**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**PARTNERSHIP BOARD**

**MINUTES OF THE MEETING HELD ON THURSDAY 14 MARCH 2013 AT 2.30PM IN GREEN ROOM 1, TUKES CAFÉ, 3 BRIGHOWGATE, GRIMSBY DN32 0QE**

**PRESENT:**

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

Dr Sudhakar Allamsetty (part meeting) GP Representative

Philip Bond Community Member (ACCORD)

Dr Cate Carmichael (part meeting) Joint Director of Public Health

Mandy Coulbeck Locally Practising Nurse

Dr Derek Hopper Vice Chair/Chair of Council of Members

Mr Perviz Iqbal Secondary Care Doctor

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

Sue Whitehouse Associate Non-Executive for Integrated Governance and

Audit

**IN ATTENDANCE:**

Sue Rogerson (part meeting) Sustainable Services Programme Director

Jeanette Harris Business Support Officer (Minutes Secretary)

**APOLOGIES:**

Jack Blackmore Strategic Director People and Communities – NELC

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Zena Robertson Registered Nurse and Quality Assurance Lead

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

Philip Bond declared his membership of the Board of Governors of the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust. No other conflicts of interested were raised.

1. **APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING – 10 JANUARY 2013**

The minutes of the meeting held on 10 January 2013 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

The outcomes of the Matters Arising from the previous meeting are detailed in the supporting paper and no further discussion was required.

**5. LIP (Local Implementation Plan) SIGN-OFF**

The supporting paper is the culmination of the organisation’s annual plan which responds to local and national vision priorities for services and has been considered by the Board on a number of previous occasions whilst it was under development. The format of the document follows national guidelines but attention was drawn to the “Plan on a Page” which captures the key priorities which will be the focus for the CCG in the coming year. A summary of the self-certification process is outlined in the cover sheet but it was noted that the process for the self-certification and review of assurance that provider cost improvement plans are deliverable without impacting on the quality and safety of patient care is still on-going in relation to NLaG FT; however this has been completed for all other providers.

The Health and Wellbeing Board have been involved in the selection of the three local priorities detailed within the plan and Dr Cate Carmichael and Councillor Ros James, who are both members of the Health and Wellbeing Board, have been given authority by that Board to approve the local priorities at this meeting.

Members of the meeting were encouraged to scrutinise the financial commentary section of the document to ensure a good awareness in this area particularly as there is always a level of uncertainty with the setup of a new organisation. It was noted that the Integrated Governance and Audit Committee have considered and approved the proposals as they currently stand.

It was also noted that we will not have a clear picture in relation to realisation of the risks until at least June but funding has been put aside to deal with these if they do eventualise. Provider organisations are currently preparing their own risk ratings which they will share with us when they are completed.

The CCG will inherit a balance sheet from the CTP for Adult Social Care services but it is anticipated risks within this will be low.

**The Partnership Board approved the NELCCG plan and its submission to the NHS Commissioning Board for 2013/14.**

**6. BOARD ASSURANCE FRAMEWORK**

The Board Assurance Framework details the highest identified risks to the organisation and the arrangements that have been put into place to ensure that they are well managed. It was highlighted that Board members attended a workshop on 13 December 2012 which dealt in depth with CCG organisational risk and its management.

The Framework is a living document which is reviewed regularly with the risk ratings being amended either up or down as the level of risk changes. It is scrutinised on a regular basis by the Integrated Governance and Audit Committee and was last considered by this Committee on 7 March. A number of comments were made by the Committee and the Board Assurance Framework has subsequently been revised to address these.

It was noted that the Board Assurance Framework will considered by the Partnership Board on a periodic basis.

The Partnership Board noted the contents of the report.

**7. sTAFF TRANSFER SCHEME: NATIONAL GUIDANCE**

Cathy Kennedy informed the meeting that the staff transfer scheme report, which has been prepared by the Humber and Yorkshire Cluster, details the conditions for staff transferring from the CTP to the CCG on 1 April 2013. Originally it had been thought that staff would TUPE over to their new organisation but under the letter of the law TUPE could not be applied. In light of this the Department of Health, through their legal team, have instigated a TUPE-like transfer which mirrors a TUPE transfer and staff will transfer to the new organisation with the same terms and conditions they currently hold.

A query was raised over who would hold liability for any potential disputes going forward and it was clarified that for future issues the liability will lie with the CCG unless the dispute predated 31 March 2013 or cited a mishandling of the transfer process from the CTP. In this instance it would be dealt with by the office of the Secretary of State as the CTP will no longer exist.

It was also confirmed that any new appointees coming into the CCG will have the same terms and conditions as staff being transferred into the organisation.

The Partnership Board noted the details of the staff transfer scheme.

**8. INTEGRATED ASSURANCE REPORT**

The integrated assurance report is being developed further in response to internal work being undertaken within the quality domain and external influences such as the Francis Report.

It was flagged that the transitional segments within the report will be transferring away from the CCG from 1 April but that a whole new range of performance measures will be put in place for the new organisation and these will need to be built into the dashboard going forward and this will form the focus of the next meeting of the Delivery and Assurance Committee.

The responsibility for a number of performance indicators will pass to Public Health but the CCG will need to work with them to assist in enabling achievement of some of the targeted outcomes.

The meeting considered the performance escalation section of the report which relates to potential years of life lost from causes considered amenable to healthcare, in particular its emphasis on women’s health and it was noted that this is a particular area where Public Health will work with the CCG to investigate further and identify a way forward.

**9. FINANCE REPORT**

Cathy Kennedy advised that as we move towards year end there are no significant changes from the Finance Report previously presented at the January meeting and it is anticipated that the organisation will meet its financial targets which is a credit to all the managers and Practices who have helped keep the organisation on track through a challenging year.

9a Financial Plan and Budgets 2013/2014

The financial plan and budgets for 2013/2014 reflect the contents of the Local Implementation Plan and have been scrutinised in detail to ensure there are reasonable financial resources in place to meet the targets set. As usual the risks will be monitored throughout the year to ensure robust management and exceptions will be escalated to the Partnership Board. Under national guidelines 2% of funds must only be used non-recurrently to allow the organisation to respond flexibly to circumstances that may arise during the year. As advised at the previous meeting there are questions still to be resolved over specialist commissioning and the amount of funding that is going into the new organisation but it is anticipated these risks will be clearer in the next 6 to 8 weeks.

It was noted that the QiPP reporting coming to the Partnership Board detailed the financial impact of schemes put in place but not the quality outcomes to patients and it was suggested that this could be reviewed for the future. In response Cathy Kennedy advised that the balance between quality and finance is monitored through the Care Contracting Committee which examines the quality, access and sustainability of the schemes being undertaken but acknowledged that the outcomes of this work is not currently being presented to the Partnership Board as clearly as it could be. A piece of work is currently being undertaken to address this.

As previously reported, assessments of Continuing Healthcare retrospective claims are continuing and it was reiterated that if the funds provided to meet these in the current year’s accounts prove to be insufficient there will be an impact, possibly significant, on the new financial year CCG budgets. The situation is being closely monitored.

The need to monitor the size of any underspend if the risk reserves were not needed for their initial purpose was raised and the Board was advised that this was discussed in detail at the last Finance Assurance Group meeting. The risk reserve figure is higher this year because of the transition risk but the organisation will be in a better position in March 2014 to assess for a normal year. However priority schemes are being earmarked for risk monies being released from June/July if the risk does not come to fruition.

Overall it was noted that the organisation is a strong financial position and that QiPP plans are better developed than at the start of the last financial year.

**10. discussion topic: the final francis report**

*Dr Cate Carmichael left the meeting.*

*Sue Rogerson arrived.*

A presentation on the Francis Report was given by Helen Kenyon which outlined the following:

* Background
* Culture
* Recommendations – 5 main categories
* What now?

Following the presentation it was noted that whilst a Department of Health response to the recommendations within the report was not due until the end of March there were a range of things that the CCG could start to implement now. It was also flagged that the CCG does not wish to accept minimum standards and will be actively working to get the highest quality of care possible within the resources available.

It was clarified that the CCG has already been undertaking a range of initiatives in relation to service quality, and some key actions were highlighted

The Northern Lincolnshire Mortality Action Group meets regularly and are focusing on quality, contracting and proactive case working.

NLaG Foundation Trust is to be subject to a Bruce Keogh review during April and have already put a number of actions into place in response to published mortality indicators.

A Winterbourne protocol has been developed and signed-off by the CCG and work is continuing on long term residential care with a contract focus on quality. Additional resources are being put into this area to drive up standards.

A quality group has been established across the York and Humber area and will provide a forum to work together as a group of commissioners and enable better sharing of information across the region.

It was stressed that it will be important for the ethos of a changed culture to be actively embraced by all staff within the CCG and the Francis Report will be discussed at the next organisational time out event which is attended by all staff. Providers will also be informed of the CCG’s expectations in this area and will need to demonstrate how they will be incorporating the recommendations within their own organisations.

In general most nursing staff have welcomed the findings within the report and believe progress can be made. However one of the biggest challenges remains in obtaining accurate financial figures and good quality outcome data as service decisions are based on this information and tough decisions are going to have to be made to ensure sustainable service provision going forward.

Mandy Coulbeck stated that she welcomed the recommendation in the Francis Report for improved support for compassionate caring and committed nursing.

It was highlighted that it will be very important for the CCG to improve on the individual voice feedback it receives from patients so that it is able to see whether or not key providers are implementing the Francis Report recommendations within their service delivery plans. Community engagement will be vital in driving this forward and it was flagged that positive feedback needs to be captured as well as negative. It was suggested that a very simplistic and quick system such as that used for “your opinion counts” could be the way forward as it is accessible, quick and easy for patients to complete.

**11. STRATEGIC PLAN FOR SUSTAINABLE SERVICES**

Sue Rogerson provided a presentation on the Strategic Plan for Sustainable Services which detailed the following:

* Commissioners working to develop a vision and a new model
* High quality care in many areas of Northern Lincolnshire
* However facing local challenges
* Some national challenges
* Key areas where we need to improve
* Mortality analysis identified 6 high impact areas, using detailed analysis commissioned by the CCG from Boston Consulting Group (BCG)
* Commissioners vision for a new model of care for the patch and examples were given for
  + Dementia
  + Maternity
  + Stroke
* Next steps

It was emphasised that clear and robust communication with public will be vital in the coming months and that the public consultation will play an important role in this process. The reasons for the options being proposed will need to be explained fully and the future consequences of not implementing any changes outlined.

It was noted that the implementation of sustainable services is going to be the biggest challenge facing the CCG and that there will eventually be a number of unpalatable decisions that the organisation will have to take, after wide consultation with the public and stakeholders.

*Sue Rogerson left the meeting.*

**12. UPDATES**

12.1 Community Forum Update

The Community Forum has no specific issues to escalate to this meeting of the Partnership Board.

Sue Rogerson attended their last meeting to present the sustainable services plan and outline the next steps in moving forward.

There is some lack of clarity among Forum members over the role of the Community Forum but Mark Webb will be attending their next meeting to discuss this.

12.2 Council of Members Update

Sue Rogerson attended the last meeting of CoM to present a sustainable services update and participate in the discussion that followed.

Health Visitor prescribing was discussed and approved following referral to CoM from the Partnership Board.

Approval was given to top slice the prescribing budget for expensive drugs which means that when an individual patient needs to be prescribed expensive drugs the cost will be shared over all practices.

**13. ITEMS FOR INFORMATION**

13.1 Use of the CTP Seal in Retrospect

The use of the CTP Seal in retrospect was noted by the Board.

13.2 Minutes from the Care Contracting Committee 21 November 2012

The Minutes from the Care Contracting Committee meeting held on 21 November 2012 were noted by the Board.

13.3 Integrated Governance and Audit Committee Minutes 14 December 2012

The Minutes from the Integrated Governance and Audit Committee meeting held on 14 December 2012 were noted by the Board.

13.4 Delivery and Assurance Committee Minutes 20 December 2012

The Minutes from the Delivery and Assurance Committee meeting held on 20 December 2012 were noted by the Board.

13.5 CMM Action Notes 19 February 2013

The action notes of the CMM meeting held on 19 February 2013 were noted by the Board.

**14. QUESTIONS FROM THE PUBLIC**

The following questions were received from members of the public in attendance.

**Q.** Whilst the NHS is reorganising again there is a feeling that it will still be a target driven culture. To what extent can this Board reassure the public that it will measure what it values and values what it measures?

**A.** The NHS Commissioning Board is developing a CCG assurance framework so that can be assured over what CCGs are actually doing. Dr Peter Melton is involved in this piece of work and advised that CCG Leaders throughout the country have requested a more integrated, holistic assurance process that includes other stakeholders which are just as important as the NHS Commissioning Board such as members, public, Local Authorities etc. It is not clear yet whether the Commissioning Board will do this but it is a challenge CCGs will be looking at locally as they will try to build it in alongside national assurances.

**Q.** Is integration an essential part of that process?

**A.** It is going to be difficult for everyone, providers and receivers, as there has to be change and the workforce and public will need to understand why continuing as we have done in the past is not a sustainable option. We want to measure what we value and what the rest of the community values. At the heart of the CCG is the idea of clinical leadership and community challenge and involvement which is reflected in the fact that we have community members sitting in the Triangles alongside the clinicians.

**Q.** Under the staff transfer scheme are the national terms and conditions continuing under Agenda for Change?

**A.** Yes

**Q.** Dismay was expressed at earlier comments made in the meeting about a loss of compassion in care delivery amongst nursing staff and the view was expressed that nurses are still compassionate but are under a lot of pressure to meet increasing targets. The Board was asked what the CCG will be doing to change the target culture and get back to basics for nurses ie compassion, dignity and respect.

**A.** Mandy Coulbeck stated that she believed some targets were necessary as they can provide a quality standard and that through meeting a target a practitioner will then know they are providing a quality service; however she also believes that nurses have a responsibility to ensure they are giving compassionate care to patients while they are meeting the targets set. Due to the difference in views on this question Ms Coulbeck offered to continue the discussion outside the meeting.

**Q.** Care Plus has spent £1.2million on management and is commissioned by the CCG to provide a number of services. Will the CCG be looking to identify other providers who spend less on management and more on patient care for the services it requires?

**A.** Care Plus is one of many providers commissioned by the CCG and is an independent and separate entity in its own right. The CCG will always look to commission the best possible value for our community and if we can get better value for the community in a different place we will commission it.

**Q.** Thanks were given for moving the venue of the CCG public meetings to Tukes then a question was posed in as to why the greatly increasing elderly population did not appear to figure in the data relating to the NLaG SHMI.

**A.** The growing population of elderly has led to an increasing demand on services at NLaG which is making the hospital very busy. However the SHMI relates to unexpected deaths rather than the nature of the people.

**Q.** The government has said that spending in the NHS is going up in real terms and funds going to front line services are not decreasing. With the 4% in cost release efficiency gains and the Nicholson challenge of saving £50m where has the money gone?

**A.** The elderly population is rapidly increasing and service provision needs to increase to meet the demand this is generating but there are no further government funds to meet the increased demand for services. Extra pressures are also arising from technological developments and population expectations.

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

Thursday 9 May 2013 from 2pm to 4pm in the Victoria Suite, Tukes Café, Brighowgate, Grimsby