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**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**PARTNERSHIP BOARD**

**MINUTES OF THE MEETING HELD ON THURSDAY 9 JANUARY 2014 AT 2PM IN CONFERENCE ROOM A, E-FACTOR BUSINESS HIVE, 13 DUDLEY STREET, GRIMSBY DN31 2AB**

**PRESENT:**

Mark Webb NEL CCG Chair

Philip Bond Lay Member Public Involvement

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

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 (part meeting) GP Representative

Dr Rakesh Pathak GP Representative

Joe Warner (part meeting) 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:**

Geoff Barnes Deputy Director of Public Health

Jeanette Harris PA to Executive Office (Minutes Secretary)

Paul Kirton-Watson Strategic Lead – Quality and Experience

Laura Whitton Deputy Chief Finance Officer

**APOLOGIES:**

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Dr Cate Carmichael Joint Director of Public Health

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 NOVEMBER 2013**

The minutes of the meeting held on 14 November 2013 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

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

**5. JOINT HEALTH AND WELLBEING STRATEGY**

Geoff Barnes was welcomed to the meeting as the deputy for Dr Cate Carmichael.

An outline of the supporting paper was provided and particular attention was drawn to the following:

* Due to greater than expected improvements in life expectancy in our more affluent communities, health inequalities have actually increased over the last decade, in spite of all the work undertaken to reduce the gap. In some of our poorer communities there has been no improvement at all in life expectancy for a number of reasons, mainly social and economic
* The ethos behind the joint health and wellbeing strategy is to take a much more upstream approach and focus funding on prevention and improving other areas such as housing and employment as there is good evidence that when people have better social and economic opportunities it will lead to better health outcomes and a reduction in unhealthy life styles. The focus of the strategy is towards the poorer areas of the North East Lincolnshire where inequalities have grown
* In future the Public Health grant will have a wider determinants focus and will concentrate less on clinical issues than it has in the past. An example given was the possible support of more active lifestyles within communities
* Work has begun on an implementation programme for the strategy and this should be finalised by March

It was noted that funding for varying streams may come out of other areas within the Council but that the recipient areas will be tasked with providing the Health and Wellbeing Board with outcomes achieved from the funding spent on a 12 month cycle.

The Board welcomed the new approach to the health and wellbeing strategy but noted that a number of the outcomes hoped for will not be obvious in the initial 12 month period and that it could take up to 5 years before significant outcomes are visible for these. However the intention of the Health and Wellbeing Board to test the effectiveness of the strategy as it goes along and to look at outcomes on a 12 month basis was welcomed.

**The Partnership Board approved adoption of the Joint Health and Wellbeing Strategy and approved in principle for the Health and Wellbeing Board to be the lead for the development and monitoring of the action plans to deliver the Health and Wellbeing Strategy.**

**6. NATIONAL NHS PLANNING GUIDANCE AND LOCAL IMPLEMENTATION PLAN APPROACH**

A presentation was given providing an overview of national planning priorities and CCG allocations for 2014/15 to 2018/19.

*Dr Arun Nayyar arrived.*

The challenging national timelines for contract sign-off in February were noted together with the background work and discussions that have taken place which will enable the CCG to meet the deadlines. It was highlighted that there is now a complex and large number of organisations involved in the planning process and that liaison between them is essential to ensure everyone is going in the same direction.

The new funding formula adopted by NHS England for CCGs’ Programme Budgets was highlighted which will result in the North East Lincolnshire CCG receiving a minimum uplift of inflation only in the next 2 years.

**It was agreed that the Local Implementation Plan will be a substantive item at the February Board workshop.**

**ACTION: Board Workshop Agenda**

A member of the Board noted that the short timescales for contract sign-off are not conducive to meeting the objective for citizen empowerment but it was explained that public inclusion is conducted throughout the year and informs final planning at this point in time.

**7.  Partnership agreement THREE YEAR BUSINESS PLAN UPDATE**

This item is a progress update on the work priorities agreed by the CCG and NELC for this year in relation to the Partnership Agreement three year business plan.  The partnership priority areas identified are:

* The vulnerable people’s 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

In relation to the Local Account attention was drawn to the completed document which is available to all on the CCG internet site at <http://www.northeastlincolnshireccg.nhs.uk/local-account-for-adult-social-care-launched/>

In relation to the development of the partnership arrangements, the CCG and NELC leadership team will be holding a joint exercise in February to scope and identify further areas for partnership working and alignment between the 2 organisations.

The transport service was highlighted as an area where the Council and the CCG are looking to work in partnership as it has been identified as an important factor in the Healthy Lives Healthy Futures programme and also an area where efficiencies could be made by the council.

In relation to the review of transition arrangements between children’s and adult social care it was noted that the teams from both areas have been brought together and structures developed which will be rolled out over the next few weeks.

It was also noted that agreement has been reached by the two organisations as to how the savings requirements in relation to Adult Social Care are to be made, with an arrangements made to meet the needs of the council to deliver the savings by the end of 2014/15, but whilst also allowing the CCG more time to deliver the savings more safely for service users.

It was highlighted that the partnership working arrangements are considered to be very important by both NELC and the CCG and that regular meetings are held between senior members of both organisations.

Ms Hewson noted that some of the lead offer names within the Council have now changed and the plan needs to be updated to reflect that.

**ACTION: H Kenyon**

**8.  winter planning and pressures update**

Following the discussion on Winter Planning at the November 2013 Board meeting a verbal update was given on the position to date.

Regular monthly meetings continue to be held by the winter planning group and weekly telephone calls take place between the CCG, NLaG and other care providers to monitor any pressures that may arise.  The Diana, Princess of Wales Hospital (DPW) came very close to achieving the A&E target during December at 94.8% but has achieved the A&E Quarter 3 target of 95% which is the period performance is judged on.

The demand over the Christmas period differed from normal as usually Boxing Day is very busy but this year it was quiet, however it was very busy on the weekends either side of the bank holidays and the hospital went to a maximum alert for bed capacity.  However DPW managed the situation well and the resilience in place felt much more robust that the previous year.

It was noted that to date the winter has been reasonably mild which means that conditions such as COPD have not been subject to exacerbation.

It was queried whether data is available as to what the average waiting figure is in A&E on an on-going basis and it was confirmed that the data for average wait and throughput in a day is available and can be included as part of the next winter plan update to the Board.

**ACTION:  H Kenyon**

In response to a comment that a 4 hour wait in A&E is still a long time for a patient it was explained that this timeframe did not relate to the time a patient was waiting for treatment but referred to the length of time a patient was in A&E to receive a medical outcome.

It was highlighted that the most common type of winter emergency event locally is flooding and that an incident of this type was experienced just before Christmas.  NELC adopted a multiagency approach to this event and stated that the response they had received was superb and nobody had suffered an injury. Focus and Care Plus had responded to the situation very well and had been able to set up centres and identify vulnerable individuals.  The Council plans to hold a mock event around flooding on an annual basis and will do this on a multiagency basis.

**9. REVIEW OF TERMS OF REFERENCE FOR PARTNERSHIP BOARD**

This item is being presented prior to the reviewed Terms of Reference being submitted for approval to the Governing Body at its March meeting. Members were reminded that the Partnership Board had been established by the CCG to enable NELC elected members to be members of the CCG’s governance arrangements.

It was suggested that two amendments should be made to the supporting paper under points 10.1 and 15.1 to make more explicit the expectation that the public should have about engaging with a meeting that is being held in public and reflect the suggestion by the Council of Members that the terms of reference for the Partnership Board are considered by the Governing Body rather than themselves.

**ACTION: C Kennedy**

**Subject to the above two amendments the Board approved the Partnership Board Terms of Reference.**

**10. QUALITY ASSURANCE**

a)  Keogh Review

 The supporting paper was taken as read but it was highlighted that at its final visit in the autumn, the Keogh Team had found considerable improvement in progress against the action plan put in place and detail on this is contained within the supporting paper. However the following points were flagged:

* Plans have been made to appoint associate medical directors
* The 20 Spanish nurses recruited for DPW have settled in well and all are still in post. 20 of their colleagues have been deployed to Scunthorpe General Hospital and they also are all still in post. A further 29 Spanish nurses are being recruited and will be split between the 2 sites. Feedback from other staff and patients has been very good and English has not been a problem but they have found that the local dialect and idioms can be a little disconcerting.
* Many areas on the Keogh plan are now green and the plan is being refreshed to ensure improvements continue to be made
* The Keogh Team have written to the Trust to compliment them on the progress they have made to date. A final report is due to be published shortly

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

Improvement is continuing to be made for the Trust with the latest overall figure to July 2013 being published at 107.8 which is within the “expected” range; the next set of figures are due to be published on 29 January.

There is still a difference in the rate between Grimsby and Scunthorpe but Grimsby has now moved into the “within expected” range and the gap between the 2 hospitals is starting to close. However the gap for in and out of hospital mortality rates is greater at DPW but it is expected that some of the issues driving this will be addressed by the implementation of 7 day working.

A meeting was held at the CCG earlier in the week to ensure that the Keogh outcomes have been embedded into the mortality action group plan so that no issues are lost.

It was queried whether the reason for the gap in the rate between DPW and Scunthorpe has been identified and also whether the reasons for the gap starting to close were known.

In response it was stated that this was not a simple question to answer and that neither the Ramsden Report nor the Keogh team had been able to uncover any clear local evidence; however there has been differences in clinical practice and the way in which patients are managed through the system and some of the reason for the gap narrowing is that best practice has been adopted in both these areas. In addition there had been problems with data capture at DPW and this has now improved. There is no perception of a major issue in the core population.

It was noted that the excess mortalities were in acute medicine within the cohort that had a moderate risk of dying and that GPs were now reporting that the discharge summaries they were receiving were much more robust than they had been in the past.

A short discussion followed over how the Board could draw out some key indicators, increase their understanding of what stood behind the figures and develop a greater knowledge of the range of actions in place. **It was agreed that performance monitoring will be included as a substantive agenda item at an upcoming Board workshop session.**

**ACTION: Board workshop agenda**

c) response to Francis Report

The government has published “Hard Truths” which is its response to the Francis Report. The document outlines the changes that have already been implemented following the outcome of the enquiry and then details new measures and actions which have been divided into the following 5 areas:

* Preventing problems
* Detecting problems quickly
* Taking action promptly
* Ensuring robust accountability
* Ensuring staff are trained and motived

Each of these main sections contain a number of key actions within them to assist in achieving the desired outcome.

The full report can be accessed at <https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response>

Late last year the CCG undertook a piece of work to scope out how our local providers have progressed with their implementation of the recommendations within the Francis Report. Progress has been made but this work will be on-going and continued support will be required to ensure it is achieved and assurance received.

A scoping exercise is now being undertaken by the CCG to see where this organisation stands on its own progress against the main findings of the Francis Report. **It was agreed by the Board that the Integrated Governance & Audit Committee will be charged with overseeing this piece of work with the understanding that they will escalate any issues to the Board as required.**

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

It was highlighted that the first phase of public engagement has been completed last autumn and that the second stage will commence in February. However with the changing environment at a national level and the budgetary implications for the CCGs and Adult Social Care, further work may need to be undertaken on the conclusions that are starting to be drawn for the healthy lives healthy futures programme. One example is that there is a national drive to place more work into primary care and the implications of this on a local level will need to be considered.

Other CCGs within Lincolnshire are shaping their plans for the future provision of health services and some of these may have implications for the Diana, Princess of Wales Hospital if the current pattern of patient flow changes as a result of the reconfiguration of other Lincolnshire health services. Factors such as this will need to be taken into consideration by our own healthy lives healthy futures programme as it progresses.

*Joe Warner left the meeting.*

A presentation was then given which covered the following:

* The shared vision – a shift to the left
* Structuring the vision
* Key messages
* Programme timeline
* Engagement feedback quotes
* How we are acting on the engagement feedback
* Self care and independent living
* Home care
* Community
* Local hospital (minimum, not exclusive)
* Centralised and tertiary services
* Focus for the next phase of engagement
* Engagement event dates – next phase
* Next steps

Feedback from the healthy lives healthy futures programme will continue to be covered at each public Board meeting as there will be an increasing number of changes made as consultation outcomes and national changes drive forward the future direction of travel.

It was noted that one of the options being considered within the programme is for technological solutions being available to support home and community based care provision and it was flagged that this will improve equality and experience for the patient user but implementing the technology will initially be expensive.

**12. INTEGRATED ASSURANCE REPORT**

The supporting paper was taken as read but attention was drawn to the 2 items under performance escalation and performance highlight.

Delayed transfers of care (DToCs) are being closely monitored by the Unplanned Care Board. Changes are being made to the way providers are liaising with each other as well as to the funding mechanisms to ensure more integrated care approach is provided. A key example of this is that the CCG has created a significant incentive fund that would be paid to the relevant providers only if the required overall DToC reduction is achieved through their joint efforts. It is anticipated that these changes will assist in resolving the current issues but the situation will continue to be closely monitored.

The introduction of the new hyper-acute stoke pathway to a single 24/7 south bank service has proved to be successful in that there have now been a number of patients receiving thrombolysis out of hours who previously would not have had this service. National evidence shows that this will significantly improve the expected outcomes for those patients.

The risk areas on the dashboard were discussed and whilst it was acknowledged that the Performance Committee will escalate any concerning issues to the Board it was agreed that a deep dive of some of the risks could be undertaken by the Board at one of its workshops, particularly to inform future plans. Cathy Kennedy will identify some relevant risk areas for this.

**ACTION: C Kennedy**

**13. FINANCE REPORT**

The CCG is currently on target to achieve all of its key financial performance indicators. Attention was drawn to the areas of expenditure where there has been a significant movement in the forecast outturn since the last Board report (outlined in the supporting paper).

The level of financial risk that the CCG has to manage in the remainder of the year has reduced. Attention was drawn to the Adult Social Care Debtors risk of £250k reflecting the current high level of unpaid debt.

A query was raised over how expenditure is controlled if it climbs above the funding put in place to meet it. It was explained that there is a monthly monitoring system and processes in place whereby expenditure can be reduced in one area to offset an escalation somewhere else, if this is required.

**14. UPDATES**

a) Community Forum Update

Owing to the Christmas break there is no update for January.

b) Council of Members Update

The first meeting of CoM in 2014 will not take place until early February so there is no update for this meeting.

Dr Thomas Maliyil has been appointed to the post of Vice Chair of CoM and will also be a member of the Partnership Board

**15. ITEMS FOR INFORMATION**

a) Care Contracting Committee Minutes 18 November 2013

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

b) CMM Action Notes 29 October 2013 and 10 December 2013

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

c) Delivery Assurance Committee Minutes 30 October 2013

The Minutes from the Delivery Assurance Committee meeting held on 30 October 2013 were noted.

d) Integrated Governance and Audit Committee Minutes – 6 September 2013

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

**16. QUESTIONS FROM THE PUBLIC**

A member of the public voiced their support of the CCG’s intention to use technology to facilitate engagement in outlier communities.

It was raised by a member of the public that NAViGO had presented a business case in relation to autism to the CCG in the latter part of last year and it was queried whether detailed feedback is provided by the CCG on this type of submission to ensure that the submitting organisation can amend any proposals to enable them to meet the required criteria and hopefully achieve a successful outcome. Cathy Kennedy confirmed that this is the case. Helen Kenyon advised that she believed that Lisa Hilder, Assistant Director Strategic Planning, is liaising directly with NAViGO on this issue.

It was asked whether the CCG thinks, that as a commissioning organisation, the NICE guidelines for autism are being met. Cathy Kennedy advised that this information was not immediately available to answer that question but that she would take it away to get a response.

**ACTION: C Kennedy**

At the last meeting of the Board a statement had been made that some of the staff at The Willows do hold a mental health qualification but they are not qualified nursing staff. This was queried by a member of the public who said that they had since spoken to a number of people who believed there were qualified mental health nurses working at The Willows. It was also stated that staff with a mental health qualification had been working at The Willows as some of the clientele being treated there needed that level of support and the provider recognised this and felt it to be in the best interest of that group and it was queried whether this type of personnel will be employed at Cranwell Court and Sussex House.

In response the Board advised that a check will be made on this.

**ACTION: H Kenyon**

Helen Kenyon stated that it was not the intention to replace The Willows with a like for like service but to have an enhanced older people’s mental health service provision. Some of the monies released from the reprocurement process will be used to purchase specialist care but this care will be delivered in a different manner from previously.

The practice of employing “bank” staff in care homes was raised and the detrimental effect this can have on the treatment of residents and patients was highlighted. Mark Webb gave his thanks for the raising of this matter and urged the member of the public concerned to raise the issues they were aware of through the channels that are in place such as PALS or complaints to respond to this type of concern so that any issues can be speedily identified and dealt with.

Mark Webb advised the meeting that because there was a limited amount of time available for public questions at the Board meeting 2 drop-in sessions have been arranged to allow members of the public to meet up with himself and Philip Bond to discuss any concerns or issues they may have. If the events prove to be popular further ones will be arranged. The initial 2 events will be held on:

Friday 21 February from 12noon to 2pm in the Crest Room at the St James Hotel Grimsby

Tuesday 15 April from 12 noon to 2pm in the Crest Room at the St James Hotel Grimsby

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

**Governing Body Public Meeting**

Thursday 13 March 2014 from 1.30pm to 2pm in Conference Room B, E-factor Business Hive, 13 Dudley Street, Grimsby DN31 2AB

**Partnership Board Public Meeting**

Thursday 13 March 2014 from 2pm to 4.30pm in Conference Room B, E-factor Business Hive, 13 Dudley Street, Grimsby DN31 2AB