**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**EXTRA-ORDINARY PARTNERSHIP BOARD**

**MINUTES OF THE MEETING HELD ON THURSDAY 26 JUNE 2014 AT 1.30PM**

**FAIRWAY SUITE, HUMBER ROYAL HOTEL, GRIMSBY**

**PRESENT:**

Mark Webb NEL CCG Chair

Geoff Barnes Acting Director of Public Health

Philip Bond Lay Member Public Involvement

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Juliette Cosgrove Strategic Nurse

Mandy Coulbeck Locally Practising Nurse

Joanne Hewson Strategic Director People and Communities – NELC

Dr Derek Hopper Vice Chair/Chair of Council of Members

Cathy Kennedy Chief Financial Officer/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

Sue Whitehouse Lay Member Governance and Audit

**IN ATTENDANCE:**

Jenny Briggs Northern Lincolnshire Healthy Lives – Healthy Futures Strategic Lead

Jeanette Harris PA to Executive Office (Minutes Secretary)

**APOLOGIES:**

Mr Perviz Iqbal Secondary Care Doctor

Helen Kenyon Deputy Chief Executive

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

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

No conflicts of interest were declared.

1. **HEALTHY LIVES HEALTHY FUTURES – OPTIONS FOR PUBLIC CONSULTATION**

The meeting was reminded that the Healthy Lives Healthy Futures (HLHF) project had been set up in response to the huge changes facing the NHS and the necessity for CCGs to identify ways to deliver good quality services and meet the financial challenge set by the Government. The HLHF project has brought together providers, stakeholders and organisations interested in good quality services who have all worked together to take this programme forward.

The options for public consultation coming to the Board today focus heavily on improving the quality of the services provided and will have little impact on reducing the £80million funding gap that was originally identified, much of which still has to be addressed in future proposals.

The engagement process started last year and canvassing took place amongst stakeholders, members of the public and the workforce. At the end of this process there was consensus that the Case for Change had been made. Three areas to be considered for immediate public consultation had been identified, primarily by the Northern Lincolnshire and Goole Hospital Trust clinicians, where consolidation of services at either Grimsby or Scunthorpe could improve the quality and safety of the service provided. These areas are:

* Hyper-acute stroke services
* ENT inpatient surgery
* Children’s surgery

The criteria these proposals were measured against were quality, accessibility, deliverability and financial sustainability. These criteria had been widely discussed and supported as part of the earlier engagement process.

The three proposals were submitted to and considered by the HLHF Programme Board and the Council of Members at North East Lincolnshire and North Lincolnshire CCGs.

The Council of Members both recommended that the option appraisals for hyper-acute stroke services and ear, nose and throat (ENT) inpatient surgery should proceed to public consultation, and supported the recommended options for service location. In the case of children’s surgery they recommended that more work was undertaken to investigate a further option that had not been considered to date, which was centralising this service at either Grimsby or Scunthorpe.

The Partnership Board is being asked today to note and endorse the preferred options for consultation, as agreed by the North East Lincolnshire Council of Members.

Hyper-Acute Stroke Services

The Board were reminded that the options for hyper-acute stroke related to the first 72 hours of treatment only and that following this period of time in most instances, the patient would return to their local area for the rest of their care.

The options considered and scored against the evaluation criteria were:

1. De-centralise the service
2. Remain at SGH
3. Move to DPOW
4. Move off patch to nearest specialist centre

Following scoring against the evaluation criteria option 2 was highlighted as the recommended way forward by the HLHF Programme Board. It was further noted that following the temporary relocation of this service to Scunthorpe Hospital by the Northern Lincolnshire and Goole Hospital Trust earlier in the year, the outcomes for patients using the service has improved significantly and positive feedback has been received from patients and clinicians.

The Council of Members had agreed that all four options should be put forward for public consultation with option 2 (remain at Scunthorpe General Hospital) highlighted as the preferred option with an explanatory rationale being provided for that view.

ENT Inpatient Surgery

It was clarified that this proposal relates to inpatient surgery only and that day cases and outpatients would not be affected. It was highlighted that hospital Consultants had proposed the changes primarily to improve patient safety.

The following option appraisals were put forward for consideration for public consultation:

1. Do nothing
2. Centralise on DPOW site
3. Centralise on SGH site
4. Move off patch to nearest specialist centre

The Clinical Senate, an independent clinical voice across our region had also looked at the options available and agreed that centralising this service was the most sensible option to pursue.

The Council of Members had agreed that all four options should be put forward for public consultation with option 2 (centralise on DPOW site) highlighted as the preferred option with an explanation of that rationale.

Children’s Surgery

The Northern Lincolnshire and Goole Hospitals Trust had submitted the following 4 proposals for consideration:

1. Do nothing
2. Rotate consultants locally between sites
3. Rotational training programme with tertiary centre
4. Move off patch to nearest specialist centre

It was highlighted to the Board that these proposals related to planned care only and the operations being discussed took place in quite small numbers and covered procedures such as hernias, circumcision and undescended testicles.

When these options were considered by the Council of Members they queried why the centralisation of children’s surgery at either Grimsby or Scunthorpe had not been included within the option appraisal as this would provide a local service for patients and assist in ensuring local clinicians retain the skill levels required for determining an urgent medical assessment prior to assigning a care pathway. Following discussion the Council of Members agreed that further work should be undertaken to explore the option for a local centralised service.

Because the scale of change for children’s surgery is quite small there may not be a requirement to go out to public consultation on the options for this service. However this will be determined through discussion at the Health Overview and Scrutiny Committees in North Lincolnshire and North East Lincolnshire and the CCG Partnership Board and all these meetings are open to observation by the public.

A query was raised as to whether a decision taken could be reversed at a future date if it became necessary and the example of the preferred option of retaining the hyper-acute stroke unit at Scunthorpe General Hospital was given. In response it was highlighted that all the decisions being taken are based on known needs and current information but that any future reviews would take into account the situation at that time, which could alter decisions if necessary. It was noted that from a financial perspective the recommended option for hyper-acute stroke does not require extra financial investment whilst the other three options do; when further funding is not required for a service change it does make it easier to revisit the decision in the future as an investment has not been made in building infrastructure and equipment.

It was highlighted that if the preferred option for ENT went ahead the provider should be expected to provide better quality and value for money from a centralised service.

The composition of the HLHF Programme Board was queried as this was the body who had applied the scoring of the options against the agreed criteria. In response Jenny Briggs advised the meeting that the HLHF Programme Board members included clinical and managerial representatives from the NHS England Area Team, Care Plus Group, North Lincolnshire and North East Lincolnshire CCGs, Northern Lincolnshire and Goole Hospital Trust and other relevant organisations within the region Lincolnshire for example East Riding and East Lincolnshire CCGs were also involved due to their patient flows into the hospital sites. Other individuals from outside the HLHF Programme Board were also brought in to assist with the scoring process and this included a number of clinicians.

**The Partnership Board unanimously endorsed the preferred options for consultation, as agreed by the North East Lincolnshire Council of Members.**

Proposed Consultation Process

Having determined that the consultation should proceed, the proposed consultation process was then considered.

It was noted that the consultation must comply with statutory obligations and will need to engage with a good cross-section of the local population and area. The consultation period will commence on 30 June 2014 and run for a 13 week period, closing on 26 September 2014. A number of activities have been planned which include 2 public meetings in July with a further 2 being held in September. In addition to these there will be a number of road shows taking place in urban and rural areas and relevant documentation will be circulated to the public. Community and voluntary groups will be approached and arrangements made to capture the views of residents and family members at Care and Residential Homes. Questionnaires will be distributed to the public and will also be distributed to patients and accompanying friends/family members at GP surgeries during the consultation period.

Comment cards will be completed at road shows and facebook, twitter and the CCG website will also be utilised.

At the end of the consultation period a report will be prepared and submitted in October to the HLHF Programme Board, Council of Members and CCG Boards for a vote and decision on the final options, which may have been amended following the public consultation process. Once the decisions have been made the outcome will be publicised on the CCG website and issued to the groups that have contributed to the content of the report as well as going to the Health Overview and Scrutiny Committee.

The need to incorporate staff consultation engagement in the above plans was highlighted by the Board.

It was queried whether there are standards available to measure our consultation processes against and the Board was informed that there are statutory steps that must be taken, and that in addition an analysis of the consultation process will take place after the event to enable the CCG to measure the process against other consultations that have been carried out nationally to enable us to demonstrate we have done as well as possible.

There being no further business the meeting was closed.

1. **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