**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY**

**MINUTES OF THE MEETING HELD ON THURSDAY 12 JULY AT 2012 AT 2PM IN SEMINAR ROOMS 1 & 2, FRESHNEY GREEN**

**PRESENT:**

Mark Webb NEL CCG Chair/Associate Non-Executive of the CTP

Geoff Barnes Acting Joint Director of Public Health

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Dr Derek Hopper Vice Chair/Chair of Council of Members

Cllr Ros James Portfolio Holder for Housing and Well Being - NELC

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon Deputy Chief Executive

Geoff Lake ASC Strategic Advisor

Dr Peter Melton Chief Clinical Officer (designate)

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

**IN ATTENDANCE:**

Anne Hames (part meeting) Chair of Community Forum

Jeanette Harris Business Support Officer (Minutes Secretary)

Andy Humphrey (part meeting) Community Development Lead

Sue Rogerson (part meeting) Sustainable Services Programme Director

**APOLOGIES:**

Jack Blackmore Strategic Director People and Communities – NELC

Philip Bond Community Member (ACCORD)

Zena Robertson Registered Nurse and Quality Assurance Lead

Sue Whitehouse Associate Non-Executive for Integrated Governance and Audit

1. **WELCOME TO MEMBERS OF THE PUBLIC**

Methods of promoting awareness of the meeting within the public domain were discussed and it was suggested that the content of the agenda and the meeting venue could be reviewed in light of the lack of public attendance.

**ACTION: C Kennedy**

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

No conflicts of interest were declared.

1. **APPROVAL OF THE MINUTES OF THE PEVIOUS MEETING – 12 APRIL 2012**

The Minutes of the meeting held on 10 May 2012 were agreed to be a true and accurate record.

Mark Webb welcomed Councillor Ros James as a new member of the Governing Body.

1. **MATTERS ARISING**

 5.1 Provider Quality Accounts

Cathy Kennedy confirmed that the Clinical Leads had been involved in the review of the draft provider quality accounts and given an opportunity to provide comments on them. Commissioner comments have been submitted to all providers, including St Hugh’s.

 5.2 Performance Dashboard – Diabetic Retinopathy Screening Update

The problem that was discovered on Diabetic Retinal Screening related to a software upgrade in 2009. A new system has now been implemented but will not provide information until the end of Quarter 2. The SHA are fully aware of the situation and a full audit of the new system will be held at the end of the year.

1. **Social Enterprise Model for Adult Social Care Services**

This item has been brought to the meeting to provide an update on the process and work being undertaken on the proposal to establish the SWP pilot (Social Work Practice) as a standalone enterprise from April 2013. The supporting paper is a summary of the document which has been considered by the Health and Wellbeing Scrutiny Panel and at the NELC Cabinet.

Members’ attention was directed to the contents of the supporting paper and the objectives and proposals within it were highlighted.

Legal advice has been sought on the need to go out to tender and it is believed this will not be necessary because the requirements of the SWP in terms of its role are uniquely different from everywhere else. Written confirmation of this view is currently awaited from the legal advisors.

It was noted that a final decision has yet to be taken that the SWP pilot will become a standalone enterprise and that what was being discussed today is the most up to date proposal. In principle there is a preference for the SWP to become a standalone body with a close relationship to the CCG. This option will continue to be developed with a definitive proposal coming back to the meeting in September/October.

**The Governing Body noted the progress made to date in the development of a SWP within North East Lincolnshire and supported the continuation of its development with a view to establishing a SWP social enterprise with effect from April 2013.**

Councillor Burnett highlighted the last statement in the paper under the governance and accountability section which stated “Council members would be able to take up any concerns on behalf of constituents through the CCG as service commissioner” and asked how this would work in practice. Geoff Lake clarified that there will be an organisational head that concerns in relation to individuals can be directed to. In the case of issues relating to the performance of the SWP the contact will be with Helen Kenyon or Geoff Lake.

It was noted that with the continued role out of personal budgets the CCG will need to withdraw funds currently within block contracts to pass directly to individuals to allow them to purchase their care directly and this will have an impact on providers such as Care Plus and NAViGO.  It is anticipated that some of the funding will flow back to the providers as individuals buy the service back from them, however providers will need to tailor their provision to what individuals wish to purchase to ensure this happens.

Dr Melton highlighted the possibility of a challenge being raised on the proposal being considered for a SWP as it is very different from the decision taken by NHS North Lincolnshire to go out to tender for one integrated solution by a single provider. The direction of travel chosen by the CCG has arisen out of the belief that a networked approach is a much more flexible way of responding to people who are vulnerable and that the best interests of the population are served by setting up and supporting different professionals in their fields of expertise whilst sharing the management and infrastructure support behind them. An inherent risk in a one provider solution is that whilst specialist services are good at providing specialist care they are not as able when it comes to providing community and primary care. Acute hospitals, for example, have no expertise, insight or understanding of providing Adult Social Care.

**The Social Enterprises of Care Plus and NAViGO are both approaching their first anniversary and it was agreed that they will be asked to produce their first annual update of the service benefits they have identified from being a Social Enterprise provider.**

**ACTION: Helen Kenyon**

1. **CCG STRATEGIC PLAN**

Cathy Kennedy told the meeting that the CCG Strategic Plan is one of the documents which has been submitted for CCG authorisation and whilst an executive summary has been provided to the meeting as a supporting paper it is important that Governing Body members are conversant with the full document version which is embedded in the supporting paper.

The plan is a pulling together of strategic development work already being carried out and will be covered fully in the pre-authorisation briefing sessions that have been arranged, as members need to have a good understanding of the key content and vision articulated within the strategic plan. It was stressed that it is very important for members to attend each of the 3 authorisation pre-briefing sessions as they are designed to ensure that everyone will be comfortable in their roles and responsibilities during the authorisation visit. The NHS Commissioning Board will be compiling the Authorisation Panel from a national pool of senior level personnel and external consultants.

Dr Arun Nayyar has been nominated to become a Panel assessor for other areas.

*Andy Humphreys and Anne Hames arrived.*

1. **NEL Council and NEL CTP/CCG Strategic Agreement 2012-1015**

The NEL CTP/CCG Strategic Agreement was discussed in-depth at a Governing Body workshop held in June. The supporting paper provides an executive summary of the agreement with the full document embedded at the base of the summary.

At a recent meeting of the NELC Cabinet it was agreed that further work needs to be carried out on some of the targets contained within the appendices in relation to one or two of the longer term strategic outcomes. Jack Blackmore, Strategic Director People and Communities was authorised by Cabinet to continue to develop and finalise the agreement, in partnership with the CCG.

The Governing Body noted the strategic agreement and **granted authority to Helen Kenyon, Deputy Chief Executive, to finalise the agreement with Jack Blackmore, Strategic Director People and Communities NELC.**

1. **Commissioning Intentions 2013/2014**

As part of the authorisation process the CCG had to provide a document covering the commissioning intentions for 2013/2014 at a slightly earlier time than normal. The draft commissioning intentions document is a summary which pulls together the work we are undertaking at present and also outlines what will need to be done in the future. It will be refined and developed as the year progresses and as further engagement takes place with GPs and members of the public. It will also be used in the creation of a negotiation strategy later in the year. The Project Charter detailed in the document has been drawn from the overarching Northern Lincolnshire Sustainable Services Programme.

The effectiveness and value for money of the Telehealth initiative was questioned and Helen Kenyon advised that we will be taking advantage of the contract review period to fully evaluate it. However the units have not been purchased but leased on a short term basis with a small cohort of the population involved in the trial as the choice of patient is crucial to achieve maximum benefit.

Dr Arun Nayyar queried the statement in the seasonal flu programme (Wellbeing and Prevention Triangle) which says “no hospital admissions as a result of seasonal flu for any of the at risk groups as defined by the CMO letter” and stated that clinicians will not sign up to this as it is undeliverable. Whilst it was acknowledged that this is a national target **it was agreed that the Wellbeing and Prevention Triangle will be asked to reconsider the wording and replace with something along the lines of “striving to minimise the number of people admitted as a result of seasonal flu whilst recognising that the national target is zero”.**

**ACTION: Helen Kenyon**

Any further feedback on the document should be directed to Helen Kenyon and Cathy Kennedy.

1. **Authorisation Self-Certification Assurances**

As part of the authorisation process the CCG has to self-certify compliance with a number of aspects of legislation and regulation. The supporting paper outlines the statutory obligations of the organisation and has been signed-off by Mark Webb, Chair of the Governing Body and Dr Peter Melton, Chief Clinical Officer (designate).

The statutory responsibilities of the organisation and the consequences of any breaches will be discussed fully with members during the 3 pre-authorisation briefing sessions taking place in September. It was noted that a deep dive of 2 of the statutory obligations will be carried out by the Authorisation Panel when they visit.

1. **Integrated Assurance Report**

*Sue Rogerson arrived.*

Cathy Kennedy drew attention to the performance highlight which shows a positive picture for alcohol related hospital admissions and the performance exception for diabetic retinopathy screening which was discussed earlier under Matters Arising. Members were reminded that for further detail on performance and risk the latest full assurance report has been embedded into the cover sheet of the supporting paper for information.

Dr Hopper advised that some patients with alcohol related problems have been directed to The Junction by Mental Health Services, rather than utilising community interventions. Geoff Barnes is to discuss this further with Quent Dowse.

**ACTION: G Barnes**

A query was raised over the continuing red status for Health Visitors and it was noted that the Delivery Assurance Committee have investigated this issue and a clear action plan is in place. A local training scheme has been set up by the integrated children’s provider and the number of individuals who will complete the training and qualify this year will ensure the numbers will be met. It is anticipated that the provision of the training scheme will resolve the problems experienced with recruitment and retention in the past. However, retention of the training scheme graduates will need to be kept under review.

The performance of NHS Health Checks was noted and Geoff Barnes advised that this target may need to be approached in a different manner than previously to ensure that they are accessed by key groups within health inequality areas, but anticipates that this will be taken forward through the Health and Well Being Board.

**Members of the meeting confirmed their approval of the report’s format for future meetings.**

1. **Finance Report**

Cathy Kennedy advised that it is very early in the financial year and there has been no substantial shift from discussions held at previous meetings.

The PCT Baseline Exercise was highlighted which outlines the expenditure of PCTs then sets out how this funding will be deployed among the new organisations eg CCGs, NHS Commissioning Board and Public Health. This is an important exercise as it is designed to ensure the correct future funding for delivery of functions. The initial submission will entail a full month of confirm and challenge processes. The Chief Clinical Officer (designate) will be required to sign-off the CCG’s submission by 20 July.

The BPPC performance is still being monitored closely by the IG&A Committee but is starting to improve now that the new system is in place.

* 1. Medium Term Financial Plan

Cathy Kennedy informed the meeting that the Medium Term Financial Plan has gone through confirm and challenge processes with the Audit Committee Chair and Senior Officers of the CCG. The position outlined within the supporting paper shows the CCG position is very similar to that of the CTP and is on track.

The Governing Body noted the update and **agreed to delegate the on-going review of the Medium Term Financial Plan to the Integrated Governance and Audit Committee.**

1. **Use of CTP Seal (approval in retrospect)**

The supporting paper provided information on the use of the Seal during May 2012 and was noted by the meeting.

1. **Strategic Plan for Sustainable Services**

 Sue Rogerson told the meeting that locally £24million in savings still has to be identified.  The recent Women and Children’s Workshop had been tasked with identifying an £8million saving but were unable to make a definitive decision as any major change planned would have an adverse impact on other services.  The task group have now referred the matter back to the Management Group and further work is required to find a resolution.

A range of proposals are being developed by the Management Group and will be taken back to the Clinical Stakeholder Group and key stakeholders once agreed.  The CCGs need to be linked into the process as commissioner requirements and criteria need to be incorporated within proposals which will need a full Northern Lincolnshire consensus.  Attention is also starting to focus on communication and engagement and it is intended for a common set of briefings to be issued; there will also be a signed-off communication plan with a communication lead identified in each of the areas.  A sustainable service meeting is being held later today with Hugo Mascie-Taylor, Peter Melton, Karen Jackson, Allison Cooke and Sue Rogerson to look at the whole picture.  The plan needs to be owned by the commissioners and has to balance the requirements of both North and North East Lincolnshire.

The meeting voiced a growing concern over the inability to be able to lock down next year’s financial position and noted we have identified high level targets but put no delivery plans in place.  Whilst it was acknowledged a lot of work has been undertaken, with a very inclusive, clinically-led approach, the process does not appear to be able to find the answers needed to enable Northern Lincolnshire to move forward.  It was highlighted that the only organisation who has put forward their vision of the future is the Acute Trust and that the commissioners need to evaluate that submission and either agree with it, find an alternative or synergise elements that are similar and find solutions to those that differ widely.

**It was agreed that this item will discussed fully at a Governing Body workshop and that the NLaG proposals will be provided for consideration.**

**ACTION: S Rogerson/Agenda**

1. **Discussion Topic – PUBLIC ENGAGEMENT**

Andy Humphrey introduced Anne Hames to the meeting. Mrs Hames is the Chair of the Community Forum, a member of ACCORD and the lay member for the Intermediate, Urgent and Unscheduled Care Triangle.

A presentation was given entitled “Community as Part of the Solution” which outlined:

* What is community engagement?
* Why have community engagement
* A sea change in the world of health and social care
* What we should aim for
* What do these ideas of co-production really mean
* Local examples
* Business case
* What we have now
* Changes in the way the public sector interacts with the community
* The move to community ownership
* Recommended way forward

It was flagged that currently the organisation is telling the public what the concerns and issues are rather than asking the public to identify what they feel the issues to be and that often the two are very different. It was agreed by the meeting that members of the public should be involved in shaping and driving forward service delivery and further ways of ensuring this happens need to be explored.

Anne Hames stressed the importance of making sure that when changes are made following community engagement, the results are cascaded back to the community. Failure to ensure good communications and feedback can lead to public disengagement which will also arise as a direct result of seeking public opinion and then not considering or acting upon it.

It was felt that members of the public need to be made aware of the dilemma being faced by Northern Lincolnshire with regard to sustainable services and public awareness raised about the costs involved in service delivery including such things as the costs incurred when patients miss their medical appointments.

*Cllr M Burnett left the meeting.*

**It was agreed that community engagement will be actively sought and involved in the next steps and solution proposals for sustainable services.**

**ACTION: S Rogerson**

*Andy Humphrey and Anne Hames left the meeting.*

1. **UPDATES FOR INFORMATION**
	1. Community Forum Update

The contents of the supporting paper were noted.

* 1. Council of Members Update

The Council of Members have reluctantly agreed to sign-up to the procurement exercise for NHS 111 and will try to provide the best deal possible out of it for the North East Lincolnshire service.

*Dr Rakesh Pathak left the meeting.*

Dr Reeta Singh has tendered her resignation as Clinical Lead for the Wellbeing and Prevention Triangle.

The election process for an extra GP member for the Governing Body is being rerun as there were no nominations in the first tranche.

1. **ITEMS FOR INFORMATION**

The items for information were noted.

1. **ANY OTHER BUSINESS**

There was no other business.

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

Thursday 13 September 2012 from 1400 to 1600 in Seminar Room 2, Freshney Green