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

**MINUTES OF THE MEETING HELD ON THURSDAY 13 SEPTEMBER AT 2012 AT 2PM IN SEMINAR ROOMS 1 & 2, FRESHNEY GREEN**

**PRESENT:**

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

Dr Sudhakar Allamsetty GP Representative

Philip Bond Community Member (ACCORD)

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

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon Deputy Chief Executive

Dr Peter Melton Chief Clinical Officer (designate)

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

Zena Robertson Registered Nurse and Quality Assurance Lead

**IN ATTENDANCE:**

Sue Rogerson Sustainable Services Programme Director

Jeanette Harris Business Support Officer (Minutes Secretary)

**APOLOGIES:**

Geoff Barnes Acting Joint Director of Public Health

Jack Blackmore Strategic Director People and Communities – NELC

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Dr Derek Hopper Vice Chair/Chair of Council of Members

Geoff Lake ASC Strategic Advisor

Sue Whitehouse Associate Non-Executive for Integrated Governance and Audit

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

Mark Webb extended a welcome to the members of public present and thanked them for attending. A welcome was also extended to Dr Sudhakar Allamsetty as a new member of the Governing Body.

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

Philip Bond declared a conflict of interest in relation to Agenda Item 6 Summary Hospital Level Mortality Indicator, as he is a member of the Board of Governors of the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust.

1. **APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING – 12 July 2012**

The Minutes of the meeting held on 12 July 2012 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

 5.1 Welcome to Members of the Public

The Town Hall has been booked as a venue for the first three public meetings in 2013 to judge whether easier public accessibility to the meeting venue will aid public attendance.

The dates of the meeting and venue details are to be more actively promoted on the NEL CCG website.

**ACTION: Zena Robertson**

 5.2 Social Enterprise Model for Adult Social Services

An initial report has been received from NAViGO and Care Plus is in the process of producing one. The feedback from both reports will be incorporated into the SWP development proposals which will be brought to a future meeting of the Governing Body.

 5.3 Commissioning Intentions 2013/2014

The Wellbeing and Prevention Triangle have amended the wording of their statement as requested at the previous Government Body meeting.

5.4 Integrated Assurance Report

Some patients with alcohol related problems have been directed to The Junction by Mental Health Services, rather than utilising community interventions. At the last meeting Geoff Barnes was tasked with discussing this further with Quent Dowse. It was agreed that as Geoff Barnes is an apology for today’s meeting this item will carry forward to the next agenda.

**ACTION: Agenda**

 5.5 Strategic Plan for Sustainable Services

Plans for a workshop were in hand and the NLaG proposals will be incorporated within it.

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 5.6 Discussion Topic – Public Engagement (Sustainable Services Programme)

A piece of work is being undertaken to identify public engagement to date and this will be incorporated into a future update for the Governing Body.

1. **SUMMARY HOSPITAL LEVEL MORTALITY INDICATOR (SHMI)**

Dr Peter Melton informed the meeting that when this new indicator was published in October 2011, the expected and actual death rates for Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLaG) were 16% higher than anticipated, placing the Trust nationally amongst the 10 organisations with the highest rates for this indicator. Prior to the introduction of SHMI the RAMI (Risk Adjusted Mortality Index) had been used and up until 2009 the expected and actual death rates were as expected. However the percentages in the rates had increased twice between 2009 and 2011.

Following publication of the SHMI NEL CCG and NHS North Lincolnshire worked with the Trust to identify the reasons for the increase and initially it was thought that a coding issue was responsible but whilst the resolution of some coding issues brought the rate down, it was still significantly higher than expected. As part of contract negotiations assurance was sought from NLaG to understand the issues that were driving this indicator and the steps that had been put into place to address it. NLaG advised they were working with the Hull Medical School and the Public Health Observatory to identify and address the issues. However NEL CCG and NHS North Lincolnshire, with the support and agreement of NLaG, decided a more critical external review should be carried out. The findings of this review were submitted in June 2012 and contained 40 recommendations. A Northern Lincolnshire steering group was established with representatives from NEL CCG, NHS North Lincolnshire and NLaG. The steering group remit initially was to oversee the independent review but it has now been tasked with ensuring an adequate response to the 40 recommendations outlined within the report and to examine the impact of wider determinates including primary and community care.

Zena Robertson represented NEL CCG at a press conference this morning which had been arranged to provide media access to the report and to answer any questions they may have. It was well attended by press, TV and radio. A full copy of the report can be obtained by contacting Jeanette Harris at NEL CCG.

The Governing Body is being asked to:

* receive the executive report summary, recommendations and NLHCMAG response
* support the development of a more detailed action plan and delegate the monitoring of the implementation of the action place to the NLHCMAS
* confirm how often it wishes to receive updates for assurance

A query was raised as to whether or not the change in senior leadership at NLaG in 2010 may have been a contributing factor to the increase in the mortality rate. In response Dr Melton stated that this did not appear to be the case as the increasing rate had commenced prior to the changes in the senior management team and that the incoming leadership continued to support the actions that had already been implemented and then went on to strengthen them.

A further query was raised as to what impact the report will have on the Diana, Princess of Wales Hospital. Dr Melton explained that patients in the critically ill category have a high level of clinical support and are doing better than expected but that the cohort of patients affected by the increased mortality rate fall into the moderately unwell category. A number of areas are being examined to understand why this is the case and whilst no definitive answers have yet been found it has been noted that these patients are being moved more frequently than expected and investigations are now focusing on the clinical support skill mix being provided. Dr Melton stated that in his view there appears to be a clear link between the early findings to date and the improvements the CCG wishes to see in service provision. The CCG is looking for top quartile performance and consistency of care but currently there is a variation in the care provided which relates to days of the week and times of day. This matter is one of the areas being explored by the Sustainable Services Programme to identify a resolution and take forward as one of the key outcomes for Sustainable Services is to define quality and improve mortality and morbidity across the population.

Mark Webb has written to the Chair of the NLaG Board outlining formal feedback from the Governing Body. A reply has been received and a meeting between the 2 Chairs has also taken place. The Chair of NLaG has confirmed that the SHMI is a top priority for himself and his leadership team and that in his view, the health and wellbeing of members of the public was paramount and took precedence over where a service was provided.

**It was agreed that regular 6 monthly SHMI updates will be brought to the Governing Body meeting but that exceptional updates will be brought before the meeting as and when required.**

**ACTION: Z Robertson/P Melton**

The following comments were raised in relation to specific recommendations:

Recommendation 14 - Training and development for key staff on patient experience – learning set approach

The action is developing a programme for Governors – why are Governors considered to be key staff and why are other staff not included

Recommendation 16 - Patient stories and a variety of methodologies, not just asking patients while they are in hospital

It was suggested the commissioner surveys of patients could be implemented, possibly on discharge rather than quarterly. It was noted that a piece of national work was underway to develop a mobile phone application to enable this as the majority of the population, including those in the homeless category, have mobile phones.

Recommendation 24 - NEL CCG should support NLAG in seeking resolution to the whole system issues that manifest in Diana Princess of Whales Hospital (DPOW) bed pressures, especially around social care support to reduce delayed discharges

A query was raised as to why there are no timescales in the action plan for this recommendation. It was clarified that the systems have already been put in place and key providers meet monthly to resolve any issues that may arise. **It was agreed the action wording should be amended to say completed and will continue to operate**.

**ACTION: Z Robertson**

1. **THE NEL CARERS ACTION PLAN 2012**

The supporting paper was taken as read but it was highlighted that in North East Lincolnshire just under 10% of the population are carers and of these 25% provide over 50% of care which equates to £283m of care being provided.

The document being considered today is a refresh of the local strategy which was discussed fully at a meeting of the Governing Body earlier in the year.

Delivery of the action plan has helped to identify hidden carers and has also highlighted a potential risk related to the capacity of partner agencies being able to continue to build and be involved in this work due to the current economic climate.

The meeting commended the re-launch of the Carers Forum with carers as Chair and Vice Chair and the development of a recognition card for young carers. The extreme financial pressure being experienced by third party providers was noted and consideration will need to be given as to how the organisation can support these smaller community groups.

**The meeting agreed the Local Plan to Deliver Services to Support Carers for 2012/2013.**

1. **REGISTER OF DECLARATION OF INTERESTS**

The declaration of interests register was examined by the meeting and it was noted this document will be uploaded onto the NEL CCC web page. It was clarified that if members ever wanted to seek advice over whether or not a declaration needed to be made that they could contact Zena Robertson who will be able to provide them with the necessary guidance.

A query was raised over whether the working GP spouses of Governing Body members should be included on the Register as this was relevant to 2 members of the meeting. Zena Robertson confirmed that these details will need to be included on the register for the 2 members concerned.

**ACTION: Z Robertson**

**The Governing Body noted the completed Register of Declarations of Interest** **subject to the amendment above.**

1. **RISK MANAGEMENT FRAMEWORK**

A Risk Management Framework is in place for the CTP which describes the governance arrangements for that organisation. As part of the move towards becoming a CCG the Risk Management Framework has been refreshed and made fit for purpose for the emerging CCG and a further refresh will be carried out in April 2013 once the CCG has become a statutory body.

The purpose of the Risk Management Framework is to describe how the organisation will manage risk, how it is embedded within the organisation and to detail the governance arrangements that have been put in place for managing risk and to provide integrated assurance that risk is being managed.

Apologies were given for the length of the document but it was stressed that Governing Body members to need to understand the Risk Management Framework and the assurances provided.

A query arose over a conflict of interest for a GP who may be a Clinical Lead and also represent their GP Practice at the Council of Members. It was confirmeded that in this situation the individual could either register their Practice vote with the Chairman, pass the vote to another Practice as a proxy vote or arrange for another representative from their Practice to attend and vote in their stead.

**The Governing Body approved the implementation of the NEL CCG Risk Management Framework and noted the progress made to date.**

1. **QiPP**

Members were advised that if they were involved in the Authorisation Panel visit on 27 September they may find it useful to include the supporting paper for this item in their paperwork for that visit.

The QiPP Assurance and Planning report outlines QiPP planning and assurance for 2012/13 and describes the proposals for 2013/14 and future years. Local stakeholders have been involved in the development of the programme to ensure integrated planning and delivery of health and social care savings plans.

The Report provides examples of how the impact of decisions taken is considered from every aspect they may affect, across both health and social care.

**The Governing Body noted and endorsed the Report and the on-going approach to QiPP delivery and assurance.**

1. **SUSTAINABLE DEVELOPMENT MANAGEMENT PLAN**

Helen Kenyon outlined the contents of the supporting paper and highlighted the NHS mandate to reduce its carbon footprint and become more sustainable. It was noted that the CCG sustainable development management plan differs from that produced by the CTP as the organisation is no longer a major provider and now needs to work with providers to assist them in reducing their carbon footprint.

Examples of progress to date are highlighted under Section 3 of the Plan and the next steps to be undertaken are described in Section 4.

**The Governing Body approved the initial Sustainable Development Management Plan, noted the action taken to date and further actions to be undertaken by the CCG in relation to Sustainable Development and also noted that the overall responsibility for the Sustainable Development Management Plan of the NEL CCG lies with the Accountable Officer whilst the CCG Governing Body sustainability lead, the Deputy Chief Executive, will oversee the development and implementation of the sustainability agenda.**

1. **STRATEGIC PLAN FOR SUSTAINABLE SERVICES**

The supporting paper for this item was taken as read but attention was drawn to the following key points:

* Progress has been made on 2012/2013 targets for QiPP and sustainable services but further work is needed for longer term goals.
* A workshop was held at the beginning of August with the Chief Executive, Accountable Officers and Clinicians from both CCGs and NLaG to try to work up some proposals for sustainable services solutions. A number of options are now being developed for secondary care services and these will be available at a later date
* Commissioners are working on developing models of care that support the aims and visions of the CCGs and it is expected that these will be completed by the end of the year.

A presentation was then given which covered:

* South Bank Sustainable Services Programme – Finance Update
* Overall position 2012/13 to 2014/15
* QiPP Savings 2012/13 – Plan and Forecast
* QiPP Savings 2013/14 and 2014/15
* NEL CCG Position – 2012/13 to 2014/15

It was noted that the further into the future the projections were the greater the amount of risk displayed but this is in line with other areas as the lack of certainty in future plans is a common theme nationally.

It was proposed that future update reports should be expanded to include aims and outcomes as well as updates on progress to provide assurance that the right quality of service is being considered as well as the finances available to deliver it.

**It was agreed that future updates will be expanded to include quality and accessibility.**

**ACTION: S Rogerson**

It was agreed that an exploration of the forward plan based around sustainable services and QiPP covering how we would like to see and innovate the balance between quality outcomes, accessibility and financial targets would be a useful topic for a Governing Body workshop.

**ACTION: Agenda**

1. **INTEGRATED ASSURANCE REPORT**

The performance dashboard and risk dashboard were noted.

Attention was focussed on the performance exception which highlights a recent decline in the rates of breastfeeding initiation and at 6 to 8 weeks. This decline is being investigated but to date has been unable to identify any trend or explanation. It was flagged that whilst the professionals involved were being consulted, mothers have not been approached and it may be helpful to obtain the mothers’ view. This will be raised at the next meeting of the Delivery and Assurance Committee.

**ACTION: C Kennedy**

It was also raised that there could be a disconnection between what the service provided and what service user wants.

The possibility of a link with smoking and alcohol use was also raised and it was noted that there is a lot of defragmentation as these 3 areas are all covered by separate pieces of work and can cause frustration amongst service users as an individual has to get advice from a number of different services and people.

It was suggested that the different strands of antenatal and new born work could be discussed with other agencies such as the Health and Wellbeing Board to progress this further.

**ACTION: C Kennedy**

1. **FINANCE REPORT**

Cathy Kennedy told the meeting that there were no significant changes to the forecast position from the report received at the previous meeting and that targets were on track.

A surplus forecast has been identified for prescribing and Adult Social Care and methods to address this are being explored.

It was noted that in relation to recommended levels of contingency health funds could not be carried forward but a certain amount could be for Adult Social Care and managed in liaison with NELC.

The contents of the report were noted.

1. **Discussion Topic – EQUALITY AND DIVERSITY – LEADERSHIP REQUIREMENTS FOR NEL CGG**

The contents of the supporting paper were taken as read and a presentation was given entitled “The Equality Act 2010: Compliance and Practice” which outlined:

* Background Legislation 2000 to 2010
* Equality Action 2010
* Objectives of the Equality Act 2010
* Protected Characteristics
* Prohibited Actions
* Points to Note
* The New Public Sector Equality Duties – The General Duty
* The New Public Sector Equality Duties – Specific Duties
* Implications for Action for NEL CCG

The Governing Body were asked to receive and endorse the report and the Equality and Diversity Strategy and Action Plan, including the use of EDS, and are also being asked to nominate a clinical lead for Equality and Diversity.

The request to nominate a clinical lead as an Equality and Diversity champion was debated by the meeting and the consensus of the members was that the Governing Body as a whole should fill this role rather than a single individual. Part of the Governing Body remit is to provide strategic leadership and to receive assurance actions from providers and it was felt that to nominate a single individual as a clinical lead for Equality and Diversity could marginalise this when it is a whole organisation responsibility.

It was agreed that the responsibilities involved for Governing Body members in relation to Equality and Diversity should form part of the agenda for a future Governing Body workshop.

**ACTION: J Harris - Agenda**

The coversheet that accompanies Governing Body meeting papers was discussed and it was highlighted that correct completion of the last section of this sheet, which queries whether particular requirements have been met, including those of equality and diversity, needs to be maintained and checked on a random basis. Ways to ensure this will be explored outside the meeting.

**ACTION: C Kennedy**

**The Governing Body noted and endorsed the report and the Equality and Diversity Strategy and Action Plan.**

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

The last meeting of the Community Forum received an update about the authorisation panel visit taking place on 27 September. The minutes of the last meeting of the Governing Body were circulated but there were no queries raised by the Forum to be brought back to this meeting.

* 1. Council of Members Update

At their last meeting the Council of Members discussed and agreed the future style and approach of work being taken to them which will be a mix of business items and workshop discussion. There is a mixed attendance at meetings and Cathy Kennedy, Helen Kenyon and Zena Robertson will be visiting Practices 3 times a year to identify any issues and encourage attendance.

Mark Webb advised that the review he had been requested to carry out by CoM has been completed and submitted. Recommendations are now awaited from CoM together with what actions they wish to see implemented.

1. **ITEMS FOR INFORMATION**

The items for information were noted.

1. **ANY OTHER BUSINESS**

Mark Webb highlighted that there is no clear public picture on what is happening within the NHS and stated that clarity needs to be provided on what is happening now. It was agreed that this should form part of the agenda of a future Governing Body workshop or a meeting outside this one.

**ACTION: J Harris** **– Agenda**

**19. QUESTIONS FROM THE PUBLIC**

Questions were invited from the members of the public in attendance and the following comments were received:

* More effort should be put into increasing public involvement. There is a lot of confusion amongst the public in relation to services and there is a growing perception that services will not be available or there will a long delay in accessing them.
* Eng-Age, an over 50s group, are very keen to work with the CCG as they wish to be involved in the improvement of health and health services. Mark Webb advised that he had just accepted an invitation to attend an Eng-Age question time event and will discuss this further when he attends.

* There is very little support provided by the George Hardwick Centre for people who are carers for individuals with mental health problems. It was agreed that Nicola Pullman will be asked to investigate this further.

**ACTION: Z Robertson**

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

Thursday 8 November 2012 from 1400 to 1600 in Seminar Room 2, Freshney Green