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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 12th JANUARY 2017 AT 2.00PM**

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

**PRESENT:**

Mark Webb NEL CCG Chair

Jan Haxby Director of Quality and Nursing

Tim Render Lay Member Governance and Audit

Philip Bond Lay Member Public Involvement

Dr Arun Nayyar GP Representative

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Rakesh Pathak GP Representative

Councillor Patrick Portfolio Holder for Finance and Resources

Councillor Hyldon-King Portfolio Holder for Health, Wellbeing and Adult Social Care

Joe Warner Managing Director – Focus independent adult social care work

Dr David James Secondary Care GP

Juliette Cosgrove Clinical Lay Member

Stephen Pintus Director of Public Health, NELC

Helen Kenyon Deputy Chief Executive

**APOLOGIES:**

Dr Peter Melton Chief Clinical Officer

Joanne Hewson NELC Deputy Chief Executive (Communities)

Nicky Hull Primary Care Professional

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Lisa Hilder Assistant Director for Strategic Planning

Lauren King Children’s Health and Commissioning Lead

Michelle Thompson Assistant Director - Women’s and Children’s Services

Angie Dyson Service Lead Disability and Mental Health Team Care and Independence

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 10 Nov 2016 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted.

1. **ANNUAL REVIEW OF PARTNERSHIP BOARD TOR**

The Board were presented with a report to agree the terms of reference for the Partnership Board. It was noted that all Board members must adhere to the CCG’s Constitution and Standards of Business Conduct / Conflicts of Interest policies, together with NHS England statutory guidance on managing conflicts of interest.

The changes were noted and agreed by the Board.

**The Board agreed and approved the Committee’s TOR prior to approval and ratification.**

1. **RETROSPECTIVE APPROVAL FOR USE OF CCG SEAL**

The approval of the Partnership Board was sought in retrospective following the use of the official seal. The seal has been used once during the period April 2016 – January 2017.

**The Board noted and approved, in retrospect, the use of the official seal.**

1. **OPERATIONAL PLAN SUBMISSION**

The Operational Plan submission was submitted to the Board, and taken as read. The report summarises the CCG’s Operational Plan Submission 2017-19 as developed in the third quarter of 2016/17 with input from key stakeholders. The following points were highlighted to the Board.

Significant strides are being made in relation to a number of areas of service delivery. The CCG’s work in relation to supporting people with Learning Disabilities is leading the way in the field; there are good success rates of Dementia diagnosis; and the positive work being undertaken around the National Diabetes programme were highlighted to the Board. There are challenges related to performance around A and E, with a recovery plan being put in place to return to the desired performance.

The HCV STP links closely to the NEL CCG Operational plan, and the CCG are fully engaged in the development and delivery process for the STP.

The CCG have developed an action plan to support recovery of the RTT position mainly focused on sourcing additional capacity with alternative providers.

It was raised if the Table on Page 10 of the report should read “under 92%”. LH will clarify this for the Board.

*Dr Maliyil, Steve Pintus and Dr Melton joined the meeting.*

The Chair asked that when the document is produced for the public it is noted that there clearly are challenges, but that the public should not lose sight of the positives achieved in the most challenging time in the history of the NHS.

The Board were updated that from a financial perspective the plans show the CCG are in a balanced financial position, which is a requirement that the CCG must adhere to. A protected fund of 1% is built into the financials. Half of this fund can be used locally on a one off basis to support transformation changes, the other half will go into a larger risk pool. The CCG have submitted the balance position and there are a number of key risks to manage. A number of saving schemes have started which has formed part of the contractual discussions with providers. The CCG are reasonably assured that the plans are well developed, but monitoring for the next 12 months will occur. The Board noted that the work identifying the gaps was crucial and would need to be reviewed before coming back to the Board.

There Board were updated that discussions have been taking place regarding financial concerns in the other CCG’s within the STP footprint who are not in a balanced position. In this case, each CCG would look to what programmes need to be addressed locally, and then if there is any residual flexibility we would look to work across the wider footprint. The aim is to share good practice and change ways of working across the locality, but the Board need to be aware of risks and manage them accordingly. The Chair asked for a summary of those services that the CCG commission that are non-recurrent. The CCG will look to provide this information in future reporting mechanisms.

**Action: LH to clarify data provided in the table of the Plan**

**The Board noted the Operational Plan Submission including the Finance and QIPP plans.**

*Lisa Hilder left the meeting.*

1. **DOMICILIARY CARE PROJECT**

A verbal update was given to the Board by the Service Lead for Mental Health; regarding the Domiciliary Care Project. During 2015, the service was re-commissioned and moved from 5 to 3 lead domiciliary care providers across the North East Lincolnshire region. Nationally and locally provision of domiciliary care is under stain with an increasing number of people being cared for in their own home, and problems with recruitment and retention of staff. The CCG has therefore been working with the 3 providers locally to gain a better understanding of the issues being faced and to identify a new care delivery model with the aims of improving patient experience, satisfaction, and to enable the providers to better utilise their resources and improve recruitment and retention of staff. A phased approach will be adopted to roll out the care delivery model as this will form part of a learning process and ensure a smoother transition when the delivering the approach across the whole of North East Lincolnshire.

An update has been provided at a NELC Scrutiny meeting, and with Healthwatch, following calls regarding the service.

**The Board noted the update regarding the Service.**

1. **CAMHS PROCUREMENT**

A verbal update was provided to the Board regarding the CAMHS procurement as the current contract is due to cease in March 2018. The CCG is supporting the Council with the CAMHS service commissioning whilst the council lead is on maternity leave. The model has changed with improvements being made in the referral process. However, there are gaps in the service such as the commissioning of autism spectrum diagnosis, and how we provide services for the emotional and health wellbeing will be incorporate into the future model.

The Board were informed that a preliminary meeting with the provider has been held, and that discussions have taken place between the provider, parents and carers. Focus groups will now be held with young adults to discuss what works for them, what doesn’t and what could be improved. The Board welcomed this involvement, and also discussed the potential involvement of schools, professional inline services and the importance of using different technologies.

The potential providers will be tasked to provide services outside of the local area, according to patient’s needs. The new contract is to be awarded by January 2018.

*Dr Maliyil left the meeting.*

1. **FUTURES IN MIND**

A presentation regarding the Futures in Mind transformation plan was given to the Board. A draft report which outlines pathways has been produced and will be circulated to the appropriate members of staff.

1. **INTEGRATED ASSURANCE AND 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 CCG’s performance at the end of November for RTT was set out to the Board. The CCG’s position has been deteriorating over the last 18 months. The Trust are identifying areas with significant pressures. An action plan has been developed to support recovery of the RTT position mainly focussed on sourcing additional capacity with alternative providers. The Board were informed that it is anticipated to recover the position by March 2018 where the CCG’s performance is back above 92%. The Board agreed that the Trust should be questioned on their on-going capacity to deliver in these speciality areas. The Board were assured that a recovery plan is in place, and if services are not improved then clear action will be taken. It was agreed that the Board will be updated on the Trusts progress.

The Board were updated on risks and the piece of work currently being undertaking to organise them by topics to show a clearer picture of the risks facing the CCG. A report will be brought to a future Board meeting regarding the lessons learned around Extra Care Housing, following a question raised at a recent Health Scrutiny meeting.

The Quality Escalation was taken as read, and the SI’s reported were noted.

The CQC rated the East Midlands Ambulance Service (EMAS) inadequate for Safety. A Clinical Oversight Group has been created by Commissioners in order to monitor and review the outcomes of the CQC action plan going forward. The Board asked if this is an unsolvable issue noting the pressures on the Ambulance services across the country, and it was noted that the A&E Delivery Board were seeking clarity on why EMAS is underperforming. EMAS have confirmed that the CQC will undertake a follow up announced inspection between the 21st – 23rd February.

Concerns continue around Northern Lincolnshire and Goole Foundation Trusts (NLaG) maternity services in respect of SI’s and general performance. The Local Supervisory Authority has commenced their work within the Trust which has been commissioned by NEL & NL CCG’s and NHSE.

**The Partnership Board noted:**

* **judgements made against the domains of the dashboards**
* **information on future performance, quality and risk challenges**
* **information on referral to treatment times**

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial position as at November 2016 and the financial risks that need to be managed in the remainder of the year.

At this stage in the year the CCG is on track to achieve both its planned operating position (Health £nil (break-even) + ASC £nil (break-even)) and its NHSE Mandated Surplus (£4.53m).

The CCG has £1.2m of uncommitted funds available to mitigate the impact of any Health or Adult Social Care risks that materialise in the remainder of the financial year. This is £0.8m less than the CCG’s current assessment of the potential value of in year risks of £2m. The level of risks has decreased, a result of the work being carried out by the CCG and the providers. Risks will continue to be monitored.

**The Partnership Board noted:**

* **the financial position as at November 2016**
* **the risks that need to be managed in the reminder of the year and the actions being taken to do this**

1. **COMMISSIONING AND CONTRACTING REPORT**

The Board were presented with a report to update on key pieces of work undertaken by the CCG in relation to Commissioning and contracting activities. The report was taken as read and the following issues highlighted.

The procurement of the dermatology service has been completed. North Lincolnshire and North East Lincolnshire CCG’s are working together to drive forward and ensure engagement with the Trust about the transfer of staff and patients in an effective and safe manner.

Due to the waiting times and concerns around Ophthalmology, the two CCG’s have agreed with NLaG to bring in additional capacity in order that patients can be seen more rapidly, and work through the backlog. New Medica will proceed on the NEL CCG footprint only.

Contract negotiations are being progressed. NLAG are currently not in agreement, however a financial model has been agreed, and the CCG and the Trust are in the process of agreeing variations linked to Technical changes, quality innovation, productivity, and activity transfers. The Board noted that the CCG expressed confidence with the numbers that are being discussed with the Trust. Both parties are working through these to have a contract signed by the 31st January, without the need for arbitration, which puts the CCG in a much better position than last year.

Since the Board report was produced, an agreement has been reached with Navigo. This has taken a lot of work by the provider and the CCG to understand the range of issues and how the two organisations manage risks collectively.

The contract with EMAS has been agreed in principle; the context of the agreement is to improve their target.

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

**14. ACP / STP UPDATE**

A verbal update was given to the Board members regarding the ACP / STP. The STP plans have been submitted, and the governance behind the plans is being put in place. The plans are made up of 10 Work Streams, 6 of which are place based. A management team is being put in place with the appropriate management and clinical representation. A formal plan will be brought to the Board once the implementation plans have been agreed.

**15. UPDATES:**

**COMMUNITY FORUM**

The Community Forum representative noted there was nothing to escalate to the Board. Presentations had been given regarding the 0-19 report and the engagement strategy. The Community Forum have also discussed the potential to move to a more challenging position, and to hold the CCG to account.

**COUNCIL OF MEMBERS**

The Council of Member have recently been provided with presentations regarding the NELCCG/NEL Council Programme Board, and the options for better working arrangements, which had been well received amongst members. A volunteer from CoM has been asked to represent members at the Good Governance Group meetings. A CoM Workshop took place to look at how the meeting was working, and if it was delivering what members want. The Workshop was perceived as very positive, and it set out a plan as to how CoM will move forward.

1. **ITEMS FOR INFORMATION**

a) Care Contracting Committee Meeting minutes – 14 Sep2016

The minutes of the Care Contracting Committee Meeting held on 14 Sep 2016 were noted.

b) Joint Co-Commissioning Committee Meeting minutes – 28 Jul 2016

The minutes of the Joint Co-Commissioning Committee Meeting held on 28 Jul 2016 were noted.

c) Quality Committee Meeting minutes – 11 Aug 2016

The minutes of the Quality Committee Meeting held on 11 Aug 2016 were noted.

d) Quality Committee Meeting minutes – 13 Oct 2016

The minutes of the Quality Committee Meeting held on 13 Oct 2016 were noted.

e) IG&A Committee Meeting minutes – 2 Sep 2016

The minutes of the IG&A Committee Meeting held on 2 Sep 2016 were noted.

f) HLHF Update

The HLHF Update was noted.

g) 0-19 Presentation

The 0-19 Presentation was noted.

h) STP Overview Presentation

The STP Overview Presentation was noted.

i) LTP Action Plan Refresh

The LTP Action Plan Refresh was noted.

1. **QUESTIONS FROM THE PUBLIC**

A question was raised regarding the Out Patient waiting list at NLAG. The Board assured the member of public that the CCG have been raising concerns with the Trust over the last year. The Board are assured that procedures are now being put in place to deal with the waiting lists, and are monitoring this closely.

Another question was raised regarding EMAS. A representative of EMAS has been invited to attend a Healthwatch meeting, the Healthwatch representative asked if anyone from the CCG would like to attend. The meeting details were circulated to the Board members.

A question was raised regarding the CAMHS procurement and if the CCG would consider patients and carers opinions. The member of public was given contact details of who to contact to become part of the procurement group.

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

Thursday 9th March, 2.00pm – 4.30pm, Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ