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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 9th MARCH 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

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

Dr David James Secondary Care GP

Laura Whitton Chief Financial Officer

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)

Joe Warner Managing Director – Focus independent adult social care work

Nicky Hull Primary Care Professional

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Rakesh Pathak GP Representative

Councillor Patrick Portfolio Holder for Finance and Resources

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Lisa Hilder Assistant Director for Strategic Planning

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

1. **MATTERS ARISING**

All matters arising were noted.

1. **ANNUAL BUDGETS AND MEDIUM TERM FINANCIAL PLAN**

A paper was presented in order for the Board to approve the 2017/18 budgets and to note the risks that need to be managed during the year; as well as provide an update on the 2017/18 financial plan.

The detailed budgets for 2017/18 were discussed at the Financial Assurance Sub Group, followed by a meeting with the Chair of the Integrated Governance and Audit Committee. The key points were brought to the Board’s attention.

The CCG has a planned break-even position against its in-year allocation.

Due to the gap in the STP achieving its control total, NHSE have informed the CCG that the CCG has not been granted its drawdown request of £550k. The Board expressed its disappointment at this decision to use these funds to fill a gap across the STP, and asked for that disappointment to be strongly communicated back to NHSE.

The Adult Social Care (ASC) Partnership Value has been agreed the morning of the Board meeting, the CCG have accepted the offer.

The CCG has a savings requirement of £10.3m; currently there are £7.7m savings plans in place, with plans being developed for £1.3m and on-going discussions with NELC regarding the remaining £1.3m.

*Steve Pintus arrived.*

The CCG’s current assessment of risk is £0.9m higher than the available earmarked reserves / contingency funding. A key risk area being non-delivery of QIPP, with there being a high risk on the outpatients follow up scheme which has been a struggle to progress, the CCG will continue to push this forward. There is £2.6m contingency funding / earmarked reserves available to cover any risks that arise in the year.

The key variances from the 16/17 Forecast Outturn are; the changes to what is classified as specialised activity as against standard inpatient /outpatient activity has resulted in a reduction of £1.2m in what the CCG will commission from Hospitals in 2017/18 compared to 2016/17; transfer of Dermatology service (£1.1m) from NLAG to the new provider with effect from 1st April 2017; and St Hughes; Additional capacity secured to support achievement of the 18 week referral to treatment target.

The Chair of the Integrated Governance and Audit Committee noted that the difficulties that come with the restraints that the NHSE impose, and it is commendable that the CCG have got to a position of a balanced budget and that is through the work undertaken through the appropriate processes. This time last year the CCG’s overspend was due to the savings not being delivered and the CCG are working hard to ensure that the programs deliver and risks are monitored closely. This puts NEL CCG is a good position comparable to other CCG’s.

*Jan Haxby left the meeting.*

The format of the Board reporting in 2017/18 is to be strengthened to include more detail on the savings schemes, as well as the risks monitored and the actions being taken to address those risks.

The Board were updated on the Medium Term financial plan, which is a high level extract that the CCG submit as part of the NHS Operational Plan. Attention was drawn to the key planning assumptions table.

*Jan Haxby re-joined the meeting.*

From a social care perspective, whilst a high level plan has been developed there is an expected shift in year 2 and 3 to bring it in line with the finalised settlement for 2017/18 and the impact of the announcement of the additional iBCF funding.

*Dr Nayyar joined the meeting.*

**The Board approved the 2017/18 budgets, and noted the 2017/18 – 2018/19 financial plan.**

1. **BOARD ASSURANCE FRAMEWORK**

The Board were presented with a paper regarding the Board Assurance Framework (BAF). The BAF acts as a high level risk identification system with regard to compliance with the CCG’s strategic objectives. The BAF provides the Board with an opportunity to monitor the assurance it has received and identify any gaps that should be addressed in order to be assured. The report was taken as read with the following key points brought to the Board’s attention.

The format of the CCG BAF has been revised to show one strategic risk per page. This is intended to make the document more user-friendly and easier to match up the gaps in controls with the corresponding mitigating actions.

At the Integrated Governance & Audit Committee in May 2016 it was agreed for the all risks to map to NHS England new Improvement and Assessment Framework for CCGs (CCG IAF).  The intention of the CCG IAF is to empower CCGs to deliver the transformation necessary to achieve the Five Year Forward View.

The Board discussed the ability of NL&G to deliver on their targets and any potential impact on the CCG. Risks associated with services being required to be taken on by other providers are being considered from a financial perspective. Members of the Board asked if a provider consistently presented with a failure of the provision of services where would this be picked up and reviewed. The Chair assured the Board that where there are operational risks and issues of quality, then there are the appropriate sub-committees in place with the mandate to investigate and report on provider failure on a regular basis.

**The Board noted the amendments made to the CCG BAF, and the level of assurance received by the CCG, in relation to its strategic risk.**

1. **ANNUAL BUSINESS PLAN**

The Board were presented with the Annual Business Plan, which takes into account the identified priorities for the organisation for 2017/18. The report was taken as read with the following key points highlighted.

The key priorities were noted as addressing the nine-must do’s set out in the NHS Planning Guidance; Overarching strategic actions outlined in the report; and Organisational development actions outlined in the report. All these activities align with the place based commissioning approach embedded within the STP plans.

Amongst the priorities the CCG noted its aim is to continue to maintain the exemplar Learning Disability model, making improvements where we can, and ensuring the provision lines up with the Forward View.

A key piece of work is maintaining and improving partnerships. The Board asked if there is a requirement for a Non-Executive arrangement as part of the development of Board sub committees and as part of the development of the ACP, and were assured that this was being investigated as the process develops.

The Board noted the high level content of the plan and the work that is required to be undertaken to deliver all the objectives. The Board were assured that the CCG are confident that the appropriate members of staff are in place to deliver and are clear on the tasks involved, noting the considerable work engaging with staff and community leaders to put together the plan. The CCG are confident this is an achievable task. Further discussion identified that should there be additional significant pieces of work which emerge later in the year, priorities may need to change and some actions held in abeyance to make room for new work. The Board noted this.

*Laura Whitton left the meeting.*

The Board were also assured that there are targets behind each objective to measure on-going performance.

*Laura Whitton re-joined the meeting.*

The Chair welcomed the report presented and asked that an update be provided to the Board at a later date to review progress. This report proves a timely reminder that our providers, the community, and the CCG is under considerable strain, and to deliver the CCG’s objectives requires a lot of work from all involved.

**Action: The Business Plan to be presented to the Board as an item for information every quarter.**

**The Board noted and approved the Corporate Business Plan for 2017/18.**

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 latest performance (January 2017) position for incomplete pathway was 80.15% against the national standard of 92%. There has been a marked improvement in Ophthalmology, with January performance now 74% versus 66.2% in December. The current hospital pressures are impacting on the delivery of targets.

The NHS Intensive Support Team are providing support to NLAG. A Commissioner / Provider Steering Group has been established and is meeting monthly with updates from NLAG on a weekly basis.

The CCG has obtained additional funding (£2m) across NL/NEL from NHSE to secure additional capacity within the Independent Sector and other NHS Providers.

An external provider has been commissioned to validate the 36k patient records and provide staff training, and NLAG are working with the CCG to outsource activity for patients that have waited in excess of 18 weeks with plans in place for increased activity in Ophthalmology, Diagnostics, pain management, orthopaedics and general surgery.

The CCG are not seeing sustained improvements in targets for A&E, however targets for Cancer Waiting times are starting to improve. The CCG is expected to be on target by mid 2018/19. The Board discussed the difficulties in achieving targets for A&E due to the complexities involved in its links to other services, and noted the CCG need to ensure that NLAG have the capacity to cope with the demands. If other providers are required to pick up services than the CCG must be clear with NLAG the financial implications.

The Quality Escalation was taken as read, and the SI’s reported were noted. The following areas were highlighted to the Board.

The CQC report is due to be published w/c 3rd April, with a meeting between the CCG and the Commissioners expected to take place on the 31st March 2017.

The medical vacancy position in the Trust continues to rise, with 21.96% reported medical vacancies. Agency staff is being used to cover vacancies which represents a continuing risk to the Trust in terms of financial stability.

The CCG continue to work with the Trust regarding mixed sex accommodation. If the situation does not improve then this will be escalated to the ECB.

On-going concerns with EMAS were noted, following a visit from the CQC, which the CCG are awaiting a full report. Standards have declined possibly due to the impact of the pressures on A&E and an -going issue regarding the timing of handovers, and cleaning and preparation. EMAS are working with the CCG to understand concerns and identify improvements.

St Hughs have made good progress with their internal governance and quality reporting processes. The Quality team continue to support the Provider in developing their local processes.

The Quality team have noted an increase in Incident Reporting to the NEL Incident application. This increase coincides with the implementation of the app, and the focused work to improve the Safety culture in Primary Care. The Board discussed the increased workload and were assured that the Quality team had increased capacity, but are also looking at how they utilise resources.

**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 time**

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial position as at January 2017 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 £0.8m 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. The figures are in line with what the CCG were expecting, and there are a few areas where expenditure has changed, in particular, Navigo, with the movement in forecast outturn reflecting Out of Area activity.

It was noted that at the recent Council of Members meeting in February that the £101k allocation received by the CCG re the 15/16 Quality Premium Award funding should be used to support addressing the Referral to Treatment performance issues in the system.

**The Partnership Board noted:**

* **the financial position as at January 2017**
* **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 provided with a report outlining commissioning and contracting activities, updating on key areas of performance as highlighted by Board sub committees.

NL/NEL have completed the procurement of the dermatology service. The provider is Virgin Care. The CCG is working closely with NLAG and Virgin to facilitate the safe transfer of patients and services.

New Medica have been appointed to deliver the ophthalmology service locally to support the backlog issue, the CCG is working with them regarding accommodation.

Contracts have been agreed with NLAG, Hull and East Yorkshire Hospitals Trust, and St Hugh’s. The capacity through St Hugh’s will help the CCG maintain its plans for referral to treatment delivery of 92% by the end of the 17/18 year.

Overall the CCG needs to monitor the capacity across all its acute providers to ensure we do not go beyond our 92% RTT target without consideration as to the financial impact this may have on the CCG.

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

**11. UPDATES:**

**COMMUNITY FORUM**

The Board were updated with the latest developments from the Community Forum. The members of the forum recently conducted an annual review which discussed the positive outcomes such as the Cardiology project, Independent Living, and the Women and Children’s Triangle working particularly well. It was noted that the Community Forum are working well as a unit.

Eddie McCabe left the meeting.

Some of the areas mentioned as requiring improvement s were the number of projects getting off the ground, and in some areas a lack direction by some of the Triangles and a lack engagement and communications. It was agreed that the Chair would discuss with the Forum the need to review and re-invigorate the Triangles as they are fundamental to the way the CCG drive and provide services in the region.

Some of the forum members expressed concern regarding their individual status as the STP develops. The Chair and the Board agreed that the Community Forum members are vital to the CCG, and will be fundamental to assisting the CCG on how it progresses.

**COUNCIL OF MEMBERS**

The Council of Members have recently been provided with an update on the work being undertaken by the Clinical Leads regarding A&E and the Maternity Service in preparation for the CQC report. Members found this very useful to see the amount of work being carried out to improve services within the region.

Members were also provided with a brief update on the enhanced partnership of the CCG and the Local Authority.

**12. ITEMS FOR INFORMATION**

a) Joint Co-Commissioning Committee Meeting minutes – 18 Oct 2016

The minutes of the Joint Co-Commissioning Committee Meeting held on 18 Oct 2016 were noted.

b) Quality Committee Meeting minutes – 8 Dec 2016

The minutes of the Quality Committee Meeting held on 8 Dec 2016 were noted.

c) HLHF Update

The HLHF Update was noted.

d) The Safeguarding Children Annual Report

The Safeguarding Children Annual Report was noted.

e) The Safeguarding Adults Annual Report

The Safeguarding Adults Annual Report was noted.

1. **QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

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

Thursday 11TH May, 2.00pm – 4.30pm, Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ