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**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**PARTNERSHIP BOARD**

**MINUTES OF THE MEETING HELD ON THURSDAY 11 JULY 2013 AT 2PM IN THE VICTORIA SUITE, TUKES CAFÉ, 3 BRIGHOWGATE, GRIMSBY DN32 0QE**

**PRESENT:**

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

Dr Sudhakar Allamsetty GP Representative

Philip Bond Lay Member Public Involvement

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Dr Cate Carmichael Joint Director of Public Health

Juliette Cosgrove Strategic Nurse

Mandy Coulbeck Locally Practising Nurse

Dr Derek Hopper Vice Chair/Chair of Council of Members

Helen Kenyon Deputy Chief Executive

Dr Peter Melton Chief Clinical Officer

Cllr Peter Wheatley Portfolio Holder for Health, Wellbeing & Adult Social Care - NELC

Sue Whitehouse Lay Member Governance and Audit

**IN ATTENDANCE:**

Bev Compton Head of Improved Health - NELC

Jeanette Harris Executive Office Administrative Support (Minutes Secretary)

Lisa Hilder Assistant Director (Strategic Planning)

Laura Whitton Deputy Chief Finance Officer

**APOLOGIES:**

Jack Blackmore Strategic Director People and Communities – NELC

Mr Perviz Iqbal Secondary Care Doctor

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Geoff Lake ASC Strategic Advisor

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

No conflicts of interest were declared.

1. **APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING – 14 MARCH 2013**

The minutes of the meeting held on 14 March 2013 required two amendments as detailed below:

Page 6 Item 11.2 EMAS should read EMIS

The date of the meeting at the top of page 1 should read 9 May 2013

Subject to the above two amendments the minutes were agreed to be a true and accurate record.

1. **MATTERS ARISING**

There were no actions to be noted from the matters arising from the previous meeting.

**5. SOCIAL WORK PRACTICE**

Following extensive consideration at previous Board meetings and workshops formal approval is being sought today for the establishment of a free standing social enterprise, for adult social care work functions associated and related to the assessment and case management of individuals who need care or support, with effect from 1 September 2013.

This proposal has been in development over a two year period and during that time has been considered by NEL CTP and NELC Cabinet.    The proposal has also been considered by the Health and Wellbeing Scrutiny Panel.  NELC Cabinet granted formal approval for this proposal at its June 2013 meeting.

At the last Board workshop a number of specific queries had arisen in relation to the proposal and the responses to these queries are detailed on the 2nd page of the supporting paper; the attention of the meeting was drawn to these.

Sue Whitehouse, Audit Chair, informed the meeting that following a recent meeting with staff and a review being undertaken by internal audit she felt assured that a robust and thorough process has been put in place.

It was noted that whilst strategic housing sits with the Local Authority, responsibility for extra care housing belongs to the CCG and it will be vital for a close working relationship to be on going between the two areas.

A leadership timeout was held recently with the Social Work Practice and the CCG and the opportunity was taken to work through the business plans of both organisations.  The event had been highly productive and set a good grounding for further development of the relationship between the two organisations.

**The Partnership Board gave approval for the establishment of a Free Standing Social Enterprise for Adult Social Work to become operational from 1 September 2013.**

**6. THREE YEAR BUSINESS PLAN AND OUTCOME REVIEW**

The outline business case for the outcome review is being developed and financial representatives from the CCG and NELC met this morning to progress work on the figures.

Attention was drawn to the supporting paper and the four strategic/high level priorities outlined within it.

These are:

* The vulnerable peoples’ outcome review
* Reviewing the transitions arrangements between children’s and adults social care
* Further development of the partnership arrangements in place between the CCG and Council
* Development and delivery of the “Local Account”

A query was voiced over how the integration pioneer bid will match up with the Social Work Practice and it was clarified that the pioneer bid related to strategic commissioning between the Council and the CCG and links into social housing.

It was flagged that the £7m savings referred to in the vulnerable people’s outcome review would need to be included in the LA’s 2015/16 financial year as there will be no further monies available and it was queried whether the work being undertaken is on course.  In response it was explained that the partnership

 will need to work much more closely together and that projects such as extra housing will need to be accelerated to achieve what has been set out.  There are some caveats in place at present but both organisations are currently working through them to reach a resolution.  NELC portfolio holders will be given an opportunity to consider the Partnership Agreement Business Plan before it is submitted to Cabinet.

The massive impact of the comprehensive spending review on both organisations was raised with particular emphasis on how it will apply to North East Lincolnshire.  Whilst it can be viewed as a potential opportunity it could also represent a potential challenge to the partnership in place.  A brief discussion took place as to whether this point should be identified as a 5th strategic priority or incorporated as part of the 3rd bullet point above and it was decided that this would be left to the judgment of Helen Kenyon and Bev Compton.

**The Board noted the report and agreed the priorities identified for progress as part of the partnership agreement for 2013-15.**

An update will be brought back to the Board in 6 months.

**ACTION:  H Kenyon/Agenda**

**7. WHISTLEBLOWING – NHS ENGLAND ADVICE**

This item has come to the Board to ask it to agree a recommendation for the Council of Members to be requested to consider adding a standard form of words, as advised by the Department of Health, when the constitution is next reviewed, for the avoidance of any doubt.

Whilst it was agreed that the organisation has the right intent with regard to whistle blowing a query was raised over what steps have been taken to embed the right culture among staff and what mechanisms have been put in place to monitor any incidents that may occur.

**It was agreed that a monitoring system for incidents needs to be in place with regular reports being submitted to the Integrated Governance and Audit Committee.**

**ACTION: L Whitton**

It was reiterated by the meeting that steps need to be put in place to ensure the right culture is embedded within the organisation.

It was flagged that whilst there is provision within the recommendations for whistleblowing protection to be incorporated within provider contracts it will be important to ensure confidentiality is maintained without suppressing information.

It was noted that whilst formal approval for any amendments to the organisation’s constitution and policies is sought from the Council of Members, those amendments will then be brought to the Board so it is aware.

 It was raised that 90% of activity takes place within primary care but a very small amount of reporting comes from this area and it was queried whether, as a member organisation, the CCG needs do more to ensure the right culture in relation to whistleblowing within Practices. It was acknowledged that the primary care setting was a small family type unit and as such it may be better to develop a more central contact for this purpose. It was highlighted that Internal Audit already have some systems in place for this and it was agreed that the Counter Fraud Manager should be invited to attend the next meeting to provide a briefing to the Board.

**ACTION: J Harris/Agenda**

It was also suggested that the presentation used by Internal Audit could be sent to Mandy Coulbeck for circulation to Practices.

**ACTION: L Whitton**

**The Board agreed the recommendation that the Council of Members is asked to consider adding the standard form of words as advised by the Department of Health when the constitution is next reviewed ‘for the avoidance of any doubt’.**

**8. QUALITY ASSURANCE**

a)  Keogh Review

A Keogh Review team visited Diana, Princess of Wales Hospital on 5 June, Scunthorpe District General Hospital on 6 June and Goole Hospital on 7 June.  An unannounced visit was also made out of hours to the Diana, Princess of Wales Hospital on 14 June.

The findings of the review were discussed at a meeting with the review team, the Trust and key stakeholders on 5 July.  The formal publication of the report by the review team is expected to be in the week commencing 15 July with an anticipated date of 16 July; the review reports of all 14 hospitals that were subject to a Keogh Review will be available to be viewed by the public on the NHS Choices website.  Members of the public will also be able to view a video of the first part of the review findings meeting held with each hospital.

The recommendations from the report will fall into 3 categories – urgent, high and medium but it is not known at this stage what time scales will be included.

Following the on-going work of the Mortality Action Group it is hoped that the findings of the review will have no surprises and that measures will have already been put into place to implement change and improvement but it was acknowledged that the pace or speed of improvement may need to be addressed.

The Keogh Report with its proposals, recommendations and time scales will be brought to the August Board workshop and the September public Board meeting.

**ACTION:  H Kenyon**

There will be two programmes of work to look at; one for immediate actions that can be implemented (though much of this has been going on for the past year through the Mortality Action Group), and a second programme that will relate to changes that will be brought about through Healthy Lives Healthy Futures.

**The Board noted the process and timeline being followed by the Keogh review team and agreed that the strategic Lead Quality and Experience take a lead in establishing the process to ensure that actions required are completed in a timely manner.**

b)  Summary Hospital-Level Mortality Indicator Update (SHMI)

The Mortality Action Group has a remit to identify immediate and short term actions that are required to improve the quality and safety of services for patients and this should also lead to an improvement in the SHMI.

At its monthly meeting the Mortality Action Group reviews the agreed action plan to ensure that adequate progress is being made against the targets set.  At the last meeting of the Group it was identified that the current Stroke service at the Diana, Princess of Wales Hospital needed urgent attention as it was not performing to the same level as the Stroke Unit at Scunthorpe General Hospital.  Out of hours has been identified as a particular area of concern.

The Chair of the Mortality Action Group wrote to North and North East Lincolnshire CCGs and the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust recommending that immediate action be taken to improve the performance of the Stroke Unit at Diana, Princess of Wales Hospital.

A meeting is being held today between clinicians in primary and secondary care to gain assurance on whether the problems can be addressed with immediate effect or whether there needs to be a temporary change to service.  Work has been undertaken to identify what other options could be implemented if deemed necessary and this information has been given to the clinicians meeting today and they have the authority to make a decision as required.

The outcome of this meeting will be reported to the Council of Members.

It was agreed that once the report has been submitted to the Chair of the Council of Members it can be forwarded to the Chair of the Board.

**ACTION:  H Kenyon**

8c) CQC Report

The CQC recently carried out 2 unannounced but routine inspection visits in the area; one at The Beacons Intermediate Care Unit and the other at the Diana, Princess of Wales Hospital.

The Beacons Unit was found to be compliant in all areas and no actions or enforcement notices were served.

At the Diana, Princess of Wales Hospital the hospital was compliant in 3 of the areas covered but action is needed in the areas of:

* Care and welfare of people who use services
* Supporting workers
* Records

The Trust has sent an action plan to the CQC which outlines the actions it needs to take to meet the required standards and this will be monitored by the CQC to ensure compliance and progression.

The CCG is triangulating the work coming from this report with both the Keogh Review and the Mortality Action Group report and are aware of the need for rapid action in relation to stroke services.

The CCG’s Strategic Nurse and Strategic Lead for Quality & Experience visited the Trust together yesterday and have arranged for a further visit, which will be for a 12 hour duration, in August.  Following this they plan to bring a presentation to the Board outlining their findings and plans for any actions required.

It was noted that whilst there have been a number of external inspections recently that have shown our provider units comply with minimum standards, the aspiration of the CCG is to have the best quality care for its population that is available to others elsewhere in the United Kingdom and we need to work to ensure that the balance between our aspirations and that being provided is correct.

**The Partnership Board noted the findings of the two CQC reports and tasked the Strategic Lead for Quality & Experience with ensuring that the actions required to ensure compliance with all the standards inspected are acted upon promptly by Northern Lincolnshire and Goole Hospitals Foundation Trust.**

b)  Scheme of Delegated Authority

The Board are being asked to approve the scheme of delegated authority as laid out in the supporting paper. Attention was drawn to sections 2 and 3 within the paper together with the fact that the NEL CCG Partnership Board would retain overall decision making powers in relation to transformation change solutions proposed by the Health Lives Health Futures Programme Board, alongside NL CCG.

Helen Kenyon informed the meeting that this request for approval is a strategic service change and therefore, under the CCG scheme of delegation, the Council of Members will need to sign-off the final option/s prior to it/them being ratified by the Partnership Board.

**It was agreed the scheme of delegated authority should be amended to reflect the change referred to above.**

**ACTION:  L Hilder**

**9. NORTHERN LINCOLNSHIRE HEALTHY LIVES – HEALTHY FUTURES**

Healthy Futures – Health Lives is the new title to what has previously been referred to as Sustainable Services.

a) Update

A presentation was given which outlined the following:

* Progress to date
* Suggested long list of secondary care options
* Options for primary and community based services
* Delegated scheme of authority (agenda item 9b)
* Engagement plan
* Proposed evaluation criteria
* Next steps

It was suggested and agreed that in future all Board presentations would be available to meeting members at the same time as the meeting papers.

**ACTION: J Harris**

Positive engagement with the media was highlighted as being crucial and it was clarified that there is a media strategy in place which will ensure engagement with a range of different media and this will include the use of social media such as Twitter and Facebook. It was suggested that a CCG Facebook page could be used as a question and answer forum for patients especially in relation to out of hours services. However, it was also raised that it could be advantageous to seek expertise advice on how to use social media to the best effect.

The wide circulation base of the local newspaper was flagged together with the need for care to be taken on how communications with the local media were handled as they could tend to focus on “bad news” reports in preference to those of a more positive nature.

It was noted that there are a number of specialised skills sitting within Practices and the suggestion was made that Practices could explore the possibility of using these personnel across different sites, for the benefit of all.

Practices have begun to recognise the future challenges and case for change and 28 out of the 30 local Practices have come together in a collaborative arrangement to explore how they can work together more effectively as well as with other organisations such as the Care Plus Group and NAViGO.

The CCG has just commissioned some specific support to assist primary care to look at their development and this is aligned to and working in tandem with Health Lives Healthy Futures.

b) Scheme of Delegated Authority

The Board are being asked to approve the scheme of delegated authority as laid out in the supporting paper. Attention was drawn to sections 2 and 3 within the paper together with the fact that the NEL CCG Partnership Board would retain overall decision making powers in relation to transformation change solutions proposed by the Health Lives Health Futures Programme Board, alongside NL CCG.

Helen Kenyon informed the meeting that this request for approval is a strategic service change and therefore, under the CCG scheme of delegation, the Council of Members will need to sign-off the final option(s) prior to it/them being ratified by the Partnership Board.

**It was agreed the scheme of delegated authority should be amended to reflect the change referred to above.**

**ACTION: L Hilder**

**10. INTEGRATED ASSURANCE REPORT**

The wheels on the performance dashboard have been amended to identify which indicators are associated with quality and these have been portrayed as a coloured circle containing a “Q”.

It was explained that where the report states that “no data is available” this is because the information is either produced on an annual basis or is not yet available.

Two areas of performance escalation have been brought to the Board and relate to the 18 week referral to treatment times for admitted patients and serious incident investigations.

An ophthalmology issue appears to be the driver for the 18 week referral drop in performance and whilst steps are being taken to address this Primary Care are being alerted about the current issues with this service and being reminded to make referrals through Choice.    There is also an indication that there are pressures for ENT at NLaG and this is being monitored.

It was suggested that practice referral rates to St Hugh’s for cataracts should be investigated and then discussed with the Council of Members.

**ACTION:  H Kenyon/C Kennedy**

It was agreed that the ENT pressures and the factors that are driving them need to be taken to the Council of Members meeting.

**ACTION:  H Kenyon/C Kennedy**

In relation to the escalation of serious incident investigations a query was raised over the 9 week deadline as some members felt this to be a generous time line, however it was confirmed that this timeframe has been set on a national basis.

**11. FINANCE REPORT**

The report provided today covers the period to 31 May 2013. As yet no pressures are emerging in addition to those that have already been identified.

A key risk continues to be for continuing care retrospective claims and it is possible that the level of settlement may prove to be higher than that previously provided for.

A query was raised as to what the overall position was with regard to the individual practice information detailed in Table 3.

Laura Whitton agreed to find out what the overall position was with regard to the expenditure included in this table and would let Dr Hopper know.

**ACTION: L Whitton**

*Post meeting note: Going forward this table will include a total as well as details of what proportion of the CCG’s total budget is included in the table.*

*From this point on the agenda was covered in the following order:*

**12. UPDATES**

12.1 Community Forum Update

A training session was held last week dealing with responsibilities for members. There have been some difficulties for Triangle members being able to meet together on a regular basis which has led to an unsatisfactory workaround coming into existence for one Triangle where the Clinician and lead manager meet followed by a subsequent meeting with the lead manager and the lay member. A further workshop is being held next week to find a way forward with these issues.

The Community Forum has requested that the CCG alerts Forum members to any potential media interest in the same way that it does for CCG managers. This request was agreed and will be actioned with immediate effect.

**ACTION: H Kenyon**

12.2 Council of Members Update

Dr Hopper advised that the focus for discussion at the last meeting of CoM related to the Stroke Services and this has already been covered in Item 8b).

**13. DISCUSSION TOPIC – JOINT STRATEGIC NEEDS ASSESSMENT**

The Joint Strategic Needs Assessment (JSNA) outlines all the health commissioning plans for the local area.

A presentation was given which covered the following:

* Infant mortality trend for England, Yorkshire and Humber (Y&H), and North East Lincolnshire (NEL)
* Trends of life expectancy at birth for males in NEL, Y&H, and England (1991/3 to 2008/10)
* Trends of all circulatory diseases mortality for persons aged under 75 in NEL, Y&H, and England (1993- 2010)
* Self-reported smoking prevalence in adults aged 18 and over (HIS 2010/11)
* Lung cancer mortality for persons aged under 75 in NEL (2005-09)
* All cardiovascular diseases mortality for persons (aged under 75) in NEL
* Deaths considered preventable in NEL, all persons, by ward 2007-11
* Proportion of children aged 0-15 years living in poverty in NEL by electoral ward (August 2010)
* Out of work benefits claimants in NEL by electoral ward (2012)
* Proportion of households deemed to be living in fuel poverty by electoral ward (2010)
* Homelessness rates by Local Authority (2011/12)
* Alcohol related hospital admissions in NEL (2002/03 to 2011/12)
* Older population – projected number of people 65-79 and 80+ in NEL up to 2020
* Older people – demographic trends which will impact on health and social care
* Prevalence of dementia in GP practice populations 2006/11
* Summary of findings

It was noted by the meeting that in some of our more deprived areas there is a 40% smoking rate and this is the biggest factor on health and wellbeing in North East Lincolnshire.

A brief discussion centred on the need to address the equality gap between affluent and deprived areas in the region and it was noted that this needs to be a socio-economic as well as health based approach. Dr Cate Carmichael advised the meeting that she was working closely with the Chair of the Health and Wellbeing Board to take this forward.

**14. ITEMS FOR INFORMATION**

14a Retrospective Use of NEL CCG Seal

 The use of the Seal was noted.

14b Minutes from the Care Contracting Committee 18 April 2013 and 3 June 2013

The Minutes from the Care Contracting Committee meeting were noted by the Board.

14c Integrated Governance and Audit Committee Minutes 7 June 2013

The Minutes from the Integrated Governance and Audit Committee meeting were noted by the Board.

14d CMM Action Notes 14 May 2013

The action notes from CMM were noted by the Board.

14e Delivery Assurance Committee Minutes 25 April 2013

The Minutes from the Delivery Assurance Committee meeting were noted by the Board

**15. QUESTIONS FROM THE PUBLIC**

1. A query was raised over the data presented in the JSNA presentation and it was stated that whilst the data given for Immingham tended to be average, in actuality there were areas within Immingham where it is high. This was acknowledged by Dr Carmichael who agreed that there is a need to implement a much more focused approached within community areas and to delve into the smaller areas contained within them to help accurately identify any issues they may have. Some work has been carried out in the East Marsh on this footprint and it has worked well.
2. A question was raised in relation to the stroke care pathway where a member of the public related the experience of being discharged from the Stroke Unit on a care pathway set by a specialist that included the use of Warfarin. However, whilst the patient’s GP agreed with the care pathway they took the view that it was not their responsibility to put the treatment in place. This view was also taken by the Stroke Unit and it took a period of 6 weeks of pushing by the patient before the situation was resolved and the treatment commenced. In response Dr Melton acknowledged that the 6 week waiting period before treatment commenced must have been very worrying for the patient and should not have occurred. A problem has been identified with discharge summaries being put in place correctly and work is in hand place to correct this. It was anticipated that the step down plans contained within the Health Lives Healthy Futures programme will eliminate this type of incident occurring in the future but the particular incident outlined above will be investigated.

1. It was questioned how the messages contained within the Health Lives Healthy Futures programme are being put into the public domain and suggested that members of the general public and community based organisations could be utilised for this purpose. Mark Webb explained that the Community Forum and ACCORD, as well as a number of other community and neighbourhood groups, are actively involved and are part of the programme for raising awareness with the general public.

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

Thursday 12 September 2013 from 2pm to 4pm in Conference Room B, E-factor Business Hive, 13 Dudley Street, Grimsby DN31 2AW **(PLEASE NOTE CHANGE OF VENUE)**