**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PARTNERSHIP BOARD**

**MINUTES OF THE MEETING HELD ON THURSDAY 8 MAY 2014 AT 2PM**

**SOCIAL ENTERPRISE CENTRE, 84 WELLINGTON STREET, GRIMSBY**

**PRESENT:**

Mark Webb NEL CCG Chair

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Juliette Cosgrove Strategic Nurse

Mandy Coulbeck Locally Practising Nurse

Dr Derek Hopper Vice Chair/Chair of Council of Members

Mr Perviz Iqbal (from items 01 to 09) Secondary Care Doctor

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon (from item 07 onwards) Deputy Chief Executive

Dr Thomas Maliyil GP Representative/Vice Chair Council of Members

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:**

Jeanette Harris PA to Executive Office (Minutes Secretary)

Lisa Hilder (items 05 and 08) Assistant Director for Strategic Planning

Paul Kirton-Watson (item 9a) Strategic Lead – Quality and Experience

Laura Whitton Deputy Chief Finance Officer

Isobel Duckworth Consultant in Public Health

**APOLOGIES:**

Geoff Barnes Acting Director of Public Health

Philip Bond Lay Member Public Involvement

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.

1. **APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING – 13 MARCH 2014**

The minutes of the meeting held on 13 March 2014 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

11 Healthy Lives Healthy Futures Update

It was raised that the Healthy Lives Healthy Futures Programme Director had not contacted Mr Iqbal to provide the requested information about gynaecological cancer and infertility procedures. Cathy Kennedy will action this.

**ACTION: C Kennedy**

**5. NEL CCG BUSINESS PLAN**

Lisa Hilder introduced the Corporate Business Plan to the meeting and provided a summary of the key items (outlined in the supporting paper) that were delivered in the 2013/14 plan and those where significant progress has been made.

The key headline objectives for 2014/15 were highlighted from the supporting paper and it was noted that some items are continuing on from the 2013/14 plan as expected. Attention was drawn to Appendix 1 which outlines the 2014/15 Plan on a Page which summarises the CCG’s headline initiatives, priorities and expected outcomes.

Clarification was requested on the objective to develop future focussed models of primary care and it was explained that this objective covers dentists and opticians as well as GPs and will be looking to explore the future demands primary care will be facing and how these can be met.

It was suggested that one of the key objectives should be the 7 day working programme as the CCG is one of 13 early national adopters of this initiative. It was also suggested that the new model of emerging care, with its much more integrated approach across providers could be included.

A further query was raised over what the plans were for exploring primary care mortality. The meeting was advised that a local group is being established for North East Lincolnshire which is being headed by Dr Anne Spalding. This group will be carrying out case reviews for out of hospital deaths identified in the SHMI data; once the methodology for doing this has been adequately tested it is intended to roll it out more widely through primary care.

**The Partnership Board noted the delivery achieved during 2013/14 and agreed the headline items for delivery in 2014/15.**

1. **CCG QUALITY PREMIUM 2013/14**

The supporting paper provides information on the CCG’s current assessment of achievement against the 2013/14 quality premium which is a reward payment that CCGs receive for delivery of a set of nationally defined targets.  At the present time it is unclear what the final payment will be as some of the data sources do not go through the national system until Quarter 3 of the current year.  The CCG has modelled possible scenarios which detail payments from best to worst case but it is believed likely that the payment received will be in the region of £230,000.  The Council of Members will discuss which priorities for quality improvements it will be used to fund.

It was noted that no payment will be received for infection control due to the number of MRSA cases in the area in 2013/14.

The Board noted the scenario analysis and potential financial award that the CCG will realise.

*Helen Kenyon arrived.*

**7.  CCG ASSURANCE REPORT – QUARTER 3**

The supporting paper outlines the NHS England North Yorkshire and Humber Area Team summary of the CCG’s level of assurance for each of the domains laid out in the NHS England CCG Assurance Framework.

NEL CCG has been rated as “assured” with some support required in some areas and attention was drawn to the table at the end of the document which gives more information on this.  It was noted that “light touch” support had been identified as the level of support required.

The CCG will need to continue to monitor quality improvement at NLaG and the implementation of their Keogh action plan.  The CQC visited the Trust last week to carry out a review of their plan and a report is due from them in approximately two months’ time.  However NLaG have informed us that the informal feedback they received from the CQC visit was mostly positive.

There are still some issues and pressures being experienced by NLaG and Hull around 18 week waits and these are being monitored. The issues facing NLaG are in relation to the 18 week pathway for ophthalmology and dermatology and these are detailed in the Integrated Assurance Report which will be discussed at Item 11 but it was confirmed that this will adversely impact on the CCG’s quality premium payment.

The issues of access to IAPT services continue and work is on-going around this. It was noted that the issues revolve around having IAPT accredited services; some services offered in North East Lincolnshire follow a different model and deliver in a different way.  The Council of Members is currently looking at the non-accredited services in place in NEL and discussing ways to progress forwards.  It was noted that there are very stringent requirements for IAPT accreditation.

A need for closer work between CCGs and Area Teams in the areas of primary care and specialist commissioning was also noted.

Work is progressing in relation to nurse leadership and it is expected a report will on this will be brought to the next Board meeting.

**ACTION:  C Kennedy/P Melton**

A query was raised over the statement made by the Area Team relating to the alignment between the Council of Members and the Governing Body and it was agreed further clarification on this statement will be sought from the Area Team.

**ACTION:  C Kennedy**

**The Partnership Board noted the headline judgement and those made against the six domains of the CCG Assurance Framework.**

**8.  5 YEAR PLAN & MEDIUM TERM FINANCIAL PLAN**

The paper before the Board sets out the direction of travel for service development and commissioning over the next five year period up until 2019 and meets all national guidance and requirements.

The strategic plan aligns with the five outcome domains of the NHS Outcomes Framework and the six characteristics of a high quality health and care system defined by NHS England. The strategic plan on page outlines key aims, objectives, initiatives and outcomes which demonstrate this alignment.

The strategic plan builds on our position in relation to integrated care and described in the Better Care Fund plan. It also aligns with the CCG Adult Social Care Strategy.

A query was voiced over the strategic aim “supporting people” in relation to narrowing the health inequalities gap between the most affluent and least affluent wards in the area.  It was asked if there are any specific figures to measure this.  It was clarified that this aim has been set as “narrowing” as the gap in health inequalities between the most affluent and least affluent wards has been widening in past years so the aim within the strategic plan is to try and reverse this trend and to do so in a sustainable manner through the healthy lives healthy futures programme is challenging and aspirational.

It was agreed that this aspiration needs to be discussed further and in liaison with the Health and Wellbeing Board and other parties to determine how these can be measured and a realistic level for the aspiration to be set at.  Cathy Kennedy agreed to take this forward.

**ACTION:  C Kennedy**

It was noted that providers have other commissioners besides the CCG and whilst we will do everything we can to meet this aspiration it may not be achievable.  It was suggested that the wording for this aim may need to be amended.

It was agreed that there is a risk in the system with some of the aims and aspirations outlined within the strategic plan but the organisation will work with others to sustain and achieve the aims described. Ambitious aims may present high risks in terms of achievement, but this is unlikely to be a reason not to aim high. Aspirations can be noted as such with risk management procedures being put in place to manage them.

It was noted that the reference on the plan on a page to ensure best possible housing solutions is a CCG aim but is carried out in partnership and incorporates work undertaken with others.

The Medium Term Financial plan covers the same five year period as the Strategic Plan and covers three main elements of funding ie programme costs, Adult Social Care and running costs.  The supporting paper outlines the overall spend in these three areas for the term of the plan.

The increase in the programme allocation equates to an inflationary uplift only and does not take into account an ageing population or demographics.  In 2015/16 the CCG will receive funding that previously went to NELC linked to the Better Care Fund, however this money is fully committed and so does not represent new money coming into the system. Adult Social Care funding is being reduced year on year and there is a requirement to reduce overall expenditure by £7m over the next two years. Running costs need to show 10% efficiency savings in 2015/16 and will then be maintained at a flat rate.  Expenditure on acute services will remain flat over the period of the plan with an increase in community spend reflecting the CCG’s strategic direction of travel.

National assumptions, with regard to tariff and allocation growth, have been used for forecasting alongside a local assessment of the impact of the aging population. An assessment has been made on the risks associated with the national assumptions contingency funding and earmarked reserves have been set aside to cover the mitigated risks seen in the plan for its latter years.  Provider sustainability will be a key risk area and non-recurrent funding has been earmarked to support both provider sustainability and service change.  The CCG had originally planned to draw down £2m of the surplus it made in 2013/14 in 2014/15 however owing to national pressures on the NHS budget the CCG is not able to access this funding in 2014/15, this non-recurrent funding will therefore not be available until 2015/16 at the earliest. The situation will be closely monitored.

The significant cuts to the Adult Social Care budget were discussed together with some of the plans the CCG is implementing to deliver services and provide the support required in a different way than previously as part of the solution to meet the funding challenge.  It was noted that partnership working with other organisations will be key in these initiatives being successful.   It is believed that the CCG’s unique relationship with NELC means we are better placed to mitigate the risks than other areas in the country.

It was queried what the general risk level was, of achieving the plan as set out; it was advised that the CCG believes there are very firm plans in place for the next two years but the picture is less clear for years 3, 4 and 5 as there is a lot more uncertainty and unknowns nationally and locally.  However the situation will be closely monitored and reviewed, with regular reports coming back to the Partnership Board.

It was acknowledged that risks are changing at a very rapid pace.  GPs in our area received a letter from the NHS England Yorkshire and Humber Area Team yesterday which advised Practices that they will face a 10% reduction in their funding over the next three years rather than the seven year period outlined in the national guidance.  This decision is to be challenged but will have an impact on services for patients and the strategic direction of the health lives and healthy futures programme.

**The Board noted and agreed the direction of travel and the strategic approach to commissioning as outlined in the supporting paper.**

**9. QUALITY ASSURANCE**

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

Paul Kirton-Watson outlined the contents of the supporting paper and drew particular attention to the following:

* There has been a slight improvement in NLaG Trust and Diana, Princess of Wales SHMI rates but there is still a gap between the Scunthorpe and Diana, Princess of Wales Hospitals
* There is still a gap between weekend/week day for both in and out of hospital SHMI data
* We have requested that individual GP data be removed from the report because it has come to light that such statistical data is not reliable because of the low numbers per practice

The Mortality Action Group has been disbanded and two separate locality groups formed, one for North East Lincolnshire and one for North Lincolnshire. The first meeting of the North East Lincolnshire group will take place in the next two months and will be chaired by Dr Anne Spalding. The locality group will report back to the Clinical Quality Committee. A community SHMI tool is currently under development and once it has been through a testing process will be rolled out to Practices.

It was confirmed that Dr Anne Spalding has a place on the NLaG Mortality Group which will enable us to retain a continuity link with progress being made by that group.

The gap between the two hospitals for weekday versus weekend was raised and it was queried whether the last quarter’s data could be obtained from the Trust as it will provide a better picture of whether or not the new methods put into place are delivering the desired outcomes. It was requested that this information should be brought back to the Board at its next meeting.

**ACTION: Paul Kirton-Watson**

**The Board noted the current SHMI position for Northern Lincolnshire and the progress made to improve the overall SHMI rates at Northern Lincolnshire and Goole NHS Foundation Trust.**

*Paul Kirton-Watson and Mr Iqbal left the meeting.*

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

A presentation update was given on the healthy lives healthy futures programme with particular attention being drawn to the following:

The financial challenge – some providers may not come in on financial balance and specialist commissioning is growing at an inflation rate of approximately 6%.  These are big cost drivers in the system and were not factored into the original gap figure of £80m; it is likely that this figure will need to be revised upwards.

A special public Board meeting is being held on 26 June to consider option appraisals for hyper acute stroke, ENT and children’s surgery as well as the need for a public consultation.

Whilst the above three option areas have been identified they focus on quality improvement not monetary savings and further significant areas of change will need to be identified to allow us to start to address the gap in funding, notably in relation to acute hospital services where financial deficits are particularly focussed.

An independent ‘Gateway’ review of the Programme took place recently and the feedback they have given indicates that the process the healthy lives healthy futures programme has gone through to date has been very thorough and rigorous with good communication and engagement processes.  It highlights that a very inclusive approach for the case for change has been adopted but suggests that significant steps now need to be taken to progress forward more rapidly on major changes. Dr Melton suggested that a smaller team is required to put together solutions at the pace required.

It was clarified that if a consultation process is entered into the options being considered will be presented together with the CCG recommendation for the way forward.  Following the consultation period the views given will considered before a final decision is taken.  It is anticipated that the final decision will be taken by the Board at its November meeting.

The Board noted that the clear challenge for the future was going to be the identification of ways to close the funding gap within the necessary timeframe.

**11. INTEGRATED ASSURANCE REPORT**

The supporting paper was taken as read but attention was drawn to the changed format which now includes a pictogram for the risk register and the board assurance framework.

The performance highlights focuses on two areas; delayed transfer of care which is improving well, and the step change seen in the teenage pregnancy rate which has maintained a lower rate for the past two years, with the gap between this area and the rest of the country improving significantly.

The performance escalation section of the paper outlines the issues within planned care, one of which is 18 week referral to treatment times at NLaG Foundation Trust.  This is being monitored rigorously and control steps have been put in place to address the situation.  Hull and East Yorkshire Hospitals Trust has advised us that they are going to have issues over the next six months across a number of specialities.  Clarification is awaited from them about which specialities have been affected.  This situation is also being closely monitored.

It was flagged that on the performance exception summary that no target measures were appearing under delay in reducing care and support but it was showing as red.  It was felt this may be an error as there should be target figures showing and this will be addressed for the next meeting.

**ACTION: C Kennedy**

A query was raised over the reasons behind the drop in the teenage pregnancy rate as this has been a challenge for at least the last decade. Whilst there is a belief it is due in part to the concerted efforts that have been put in place for a number of years it was agreed further information should be provided as to how the improvement has been achieved. Isobel Duckworth was asked to investigate further and report the findings back to a future Board.

**ACTION: I Duckworth/G Barnes**

**12. FINANCE REPORT**

The draft accounts were submitted on 23 April 2014 and were within forecast.  The Adult Social Care final surplus was just under £500,000 and a partnership variation has been signed off to protect the surplus for future years.

Permission was sought from the Board to write-off a £55,652.91 debt relating to a house sale income.  House Sale Income is funding that is collected from clients after the care has been incurred and usually following the sale of their property.  In some circumstances the sale of the property involved may not be sufficient to cover the accrued costs of care which can result in the debt having to be written off if the client has no other source of funding.  The monies the Board are being asked to write-off are the result of a property being sold at a reduced price due to its poor condition which has left a gap in the cost of care provided.

**The Partnership Board approved the recommended write off of a debt of £55,652.91 and noted the draft 2013/14 financial position.**

**13. UPDATES**

a) Community Forum Update

The Community Forum did not identify any items for escalation to the Partnership Board.

b) Council of Members Update

The pharmacy needs assessment and the healthy lives healthy futures programme were discussed at the last Council of Members meeting.

**14. ITEMS FOR INFORMATION**

a) Board Development Plan

The contents of the Board Development Plan were noted by the meeting.

b) Care Contracting Committee Minutes 12 March 2014

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

b) CMM Action Notes 11 March 2014

The Action Notes from the CMM meeting on 11 March was noted.

c) Delivery Assurance Committee Minutes 19 February 2014

The Minutes from the Delivery Assurance Committee meeting held on 19 February 2014 were noted.

d) Integrated Governance and Audit Committee Minutes – 4 March 2014

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

**15. QUESTIONS FROM THE PUBLIC**

A query was received over the current status of Cranwell Court and whether the CCG was incurring extra expenditure as a result of the issues being addressed there. The manner of the closure of Huntleigh Lodge was also queried.

It was explained that at present no new admissions are being made to Cranwell Court and no extra CCGs monies are being spent. However the funding for care for individuals already placed there prior to the current issues arising is continuing as previously.

The owner of Huntleigh Lodge had made a business decision to close their facilities and the closure is being managed by the owner and the CCG working together.

Alternative provision to Cranwell Court is being provided whilst it is closed to admissions and NAViGO has been closely involved in both the selection and provision of any support and training required with the alternative provider. There has been no extra charge from NAViGO to the CCG for these services.

A question was asked as to how the CCG was responding to the Positive and Safe programme launched by Normal Lamb in April.

The CCG will be developing a work plan to ensure it meets all actions contained in the programme but already has a quality work stream in place which covers residential and care homes in this area. As part of the quality control system processes already in place issues that may arise are flagged back to the CCG very quickly and market management meetings are held on a fortnightly basis.

**16. ANY OTHER BUSINESS**

Format of Meeting Papers

Mark Webb thanked all those present for the adhering to the request for board papers to remain concise and brief as it contributed significantly to the understanding and running of the meeting.

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

Thursday 10 July 2014 from 2pm to 4pm in the Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ