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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 10 MAY 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

Dr David James Secondary Care GP

Rob Walsh Joint Chief Executive

Laura Whitton                                      Chief Financial Officer

Joanne Hewson NELC Deputy Chief Executive (Communities)

Dr Peter Melton Chief Clinical Officer

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

Stephen Pintus Director of Public Health, NELC

Councillor Hyldon-King NLEC Portfolio Holder

Joe Warner Managing Director – Focus independent adult social care work

**APOLOGIES:**

Philip Bond Lay Member Public Involvement

Councillor Wheatley                            NELC Portfolio Holder

Jan Haxby Director of Quality and Nursing

Helen Kenyon Deputy Chief Executive

**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>

1. **APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 10 May were agreed to be a true and accurate record.

1. **CHAIR’S ACTION: RATIFICATION OF ANNUAL REPORT / FINAL ACCOUNTS**

The Board were updated that the deadline for the submission of the Audited Annual Reports & Accounts is the 29th May and the requirement, under the CCG’s constitution, is for the Partnership Board to ratify them prior to submission. Given that the next scheduled Partnership Board meeting is not until after this date it is proposed that ‘Chairman’s action’ is taken to ratify the Annual Report & Accounts on behalf of the Partnership Board.

**The Board noted the Chair’s Action.**

1. **GOVERNING BODY MEMBERSHIP**

The Board were updated that all Clinical Lead roles are due to expire at the end of this month, pending a review of the clinical lead triangles. Further information will be brought to the Board for information.

Dr Rakesh Pathak and Dr Arun Nayyar’s Governing Body role have been extended for another year; they now run to 31st March 2019, to accommodate for any changes with the Union Board.

Juliette Cosgrove has left the role of Lay Member (Governing Body) – Strategic Nurse – this role will not be filled at this time.

The Board noted that Dr James had tendered his resignation, effective from the 30th June, 2016. The Board expressed their gratitude to Dr James for accepting the position of Secondary Care Doctor, and thanked him for his contribution. As this is a statutory role, a replacement will be advertised for in due course.

**The Board noted the update regarding Governing Body membership.**

1. **HUMBER ACUTE SERVICES REVIEW**

The Board were presented with an update of the Humber Acute Services Review.

Three fragile services have been identified, and the Trusts, along with HEY, are working closely together to come up with interim solutions. There has been a slight delay in plans being submitted to Scrutiny due to the local elections, but they will be submitted shortly. It was noted that a joint Scrutiny Panel across the CCG’s may be beneficial. A temporary solution is being suggested on the grounds of safety concerns, the next phase will include more detailed, joined up thinking.

As suggested by the CCG, weekly meetings are taking place between the Senior Leadership team of NL&G and HEY, which is a positive move forward. Proposals regarding how the four CCG’s will work together for an Acute Commissioning Strategy are being developed. The challenge is in if what each area wants to commission fits in with what the emerging ICP’s wish to commission, and what the CCG are hoping to achieve.

**The Board noted the update for the Humber Acute Services Review.**

1. **ANNUAL BUSINESS PLAN UPDATE**

The Board were updated with an update of the Annual Corporate Business Plan for NELCCG. The paper was taken as read.

**The Board noted the update regarding the Corporate Business Plan for 2018/19**

1. **PUBLIC HEALTH ANNUAL REPORT UPDATE**

The Board were presented with an update on the Public Health Annual Report. The following was highlighted to the Board.

The annual report made a number of recommendations regarding Primary Care, and the team recently attended a GP Development Group, where issues were discussed. One area discussed was the use of fit notes, and limitations of SystemOne and its ability to recognise patterns. It was discussed if a piece of work needs to be undertaken to develop a NEL wide policy to pick up on numbers of fit notes issued to patients, and how other services can be triggered to help the patient get back to work, rather than becoming chronically complex cases.

The Healthy places team are addressing people in work and are working with local organisations to promote a healthy workforce.

Another area that the team is focused on is mortality statistics, in particular under 65 mortality. How unemployment features, and the role it plays in mortality, will be investigated further.

**The Board noted the update.**

1. **BREAST CANCER SCREENING**

The Board were presented with an update on Breast Cancer Screening within North East Lincolnshire.

Public Health England (PHE) and NHS England (NHSE) recently became aware of an IT issue with the NHS Breast Screening Programme, which led to some women not being invited for their final screen between their 68th and 71st birthday. A number of IT improvements and changes to processes have now been made to the screening invitation system and the issue has now been fixed. PHE is writing directly to all women who may have been affected. They will be contacted before the end of May and those who take up the offer of screening will be offered an appointment before the end of October 2018.

The CCG are unable to say how many women in North East Lincolnshire will have been affected by this incident however our PALS team and local practices are ready to direct queries and concerns to the helpline number. Pals has not received any enquiries as of yet.

The CCG are aware breast screening rates have dipped nationally, which may be partly due to information about “over diagnosis” now being included in invitations for screening and resulting publicity. “Over diagnosis” means that for some older women, screening may diagnose and treat a breast problem that would never go on to cause harm if left alone. Additionally, following the breast screening alert, a number of eminent physicians have again publically stated that breast screening can in fact do more harm than good. The stance in NEL has been that screening, together with increasing awareness of symptoms, remains the best way of detecting cancer as early as possible and supporting better outcomes for patients.

The Board were updated that since 2011, the North East Lincolnshire the Early Presentation of Cancer Symptoms Collaborative run by Grimsby-based Care Plus Group has trained 867 local people to become cancer champions. This initiative has won national and regional recognition, and is now being rolled out across the Yorkshire and Humber region with the aid of a successful bit by the Cancer Alliance for Transformation Funding.

The CCG are keen to understand how inequalities impact on the uptake of screening and what interventions may improve this. The Local Authority were recently awarded LGA funding (which was matched by the LA), to commission an external organisation to work specifically in the West/East Marsh areas with GP practices who have poor screening uptake. This work will be jointly monitored by the LA and CCG. Part of this work will include in depth focus groups to determine what the barriers to screening are – accessibility, awareness and attitudes towards screening and other prevention measures within the local community. The Board will be updated on this report when it becomes available.

**The Board noted the information shared in the report.**

**Action: Steve Pintus to report back to the Board when the report regarding screening and inequalities becomes available.**

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 updated on key areas of performance as highlighted by Board Sub committees. The following items were highlighted to the Board.

The Procurement for the NHS 111 service has gone live. The award date is expected to be September of 2018, with bidder evaluations in late July, at which CCG’s will be asked to support with clinical, quality and service colleagues to assist with the evaluation. The go live date is 1st April 2019.

The current NHS contracts are 2 years based, and require a contract variation for year 2 to reflect national contract changes and variations in funding in light of planning guidance or not having set a value in year 1. The CCG has agreed all of these contract variations at the time of writing bar 1.

There is a delay with the contract for East Midland Ambulance Service, and this is not yet agreed across 23 CCG’s. It is expected that there will be agreement in the next week to sign a variation and plan.

Garden House - This provider has had its contract terminated due to a number of issues and failure to improve despite a number of breach notices. The CCG has been working closely with residents, families and the CQC about this issue.

**The Board noted the information shared 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.

NELCCG performance for 62 days was 83.7% in November 2017, which was a significant improvement from October and ahead of the recovery trajectory. However, performance dropped to 69.64% in January 2018. This was as a result of an increase in the anticipated number of treatments, and the need to address the backlog of patients with suspected cancer. The backlog position has also impacted on February’s performance which was 78.38% (see Appendix D). Other factors which have negatively affected attaining the target are complex pathways, inter provider transfers, capacity (particularly for diagnostics and radiology) and patient choice.

NLaG have in place a 62 day improvement plan which is monitored by the Planned Care Board, NHSE and NHSI and addresses the issues outlined above. In addition, NLaG have established a Cancer Board.

The Board noted that St Hugh’s Hospital is no longer under enhanced surveillance.

NELCCG have undertaken a site visit in response to agreed action at a deep dive regarding Children’s Services following increased negative intelligence received concerning Diana Princess of Wales (DPoW). The areas visited were the children’s ward and paediatric assessment unit at DPoW. The visit was extremely useful to; identify the services achievements; engage with the new Children’s Services Matron and helped to bring areas for improvement to the forefront. The visit was complimented by an experienced multidisciplinary site visit team – it was noted that the diversity of the team members experience helped to provide capacity to enable different areas of expert focus in the visit. High level feedback following the visit was delivered to the service on the day and followed up with a thorough report. The findings from the visit are due to be discussed at the next Commissioner-Provider Women’s and Children’s contract meeting.

The NL&G Staff Survey has been published which has indicated a number of areas of concern, with staff not feeling valued. The Trust is working to improve this.

TASL remain under Enhanced surveillance and are responding to their CQC action plan. A recent Quality Risk Profile assessment, and site visits by the CCG have identified a number of areas of concern that TASL are addressing and are reporting on to the CCG regarding with some positive improvements.

The Board noted the importance of receiving information regarding the issues faced by NL&G, and the Board supported the actions NL&G are taking to improve services, and staff morale.

The Trust’s patient mortality rates (crude, non-elective crude, Summary Hospital-level Mortality Indicator (SHMI) and hospital standardised mortality ratio (HSMR)) all show increases over the last 12 months, with Diana Princess of Wales hospital reporting a higher position than Scunthorpe hospital.

The latest official SHMI position at NL&G is 119 (year to June 17, published march 18) against the national average of 100. In response to these concerns, NL&G have reviewed their mortality improvement plan; the current priorities within the draft plan include review of deteriorating patient and sepsis work streams; reinforcement of safety huddles; hydration; medical assessment process (including board rounds, specialty in-reach); multi-disciplinary Team learning from mortality and patient flow. These priority areas form part of the NL&G Improving Together programme, with oversight from the NL&G Board. Commissioners are part of their mortality group and NLG clinical staff are engaged in the CCG Mortality group, with joint work plans in place. The CCG continues to work closely with NL&G to review this position, via the contract management process and the NL&G System Improvement Board meeting structure, and will continue to be reported at future Board meetings.

**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 2017 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.**
* **information on Planned Care update**
* **further feedback on ways to improve the report.**

**Action: Visa constraints regarding consultants to be discussed at the next NEL CCG / MP meeting.**

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs draft financial outturn position for 2017/18, and the latest position re the 2018/19 budgets. The Paper was taken as read with the following highlighted to the Board.

The CCG’s outturn position show that the CCG achieved an in year surplus of £1.407m and an NHSE Mandated Surplus of £8,147k.

*Dr James and Dr Melton left the meeting.*

Adult Social Care showed a £342k underspend, due to the impact of a year-end pension adjustment, and an operational underspend.

There has been a reduction £1.7m, in the forecast level of savings, this relates to Rightcare and non-elective demand management scheme. The deterioration in the system savings has had no detrimental effect on the CCG’s overall financial position in 2017/18 due to the Aligned Incentive Contract in place with NL&G.

The Board were updated that the NL&G contract is due to be signed off on the 23rd March 2018 at a gross value that is £4.4m higher than the value built into the CCG’s budget. The contract is PBR based, with an agreed joint workplace of areas focused on demand management and technical changes to bring the contract value down to the CCG Plan value. The Board discussed the main risk areas, and supported the need to move to an AIS contract as soon as possible.

*Joe Warner left the meeting*

Saving schemes had been identified for £0.5m, and work is on-going to identify schemes for the remaining £0.5m, which the Board will be updated with.

*Dr Melton and Dr James joined the meeting*

**The Board noted the draft financial outturn position for 2017/18, and the latest position regarding the 2018/19 budgets.**

**13. UPDATES:**

**STRATEGIC ISSUES UPDATE**

A recent meeting with NHS England had a very positive outcome, with NHSE positive about the direction of travel at the CCG, and the development of the Union. NHSE were also positive about the financial position of the CCG and thanks were passed to the Chief Finance Officer and the team. The Chief Executive has accepted the role as STP Lead for workforce and is taking an active role in the development of this work stream.

**COUNCIL OF MEMBERS**

*Joe Warner joined the meeting.*

An update was provided by the Chair of the Council of Members. Members continue to challenge services provided by the commissioners of the Ophthalmology Service, it was agreed recently that the current service would continue, with constant monitoring for a further six months. Dr Nayyar and Dr Thomas were thanked for their persistence in ensuring this service is managed, and it is a good example of how we can work more effectively, by working together.

**COMMUNITY FORUM**

No update was provided.

1. **ITEMS FOR INFORMATION**
2. Winter and IU Care Draft Plan

The Winter and IU Care Draft Plan was noted.

1. Quality Committee meeting minutes 14 Dec 2017

The minutes of the Quality Committee meeting held on 14 Dec 2017 were noted.

1. Quality Committee meeting minutes 8 Feb 2018

The minutes of the Quality Committee meeting held on 8 Feb 2018 were noted.

1. Care Commissioning Committee meeting minutes 13 Sep 2017

The minutes of the Care Commissioning Committee meeting held on 13 Sep 2017 were noted.

1. Care Commissioning Committee meeting minutes 15 Nov 2017

The minutes of the Care Commissioning Committee meeting held on 15 Nov 2017 were noted.

1. Care Commissioning Committee meeting minutes 10 Jan 2018

The minutes of the Care Commissioning Committee meeting held on 10 Jan 2018 were noted.

1. IG&A Committee meeting minutes 1 Dec 2017

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

1. Joint Co-Commissioning Committee meeting minutes 3 Oct 2017

The minutes of the Joint Co-Commissioning Committee meeting held on 3 Oct 2017 were noted.

1. Primary Care Commissioning Committee meeting minutes 30 Jan 2018

The minutes of the Primary Care Commissioning Committee meeting held on 30 Jan 2018 were noted.

1. Adult Service Review Update

The Adult Service Review was noted.

1. HCV Cancer Alliance Report

The HCV Cancer Alliance Report was noted.

**15. QUESTIONS FROM THE PUBLIC**

The Board were asked about the decision North Lincolnshire CCG took to terminate the contract with TASL North Lincolnshire.

NEL CCG felt that despite the concerns regarding performance, it would be legally problematic and irresponsible to terminate the contract. NEL CCG’s approach was to liaise with other CCG’s, share our concerns and work with TASL to agree improvement trajectories, and hold them to account. Recently complaints have fallen and NITS has reduced significantly. The Clinical Chief officer felt that the approach NEL CCG adopted meant less risk to the service and to staff.

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

12 Jul 2018, Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ