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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 13 JULY 2017 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

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

Dr David James Secondary Care GP

Dr Derek Hopper GP Representative

Helen Kenyon Deputy Chief Executive

Dr Peter Melton Chief Clinical Officer

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Rakesh Pathak GP Representative

Juliette Cosgrove Clinical Lay Member

Laura Whitton                                           Interim Chief Financial Officer

Councillor Wheatley                                Portfolio Holder for Regeneration, Assets, Skills and Housing

**APOLOGIES:**

Joanne Hewson NELC Deputy Chief Executive (Communities)

Stephen Pintus Director of Public Health, NELC

Jan Haxby Director of Quality and Nursing

Joe Warner Managing Director – Focus independent adult social care work

Dr Arun Nayyar 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 11 May 2017 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted.

1. **CCG ASSURANCE REPORT Q4**

The CCG Assurance Report Q4 will be reported at the September Board meeting.

1. **BUSINESS PLAN UPDATE**

A report was presented to update the Partnership Board on progress and slippage towards achieving the objectives set out in the CCG’s Corporate Business Plan.

The report outlines where all actions/milestones are complete. Detailed sections represent exceptions (where milestone dates have been missed or actions not completed).

The CCG reported no fundamental changes to the plan, but it continues to review the plan and make amendments as necessary. A number of actions/milestones are delayed due to external intervention, such as those decisions put on hold during the election period. The CCG are keeping track of those delays and are pushing for work to be completed, or are reconsidering what can be completed next year. Discussions regarding changes are being held at the Delivery Assurance and Quality Committees. The Integrated Governance and Assurance Committee Chair noted that actions are scrutinised within the relevant Committees. The Board requested that if any decisions taken result in a direct impact on outcomes for patients, that this is reported back to the Board.

All staff are working hard to complete actions. The Senior Management Team are also currently identifying working pairings within the CCG, and as part of the partnership with NELC.

**The Partnership Board noted progress and exceptions towards delivery of the 2017/18 Corporate Business Plan.**

1. **CUSTOMER CARE REPORT**

The Customer Care Report will be reported at the September Board meeting.

1. **UPDATE ON THE TRIANGLE PRIORITIES**

The Chair updated the Board on recent discussions regarding the future of the Triangles.

The Triangles were established to shape the services that are delivered to the community. Over the years, overall activity has differed amongst the Triangles.

The CCG built on an ideology of the Triangle that three types of people – Clinical Lead, Community Lead and Service Lead work together. This remains the ideal grouping of people to develop and change those systems. A steering group has been established to review the Triangles and develop a way forward of how the Triangles can be used in the most effective way. The CCG plan is to; re commit to the principle approach; review areas covered by the triangle; and establish a selection and PDR process for community members.

The Triangle also rely on commitment from individuals that volunteer their time, and part of the review will include how we can enable the Community leads to define their role, and provide them with development support and guidance. A workshop will be held to address these issues raised.

The Board welcomed the review.

1. **GDPR AWARENESS REPORT**

A paper was presented to the Board and taken as read. The purpose of the paper is to make the CCG Partnership Board aware of the new Data Protection legislation (GDPR) that comes into force on the 25 May 2018.

**The Board noted the content of the paper and the awareness of GDPR.**

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.

Performance on Mental Health, Learning Disabilities and Dementia Measures were reported to the Board. All measures are on track to achieve the targets set other than IAPT access rate and IAPT recover rate. Additional staff are being recruited and the aim is to be achieving targets by September 2017.

NEL CCG have set trajectories to achieve the national threshold; of 95% by September 2018 for A&E waiting times; and to achieve 85% for RTT incomplete pathway by September 2018 and then to sustain this performance till March 2019. Plans are underway to manage capacity and demand in order to achieve targets set, and the CCG are working closely with NLAG to monitor the plans in place. The targets set recognise the realistic achievements that can be collectively met within the strict timescales set by NHSI and NHSE.

The Quality section of the report was taken as read, with the following areas highlighted to the Board.

The CCG are working closely with the Trust and NHSI as part of the Clinical Harm Review to ensure patient safety is a constant consideration.

The Board noted that EMAS are on an enhanced surveillance due to finance, performance and quality, and the CCG are working closely with EMAS to improve engagement and the overall service.

The Board noted that the CCG are working with St Hugh’s Hospital to support them to improve oversight of quality indicators and governance arrangements.

The Board noted that the CCG are working with Care Plus Group to improve on the service following a recent CQC inspection at Beacon Intermediate Care Unit, which rated Care Plus Group as “requires improvement”.

The Board noted the three items for Escalation regarding; Mental Capacity Act and Deprivation of Liberty Safeguards; Maternity Partnership Board, and Pressure Ulcers Deep Dive.

**The Partnership Board noted:**

* **judgements made against the domains of the dashboards**
* **information on future performance, quality and risk challenges**
* **information on Mental Health and Learning Disabilities performance**
* **information on planning trajectories**
* **further feedback on ways to improve the report**

1. **COMMISSIONING AND CONTRACTING REPORT**

A paper was presented to the Board and taken as read. The report provided is to keep the Board up to date 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 following items were highlighted to the Board.

No new contracts have been awarded.

The Dermatology service provided by New Medica is working well. New Medica are operating a new model of care and are taking a significant number of referrals.

A Single Item QSG meeting has taken place regarding Ophthalmology. The Trust are developing an action plan and the meeting attendees noted the productive attitude of the Trust in recognising concerns and how they plan to adapt the service to make improvements. Regular meetings will be taking place to develop a shared model going forward.

The contract with NLAG will be amended in the light of the Trust and NL CCG revised financial arrangements. The regulators NHSI and NHSE have requested the CCG take an Aligned Incentive Scheme Contract approach. The CCG will suspend Payments By Results and work collaboratively to address the efficiency and cost saving measures which will allow the Trust to substantially reduce cost by reducing activity, without having to generate income to cover costs. A revised governance structure is being established which will be brought back to the Care Contracting Committee meeting for consideration.

The Board requested that patient experience and safety remain a priority throughout the changes of the contract being put in place. The CCG is challenging the ACP to step up its commissioning approach, and extend upon the scope of the initial three areas. The Chair noted the significant progress made in establishing the ACP; GP Federations working together and an ACP GP lead in Cardiology, and welcomed the progression. The development of the ACP is to be discussed at the next Integrated Governance and Audit Committee meeting, and will be reported back to the Partnership Board.

There is an on-going concern regarding low occupancy, some care homes are below 50%.

The issues around turnover and staffing in domiciliary care will need to consider a different model as part of the ACP.

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

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial position for 2017/18. The following areas of expenditure movement since the last report were highlighted to the Board.

1. NLaG - The annual budget reflects the contract value agreed at the start of the year, but this value will increase by £5.1m due to the system response to the Capped Expenditure Programme (CEP), and the move to an aligned incentive contract (AIC).
2. Continuing Healthcare - the underspend year to date reflects the continuation for the lower activity levels seen towards the end of last year.
3. As a result of the AIC discussions £1.1m of QIPP schemes previously identified to further reduce activity with NLAG i.e. that were outside the agreed contract value, have had to be replaced. A root and branch review of all budgets has been undertaken by budget holders to identify alternative savings along with areas that had already been identified as part of the CEP. Alternative schemes are now in place for not only the £1.1m but also for the £0.5m previously reported schemes to be identified.

The Board noted the difficult position that NEL CCG have been placed in regarding the Capped Expenditure Programme, and the Board requested what the additional £5.1m NLAG contract value means regarding work currently being commissioned by the CCG. The Board requested an agenda item on the September Board meeting to consider this further.

**The Partnership Board noted the financial position for 2017/18.**

**Action: An agenda item to be added to the September Partnership Board regarding the NLAG extra contract value and potential repercussions for the CCG.**

**13. UPDATES:**

**COMMUNITY FORUM**

The Community Forum have recently been updated on the Ophthalmology and Cardiology services. Helen Kenyon presented an update on the Partnerships, and a review took place of the Community Care triangle.

**COUNCIL OF MEMBERS**

The Council of Members have recently been provided with an update on Social Prescribing. CoM also discussed how the role of Vice Chair could be adapted in order to appoint someone to this role. The Council of Members also discussed the AHD Service for adults, and addressed concerns around this area.

**ACCOUNTABLE OFFICER UPDATE**

The appointment of the new Chief Executive will be announced on the 14th July to all staff and to the public.

It was noted that NEL CCG are currently part of the strategic commissioning decisions for a larger footprint, a Joint Commissioning Humber Coast and Vale STP, with 4 CCG’s. A proposal will be brought to a future Board meeting for consideration.

NLAG have highlighting immediate concerns regarding safety and sustainability for ENT and Urology services and recommendations are being made at a Trust Board meeting on the 25th July, urology.

**14. ITEMS FOR INFORMATION**

1. Lay Members and the STP Process

The report was noted.

1. Joint Co Commissioning Committee meeting minutes 26 January 2017

The minutes of the Joint Co Commissioning Committee meeting held on 26 January 2017 were noted.

1. Joint Co Commissioning Committee meeting minutes 4 April 2017

The minutes of the Joint Co Commissioning Committee meeting held on 4 April 2017 were noted.

1. Care Contracting Committee meeting minutes 15 March 2017

The minutes of the Joint Co Commissioning Committee meeting held on 15 March 2017 were noted.

1. Integrated Governance and Assurance Committee meeting minutes 31 March 2017

The minutes of the Integrated Governance and Assurance Committee meeting held on 31 March 2017 were noted.

1. Quality Committee meeting minutes 13 April 2017

The minutes of the Quality Committee meeting held on 13 April 2017 were noted.

1. Quality Committee meeting minutes 11 May 2017

The minutes of the Quality Committee meeting held on 11 May 2017 were noted.

**15. AOB**

The Board welcomed Cllr Peter Wheatley to his new role as NELC representative on the NEL CCG Partnership Board. The Board thanked Cllr Matthew Patrick for his contribution to the Board over the last two years.

A press release was read to the Board regarding the appointment of Rob Walsh to the Joint Chief Executive role. The Board passed on its congratulations and welcomed the development of the partnership between North East Lincolnshire Council and the North East Lincolnshire Clinical Commissioning Group. Rob Walsh thanked the Board and noted that over the last 10 years the Local Authority and the Clinical Commissioning Group have been in the joint business of the well-being of this borough, and to get to this point shows the evolution of the partnership and the intention to shape services across the region for the better.

The Chair of the Integrated Governance and Audit Committee recently attended a “Lay Member and the STP Process” event. This event highlighted the big shift to focus on place within the STP and beyond. It was noted how good our local relationships are compared to relationships across other CCG’s and Local Authorities, and how important these relationships are to maintain. From an STP perspective this appears to be the first real effort to speak to Lay Members about the STP process, this was welcomed by the Board.

**16. QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

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

Governing Body meeting – Thursday 14th June 2pm to 4pm Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ

Partnership Board meeting - Thursday 13TH July 2017 2pm to 4.30pm Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ