

Meeting of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Governing Bodies held in Common

Tuesday 4 December 2018, 2.30pm – 5.00pm

The Waddington Suite, Bet 365 Stadium, Stanley Matthews Way, ST4 4EG

Unconfirmed Minutes

Members:			Quoracy	10/04/2018	01/05/2018	07/08/2018	04/09/2018	02/10/2018	06/11/2018	04/12/2018
Present:										
North Staffordshire CCG Voting Members:										
Dr Alison Bradley	AB	North Staffordshire CCG Clinical Chair (<i>Meeting Chair</i>)		✓	✓	✓	x	✓	✓	✓
Peter Dartford	PD	Lay Member – Patient and Public Involvement		✓	✓	x	✓	✓	✓	✓
Mike Edgley	ME	Lay Member		✓	✓	✓	✓	✓	✓	✓
Neil McFadden	NMcF	Lay Member – Governance		✓	✓	✓	x	✓	✓	✓
Dr Doug Robertson	DR	Secondary Care Board Member		x	✓	x	x	✓	x	x
Stoke-on-Trent CCG Voting Members:										
Dr Ruth Chambers OBE	RC	Stoke-on-Trent CCG Clinical Chair		✓	✓	✓	✓	✓	✓	✓
Tim Bevington	TB	Lay Member		✓	✓	✓	✓	✓	✓	✓
Dr John Gilby	JG	Clinical Director – Primary Care		✓	✓	✓	✓	✓	✓	✓
John Howard	JH	Lay Member – Governance		✓	✓	✓	x	✓	✓	✓
Margy Woodhead	MWo	Lay Member – Patient and Public Involvement		✓	✓	✓	✓	✓	✓	✓
North Staffordshire and Stoke-on-Trent CCGs' Voting Members:										
Dr Waheed Abbasi	WA	Clinical Director – Mental Health and Specialist Groups		x	✓	✓	x	x	✓	x
Dr Lorna Clarson	LC	Clinical Director – Partnerships and Engagement		✓	✓	✓	✓	✓	✓	✓
Cheryl Hardisty	CH	Director of Commissioning and Operations		✓	✓	✓	✓	x	✓	✓
Dr Latif Hussain	LH	Non-Executive GP Board Member		x	x	✓	✓	✓	✓	✓
Dr Steve Fawcett	SF	Medical Director		✓	x	✓	✓	✓	✓	✓
Heather Johnstone	HJ	Director of Nursing and Quality		✓	✓	✓	✓	✓	x	✓
Jane Moore	JM	Director of Strategy, Planning and Performance		x	x	x	x	x	✓	✓
Alistair Mulvey	AM	Chief Finance Officer		✓	✓	✓	✓	✓	✓	✓
Marcus Warnes	MW	Accountable Officer		✓	✓	x	✓	✓	✓	✓
In attendance:										
North Staffordshire and Stoke-on-Trent CCGs:										
Anna Collins	AC	Associate Director of Communications and Engagement		✓	✓	✓	✓	✓	✓	✓
Paula Freeman	PF	Executive Assistant (<i>Minutes</i>)		x	x	x	x	x	✓	✓
Gemma Smith	GS	Associate Director of Strategic Commissioning		x	x	x	x	x	x	✓
Lynn Tolley	LT	Head of Nursing, Quality & Patient Safety		x	x	x	x	x	✓	x
Paul Winter	PW	Deputy Director of Corporate Services, Governance and Communications		x	x	✓	✓	x	✓	✓
Staffordshire Single Leadership Team:										
Lynn Millar	LM	Director of Primary Care		✓	✓	x	✓	✓	✓	✓
Mark Seaton	MS	Managing Director – North Division		✓	✓	✓	✓	✓	x	✓
Sally Young	SY	Director of Corporate Governance, Communications and Engagement		✓	✓	✓	✓	✓	✓	✓
Public/Observers										
Simmy Akhtar	SA	Healthwatch Stoke-on-Trent		x	✓	✓	✓	x	x	✓
Dr Paul Scott	PS	North Staffordshire LMC Chair		x	✓	x	✓	x	✓	✓
112 members of public/press in attendance.										

2018/DEC/134	1. Welcome and Apologies for absence	Action
	<p>AB welcomed members to the public meeting of the North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies meeting held in common.</p> <p>Apologies were duly received and noted as above.</p>	
2018/DEC/135	2. Members' Declarations of Interest	Action
	<p>No further declarations of interest made</p>	
2018/DEC/136	3. Confirmation of Quoracy	
	<p>The meeting was confirmed as quorate for North Staffordshire CCG and Stoke-on-Trent CCG.</p>	
2018/DEC/137	4. Minutes, Action Sheet and Matters Arising	
	<p>The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies duly received and approved the minutes of the session held in public of the North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies meeting held in common on Tuesday 6 November 2018 subject to the following amendment.</p> <p><i>2018/NOV/122 – Accountable Officer's Report – second paragraph.</i></p> <p>Whilst the CCGs and NHS England's Midlands and East regional and North Midland's teams agreed the findings and recommendations of the independent review carried out by Deloitte into the CCGs' financial position, which included a forecast variance of £34.1m from the CCGs' deficit control total of £20.1m, NHSE has not agreed that this deficit is acceptable nor will the CCGs' combined control total be changed. As such, the CCGs are expected to improve upon the forecast variance and to make every effort to get as close as possible to the combined control total we have been set by the end of the financial year.</p> <p><i>Action List and Matters Arising:</i></p> <p><i>2018/NOV/120:</i> HJ clarified that the risk A1.38 relating to RTT will remain on the risk register.</p> <p>All other actions were noted as complete.</p>	
2018/DEC/138	5. Pre Consultation Business Case – The Future of Local Health Services in Northern Staffordshire	
	<p>AB explained that the aim of the meeting is to consider the Pre Consultation Business Case (PCBC) for the Future of Local Health Services in Northern Staffordshire and reiterated that the meeting is a meeting held in public not a public meeting. The meeting does not form part of formal consultation and decisions will not be made about implementation and is an opportunity for members of the public to ask questions with regard to the process so far.</p> <p>The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies were asked to approve the PCBC and agree to move forward to formal consultation. If agreed, to make the necessary arrangements for formal consultation to begin on 10 December 2018 for a 14 week period to 17 March 2019.</p> <p>GS and AC presented the proposal to include the case for change, how the options for consultation have been developed, provide reassurance that due process has been followed in line with legal requirements and statutory duties, and to provide an outline on the plans for consultation.</p>	

The North Staffordshire CCG and Stoke-on-Trent CCG Governing Bodies were given an opportunity to ask questions and discussion took place as detailed below.

AB asked what the process is should the two Governing Bodies not agree to move to formal consultation. SY clarified that each Governing Body is a statutory body in its own right and therefore able to make different decisions in line with the constitution.

AB questioned how the model of care will deliver better outcomes for patients, in particular for older patients and those with long term conditions. SF stated that clinicians have been involved at every stage. Care will be delivered based on patient needs via the hub in each locality and will enable patients to be treated closer to home, reduce hospital admissions and will support patients to keep as well as possible at home.

LH asked if there is clinical support for the model of care. LC provided assurance that there is good clinical support and stated that support and input has been provided across a whole spectrum of clinicians including doctors, nurses, and health care professionals. The GP membership has had input into the model of care and invested in providing the best care for patients. The West Midlands Clinical Senate, whose membership includes clinical experts and academics, has scrutinised the model, undertaken extensive review and site visits, to ensure that it is sustainable, safe and most importantly the right thing to do for patients. LH asked for a view of the Local Medical Committee (LMC). PS indicated that general practice forms a key part of the process which is still under review, and there needs to be a left shift in order to deliver from a general practice view point.

JH raised a query with regard to confidence in the 132 beds modelling. SF explained that the data has subject to external audit and the results were similar to the national best practice studies compiled by the Emergency Care Intensive Support Team (ECIST). Staffordshire has always been an outlier regarding the number of community beds in comparison to the national average of 55. The data takes into the account complex discharges and the number of patients that need hospital based care. Taking into account length of stay, the calculations have consistently been 132 and SF is therefore confident with the modelling. JH asked whether there will be any flexibility and SF confirmed that there will be surges and the numbers may increase or decrease and therefore flexibility has to be factored in.

ME commented that there is a busy few months ahead and questioned how the proposals align with the winter pressure plans. MW stated that the winter plan is the strongest plan in place for some time due to early engagement at the beginning of the year. Delayed discharges have reduced by 25% in comparison to this time last year which indicates that Home First is working and there is good flow through the hospital. Performance to date is good and currently stands at 88-89% which shows that the 'system' is working together effectively with fewer patients waiting. There has also been a huge improvement with regard to complex discharges. Due to the issue regarding the number of acute beds last year, an agreement has been reached with University Hospitals of North Midlands NHS Trust (UHNM) for an additional 64 beds to be available for January if needed. MW reiterated that weekly escalation meetings take place at Executive level and that the local authorities and Primary Care have been involved in capacity modelling for winter pressures.

PD asked whether NHS England (NHSE) has signed off the PCBC and is assured that the process is viable. GS explained that the CCGs have provided evidence to support the Department of Health 'five tests' which includes strong public and patient engagement, to provide patient choice and has a clear clinical evidence base. Letters of support have been received from stakeholders including UHNM, North Staffordshire Combined Healthcare NHS Trust (NSCHT), Midlands Partnership Foundation NHS Trust (MPFT), local authorities, Staffordshire Transformation Partnership (STP) and the Clinical Senate. Both NHSE and NHS Improvement (NHSI) are assured with regard to future capacity and financial implications.

RC asked how the options address health inequalities. JM explained that the CCGs have a statutory duty to address health inequalities and that modelling of services has been informed by extensive demographic and health inequality data which includes access to models of care, travel times to access care and patient outcomes in order to meet, manage and treat patients across Staffordshire and Stoke on Trent.

MW0 questioned how the preferred option for beds in care homes which scored lowest on quality and lowest by the public being mitigated. HJ stated that care homes have a role to play and that patient safety is paramount. Work is on-going with regulators to ensure that safe and strong processes are in place. The local authorities are also involved and information is shared as required with the Care Quality Commission. Additionally, a Care Home Strategy Group has been established which strives to raise standards and assesses work force training needs. HJ provided assurance that standards are mitigated satisfactorily. MW0 requested details regarding Quality Impact Assessments (QIA) and how they are monitored. HJ explained that QIAs are regularly monitored to ensure quality and safety of care. QIA panels are implemented at the end of each consultation period and continuously reviewed.

PD sought clarity with regard to the preferred option 6 around the commissioning of 55 beds in local care homes and whether this is a reasonable assumption on numbers, and as providers have pressures on a wider footprint would that cause additional pressures. GS stated that there would be a formal procurement process in place which would include a QIA panel prior to any decisions being made. Additionally, MPFT would ensure that suitable nursing cover and wraparound GP services were in place.

NMcF raised concerns regarding the geographical spread of care homes, specifically with regard to the Leek area. GS stated that this would be subject to the outcome of the procurement process, with the caveat that care homes would have to have either an outstanding or good rating.

TB asked for assurance that the Equality Impact Assessment is comprehensive and sufficient. AC explained that the 'Bracking and Brown Principles' form part of the Public Sector Equality Duty and is Common Law. The principles set out that: the duty is upon the decision maker personally and the decision cannot be delegated, the GB members must assess the risk and extent of any potential adverse impact and must be assured that there is sufficient information contained in the PCBC to progress to consultation.

SA asked why option 6 is the preferred option when it is evident that the public do not agree, and there are concerns regarding the quality of care within care homes. And secondly, asked whether there is sufficient workforce capacity within the community to support the model of care. With regard to the concerns raised regarding the preferred option, GS stated that all options were reviewed and scored based on the five criteria (meets need, clinical sustainability, quality care, accessibility and national and local strategy). The scoring methodology utilised has produced the deferred option, however there are five other options to be considered and there may be more as the process evolves. With regard to workforce concerns, GS recognises that further work needs to be done to address future workforce demands. The STP team will continue to analyse and support this work going forward in order to establish the roles necessary to deliver the model of care. GS reiterated that Home First has been successful in recruitment and utilises agency cover as necessary. PS commented that feedback from the LMC is that medical staff cover is an issue and suggested that sufficient financial investment needs to be in place from the outset. LM pointed out that additional cover is not included in core general practice.

PD asked what the process is to feedback the results of the consultation, and how this leads into the decision making process. AC confirmed that all responses either via on line survey, in writing, or in public meetings will be collated and kept in an on line 'safe place' and will be independently analysed and ensure due consideration to inform a Decision Making Business Case (DMBC). Regular updates will be provided via newsletters, email etc. The results will be published within 12 weeks after the consultation closing.

TB questioned whether Providers are confident with the proposed model of care. MW reiterated that the CCGs have worked closely with UHNM, MPFT, and the local authorities and regular assurance panels have taken place at Executive level.

LH questioned whether all of the options are cost neutral and if not, what are the implications. It was explained that not all options are cost neutral and there are some significant financial implications and investment to services, activity and workforce are all detailed within the

	<p>Appendices to the PCBC. All options have been financially appraised to ensure that they are affordable and viable.</p> <p>AB asked how risks will be managed around transition to the new model so that patients are not left vulnerable. JG explained that patient safety is vital to the decision making process and will not be compromised. There will be a robust implementation plan and assurance to commit to the current model until the new model of care is in place.</p> <p>To conclude, North Staffordshire CCG Governing Body agreed that they are satisfied that the the 'Five Key Tests' listed have been addressed, and that the options being presented for consultation do not have an adverse impact on patient safety, and approved the PCBC following the successful completion of the NHSE process to enable the CCGs to commence formal public consultation.</p> <p>and; Stoke-on-Trent CCG Governing Body agreed that they are satisfied that the 'Five Key Tests' listed have been addressed, and that the options being presented for consultation do not have an adverse impact on patient safety, and approved the PCBC following the successful completion of the NHSE process to enable the CCGs to commence formal public consultation.</p>	
<p>2018/DEC/139</p>	<p>6. Any Other Business</p>	
	<p><i>Questions from Members of the Public</i></p> <p><u>Chris Taylor</u> Does the Board feel assured by these proposals and how can the public feel assured?</p> <p>MW explained that a rigorous process has been followed and that NHSE have meticulously examined the PCBC in close detail. The West Midlands Clinical Senate has approved the model of care as well as GPs and patients. Numerous meetings have taken place, including external assurance. MW pointed out that no decisions have been made and that the consultation period has been extended from 12 to 14 weeks to allow for the Christmas period. This should allow people to have their say and public consultation meetings start in January. LC reiterated that the evidence has been reviewed at great length by the Clinical Senate to include both academics and managers to ensure that the proposals are safe and the right thing to do for patients. The NHS is at a point in time where things need to be done differently as medicine evolves.</p> <p><u>Janet Smith</u> Are we not concerned about readmission rates at UHNM as 28% are readmitted within 30 days and 50% within 90 days?</p> <p>MW responded that contractually re-admission rates need to be kept to a minimum. The statistics quoted are derived from a review of only 17 complex discharges out of 11,000 patients, whereas the CCGs analyse every patient discharge, and is therefore more than confident that there will be better outcomes for patients. SF commented that there is a difference between re-admissions and inappropriate re-admissions and they should be reviewed separately. These are frail elderly patients with complex needs and are therefore at higher risk of re-admission.</p> <p><u>Joan Alcock</u> When you see vacancies for care staff it says that no experience is necessary. Who is going to deliver the care to people with complex needs and end of life care?</p> <p>GS responded that Home First uses a mixed model, and MPFT employs band 3 posts which require a minimum NVQ level 2 qualification with a 4 – 6 weeks training period. With regard to nursing home recruitment advertisements, HJ commented that nursing and general care services are stretched and struggling to recruit to posts which mean that the local health economy like everywhere else has had no choice but to embrace different ways of working and provide opportunities to those who wish to pursue a career in caring. This often means training people with little or no caring experience to give them the opportunity to develop much</p>	

needed skills. LC stated that the CCGs have both clinical and quality responsibility to constantly review commissioned services.

Nicola Fyson

How are we going to ensure there is not abuse of the elderly? Elderly people may be too loyal or too frightened to report abuse. What independent advocacy services are in place?
HJ responded that there are robust safeguarding systems already in place, and the policies in place are well publicised.

Ian Syme

How is the process going to be open and honest?

MW confirmed that the consultation process will be open, transparent and honest.

Councillor Charlotte Atkins

How do you assure people that this is not finance driven but about better outcomes for patients? How will you ensure care homes will be less bed based?

LC responded that the financial situation is difficult, and whilst the consultation will not be finance based, the CCGs must commission services within the financial allocation set by NHSE. LC acknowledged that excellent care is provided in some Community Hospitals, and explained that care homes are not ward based and provide a setting much closer to the home environment which allows most patients to have their own rooms, be more active and socialise with others at meal times etc.

Eileen Sutton

How sure are you that you will be able to get people in post to deliver the infrastructure e.g. Nurses, GPs?

LM responded that the STP is working with all providers to transform health services across Staffordshire. A project is on-going within general practice to develop enhanced primary care hubs which will be located within each of the 23 STP localities and workforce needs is part of the project. The aim is to provide access to all services with quality outcomes for the whole population of Staffordshire.

Lesley Roberts

I have to question the premise that the frail elderly want to go home.

SF responded that the right service has to be in place for the right patient so that patients are confident with the care delivered in the home setting. The vision is that care is provided in a different way.

Michael Bevan

You have gone from long lists to short lists with the scoring system. Are you going to publish the scoring system?

AC responded that all scoring including financial information is included in the appendices section of the documentation.

Name not provided

Given that there is limited funding, why are we using porta cabins at the Royal Stoke which needs to be staffed when there are already beds available which cost nothing.

MW explained that the modular wards in place at the Royal Stoke are acute beds staffed by UHNM which are paid for directly by NHSE from winter capacity funding. The CCGs have not commissioned the additional beds.

Joan Buck

The County Council is cutting £35m off budgets and this affects people who have no transport to hospital appointments. Are you keeping an eye on what the Council is doing with regards to adult social care?

	<p>GS confirmed that both local authorities and the CCGs are working together to ensure that financial recovery plans are aligned as it is imperative that the CCGs understand the impact of any proposed service changes.</p> <p><u>Mike Cozens</u> Should I be concerned how many of the board members have taken questions from the floor? Do they really understand the proposals?</p> <p>PD responded that the GB members have been intensely involved throughout the process which has been on-going for nearly two years. In addition to the extensive clinical input, there has been sufficient challenge and engagement via Patient Congress which has also fed into the process. The GB is fully aware and understands the principles of the business case and whilst there are some minor concerns regarding delivery in some areas, the GB is assured that this is the right way forward.</p> <p>To conclude, AC explained that the details of the forthcoming Consultation Events would be published shortly and invited members of the public to get involved with the consultation.</p>	
2018/DEC/140	Date and Time of Next Meeting	
	Tuesday 8 January 2.30pm, The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD	

All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and actions carried out promptly without waiting for the issue of the minutes.

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, be recorded in the following meeting's minutes.

Signed: Position: Date:.....