**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PARTNERSHIP BOARD**

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 11 JANUARY 2018 AT 2.00PM**

**SOCIAL ENTERPRISE CENTRE, 84 WELLINGTON STREET, GRIMSBY DN32 7DZ**

**PRESENT:**

Mark Webb NEL CCG Chair

Tim Render Lay Member Governance and Audit

Philip Bond Lay Member Public Involvement

Dr David James Secondary Care GP

Rob Walsh Joint Chief Executive

Juliette Cosgrove Clinical Lay Member

Laura Whitton                                           Chief Financial Officer

Joanne Hewson NELC Deputy Chief Executive (Communities)

Jan Haxby Director of Quality and Nursing

Joe Warner Managing Director – Focus independent adult social care work

Helen Kenyon Deputy Chief Executive

Stephen Pintus Director of Public Health, NELC

Councillor Hyldon-King NLEC Portfolio Holder

Dr Peter Melton Chief Clinical Officer

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Councillor Wheatley                                NELC Portfolio Holder

Dr Arun Nayyar GP Representative

**APOLOGIES:**

Dr Rakesh Pathak GP Representative

Dr Derek Hopper GP Representative

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Eddie McCabe Assistant Director – Contracting & Performance

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

The Chair reminded committee members of their obligation to declare any interest they have on agenda items which may conflict with the business of NELCCG.

Declarations declared by members of the Partnership Board are listed in the CCG’s register of interest. The register is available on the CCG website. <http://www.northeastlincolnshireccg.nhs.uk/data/uploads/publications/declaration-of-interest-register-2016-17-april-sept.pdf>

There were no declarations of interests from those in attendance.

1. **APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 9 November were agreed to be a true and accurate record.

The Board noted that this is the last meeting for Dr Derek Hopper, following his resignation from the NELCCG Partnership Board. The Board expressed their gratitude for Dr Hopper’s many years of service. Over the past 20 years, Dr Hopper has contributed greatly to the organisation and to the people of North East Lincolnshire. Dr Hopper’s dedication and commitment to the population of North East Lincolnshire is unrivalled, and he will be sorely missed by all at the CCG, and the partners. The CCG thanks Dr Hopper for all he has done and send their very best wishes for a happy retirement.

1. **UPDATE ON WORKING RELATIONSHIPS DURING THE TRANSITION**

The Board were informed that work continues with the Union Board, and members are currently discussing what should be included in the new Section 75 agreement, as well as discussing the governance arrangements required for the creation of a new Board. A lot of work is being carried out behind the scenes, and more information will be reported to the Board in the coming months. The Board were updated that Partnership Board Workshops would no longer take place as this time was now being taken to develop the Union Board.

**The Board noted the update on working relationships during the transition.**

1. **OPERATIONAL PLAN (INCLUDING FINANCIAL PLAN AND QIPP)**

The Board were presented with an update of the Operational Plan. The updated guidance is yet to be released. Indications are that it is will be a refresh of the 2 year plan submitted in 17/18; with no significant changes; and more aligned to the STP plans.

The Board noted the position of the financial plan:

A high level refresh of the CCGs plan has recently been undertaken to reflect the 2017/18 FOT and any recurrent impact that this has had on 2018/19 and beyond. The key changes since the completion of the 2 year plan in December 2016 being:-

* Agreement of the Aligned Incentive Contract with NLAG
* Deterioration in the financial position at both NL CCG & NLAG
* Significant deterioration in the RTT performance
* Release of the iBCF funding (£3.6m in 17/18, £2.2m in 18/19 and £1.1m in 19/20)
* Move to fully delegated Primary Care Budgets (Apr 18)

The Board noted the 2018/19 financial overview of the Autumn statement announcement:-

* Living wage uplift of 4.4% £1.5bn package to “address concerns” about delivery of the universal credit
* £2.8bn funding for NHSE (Winter £350m, £1.6bn in 18/19 & balance in 19/20)
* No extra funding for nurses pay. Although guarantee that if in future a pay increase is recommended by independent body there will be new money.

QIPP plans need to be finalised, these will build on the work already started in 2017/18 and will focus on working more efficiently / cost avoidance to the system as a whole.

* Right Care (Cardiology, Respiratory & Gastro)
* Support to Care Homes
* Prescribing

The Board noted that the NLaG contract model for 18/19 is yet to be agreed, but is likely to be a revised form of Aligned Incentive Contract. Three local finance leaders have established broad agreement on the parameters, principles and approach for 2018/19, with a more detailed proposal being worked up by the end of January 2018.

**The Board noted the update on the Operational Plan.**

1. **CHANGES TO THE QUALITY COMMITTEE AND THE IMPACT ON THE DELIVERY ASSURANCE COMMITTEE AND CARE CONTRACTING COMMITTEE**

The Board were presented with a proposal to make changes to the Quality Committee. There have been concerns that the current arrangements mean that the CCG looks at quality in isolation of other agendas like service delivery and performance which are intrinsically linked to quality. Because these agendas are linked, there is often a focus on the same issues within Delivery Assurance Committee (DAC), Care Contracting Committee (CCC), and the Quality committee and there is likely to be repetition of discussion at the three committees.

The proposal is to divide the current Quality Committee agenda into 2 clear categories: 1. Strategic quality agenda items and 2. Clinical Governance agenda items. Category 1 items would merge the more strategic quality issues from the Quality Committee with the CCC/DAC meetings/Council of Member meetings. Category 2 items would separate out the clinical governance agenda items and would require a dedicated Clinical Governance Commissioners group. This group will report to DAC/CCC or directly to the Board, this is still to be determined. All meetings would require the correct and appropriate membership.

The Quality Committee members generally support this proposal whilst requiring assurance that the focus on quality would not be lost and absorbed into the CCC or DAC’s focus on performance and service delivery. A final proposal will be brought to the Board for approval, with an aim to accommodate any changes by April 1st 2018.

**The board were happy to progress with the planned changes as outlined in the verbal update.**

1. **RISK AWARENESS / ASSURANCE**

The Board were presented with an update on Risk awareness and assurance.

Risks are identified as Strategic risks (BAF); fundamental to achieving the Business Plan and related to operating environment where Board has limited control; and Operational risks (reported on at SMT); within the control of senior leadership team. There are currently 7 risks on the BAF and 25 risks on the risk register. Risks are regularly updated to include any new issues, and “drop off” anywhere the mitigation has already been effective, and they are reported to the Senior Team Quarterly.

The Board noted that four risks were in the above 15 category, and discussed if this was appropriate. The Board agreed that the risk associated with the CCGs duty to consult should not be recorded at this level due to the processes that the CCG has in place, it was felt that the risk was rated highly due to the risk in relation to NLaG and relate to the fragile services linked to NLaG’s activity. The CCG have statutory responsibilities, but the risk rating being this high is not articulating the correct risk for the CCG.

**The Board noted the update on Risk awareness and assurance.**

1. **COMMISSIONING AND CONTRACTING REPORT**

The Board were presented with a paper to update on key pieces of work undertaken by the CCG in relation to commissioning and contracting activities, and update on key areas of performance as highlighted by Board Sub committees. The paper was taken as read with the following items highlighted to the Board.

The Care Contracting Committee have agreed to the procurement for the NEL Carers Support service which expires in March 2019. The contract has been in place for 5 years by the end of its term and was sourced via open procurement. The service delivery is good but given the value of the contract and the potential market the CCG will need to re-procure as per regulations.

Council of Members have agreed to give NLaG more time to improve the Ophthalmology service. The service will be monitored closely, with targets in place that need to be met over the coming months. The Board were assured that if improvements in performance do not occur, this decision can be reversed.

The first tranche of procedures of low clinical value, approved by Humber CCG’s, will be added to contracts. The policies have been to the IFR GP panel, Council of Members and the STP Clinical Advisory Group which has representation from all stakeholder clinicians. The go live date is 1st January 2018. NHSE is looking nationally at all policies over the next few months as part of a programme of alignment. All policies will be available on the CCG website, and GP’s will be able to refer patients directly to the website.

The National Planning guidance has yet to be announced, so 2 year NHS contracts will be updated in line with the national contract variation document just released. These are expected to be completed by the 1st February 2018.

The Board were updated that Ashgrove residential home continues to be closely monitored while working to the action plan provided. All staff involved were thanked for their commitment in supporting patients during the move. This proved to be an excellent example of how staff can work together.

The roll out to Croft Baker Ward has been delayed due to the IT provider portal not being up and running. In order to progress the model, Focus and the CCG have agreed to go ahead with Phase 2 of the pilot with manual invoicing from 9th January.

**The Board noted the information about the issues raised in the report.**

1. **INTEGRATED ASSURANCE & QUALITY REPORT**

The Integrated Assurance and Quality Report was presented to the Board. This report advises the Partnership Board of how the NELCCG are performing against;

• six domains developed for the performance dashboard;

• three domains developed for quality dashboard and;

• six domains for risk.

The dashboards are managed via the Delivery Assurance Committee, the Quality Committee and the Integrated Governance and Audit Committee. The report was taken as read with the following areas highlighted.

The Board were updated on the Women and Children’s performance. As the measures outline, the highlights include year to date performance in unplanned hospitalisation for; asthma; diabetes and epilepsy in under 19’s is in the Best to Median quartile (it was noted that current pressure may affect performance); and Total Emergency admissions for children with Lower Respiratory Tract Infections. There are challenges in the Friends and Family test, and Breastfeeding initiation rates.

Adult Social Care outcomes framework measures how well care and support services achieve the outcomes that matter most to people. NELCCG has performed significantly better that both the England and cluster average on; Access to information – carer; at home 91 days after re-ablement; delayed transfer of care; and LD in paid employment. Areas where the CCG performed significantly worse than the England and cluster average are; ASC overall satisfaction, and ASC people who feel safe.

The Quality Escalation items were taken as read, with the following concerns highlighted to the Board.

NLaG is on Enhanced quality surveillance and remains under special measures due to finance and quality. The Trust remains in enhanced quality surveillance because sustained improvement in quality has not yet been achieved across a range of services. NELCCG continue to monitor the Trust on key areas; e.g. Long waiting times, A&E services and Maternity Services etc. since the Section 29A Warning Notice was issued to the Trust in January 2017. The CCG are undertaking site visits, and are seeing improvements in some areas, but not in all areas required. A Clinical Harm team are tasked with a large piece of work to engage with GP’s in carrying out clinical harm reviews.

NLaG have reported higher than expected mortality rates. The Trust have established a strategic mortality group, and NLaG are engaging clinicians to enable this to move towards a clinician led meeting, and assure that those involved have the commitment to take this forward.

The following items have been escalated from the Quality Committee meetings. The Quality Committee Membership would like to escalate to the board the significant improvement journey the CCG intelligence systems and processes has progressed on over the last few years. The quality of the information received and shared at the Quality Committee was recognised as excellent by the Committee Members. The increase in incident activity has provided a wealth of intelligence for commissioners, but members recognise that there could be a risk to sustaining management of the process within the Quality Teams capacity. The Quality Team are currently reviewing this and are considering different ways to manage the process to ensure levels of intelligence are maintained but the incident process remains manageable and appropriate.

The Quality Committee ratified the NELCCG IPC Strategy 2017-2020. The Committee would like to escalate to the Board the complexity and scale of the strategy which has been agreed to be delivered by the Quality Team in conjunction with colleagues, providers and partners. The Quality Committee has agreed to receive and monitor 6 monthly reviews on progress and the impact of the delivery of the strategy until the close of the strategy period.

The CCG is 98% compliant with Prevent. There is a directive from NHS E that all NHS Trusts and Foundation Trusts should be 85% compliant with Prevent training by March 2018. NLaG currently has a compliance rate of 15.7% for face-to-face WRAP training and 75.3% for basic awareness. There is a significant risk to the Trusts achievement of this requirement. NEL CCG has sent a letter to providers to request assurance of Prevent arrangements and an action plan to address any outstanding issues.

The Customer Care team are looking at different ways of capturing and recording service compliments. The CCG is currently working with MP’s to smooth the Customer Care process.

The Quality Committee membership would like to make the Board aware of what could be a potential financial risk with regards to excess treatment costs. The management and allocation of excess treatment costs budgets is being deliberated by NHSE. Currently CCG’s are allocated a fund for excess treatment costs, when/if the fund isn’t fully utilised it is absorbed by the CCG. If NHSE decide to remove the fund for excess treatment costs, to be managed by NHSE, the CCG would no longer be able to absorb the unutilised funds for other purposes. We await the outcome of the review and will update the board and Quality Committee on the outcome.

NEL is an outlier for Primary Care involvement in research and practices being research ready. The Northern Lincolnshire Research and Development Meeting is working to improve this position. The CCG are considering and working on other ways to move this position forwards e.g. events for primary care to promote research activity, links into the PTL and the Quality Incentive Scheme for next year.

**The Partnership Board noted:**

* **judgements made against the domains of the dashboards**
* **the CCG Risk Management framework has been reviewed/refreshed and is shared with the committee on how we manage risks.   Risk management is an increasingly important business driver and stakeholders have become much more concerned about risk. Risk may be a driver of strategic decisions, it may be a cause of uncertainty in the organisation or it may simply be embedded in the activities of the organisation. This framework aims to provide strategic direction, guidance and good management practice regarding embedding an integrated risk management approach, ensuring it is central to all CCG business, detailing clear lines of accountability and organisational responsibilities and arrangements.**
* **the Annual risk management reviews took place during June/July with the risk manager and risk assignee, with yet again a positive outcome.    The purpose of these sessions are to provide the opportunity for Managers/Assignees to work together to review their risks paying particular attention to the risk ratings/internal controls and look at ways of improving our risk registers.  This is also an opportunity to undertake an internal confirm & challenge and monitor static risks, for example if the risk rating of a risk hasn’t changed within the last 12 months, to evaluate whether the risk remains relevant and if so what actions will be taken.**
* **the Women and Children’s performance update**
* **the information on Adult Social Care performance 2016/17**
* **further feedback on ways to improve the report**

1. **WINTER AND IU CARE**

The Board were provided with a verbal update in relation to Winter and IU Care. The Board have previously been updated that health care teams were focusing on three areas to keep the system working: Pre-hospital - Integrated Urgent Care; In Hospital; and Discharge and onward care.

Both North Lincolnshire and North East Lincolnshire have worked extremely hard together over a period of challenging weeks. Daily reporting is taking place. EMAS are identifying those in the community they could support better, and at the scene, as pre-hospital avoidance performed least well. Overall, the CCG are pleased to report that performance in Quarter 3 and Quarter 4 is 90.6%, last year 85% was achieved, which shows a significant improvement.

The Board were updated that the bid for £4m extra funding submitted to NHSE has resulted in receiving £2.4m extra funding.

There is on-going dialogue with the 111 team, and the single point of access team, as part of integrated care. The CCG are pleased to report that a sub group has been established to work through the changes that need to be made.

**The Board noted the update on Winter and IU Care.**

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial position up to November 2017, and the financial risks that need to be managed in the remainder of the year. The Paper was taken as read with the following issues highlighted.

The CCG is on track to achieve both its planned operating position and its NHSE Mandated Surplus, however this is dependent on a number of significant risks / pressure being effectively managed in the remainder of the year.

With regards to St Hughes, the Board were updated that further work has been undertaken regarding activity increases in the year to date, this has highlighted an overcharge, and a credit has been received and the overcharge rectified.

There has been a reduction of £150k in the expected QiPP savings, relating to the late start of the Community Pharmacy Scheme. The Board discussed the on-going issues with GP practices accessing drugs for patients. It was agreed that this would be raised as a concern with the local MP’s in order the raise the topic at a national level.

*Dr Maliyil left the meeting.*

A meeting has taken place between North Lincolnshire & Goole FT and the 2 south bank CCG’s to progress agreement of a year-end position. The meeting concluded positively with a joint understanding of the scale of the financial gap/risk that needs to be managed and a clear plan for resolution during January. Latest indications are that NEL CCG’s share of any risk will be £2m and the CCG has plans in place to mitigate the impact of this risk.

**Action: The concern regarding local GP practices having difficulties accessing drugs to be raised at the next meeting with the two MP’s for our region.**

**The Partnership Board noted the financial position as at November 2017; and the financial risks that need to be managed in the remainder of the year and the actions being taken to do this.**

**12. UPDATES:**

**STRATEGIC ISSUES UPDATE**

*Tim Render left the meeting.*

The Board were updated that Union continues to develop, and members are working on understanding the Section 75 agreement and how this gives the Union a legal framework to work together now and in the future. There is lots of interest from outside our area on what we are achieving, bringing two large organisations together, and spreading the message of how we are making this work is important to our profile. Further information will be presented at a future Board meeting in due course.

**COMMUNITY FORUM**

The Community Forum recently discussed the Union Board, all attendees were extremely interested in how democratic accountability comes into the discussion.

*Tim Render re-joined the meeting.*

**COUNCIL OF MEMBERS**

The Council of Members have recently debated the Ophthalmology service across North and North East Lincolnshire. It was noted that an informative presentation was provided, and a clinician-led, well engaged debate followed. All felt encouraged with the debate, and that progress was being made.

**13. ITEMS FOR INFORMATION**

1. Quality Committee meeting minutes 10 Aug 2017

The minutes of the Quality Committee meeting held on 10 Aug 2017 were noted.

1. Quality Committee meeting minutes 12 Oct 2017

The minutes of the Quality Committee meeting held on 12 Oct 2017 were noted.

1. IG&A Committee meeting minutes 1 Sep 2017

The minutes of the IG&A Committee meeting held on 1 Sep 2017 were noted.

**14. QUESTIONS FROM THE PUBLIC**

*Question 1: With new reports of extended waiting lists, mortality rates worsening and missing discharge letters, are the Board assured that patient and community services are fit for purpose at NLaG? Healthwatch are not assured that services are fit for purpose.*

The Board responded that the concerns raised are all areas currently being reviewed and addressed by NLaG following the CQC report. The Board recognises that the current level of quality is not where it should be, and that there needs to be additional resources to improve services. The CCG have confidence that the Trust have individuals in place working on these issues and that NLaG are indeed working more effectively. The CCG believe that NLaG are responding to the criticisms, but noted that improvements will take time. In terms of cancer waiting times, NLaG are ahead of their plan, so there are areas were significant progress is being made.

The Board fully accepts the question raised, and are indeed unhappy regarding the lack of transparency of the waiting lists and missing discharge letters issue, and this is indeed being raised with NLaG as an unacceptable occurrence.

*Question 2: There is currently only 1 MS nurse in the region, which leaves 1000 people relying on the services of that 1 person. I appreciate there are recruitment issues, but the MS Society are most displeased with the lack of specialist medical knowledge to deal with patient needs. People are having to travel to Hull to receive care.*

The Board thanked the representative from the MS Society for attending the Board. The CCG are currently liaising with Sheffield and York as to how we can provide a sustainable service. Sheffield currently has no capacity to support, and Hull have their own issues, so the CCG are experiencing difficulties in recruiting a specialist health provider. The CCG have spent a lot of time discussing and reviewing Neurological services within our region, and an acute work stream has been established as Neurology is classed as a high priority area. Helen Kenyon will raise this again at the next STP meeting.

The contact details of the representative of the MS Society will also be passed to Donna Redhead, at the CCG, to discuss the situation further, update on the work being undertaken by the CCG, and discuss how the CCG could help.

**Action: Contact details pass on and HK to raise Neurology at the next STP meeting.**

1. **DATE AND TIME OF NEXT MEETING**

Thursday 8 March 2018 2pm to 4.30pm Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ