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**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**PARTNERSHIP BOARD**

**MINUTES OF THE MEETING HELD ON THURSDAY 12 SEPTEMBER 2013 AT 2PM IN CONFERENCE ROOM B, E-FACTOR BUSINESS HIVE, 13 DUDLEY STREET, GRIMSBY DN31 2AB**

**PRESENT:**

Mark Webb NEL CCG Chair

Philip Bond Lay Member Public Involvement

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Juliette Cosgrove Strategic Nurse

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

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

Joe Warner Managing Director – Focus independent adult social care work

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

Sue Whitehouse Lay Member Governance and Audit

**IN ATTENDANCE:**

Jayne Bacon (part meeting) Communities Together

Bev Compton (from Item 6a on) Head of Improved Health - NELC

Mandy Coulbeck Locally Practising Nurse

Jeanette Harris Executive Office Administrative Support (Minutes Secretary)

Lisa Hilder (part meeting) Assistant Director (Strategic Planning)

Surinder Khurana (part meeting) Communities Together

Laura Whitton Deputy Chief Finance Officer

**APOLOGIES:**

Dr Sudhakar Allamsetty GP Representative

Dr Cate Carmichael Joint Director of Public Health

Joanne Hewson Strategic Director People and Communities – NELC

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

No conflicts of interest were declared. The attention of Board members was drawn to the Register of Declaration Interests for 2013/14 on the agenda as information item 12a).

Mark Webb welcomed Joe Warner to his first meeting of the Partnership Board.

1. **APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING – 11 JULY 2013**

The minutes of the meeting held on 11 July 2013 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

*Mr Perviz Iqbal arrived.*

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

**5. CCG ASSURANCE FRAMEWORK**

The supporting paper was taken as read and it was pointed out that the details of the Quality Premium scheme referred to in the paper forms part of the Performance Assurance report. An interim CCG assurance framework is in place and will be trialling for a period of 6 months. The local Area Team is statutorily responsible for assuring our CCG’s performance within the Assurance Framework.

Eight members of the Area Team met with the CCG recently for the first quarter’s assurance meeting which was based around the agreement of what was shown within the for “balanced score card” which forms the basis of the assurance process.

It is anticipated that the CCG will have one domain rated amber/red in relation to quality of care and outcomes, owing to the current situation at NLaG. If a domain is at amber/red the Area Team will agree a system of support for that domain with the CCG. The CCG is waiting to hear whether the ratings will remain as set or will be amended through the national moderation process. Once agreement has been reached over the type of support required the Assurance Framework will be signed off and placed in the public domain on the CCG website.

The meeting with the Area Team had been very positive and nothing came out of it to indicate that significant increased support would be required.

**6. QUALITY ASSURANCE**

a)  Keogh Review and Stroke Update

The supporting paper was taken as read but specific points within it were highlighted as follows.

There has been a lot of confusion over who is responsible for overseeing and assuring implementation of the agreed action plans and whilst Monitor meets regularly with NLaG, NHS England have now confirmed that CCGs will hold responsibility for ensuring adequate progress is made on the actions contained within the plan.  To assist with this a clinical Board to Board meeting has been arranged for 17 September with NLaG and all 4 main commissioners.  On an on-going basis the commissioners have agreed the implementation of the action plan will be overseen by the Contract Quality Group with escalation as required to the Contract Board.

*Bev Compton arrived.*

The Mortality Action Group will receive the regular monthly reports being produced by NLaG for their Board and Monitor.

A query arose over whether the £1million allocated by NHS England for local A&E services would go straight to NLaG and if any system of scrutiny would be involved.  It was clarified that the funds were being allocated to the 2 CCGs and will be used on projects to support A&E that have already been identified such as GPs front ending A&E to support senior clinician decision making.

It was queried what the intervention timeline would be if it became apparent that the measures the Trust were adopting to address the issues raised in the Keogh Report were not having the desired outcome.  In response the meeting was informed that the recommendations made by the Keogh Review were steps that the Review Team believed would have the desired effect and that NLaG have had an independent assessment undertaken by KPMG to review their action plan to ensure that the proposals within it will deliver the desired outcomes.  In addition, they have also purchased a monitoring tool which will enable them to plot their mortality scores and see if the actions taken are having an impact.  Regular monitoring measures have also been put in place by the Mortality Action Group and the contracts section

It was highlighted that work has been on-going since 2010 between NLaG and the CCGs to move toward better outcomes and that the actions that have already been implemented have resulted in levels of improvement that are now starting to become apparent.

The growing need for positive media coverage to ensure that the public are made aware of the improvements and successes within the health sector was stressed as a vital part of rebuilding the local reputation of the Trust and health care in general.  Concern was expressed about the lack of positive media coverage that has been generated to date and it was felt this needs to be addressed as a priority.

A brief discussion took place about the initiative where GPs are front ending A&E and the positive impact this has had on freeing up A&E capacity and reducing inappropriate admissions to wards.  Due to the interest shown in this topic it was agreed that it will be covered in greater detail at a future Board workshop.

**ACTION:  R Pathak/Agenda**

Stroke Update

Initial media communications were not as clear as they could have been following the NLaG Board decision to temporarily suspend acute stroke care at the Grimsby site; it has now been clarified that only the hyper acute (the first 72 hours following a stroke) is being suspended and that there will continue to be a consultant presence on the DPoW site as now.  The Trust is working towards an end of September implementation date to ensure all risk and safety aspects are covered.

There are 3 main reasons for the NLaG Board decision to use Scunthorpe Hospital for the initial 72 hours of hyper acute care and they are:

* Mortality rates at Scunthorpe have been improving
* There are 2 CT scanners on site (Grimsby only has 1)
* Ongoing issues with ability to recruit suitably qualified staff for the Grimsby unit

A lot of work is being undertaken to identify a permanent solution and the regional networks and the National Clinical Director for Stroke are actively engaged in this process.  A query was received over what community input has been involved and whilst it was acknowledged that there has been none to date it was confirmed that there will be lay member involvement at the next regional meeting.

It was highlighted that whilst improvement in the service and outcomes are starting to be seen, once again this is not reflected in the media reports being seen by the public and the importance of getting effective communication out into the public arena was re-emphasised.

The lack of commissioner involvement in the NLaG decision to suspend the service at Grimsby was raised, together with the Trust’s reluctance to provide the CCGs with any information on what they were considering and its supporting rationale, prior to their Board decision being taken.  This point has been raised at a recent meeting of Health Watch who also queried why the matter was discussed by the Trust in Part B of their meeting rather than Part A.  The Trust has acknowledged that in their haste to take action to allay fears and Monitor, they have not been working with local commissioners and the community in a desirable manner.  It is believed that this situation will now improve and it was noted that an NLaG representative will be attending the CCG’s Council of Members meeting from now on.

A letter was sent to the Chief Executive of the Trust from the Chair of the Council of Members outlining the dissatisfaction of Grimsby GPs that a decision was taken by the Trust to suspend  hyper acute care at Grimsby without any discussion with local GPs.  A response has just been received from NLaG.

It was flagged that ambulance transportation was extremely important for the patient flows between Grimsby and Scunthorpe as the time element is crucial.  It was confirmed that EMAS are part of the multidisciplinary groups involved in this work and are aware of the service requirements, including a solution for returning patients to Grimsby from Scunthorpe following the initial 72 hour care period.

It was also confirmed that the criteria that will be used for the longer term decision making for hyper acute care will be different to that used for the immediate short term solution.

b)  Summary Hospital-Level Mortality Indicator Update

The update in the supporting paper has been provided from the latest published figures (July 2013) and relates to the period of January 2012 to December 2012.  Whilst the information is relatively out of date it does show a small improvement which is starting to reflect the remedial actions which have been put into place.  Further figures are due to be published in October.

The Trust have purchased the Birmingham University Healthcare Evaluation Data tool  and as a result will be able to produce information that is much more up to date.  The performance of the tool has gone through a rigorous checking system and assurance has been given that it is producing accurate data.  By using this tool the Trust has produced performance data from April 2012 to April 2013 which shows an overall score of 111 which would place them just inside the expected range for mortality. The improvement in the overall score is believed to be a result of the steps put in place over the past 18 months to improve the quality of care provided.  It is expected that improvements will continue to grow as the Keogh recommendations start to take effect.

It was noted that the information provided related to the whole of NLaG and it was requested by the Board that if possible, in future the information relating specifically to DPoW should be extrapolated from the figures rather than a universal figure being provided.

**ACTION:  H Kenyon**

It was also queried how much of the improvement in the data being received was due to coding changes and how much was down to improvements in patient care.  This point was acknowledged and it the meeting was advised that the CCG is monitoring this closely.

Juliette Cosgrove told the meeting that she and Paul Kirton-Watson are making regular visits to DPoW and are focussing on quality issues during these sessions.  Dr Pathak and Mandy Coulbeck both stated that they would be happy to be included in this process.

**ACTION:  J Cosgrove**

**7. NORTHERN LINCOLNSHIRE HEALTHY LIVES – HEALTHY FUTURES UPDATE**

Dr Melton provided the meeting with a presentation update on healthy lives, health futures that covered the following:

* Progress to date
* Communications and engagement progress to date
* Pre-summit stakeholder engagement
* Have your say – public engagement interim results
* GP provider sessions
* Proactive planning
* Summary of activity to date
* Next steps

In relation to the slide entitled “summary of activity to date” a concern was expressed over the data being provided in a percentage format for the number of leaflets sent out and the completed responses received back. The response rate was 7.6% but this relates to approximately 2000 leaflets being issued with 132 of them being completed and returned. A view was expressed that more communication was required with the general public to raise their awareness about the fact that the survey leaflet represented an opportunity for them to have their say about future changes to the provision of local health services.

This concern was noted by the meeting and it was also noted that more work is being undertaken with the local media to get the message into the public domain. However the majority of work currently being undertaken is still at a strategic level and it is anticipated that the level of public engagement will increase greatly as individuals start to become aware of the impact the proposed changes will have on themselves and their families.

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

*Surinder Khurana and Jayne Bacon arrived*

**8. DISCUSSION TOPIC – EQUALITY AND DIVERSITY**

Mark Webb welcomed Surinder Khurana, Jayne Bacon and Lisa Hilder to the meeting and explained that earlier in the year he had had a discussion with Surinder, who is the Chair of the charity Communities Together, about some of the challenges being faced by Communities Together, particularly around health and wellbeing, and had felt that it deserved to be brought to the Board for awareness raising.

A presentation was given which covered the following:

What does the Partnership Board know about the community in NEL?

Some unpalatable facts

Initiatives on Public Health

The obligations of the NEL CCG

How can equality and diversity improve the work place

The way forward

What does Communities Together do?

See me – not the colour of my skin or the clothes I am wearing

Following the presentation discussion focussed around the challenges outlined and the excellent work Communities Together was doing with hard to reach sections of the community. It was acknowledged by the meeting that it would be beneficial if the CCG increased its working with Communities Together especially in relation to engagement for the healthy lives healthy futures programme and also for engagement with hard to reach groups.

A very successful Mela has just been held with over 4000 people in attendance and it was suggested to the Board that a health event could form part of the programme for next year. This suggestion was felt to have great value and it was agreed that the Health and Wellbeing Triangle will be asked to liaise with Jayne Bacon to take this forward.

**ACTION: L Hilder**

Attention was drawn to an issue whereby a member of the Romany community had recently been turned away from accessing services at Open Door. Whilst it was noted that Surinder Khurana was taking steps to progress this matter the Board requested that he let them know if CCG assistance was needed to resolve this satisfactorily.

*Surinder Khurana, Jayne Bacon and Lisa Hilder left the meeting.*

**9. INTEGRATED ASSURANCE REPORT**

The supporting paper was taken as read but attention was drawn to the performance escalation item, CCG quality premium. There is no action required from the Board at this time although they do need to be aware of the issue, which is being monitored closely by the Delivery Assurance Committee.

The risk dashboard is currently undergoing further development and now categorises whether the measures taken are quality focused or not. Further enhancements will be evident over the coming months.

**10. FINANCE REPORT**

Laura Whitton informed the meeting that the Finance Report before them reflected the position as at the end of July 2013 and that the forecast projection was still on track to achieve the planned surplus as well as all other key performance indicators. Whilst there are some risks inherent in achieving the forecast there has not been a significant shift from the position outlined at the previous meeting.

Table 3 on the appendices reflects the delegated budget to each Practice with the delegated budgets accounting for 70% of CCG allocation (including ASC). PBC budgets in total are £338.8k (0.5% overspent) as at month 4. Dr Hopper queried what the over spend had been for delegated budgets last year and Laura Whitton agreed to send him this information.

**ACTION: L Whitton**

A query was raised over the non-use of earmarked reserves and it was explained that once it starts to become apparent, later in the financial year, that some of the earmarked reserves will not be called upon, the funds involved will be utilised in specific spending plans.

**11. UPDATES**

11.1 Community Forum Update

The Community Forum did not identify any items for escalation to the Partnership Board at their last meeting.

Mark Webb attended last week’s Community Forum meeting and was impressed with the level of engagement and insightful questions raised by the members particularly in relation to what was being achieved by the work of the Clinical Triangles and the Healthy Lives Healthy Futures programme.

11.2 Council of Members Update

Dr Hopper reported that the recent Council of Members meeting had focussed on stroke services and A&E as already covered earlier in this meeting.

Attention was drawn to the success of the initiative implemented by Dr Marcia Pathak and her Clinical Triangle whereby a Paediatric Assessment Unit has been set up in A&E which has resulted in a significant number of children being treated and sent home rather than being admitted to a ward. This service has not only been of significant benefit to the children involved and their families but has also produced significant cost savings that can be reinvested in other services.

Thanks were extended to Dr Pathak and her team for putting this service in place.

**12. ITEMS FOR INFORMATION**

12a Register of Declaration of Interests 2013/14

The contents of the Register of Declaration of Interests was noted.

12b NEL CCG Draft Whistleblowing Policy

The contents of the draft policy were noted by the Board.

12c HLHF Scheme of Delegated Authority

The amended to the above was noted by the Board.

12d Equality and Diversity Annual Report 2012/13 and Updated Action Plan

The contents of these two documents were noted by the Board.

12e CCC Minutes 17 July 2013

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

12f CMM Action Notes 11 June 2013, 9 July 2013 and 6 August 2013

The Action Notes from the above three CMM meetings were noted.

12g Delivery Assurance Committee Minutes 26 June 2013

The Minutes from the Delivery Assurance Committee meeting held on 26 June 2013 were noted.

**13. QUESTIONS FROM THE PUBLIC**

1. A member of the public stated that there is a deep level of concern amongst mental health service users and their carers over the use of control and restraint as a means for managing crisis in some services. Locally staff, carers and service users have worked together with NAViGO for a total ban on the use of control and restraint and developed an alternative called RESPECT. However both CAMHS and the elderly do not come under the NAViGO service and it is possible they could find themselves subjected to control and restraint. A request was made that the CCG, through its future contractual arrangements, refuse to accept the use of control and restraint and invite RESPECT to relevant meetings so that people can learn more about it.

In response Mark Webb explained that the responsibility for these contracts no longer resides with CCGs and has been assumed by NHS England and delegated to the Local Authorities. However NEL CCG does not support the use of control and restraint and has raised this with NHS England and the Local Authority and will continue to do so. A recent meeting took place between the CCG and the NHS England Area Team and the out of area CAMHS service was flagged by the CCG as an area we wish to have the current arrangements looked at as the CCG has a standing commitment to ensure the right level of care is provided to all members of the local community.

2. It was queried whether the CCG holds responsibility for contracts when older people are placed out of area. It was clarified that this question relates to the imminent closure of the Willows in December and what alternative provision is going to be provided for those older people with dementia who are unable to be accommodated at Cranwell Court or The Gardens. Helen Kenyon advised that placements for these individuals have not yet been finalised but a number of options are being explored, with the preferred outcome being a local solution. Whilst it was hoped that it would not be necessary to send these individuals out of area, at this moment in time a definite guarantee could not be given. However if an out of area placement did need to be implemented it would be explicit in the contract that controlled restraint cannot be used.

3. It was raised that members of the public attend the Crisis Team at NAViGO when it is not always the most appropriate route for them to take and it was suggested that the CCG could consider a joined up education approach for the public as part of their steps in alleviating a similar problem with A&E attendances.

4. Mark Webb explained that there are a number of issues surrounding Mental Health services and that the CCG meets with the Chief Executive and Chair of NAViGO on a regular basis to discuss the broader picture as we move forward with Healthy Futures Healthy Lives and that a lot of consideration and investigation takes place before any decisions are taken.

One of the public members present stated that she had asked relevant CCG staff if she could attend some of the meetings where mental health services were being discussed, as she has a wealth of experience, knowledge that would be of value and was a non-executive director at NAViGO. However this request has been refused. Mark Webb explained that the Chair of her organisation will be a member of the committees who met and as part of his role would be representing her views to those committees.

5. One of the members of the public present offered her services, at no cost, to assist the CCG in making the public aware of the Healthy Lives Health Futures programme and the implications it will have for the provision of health services and individuals. Mark Webb thanked the lady for her offer and explained that the best route to do this would be through ACCORD and he agreed to talk with her after the meeting to discuss how she could go about this.

**ACTION: M Webb**

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

Thursday 14 November 2013 from 2pm to 4pm in Conference Room B, E-factor Business Hive, 13 Dudley Street, Grimsby DN31 2AB