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

**MINUTES OF THE MEETING HELD ON THURSDAY 8 NOVEMBER 2012 AT 2PM IN SEMINAR ROOMS 1 & 2, FRESHNEY GREEN**

**PRESENT:**

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

Jack Blackmore (part meeting) Strategic Director People and Communities – NELC

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Dr Cate Carmichael Joint Director of Public Health

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

Geoff Lake ASC Strategic Advisor

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

Zena Robertson Registered Nurse and Quality Assurance Lead

Sue Whitehouse Associate Non-Executive for Integrated Governance and Audit

**IN ATTENDANCE:**

Mandy Coulbeck Locally Practising Nurse

Sue Rogerson (part meeting) Sustainable Services Programme Director

Jeanette Harris Business Support Officer (Minutes Secretary)

Laura Whitton (part meeting) Assistant Chief Financial Officer

**APOLOGIES:**

Dr Sudhakar Allamsetty GP Representative

Philip Bond Community Member (ACCORD)

Dr Derek Hopper Vice Chair/Chair of Council of Members

Mr Perviz Iqbal Secondary Care Doctor

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon Deputy Chief Executive

Dr Peter Melton Chief Clinical Officer (designate)

**QUORACY**

Due to an unexpected and unavoidable apology the meeting will not be quorate. It was agreed by those present that any decisions taken will be ratified at the 13 January Governing Body meeting and that for Items 6 and 15.1 a Chair’s Action can be taken.

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

No conflicts of interested were raised.

1. **APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING – 13 September 2012**

The Minutes of the meeting held on 13 September 2012 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

4.1 Integrated Assurance Report – Referrals to the Junction

Dr Carmichael reported that there is a direct community access service to the specialist alcohol service (NELCAT) commissioned by the DAAT. It operates a joint direct access service with the Community Drug Service (CDS), which is also commissioned from the same provider – RdaSH and ADS. The actual drug and alcohol services operate out of completely separate buildings but economies of scale dictate one direct access point. Mental Health, acute and primary care regularly refer patients to this direct access service without a problem.

Commissioners and providers appreciate the ideal would be to have separate direct access points and will examine how this could be delivered.

The patient originally referred to NELCAT and the subject of this agenda item was re-engaged by NELCAT after they made contact with the patient at their GP practice.

4.2 Summary Hospital Level Mortality Indicator (SHMI)

A community-wide action plan has been developed and will be discussed at the December meeting of the Northern Lincolnshire Health Community Mortality Action Group.

An update on the SHMI together with the community-wide action plan will be a substantive agenda item at the January Governing Body meeting.

**ACTION: Agenda**

4.3 Register of Declarations of Interest

The Register of Declarations of Interests has been updated to include GP spouses of Governing Body members.

4.4 Integrated Assurance Report – Breast Feeding Rates

Isobel Duckworth from Public Health was asked to attend the last meeting of the Delivery Assurance Meeting to provide detailed information on the work being undertaken to improve the breast feeding rate and to find out whether or not the views of mothers are being obtained. After considering the information provided the Delivery Assurance Group are satisfied that there is a robust and appropriate programme of work being undertaken to address this issue.

4.5 Discussion Topic – Equality and Diversity

The October Governing Body workshop covered the responsibilities of the Governing Body in relation to equality and diversity and it was agreed at that gathering that a further workshop will take place at a future date.

Mark Webb told the meeting that he has met with the Chair of Communities Together who during their discussion, raised the matter of how the NHS provides support for staff from ethnic minorities who may be coming under pressure to integrate themselves into the system and culture of NHS working.

 The Chair of Communities Together will be invited to attend a future Governing Body meeting to participate in a discussion on equality and diversity.

**ACTION: Forward Agenda**

4.6 Public Questions – Support for Carers of Individuals with Mental Health Problems

Nicola Pullman, Service Lead for Carers, has met with George Baker and they are now working together to address some of the matters he raised at the last meeting.

1. **STRATEGIC PLAN FOR SUSTAINABLE SERVICES**

Due to IT problems the presentation prepared by Sue Rogerson was unable to be screened and it was agreed this would be e-mailed to members for their information.

Sue Rogerson verbally outlined the contents of the presentation which covered the following areas:

* Background
	+ Nicholson Challenge
	+ Northern Lincolnshire Programme
	+ Themed Areas
	+ Clinical Engagement
	+ Locality Perspective from CCGs
* Current position
	+ Clinical View – unselected emergencies in Grimsby and Scunthorpe, managed care networks, integrated solutions
	+ NLaG Proposal for 2 site option for acute services
	+ CCGs developing proposed view of the locality integrated care system
* Next steps and timescales
	+ Work focusing on preferred model
	+ Building the case for change
	+ Using outcome and benchmarking data to show where we are now and where we wish to be
	+ Discussions with stakeholders across the system
	+ Developing a range of options across Northern Lincolnshire (which may be different in each locality)
	+ Testing of the options for quality, access and affordability and to identify key risks
	+ Draft options with stakeholders by 13 December
	+ Agree and work up detailed models for delivery of preferred options by March 2013
	+ Engage with wider stakeholders and communities by March 2013
	+ Identify areas of change where progress can be made in 2013 which do not require formal consultation and develop plans by March 2013
	+ Develop overarching detailed services implementation plan by May 2013
	+ Develop, consult and amend the preferred option in preparation for full implementation from January 2014

A query was raised over when patient and public involvement will be sought to inform the quality and shape of future services. In response Sue Rogerson advised that this was already happening through the Service Triangles but would need to be widened further to a broader spectrum of the public. It was accepted that a clear framework will need to be developed to ensure a robust and comprehensive public view is captured to inform the options being considered. Involvement of self-carers and the Third Sector also needs to be included and taken into account.

It was noted that the clinical view outlined under the current position has been formed by the Clinical Stakeholder Group which is comprised of both primary and secondary care clinicians, however other professionals are not currently members of this group and it is important that their views are also reflected. The membership of the Clinical Stakeholder Group is currently being reviewed together with ways of obtaining a broader professional view. This matter is also on the December agenda of the Council of Members Meeting.

*Laura Whitton arrived.*

It was noted that the proposals prepared by NLaG have been developed in the absence of clarity from commissioners over what they are expecting to see in a model of service delivery and it was acknowledged that this lack of clarity needs to be addressed in a timely manner to enable appropriate progress to be made.

The need for a comprehensive media strategy was flagged and whilst it was accepted there is a supporting COMMs and engagement plan in place through Sustainable Services it was noted that this needs to be planned and worked through with the CCGs as well.

It is anticipated that the draft options will be available for presentation to the Governing Body at its January meeting.

**ACTION: Sue Rogerson**

*Sue Rogerson left the meeting.*

**6. THE QUALITY FRAMEWORK**

The supporting paper was taken as read but it was highlighted that the Quality Framework being submitted was a dynamic document and reflects the current point in time, further work will be undertaken post April 2013, following the authorisation of CCGs. The Quality Framework has to date only been viewed by Authorisation assessors and will be uploaded onto the CCG internet once it has received Governing Body approval.

It was suggested that the role of the Strategic Director People and Communities should be included in the Quality Framework under safeguarding in light of the fact that the post holder is the Chair of the Safeguarding Adults Board and a member of the LSCB.

**Following agreement by those present at the meeting a Chairman’s Action was taken to approve the Quality Framework.**

1. **Developing the culture of compassionate care: creating a new vision for**

**nurses, midwives and care-givers**

Zena Robertson advised the meeting that this strategy has been developed nationally in the wake of some recent reports relating to a poor provision of care by some professionals within nursing, midwifery and care giving.

The supporting paper provides details of the 6 key areas that have been identified to underpin quality and beneath those are shown the areas where professionals can take the lead to improve the quality of care provided. A consultation period is still underway and opinions can be given by accessing the website provided on the supporting paper.

The Francis Report is due to be published in January 2013 and it is expected to contain over 30 recommendations, many of which are expected to relate to how the system works.

The CCG will need to ensure it is aware of the issues raised and the tools available to address them as it will be expected to provide assurance to the LAT and NCB of its awareness of the strategy and its role in implementation as a commissioner.

It was noted that Mandy Coulbeck will work with providers to take this strategy forward.

A number of issues that need to be considered and addressed were flagged by the meeting and included the levels of staffing and skill mix of staff at the local hospital, what type of support has been put in place to ensure staff have the support and development opportunities they need and recruitment difficulties within the area. It is expected that the issues raised within the meeting will all emerge out of the work being undertaken by Mandy Coulbeck or the Francis Report itself.

**The Governing Body confirmed its support for the implementation of the Strategy.**

1. **Public Health Report 2011/2012**

Dr Cate Carmichael told the meeting that Geoff Barnes was to be commended for the production of an excellent Public Health Report. Following significant investment over that last few years there has been an increase in life expectancy, a reduction in the rates of obesity and smoking in young people and a fall in the rate of premature mortality associated with cardiovascular disease.

The report details the main health issues within the area and the steps and initiatives being undertaken to reduce them. The issues involved are:

* the strong links between drug and alcohol misuse, poor health and crime
* Respiratory disease in North East Lincolnshire

It was noted that good partnership working is essential to achieve a positive outcome for these issues and this included the need to look at what Practices are doing and what support Public Health can provide to Practices.

*Jack Blackmore left the meeting.*

A short debate took place over the lack of effect that current initiatives have had in recent years on the smoking cessation programme and it was accepted that new ways of approaching this issue need to be developed and implemented if any improvement is going to be achieved.

Dr Carmichael voiced her enthusiasm for gaining active GP involvement in progressing Public Health issues and this was received positively by the meeting.

1. **ITEMS TO NOTE: Population Screening Programmes Annual Report 2011**

The Population Screening Programmes Annual Report 2011 was noted by the meeting.

1. **integrated assurance report**

The supporting paper was taken as read. Zena Robertson advised members that at its last meeting the Delivery Assurance Group felt confident that all risks were being well monitored and addressed and there was therefore no need to escalate any exception items to the Governing Body for this meeting; it was also noted that feedback in relation to breast feeding rates has already been covered under matters arising above.

The timeliness of report updates by some leads was raised as an issue and Helen Kenyon was asked to pick this up as the line manager for those concerned. Helen will also take forward discussions with Jack Blackmore over the provision of assurance for Children’s Services.

The Integrated Assurance Report itself is undergoing further development following a suggestion that some of the story behind the red, amber and green indicators should be included. Whilst this was accepted by the meeting it was reiterated by the Chair that Governing Body members required indications of risks and that it had delegated responsibility to investigate and address areas of concern to the Delivery Assurance Group with exception reports being escalated back to the Governing Body. The report received by the Governing Body needed to remain concise and to the point and should not evolve into a large document.

The lack of a target for health inequalities was queried and Zena Robertson will raise this with Martin Rabbetts.

**ACTION: Zena Robertson**

1. **finance report**

Laura Whitton took the Finance Report as read but drew attention to the following points:

* The CCG is still on plan to achieve a surplus of £1.4m on health and a break-even position on Adult Social Care
* There is a current underspend on prescribing budgets driven by nationally agreed price changes which have proved more beneficial on the total budget than anticipated
* The single biggest pressure continues to be retrospective claims for continuing care

In relation to retrospective claims for continuing care the CCG is consistent nationally with other organisations. To date 200 claims have been received but with a further deadline for submission of 31 March 2013 more claims are expected to be received. Processing the claims and checking their validity is taking a lot of time and effort and straining the capacity of staff. CCGs will be liable to manage the payment of agreed claims out of their existing budgets as no additional funding is being provided by the Department of Health to meet them.

**The meeting expressed its concern over the pressures inherent within retrospective claims for continuing care and it was agreed that Mark Webb would raise these concerns with the 2 local MPs on behalf of the organisation.**

**ACTION: Mark Webb**

1. **discussion topic**

none requested for this month.

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

Zena Robertson informed the Governing Body that the last Community Forum meeting spent some time discussing the working relationship of the Triangles and identifying areas where they were not as effective as they could be. As a result Lisa Hilder, the Strategic Lead for Planning, Helen Kenyon and Zena Robertson will be meeting with OPM to initiate some development work with the Triangles to improve relationships and working within them.

* 1. Council of Members Update

In the absence of Dr Derek Hopper Mark Webb provided a brief update from the last Council of Members meeting. Matters discussed at that meeting covered:

* PMS contract future management arrangements – a letter is to be sent by Derek Hopper on behalf of CoM to Julie Warren at the Cluster, outlining their concerns and preferences for future arrangements
* Declaration of interests – members who have not completed their conflicts of interest declarations will be unable to exercise their vote
* GP home care scheme – members agreed to a pilot taking place for a period of 6 months
* CCG authorisation – following the authorisation visit some green criteria had turned red. The affected criteria refer to safeguarding, wider member practice understanding of local plan and priorities and the CCG constitution. CoM has agreed that the Constitution working group should address the issues within the document then send for legal advice prior to December.
1. **ITEMS FOR INFORMATION**

The items for information were noted.

1. **ANY OTHER BUSINESS**

15.1 Safeguarding Children Policy

Zena Robertson drew members attention to the 2 policies embedded within the supporting paper which are the Safeguarding Children Policy and the NEL Partnership Adult Safeguarding Policy.

The CTP has comprehensive arrangements and policies in place for the safeguarding of children and adults and these need to be carried forward to the CCG. Members are being asked to agree to the adoption of the NEL Partnership Adult Safeguarding Policy and to agree the Safeguarding Children Policy. Agreement will also be sought from the December meeting of the Council of Members. If agreement is received the CCG name will be incorporated into the NEL Partnership Adult Safeguarding Policy.

**Following agreement by those present at the meeting a Chairman’s Action was taken to approve the Safeguarding Children Policy and formally adopt the NEL Partnership Adult Safeguarding Policy.**

**16. QUESTIONS FROM THE PUBLIC**

No questions were put forward.

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

Thursday 10 January 2013 from 1400 to 1600 in the Crosland Suite, Grimsby Town Hall