP Chairs meetings and joint STP Chairs and CEO meetings continue as normal and he attended the quarterly East of England Chairs event.
078.02/19	RG advised that he is attending the fortnightly ICP Programme Board Meeting and also met with colleagues at ECC and PAH to reignite relationships.

<p>078.03/19</p> <p>078.04/19</p> <p>078.05/19</p> <p>078.06/19</p>	<p>RG, AG and PW held further meetings with the PCN Clinical Directors and these are key to progressing the system strategy.</p> <p>Two Professional Leaders Group meetings were held which enable the system to come together for discussion and to agree outcomes. The recent meetings focused on urgent care and frailty and planned care, including Right Care programmes and outpatients.</p> <p>Meetings have also been held with the 3 district councils and it is hoped to arrange a joint meeting. Three locality membership meetings continue to be held which RG, AG and PW attended to discuss the decisions the Boards need to make across the 3 CCGs and progression of the One Health & Care Partnership. Locality 'time to learn' sessions (previously 'GP shutdowns') were also held.</p> <p>RG presented KB with a gift and expressed thanks personally and on behalf of the Board for his support and hard work.</p> <p>The Board noted the Chair's report.</p>
<p>079/19</p> <p>079.01/19</p> <p>079.02/19</p> <p>079.03/19</p> <p>079.04/19</p> <p>079.05/19</p> <p>079.06/19</p> <p>079.07/19</p>	<p>Chief Officer Report</p> <p>AG thanked PW for undertaking his role while he was away in the Summer. He advised that long established plans in West Essex in relation to organisational integration are now progressing at pace and it is hoped to maintain the momentum and crystallise agreement within organisations.</p> <p>At an STP level there has been a great deal of activity in relation to the NHS LTP which was published in January. Via the STP all organisations within the STP boundary are bringing plans together for 2020 and beyond and in due course plans will be presented to the Board. Also within the STP discussions are taking place regarding configuration of an ICS with a number of integrated care providers (ICPs).</p> <p>Discussions regarding proposals for the appointment of a single AO across the 3 CCGs are ongoing.</p> <p>Locally in West Essex, discussions continue regarding the redevelopment / relocation of the existing PAH site and the pre-consultation business case will be discussed in the Private Part 2 Board meeting.</p> <p>With regard to primary care networks, the CCG is discussing the immediate tasks regarding national schemes in relation to direct enhanced services and also their position in the system in the future.</p> <p>A proposal will also be discussed at the Private Part 2 Board meeting to move the financial relationship with PAH from a payment by results system to fixed trade for a number of years.</p> <p>A paper will be presented later regarding the progression of the ICP and implementation of plans which have been discussed for some time. The CCG is also working with district councils to reinvigorate their involvement in the ICP and AG was pleased to see Fabrizio Ferrari from the Epping Forest Health & Wellbeing Board in the audience.</p>

079.08/19	The CCG is now being drawn into contingency planning for an EU exit at the end of October.
079.09/19	AG and RG have also been re-engaging with local MPs as plans being discussed will change the nature of the NHS locally.
079.10/19	AG then asked the directors to take the Board through the various sections of the report.
079.11/19	JK advised that the infection prevention and control update contained within the report covers the period from April to June 2019. There has been no change to the national zero tolerance approach to MRSA and WECCG continues to report zero cases.
079.12/19	A single infection prevention and control team across the STP is due to be implemented from 1 st October 2019 which will strengthen management approach and oversight.
079.13/19	The report notes that PAH reported 3 cases of measles during April and May 2019. The rise in cases is a national issue due to the low immunisation uptake. The cases were not directly connected and the Trust worked closely with Public Health England in implementing associated incident management processes.
079.14/19	There was national coverage of an outbreak of listeria linked to contaminated sandwiches and NHS England informed PAH's Catering Manager that PAH was one of 3 Trusts in the East of England which had been supplied with sandwiches from the company involved. PAH immediately withdrew the sandwiches and received no reports of listeria cases.
079.15/19	JK provided an update on the recent Invasive Group 'A' Strep (IGAS) reported at the last meeting and advised that as of 24 th September the outbreak appears to have been contained and there have been no further cases. WECCG has been stepped down from incident processes and Mid Essex CCG is working towards stepping down.
079.16/19	An external review was commissioned by PAH following a cluster of still births and neonatal deaths which were reported as serious incidents and dealt with on this basis. The external investigators reviewed each individual case and the Trust developed an action plan which will be monitored through the locality Maternity Quality Group.
079.17/19	CM reported that latest data on cancer waiting times shows deterioration in performance against the 62 day and 2 week wait standards, mainly due to capacity issues. The Trust has developed an action plan and is predicting recovery against the targets for November reporting, although due to a delay in data receipt this will not be shown until January 2020.
079.18/19	CM also advised that there is ongoing work at PAH regarding mortality which remains higher than expected and a new Medical Examiner has been appointed with responsibility for reviewing all deaths. It is hoped that the Trust's Chief Medical Officer will be available to attend the CCG Board meeting in November to present a report and key findings.
079.19/19	JK informed the Board that there has been no change in the overall nursing

	<p>vacancy position at PAH which remains at 24.6% and registered nurse recruitment remains ongoing. JK attended a conference earlier in the week when the Chief Nursing Officer advised that there will be significant focus at a national level on workforce.</p>
<p>079.20/19</p>	<p>JK met with colleagues from EPUT to discuss concerns regarding the high vacancy rates, particularly in the Epping area. The CCG considered a recruitment and retention plan presented by EPUT to be too generic and there will be further discussions on this issue.</p>
<p>079.21/19</p>	<p>The report refers to a CQC inspection of the Emotional Wellbeing Mental Health Service (EWMHS) in May. Since writing the report, JK advised that the CQC report has been published and the overall rating changed from 'good' to 'requires improvement'. However, this was a generic inspection and it is difficult to identify the EWMHS service specifically so JK agreed to provide a detailed summary of the report at the next Board meeting.</p> <p style="text-align: right;">Action: Jane Kinniburgh</p>
<p>079.22/19</p>	<p>The 10 commissioning partners across Essex will be undertaking a procurement exercise for future provision of children and young people's mental health services and the lead commissioning team has engaged the services of Healthwatch to source and train young people as mental health ambassadors to influence the future model of the service.</p>
<p>079.23/19</p>	<p>JK advised that the most common PALS enquiries continue to relate to appointment issues and requests for advice and information. Seven formal complaints were received during July and August 2019; 3 have been closed and 4 remain under investigation.</p>
<p>079.24/19</p>	<p>The CCG has received notification of a joint CQC and Ofsted inspection of Pan Essex services for children with special education needs to take place through the week commencing 30th September. The system is mobilising and there will be a session on 4th October to receive initial findings.</p>
<p>079.25/19</p>	<p>In terms of urgent care, TC reported that performance against the 4 hour A&E standard improved in July to 77.78%, however there was a slight drop in August to 76.54%. Significant workforce issues have an impact on urgent care performance and PAH are working with NHSE/I support to recruit to medical teams which it is hoped will provide benefit later in the year.</p>
<p>079.26/19</p>	<p>For the first time in July and August ED activity was above the original plan by approximately 2% and work is being undertaken to understand what is driving demand. Capacity in ED and assessment areas impacts on PAH's ability to improve ED performance. It is hoped that capital bids submitted through the STP for assessment capacity will be successful and discussions are being held with NHSE/NHSI for winter capital monies for the development of the urgent treatment centre.</p>
<p>079.27/19</p>	<p>Good progress continues on key indicators for urgent care. The Trust is operating above trajectory for reducing length of stay in hospital over 20 days and continues to keep delayed transfer of care below national requirements. Ambulance handover performance continues to improve and there has been a reduction in ambulance handover hours lost compared to the previous year. The Local Delivery Board still has oversight of improvement programmes and an overview of</p>

	performance.
079.28/19	The CCG met with PAH and NHSE/I to prepare for future assurance visits and we will have assurance calls with the national team as we are in the bottom category in terms of performance.
079.29/19	In relation to the contents of the paper around transformation programmes, at future meetings there will be a specific item for a particular transformation programme, and mental health will be covered today.
079.30/19	Priority over the last couple of weeks has been the development of system transformation plans. The work of the Expert Oversight Group (EOG) was presented to the Professional Leaders Group (PLG) to challenge whether the correct plans are in place to move activity out of the acute and into the community sector.
079.31/19	System transformation plans will be presented to the Board at a future meeting to provide assurance around the plans and how they support delivery of financial targets whilst linking to workforce and activity plans.
079.32/19	With regard to primary care, PW reported that GP Extended Access activity increased in August following underperformance in June and July. This is a standing item at membership meetings and from 1 st October 2019 Herts Urgent Care (HUC) hope to deliver the monthly activity to practices.
079.33/19	Provide CIC, which runs Steeple Bumpstead Surgery received an 'inadequate' CQC rating. Support was provided from Uttlesford Health and progress is being made on key indicators. The CCG also meets weekly with Provide to assure patient safety and contractual compliance. Following a procurement process the Primary Care Commissioning Committee met yesterday to review a proposal from providers who expressed an interest in running the service. The outcome will be reported to the Board to ensure a good long term service for patients in that area.
079.34/19	Primary Care Networks were successfully launched and 4 'time to learn' sessions were held, led by the Clinical Director for their group of professionals, which provided an opportunity for all health care professionals to understand what PCNs are hoping to achieve. The CCG is working closely with PCNs to deliver national and local requirements. Monthly meetings are held with each PCN as well as CEO and Chair level discussions with PCN Clinical Directors. The next objective of PCNs is to produce plans for the next 5 years working with colleagues from EPUT, district councils and the local hospital.
079.35/19	JL reported that the month 5 financial position is similar to month 4 and the CCG is still forecasting achievement of the year end financial control total. Some of the acute positions became more challenging in month 5 with increased costs across a range of providers. Patients requiring critical care have driven up costs resulting in removal of some flexibility in the position.
079.36/19	The CCG relies on prescribing data from the PPA on year to date spend and forecast spend to 31 st March 2020. We are still only receiving month 3 data and forecast spend has increased by £1.4m. The forecast is very volatile and there is concern at the level of increase at this stage of the year. The rationale for the increase is due to the increased cost and some category 'M' drugs which historically receive a rebate but is not now likely to be forthcoming.

079.37/19	In summary, the CCG is still confident that the year end control total will be achieved although flexibility has been removed as a result of cost shifts regarding prescribing and acute positions.
079.38/19	IT advised that the national NHS staff survey opens on 3 rd October. The first meeting of a newly formed Citizens Panel with colleagues across the NHS, district and county councils will be held in November.
079.39/19	The Epping Forest District Youth Council has been formed and a conference will be held in November to discuss health and care. The winter campaign will be launched over the next few weeks with colleagues across the public sector.
079.40/19	Further information on EU exit preparations will be provided in the Private Part 2 Board meeting. The membership approved version 7.7 of the Constitution which has now been formally signed off by NHS England and IT requested that thanks are recorded to SS. Questions / comments:
079.41/19	SK referred to the measles cases reported. He noted that regular reports from Public Health covering areas such as immunisation, smoking etc previously presented to the Finance & Performance Committee are no longer presented. It was agreed that this information should be reported and AG suggested that MP presents the information to the Executive Health & Care Commissioning Committee. Action: Maggie Pacini
079.42/19	In response to a comment from IP that the lack of nurses has impacted on his practice and a request to continue with funding to upscale HCAs, IT advised that workforce is a major issue and priority in whatever we do. There are plans for the first assembly of the One Health & Care Partnership to focus on workforce. TC also confirmed that a key part of work with EPUT regarding delivery of transformation plans relates to addressing the vacancy gap and engaging with the wider system to support a flexible workforce.
079.43/19	In relation to transformation plans, MP noted that there are opportunities around life style interventions and suggested that the next PLG focuses on long term conditions.
079.44/19	In connection with EEAST, RG noted that the ambulance is obliged to take a patient to the nearest hospital unless the GP asks for it to be diverted; however if a patient is under a different hospital this may result in disconnected care. TC responded that it is difficult for EEAST to engage with a number of systems due to resources and monthly meetings are held to ensure they are involved in transformation plans. Patients being taken to the nearest hospital will be driven by response time and the key issue is sharing of information regarding patients with the Ambulance Trust so they are aware of the patient's history. GM suggested that EEAST is invited to attend a future meeting to discuss what can be done to assist. TC noted that part of the issue relates to capacity and she agreed to liaise with EEAST to discuss at which meeting their attendance will have greatest impact. Action: Toni Coles
079.45/19	In relation to extended access, AH noted that it was helpful to have a HUC GP in

<p>079.46/19</p>	<p>his practice within hours. PW noted that where HUC had problems delivering appointments, there was flexibility from the national team that extended access service could include in-hours and extra primary care clinical service to support practices to be agreed with PCNs.</p> <p>SK declared an interest as Chair of the Stroke Association and queried the infrastructure for PCNs regarding social prescribing. PW responded that the Care Navigation Partnership is 70% commissioned by ECC and they recommended PCNs use their systems rather than employ their own social prescriber and the voluntary sector. There is a good infrastructure through Frontline website for any who are employed direct.</p>
<p>079.47/19</p>	<p>The Board noted the Chief Officer's report.</p>
<p>080/19</p>	<p>Update on the development of One Health & Care Partnership</p>
<p>080.01/19</p>	<p>JR gave a presentation to update on the One Health & Care Partnership (OHCP) which outlined the four big issues and priorities.</p>
<p>080.02/19</p>	<p>This provides the opportunity as a system to manage demand, tackle variation and transform local services to ensure that efficiencies and benefits are delivered to all partners.</p>
<p>080.03/19</p>	<p>An MoU has been signed by all partners within the OHCP which binds the partnership and demonstrates commitment to move forward. There is a strong clinical foundation on which to take integration forward over the next 5 years.</p>
<p>080.04/19</p>	<p>The OHCP has established 2 weekly meetings to drive actions forward and the 5 year transformation plan will set the vision for delivery. Once contractual and financial issues are agreed, governance will be developed.</p>
<p>080.05/19</p>	<p>The main priorities are delivery of key transformation programmes which will be discussed in greater detail in the Private Part 2 Board meeting.</p>
<p>080.16/19</p>	<p>The Board noted the update on the development of the One Health & Care Partnership.</p>
<p>081/19</p>	<p>PAH CQC Report Summary & update</p>
<p>081.01/19</p>	<p>JK presented a summary of the PAH CQC inspection outcomes, together with the full report which was published in July 2019. Whilst the Trust has made some improvements, the overall rating remains unchanged as 'requires improvement'.</p>
<p>081.02/19</p>	<p>JK advised that the table on page 2 shows the ratings and changes for the 5 key lines of enquiry. The rating for maternity services has changed from 'outstanding' to 'requires improvement' and the rating remained as 'requires improvement' for urgent and emergency services and medical care. Some issues that contributed to a breach of regulation at the last inspection had not been fully resolved and safety incidents were not always managed in a timely manner.</p>
<p>081.03/19</p>	<p>The Trust was rated as 'good' for caring overall and the summary report provides a synopsis under the headings of each area inspected.</p>
<p>081.04/19</p>	<p>The biggest area of concern relates to maternity services as the CQC considered</p>

<p>081.05/19</p>	<p>that the staff did not always have the necessary skills and competence and also identified issues regarding risk assessments and the quality of records. Maternity services have contributed to the development of a Trust wide action plan based on the CQC findings which will be monitored under the contract with updates shared with the Maternity Quality Group.</p> <p>JK agreed to chase the Trust for the strategic action plan currently being developed to ensure that actions are monitored and followed up.</p> <p style="text-align: right;">Action: Jane Kinniburgh</p>
<p>081.06/19</p>	<p>MP reported that she will follow this up as concerns had not been picked up by the Child Death Review Committee which is responsible for reviewing trends.</p>
<p>081.07/19</p>	<p>The Board noted the PAH QCQ report.</p>
<p>082/19</p> <p>082.01/19</p> <p>082.01/19</p> <p>082.02/19</p> <p>082.03/19</p> <p>082.03/19</p> <p>082.05/19</p>	<p>Mental Health Delivery Plan</p> <p>Joanne Reay and Olivia Rate joined the meeting.</p> <p>TC introduced JR and OR who attended to present the NHS West Essex Local Delivery Plan for Adult Mental Health Services. TC advised that the plan has been developed by JR and OR who have had a significant impact since they were engaged.</p> <p>OR advised that the purpose of the plan is to set out the work required at a local level to deliver the transformation of services as envisaged in the Five Year Forward View for Mental Health and the NHS Long Term Plan. The plan recognises local challenges as well as inter-dependencies with other services and commissioners and was developed in collaboration with stakeholders.</p> <p>OR talked through a presentation circulated to the Board and advised that key messages within the plan cover:</p> <ul style="list-style-type: none"> • The local need; • The case for integration of mental and physical healthcare; • The outcomes to be achieved through the transformation of services; • Progress to date; • Current challenges; • Priorities over the next five years; and • How services will be funded (including meeting the Mental Health Investment Standard). <p>The plan on a page sets out priorities over the next 5 years including engagement with primary care networks and moving towards a collaborative commissioning approach with local authority partners.</p> <p>All recent transformation bids were successful in relation to adult and older adult community mental health care, adult and older adult community crisis care and adult and older adult mental health liaison (based in acute trust), which provide a good platform to build on.</p> <p>In response to various queries raised, OR confirmed that the time in which a first appointment is offered will be dependent on the level of need. There is a</p>

<p>082.06/19</p> <p>082.07/19</p> <p>082.08/19</p>	<p>challenge nationally in recruiting mental health nurses and new models of delivery are moving to peer support with community support workers and the voluntary sector. Work is also being undertaken with providers regarding how to measure patient engagement.</p> <p>RG noted that alcohol, and drug abuse to a lesser extent, have a significant impact on mental health. JR confirmed that they will link with ECC who commission these services to support alcohol issues within hospital. TC also advised that following discussion at the Executive Health & Care Commissioning Committee the next mental health expert oversight group will undertake a deep dive into drug and alcohol to review interdependencies.</p> <p>OR advised that decisions will be locally led and based on the best available evidence with prevention and early intervention the key priority to improve outcomes. Substantial investment will be required to deliver the transformation programme and mental health schemes will be continually evaluated through robust data and feedback.</p> <p>The Board approved the NHS West Essex Local Delivery Plan for Adult Mental Health Services 2019 - 2024 and expressed thanks to OR and JR.</p> <p>Joanne Reay and Olivia Rate left the meeting.</p>
<p>083/19</p> <p>083.01/19</p> <p>083.02/19</p> <p>083.03/19</p> <p>083.04/19</p>	<p>STP Workforce Strategy</p> <p>LT presented an update on workforce across the STP. The STP published an overarching strategy for Herts & West Essex which consists of 6 work streams with further detail provided on each in the report:</p> <ul style="list-style-type: none"> • Attraction, recruitment and retention; • Workforce planning and supply modelling – to understand demand and supply; • Workforce redesign and development – to review different roles and ensure these are being used at the appropriate level to achieve maximum benefit; • Leadership and organisational development – a portal is being developed to enable access to all opportunities; • Temporary staffing – to develop a collaborative bank across the system for organisations to share resources; and • HR service review – to review support services and opportunities to share expertise <p>The work being undertaken links to the Interim People Plan which was launched earlier this year and sets out the ambitions for the NHS. There is national engagement to firm up the People Plan which it is envisaged will be finalised around January 2020.</p> <p>In response to a query from MP, LT confirmed that this relates to all staff in the NHS; however there is an urgent need regarding nursing shortages so there is a significant to focus on this in line with national plans.</p> <p>SK welcomed the report as workforce has been a significant issue for some time. He queried whether the workforce implications and training aspects around mental</p>

<p>083.05/19</p> <p>083.06/19</p> <p>083.07/19</p>	<p>health and physical health have been recognised which LT agreed to feed back. SK noted that each organisation is an independent employer and queried whether this creates risk as a system if staff move to a different organisation. LT advised that at present each organisation is a sovereign organisation. The LTP provides opportunities to work collaboratively which are being progressed and the STP currently has a host employer model.</p> <p>KB suggested staff that have left should be encouraged to return and LT confirmed that this is being factored into the recruitment and retention work stream.</p> <p>LT confirmed that Health Education England, the voluntary sector, carers and district councils are involved and work being undertaken with One Partnership also fits in with the National People Plan.</p> <p>The Board noted the STP workforce strategy update.</p>
<p>084/19</p> <p>084.01/19</p> <p>084.02/19</p>	<p>Constitution</p> <p>SS confirmed that a letter of authorisation has been received from NHSE/I and the new Constitution will be uploaded on to the website as soon as possible. Terms of reference will also be updated over the next couple of months.</p> <p>The Board noted the update on the Constitution.</p>
<p>085/19</p> <p>085.01/19</p> <p>085.02/19</p> <p>085.03/19</p>	<p>Emergency Planning Resilience & Response (EPRR) Quarter 1 report</p> <p>IT asked the Board to note the quarter 1 update supplied by the Essex CCGs' Head of Emergency Planning, together with progress against the emergency planning team's 2019-20 work plan.</p> <p>IT also advised that he will provide a further update on Brexit preparations in the Private Part 2 Board meeting.</p> <p>The Board noted the EPRR quarter 1 report and progress against the 2019-20 work plan.</p>
<p>086/19</p> <p>086.01/19</p> <p>086.02/19</p> <p>086.03/19</p> <p>086.04/19</p>	<p>Joint AO appointment</p> <p>RG reported that following the letter from NHSE/I, CCGs across the STP have now reached the stage to appoint a joint AO and establish a single executive team.</p> <p>He reminded the Board that their view was that it would be best if the person appointed had the capability of not just fulfilling the role of a joint AO for the CCGs but also takes on the role of leader of the STP.</p> <p>The 3 Chairs, together with the Chief Finance Officer at East & North Herts CCG, and the Director of Workforce and Organisational Development prepared a paper for the 3 Boards.</p> <p>The 3 Boards have now been asked for their view on the appointment of either a joint AO role incorporating the STP Chief Officer role or the appointment of a joint AO only.</p>

086.05/19	The STP will continue with the interim joint lead arrangements until a substantive post is recruited to. It is the intention to hold interviews on 18 th November and the panel will consist of the 3 Chairs, the STP Independent Chair and the Regional Director (East of England) NHSE/I. NHSE/I has requested to see the JD for this post which would require approval from Simon Stevens. Whilst it is a decision for the CCGs, NHSE/I would like the position to be a joint role.
086.06/19	If appointment is made to a joint AO across the 3 CCGs and the STP it is envisaged that the initial focus should be on the changing arrangements for the 3 CCGs for at least three months and no more than six months with the expectation of a merger in April 2021.
086.07/19	AG urged the Board to recollect discussions within the CCG over the last 12/18 months. He emphasised that this is a major step and significant issue for the CCG which should be considered alongside the papers being presented in the Private Part 2 Board meeting and forms part of a reorganisation of the NHS within our geography. The paper effectively refers to a single management team and shared governance with the expectation for a decision regarding a merger at a later date.
086.08/19	<p>The Board were asked for their views and the following comments noted:</p> <ul style="list-style-type: none"> • Due to the importance of the role it was considered that a recruitment specialist should be engaged in addition to advertising on NHS jobs and the Board supported a more active recruitment process beyond the local geography and local health. • Over the last 18 months AG & RG have been adamant in discussions that a single AO for the CCGs needs a clear vision of the ICS and ICP but they have failed to get agreement to this. • The draft JD does not provide clarity on whether the role is a joint AO with the STP or what the role needs to achieve. • There was discussion regarding the salary and the paper refers to a maximum but not preferred salary. The Board requested that the JD and salary should be overseen by the three Remuneration Committees. • There was a recommendation that timescales should be aligned to local ICP development. • A front sheet was circulated with a revised recommendation 1(a) which covers alignment to our integration project. • By the time of the selection process there will need to be harmony across the STP regarding the end state the individual is being asked to steer the 3 CCGs toward. • The paper refers to a single management team and only refers to 3 statutory posts: Chief Officer, Chief Finance Officer and Chief Nurse with a recommendation for a managing director in each locality, and West Essex working with the new Chief Officer would have control over the recruitment to the managing director. <p>Following discussion, the Board reviewed each recommendation and:</p>
086.09/19	<ol style="list-style-type: none"> 1. Agreed 1(a) with additional wording as follows: <ol style="list-style-type: none"> a) the appointment to a CCG Joint Accountable Officer role INCORPORATING the STP Chief Officer role and future ICS Chief Officer role would be acceptable to the CCG. It is envisaged that the

	<p>individual's initial focus will be on the changing arrangements for the three CCGs and this will be for at least three months but no more than six months;</p> <p>b) did not agree the appointment to a CCG Joint Accountable Officer role ONLY;</p> <p>c) did not consider the CCG's preference for option a) or b)</p> <ol style="list-style-type: none"> 2. Agreed recruiting the Joint AO role from the open market, advertising nationally via NHS Jobs - with the comment that the Board was keen to see a more proactive recruitment process including recruitment specialists. 3. Agreed the establishment of a single Joint Executive Team across all three H&WE CCGs, as set out in this paper – the Board's agreement extends only as far as Chief Officer, Chief Financial Officer and Chief Nurse. 4. Agreed the requirement to include a Place Based Executive Director / Managing Director for each CCG as part of the new Joint Executive Team. 5. Agreed the proposed maximum salary of £150,000 for the Joint Accountable Officer – the salary for the position attracted debate and the Board requested that the JD plus salary is overseen by the three Remuneration Committees. 6. Agreed the CCG would be prepared to be the Lead Employer for individuals appointed from outside the three CCGs or indeed would volunteer to be the Lead Employer – given NHS WECCG's current role as host for the STP it was assumed that the joint roles would be with that organisation on behalf of others. 7. Agreed a review of governance structures across the three CCGs to support the joint working of the three CCGs, with the aim of strengthening governance and improving decision making at lower cost. Proposals to be presented to Governing Bodies in due course; 8. Agreed NHSE/I's statement on the direction of travel towards merging CCGs within an ICS/STP into one organisation and the steps necessary, as set out in Appendix 3 of the paper; 9. Agreed the creation of a shared merger workstream to manage the process from pre-application planning through to the application and implementation of merger should this be agreed – the Board noted that this needs to sit alongside an STP delivery plan dealing with the emergence of an ICS and a number of ICPs/ICAs. In relation to the merger this process should aim for a practice vote in June 2020, Board decisions in July 2020 and a formal application in September 2020. 10. Within the selection process, the Board has requested a West Essex specific Stakeholder session. <p>Maggie Pacini and Jane Kinniburgh left the meeting.</p>
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087/19	Better Care Fund 2019/20 Plan
087.01/19	TC requested the Board to endorse the Essex Health & Wellbeing Board's Better Care Fund Plan for 2019/20.
087.02/19	She advised that on an annual basis the plan is signed off prior to submission to NHSE/I. The BCF has been in place for a number of years and was originally established to combine health and social care funds into a pooled budget to assist with the integration of health and social care. Contributions from WECCG are within our financial plan and elements relating to WECCG in terms of the BCF are summarised in the report.
087.03/19	A new element of the BCF plan for 2019/20 includes c£6m for winter pressures and the governance for the allocation and monitoring of expenditure for west local plans is through the West Essex BCF Working Group and the Local Delivery Board.
087.04/19	The Board agreed the Essex Health & Wellbeing Board's Better Care Plan for 2019/20.
088/19	Policy Summary report
088.01/19	IT presented the policy summary report which details 3 policies which have been approved by the sub-committees of the Board: Security Management Policy; Lockdown Policy and Business Continuity Management System and Policy.
088.02/19	The Board noted the Policy Summary report.
089/19	Red Risk Report
089.01/19	IT presented the report which contains the high level red risks from the CCG's Operational Risk Register. There are currently 7 red risks and the latest updates and amendments for September 2019 are indicated in red text. IT requested the Board approves the report and advises if there are any other mitigating actions or risks that should be included.
089.02/19	The Board approved the Risk Report.
090/19	Board Assurance Framework
090.01/19	IT presented the report and advised that the Board Assurance Framework will be reviewed and refreshed by November 2019 to provide the necessary assurances relating to risks to the CCG's strategic objectives.
090.02/19	IT requested the Board to approve the contents of the report and advise if there are any new risks to be included or additional mitigating actions on the risks identified. SK confirmed that the document has been reviewed and recommended by the Audit Committee.
090.03/19	The Board approved the Board Assurance Framework.

<p>091/19</p> <p>091.01/19</p> <p>091.02/19</p> <p>091.03/19</p> <p>091.04/19</p> <p>091.05/19</p>	<p>Board Committee Reports</p> <p>i. Finance and Performance Committee The Board noted the report and minutes of the meetings held on 25th June 2019 and 30th July 2019.</p> <p>ii. Quality Committee The Board noted the report and minutes of the meeting held on 2nd July 2019.</p> <p>iii. Executive Health and Care Commissioning Committee The Board noted the report and minutes of the meeting held on 20th June 2019.</p> <p>iv. Audit Committee The Board noted the report and minutes of the meeting on 17th July 2019.</p> <p>v. Primary Care Commissioning Committee The Board noted the report and minutes of the meeting held on 17th July 2019.</p>
<p>092/19</p>	<p>Date & time of next meeting</p> <p>The next meeting of the West Essex Clinical Commissioning Group Board will be held on Thursday 28th November 2019, from 9.30am, in the Council Chamber, Uttlesford District Council Offices, Saffron Walden.</p>

Glossary

A&E:	Accident and Emergency Department
BCF:	Better Care Fund
C.Diff:	Clostridium Difficile
CHUFT:	Colchester Hospital University Foundation Trust
CIP:	Cost Improvement Plan
CQUIN:	Commissioning for Quality and Innovation – a payment framework allowing commissioners to reward excellence
CQC:	Care Quality Commission
CO:	Chief Officer
CSU:	Commissioning Support Unit
CUHFT:	Cambridge University Hospital NHS Foundation Trust
DES:	Direct enhanced service
DoH:	Department of Health
EAU:	Emergency Assessment Unit
ECC:	Essex County Council
ED:	Accident and Emergency Department
EEAST:	East of England Ambulance Service Trust
EOG:	Expert Oversight Group
EPR:	Electronic Patient Record
EPUT:	Essex Partnership University NHS Foundation Trust – provider of community and mental health services for West Essex
EWMHS:	Emotional Wellbeing and Mental Health Service
HOSC:	Essex County Council's Health Overview and Scrutiny Committee
HSMR:	Hospital Standardised Mortality Ratio - An indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.
IAPT:	Improving Access to Psychological Therapies
ICA:	Integrated Care Alliance
ICP:	Integrated Care Partnership
ICS:	Integrated Care System
IUC:	Integrated urgent care
KPI:	Key Performance Indicator
LDB:	Local Delivery Board
MEHT:	Mid Essex Hospitals Trust, Chelmsford
MDT:	Multi-disciplinary team
MOU:	Memorandum of Understanding
MRSA:	Methicillin Resistant Strep Aureus
NHSE:	NHS England
NHSI:	NHS Improvement
OD:	Organisational Development
PAH:	Princess Alexandra Hospital NHS Trust, Harlow
PCBC:	Pre-consultation business case
PPE:	Patient and public engagement
PCN:	Primary Care Network
PMO:	Project Management Office
QIPP:	Quality, Innovation, Productivity and Prevention
RTT:	Referral to treatment
SHMI:	Summary Hospital-level Mortality Indicator - A hospital-level indicator which reports mortality at Trust level
SI:	Serious Incident
SLA:	Service Level Agreement
SPA:	Single point of access

SOC: Strategic outline case
STP: Sustainability and Transformation Partnership
VTE: Venous thromboembolism (deep vein thrombosis and pulmonary embolism)

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