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

**MINUTES OF THE MEETING HELD ON THURSDAY 11 SEPTEMBER 2014 AT 2PM**

**HUMBER ROYAL HOTEL, LITTELECOATES ROAD, 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

Mr Perviz Iqbal Secondary Care Doctor

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon 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:**

Jeanette Harris PA to Executive Office (Minutes Secretary)

Julie Taylor-Clark Interim Director Nursing, Quality & Transformation

Collette Cunningham General Manager, Medicines Group, NLaG

Laura Whitton Deputy Chief Finance Officer

**APOLOGIES:**

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. **APPROVAL OF THE MINUTES OF PREVIOUS MEETINGS – 10 JULY 2014**

The minutes of the meetings held on 10 July 2014 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

The completed actions on the Matters Arising summary sheet were noted.

**5. PUBLIC HEALTH ANNUAL REPORT**

The Public Health Annual Report before the Board today is the first such report produced since the transition of public health responsibilities from the shadow CCG to the Local Authority and covers the period of 2013-14.

The introduction to the report draws attention to the opportunities that the return of public health to local government has provided whilst the body of the report provides information on the following:

* Key intelligence about the health and wellbeing of our population
* Progress made on building the new public health and wellbeing system in our area
* High quality examples of how things are being done differently since public health has become part of NELC
* Description of an innovative piece of work being undertaken in partnership with the CCG in relation to health economics
* How protection of health remains a major focus for local public health activity

The report also contains three recommendations from the Acting Director of Public Health to maintain and strengthen the delivery of public health responsibilities in North East Lincolnshire.

The Partnership Board are being asked to formally agree the Public Health Annual Report, agree to its joint publication with NELC and to display the report on the CCG’s website.

Conversation centred on the challenges in health inequalities and the Public Health outcomes review. It was queried whether there was an expectation that the outcomes review would be able to generate recommendations that will make a real difference to outcomes as this had been very difficult to achieve in the past. In response it was highlighted that in the past a significant proportion of Public Health funding has been spent in a single area and if changes can be made in this area, together with a shift from some secondary services into primary intervention, there was good reason to believe that real differences will be made and that these changes should be visible within 5 years.

It is hoped that a new alcohol strategy can be developed and the current drug management strategy is to be reviewed. The need to continue with re-educating needy families on how to deal with a dependency on drugs and/or alcohol was highlighted, as well as educating younger children to stop them becoming users in the first place. As part of this programme it is intended to expand the implementing family group conferencing provided by NELC.

The Board endorsed the Public Health outcomes review and expressed the hope that it would be able to identify different approaches to those taken previously and bring about a positive outcome for the health inequalities gap. It was noted that the review will take approximately 6 months to complete.

**The Board agreed the Public Health Annual Report and further agreed to joint publication and display of the Report on the CCG website.**

**6. ENGAGEMENT STRATEGY**

The document before the Board is a refresh of the engagement arrangements that have been in place for the last couple of years and as such these will be familiar to members of the Board.  However the CCG has not had a written strategy in place which could be shared with stakeholders and this document seeks to address that deficit.

Attention was drawn to the pictorial ladder on page 3 of the paper and it was explained that this represents a series of options, all of which are appropriate depending on the engagement taking place.

It was queried whether there was any information available on the age profile of individuals who had responded to engagement consultations as the membership of ACCORD was heavily weighted towards older people and women.  This point was acknowledged together with the fact that there is no ethnicity data available either as individuals have not volunteered this information. A range of options, including the use of social media are being considered to actively attract young people to join ACCORD; work is also being undertaken with Communities Together to promote engagement amongst diversity groups.   However there was a general acknowledgement that other initiatives are needed to attract the widest possible engagement from right across the public community.

It was highlighted that the Local Council has achieved a huge success with some of their young peoples’ engagement approaches and been able to maintain sustained engagements with them and it was suggested that this was one area where a joint initiative could be of significant benefit.

It was agreed that outcomes should be developed for the action plan that would support the strategy, and that tapping into the resources that NELC have within their young peoples’ groups should be actively pursued.

**With the inclusion of the above two recommendations the CCG Engagement Strategy report was agreed by the Board.**

**7.   PROPOSALS FOR THE RELAUNCH OF THE ACCORD MEMBERSHIP SCHEME**

The ACCORD membership is a resource available to the CCG which is not currently enjoyed by many others and a number of CCGs within the country are in the process of trying to set up something similar.

Revitalisation of the ACCORD membership is a key area of the engagement strategy and interviews have been recently held to appoint ACCORD steering group members and ambassadors to drive this process forward. A healthy amount of interest was generated by the posts with a satisfactory number of interviews being held. The successful candidates will be receiving appropriate training for their roles in October and it is hoped that tangible results will start to become apparent by the end of the year.

It was noted that the steering group members will be part of the public involvement side of ACCORD and that whilst Community Forum members are members of ACCORD, they are not eligible to join the steering group, as they fulfil a governance role with the CCG. A Community Forum member has to undergo an election process to join the Forum and it was highlighted that the lay members within the Clinical Triangles are drawn from the Community Forum membership.

The plans to re-energise the ACCORD membership and the formation of a steering group to drive this forward were noted by the Board.

**8. CQC REPORTS ON PRIMARY CARE**

In October 2014 changes will come into effect to the inspection model used by the CQC when they carry out their inspection visits for primary care, as well as other health and social care services.

The current standards and rating system were highlighted in the supporting paper, together with the expanded rating system that will come into effect in October and it was noted that the new ratings will be measured against how safe, effective, caring, responsive and well lead the service being provided is.

Nine inspections have already been carried out in this region across primary care, under the auspices of the current scheme. Of those providers eight practices have been assessed as delivering services to the required standards across all five of the current areas. One practice was rated as requiring improvement against four of the areas assessed. In relation to this particular practice, the CQC instructed the practice to develop an improvement plan and this is currently being implemented.

There has been some media interested generated about the Practice that is implementing an improvement plan and a query was raised over what impact this has had on the patients concerned. In response it was clarified that the CQC conclusion at the end of its inspection was that the improvements required related to processes and operational leadership and not patient safety.

It was flagged that the reference made to Healing Health Centre on the supporting paper should read November 2013 and not November 2014.

The Board was informed that future CQC inspection reports will be considered by the Quality Committee who will then escalate any exceptions to the Partnership Board.

**The Board noted the changes coming into effect from October 2014 in relation to the CQC inspection regime and also noted the findings of the CQC inspections that have already taken place in relation to General Practice in this area.**

**9. DECLARATION OF INTERESTS REGISTER 2014/15**

The CCG has a statutory duty to hold a register of interests for public scrutiny, which is reviewed on an annual basis, and placed into the public domain. The document before the Board today is the updated register for 2014/2015 and will be placed on the CCG internet site.

Updated guidance on the content for this register has been received recently and the areas covered have been widened. In light of this it is intended that the register will be further reviewed and revised declaration of interest forms completed in six months’ time. Prior to this taking place Board members will be provided with more information on the changes being made, which will include the addition of interests in adult social care.

**The Board noted the 2014/2015 Declaration of Interests Register.**

**10. QUALITY REPORT**

The proposed Terms of Reference for the Quality Committee were presented to the Board for its approval.

It was flagged that three lay members had sat on the original CQC Committee but the TOR for the revised Quality Committee was advocating only two lay members, one being the board member for PPI.  As a result of this a process would have to be developed to decide which lay member needed to step down.  It was also highlighted that the lay members were drawn from the Community Forum and reducing the number of lay members on the Quality Committee could have a direct impact on the membership of the Community Forum as individuals were elected to this Body to perform a specific role, which in one case was to be a member of the Quality Committee.

It was accepted that the implications of a reduction of the number of lay members in the draft TOR had been an oversight and this would be re-examined.

**ACTION:  J Taylor-Clark/C Kennedy**

**With the above caveat the Board agreed the Terms of Reference for the Quality Committee.**

**11. HEALTHY LIVES HEALTHY FUTURES UPDATE**

An update on the progress to date since the last Board meeting in July was given and included the consultation and engagement timeline after September 2014 and an outline of the timeline for the next phase of the programme.

A series of public consultation road shows have been held during August and September but attendance has been patchy with significant numbers of attendees at some venues with none at all at others.  The recent experiences have shown that in general more successful engagement has resulted when the engagement teams have visited community groups rather than the staged public events, with much higher attendance being registered at the community groups.

It had been agreed at the last Board meeting that further work needed to be undertaken on the options available for children’s surgery and a clinical workshop is taking place today at the Diana, Princess of Wales Hospital to explore further opportunities for this service.

The formal consultation process on the options for the hyper acute stroke services and ENT inpatient surgery will close at the end of September.  At the end of the consultation period feedback received will be collated and conclusions drawn for submission to the Healthy Lives Healthy Futures Programme Board in October.  This Board will submit recommendations to both North Lincolnshire and North East Lincolnshire CCGs for a final decision.  It is expected that these recommendations will be submitted to this Board at its public meeting in November.  The final recommendations will also be submitted to the relevant Overview and Scrutiny Committees in the same time frame.

Following this process there will be a 30 day period to allow for any legal challenge before the decisions are implemented.

The second phase of the HLHF programme consultation process will be delayed somewhat due to the rules on public consultation taking place in the run-up to a general election so activity from partway through February 2015 will be limited to dialogue with professional groups and this will extend to after the election period in May 2015.

Board members were encouraged to participate in public consultation engagement if at all possible.

**12. INTEGRATED ASSURANCE REPORT**

The supporting paper was taken as read but attention was drawn to the performance highlight, dementia diagnosis rate which has positively progressed at a higher rate than originally expected.

The performance exception focuses on unplanned secondary care activity and details a sustained trend of over 7% growth in this area during Quarter 1.  Whilst the local picture is showing a slower increase in growth activity than the national one, in the past North East Lincolnshire has actually bucked the national trend but now appears to be following it, albeit in a reduced way.  This was concerning as a large amount of effort has been spent and some innovative programmes developed to prevent this from happening.  Investigations are being undertaken to try to determine what is driving this upward trend and one of the queries being pursued is the impact of the new surgical assessment unit put in place by the acute Trust.

The dependence of patients on using 999 as a first port of call, rather than the other options available to them was also discussed.  It is hoped that the upcoming integrated model of care for complex patients will help to address this but patient education will be an important element in its success, as will actively and widely promoting the single point of access phone number that patients should use.

Following the success of the introduction of a paediatrician into A&E there are plans to roll this through to include a consultant in the care of the elderly.

It was suggested that the CCG could utilise GP Practices to send out letters to all their patients detailing the information and phone numbers for the new single point of access service, and it was noted that this would have some significant resource implications which needed to be considered.

**13. FINANCE REPORT**

It was reported that the CCG is on track to achieve its planned surplus; however there are a number of risks that need to be managed in the remainder of the year. These risks will continue to be monitored closely throughout the year with the current level of assessed financial risk being

covered by contingency funding and earmarked reserves.

Following a request at the last meeting the “other” heading under secondary care on Table 1 has been split out to show acute, non-acute, non-contract activity and patient transport. Non contract activity tends to be acute hospital activity with providers who we don’t have a contract with.

In addition a section has been added to the base of Table 1 which provides detail on significant movements in budgets, due mainly to contract variations made since the last report to the Board.  It was highlighted that the £1.6m budget reduction for removal of supported living from Care Plus Group reflects a change from a block contract to a spot purpose arrangement, Care Plus Group can still earn the £1.6m but it will be paid on an “as delivered” basis.

It was noted that the Adult Social Care debt remains high at £4m and is comprised of a mix of outstanding sales invoices and deferred payments.  A firm of Solicitors was commissioned at the end of June to assist with the backlog of deferred payments and a significant progress has since been made.  There are currently 5 agreements at the point of sealing, with eight sitting with the legal team and others at an earlier stage in the process.

Miss Whitton then gave an update on the Better Care Fund (BCF), highlighting the high level policy changes made at the end of July and the local impact they have. The key risk to note from these changes is the release of £0.56m into the BCF is dependent on achievement of the planned reduction in acute non-elective activity.

Conversation centred around the Adult Social Care debt and it was explained that whilst there was only a small increase in the level of debt for the period of 1 April to 31 July; it is the amount of outstanding debt of six months and older that is increasing, with a cohort of 23 individuals being responsible for 35% of the outstanding sales invoice value. The Adult Social Care debt recovery policy has been updated and strengthened and now provides the CCG with a legal route it can take to try to recover monies owing from clients who “won’t pay” as opposed to “can’t pay”.

It was noted that this situation is being closely monitored by the Integrated Governance and Audit Committee but this issue was being raised before the Board to alert them to the fact that it may become necessary to adopt a write-off position for a portion of this debt.  Board members noted this fact but stressed that they did require assurance that the appropriate steps are being taken and stated that an update on the position needed to be brought back to them following the next Integrated Governance and Audit Committee meeting.

**ACTION:  L Whitton/S Whitehouse**

It was queried whether there was any potential reputational risk to the CCG posed by the tone of the letters being sent out by the Solicitors and it was explained that the firm employed have a national reputation for recovering this type of debt and are sensitive to the client group they are dealing with.

**COMMISSIONING AND CONTRACTING REPORT**

The Commissioning and Contract Report is a new document which will be coming to the Board to update them on key commissioning and contracting activities being undertaken by the CCG.

The report was taken as read but it was highlighted that the imminent launch of the new single point of access on 15 September had been omitted. However the Board was assured that everything was on track for the launch of the service and whilst it is expected that there will be some minor teething problems all possible steps were being taken to mitigate these. Close liaison is taking place with the hospital so that data is captured to show admissions and expected discharges. A progress report will be provided at the next meeting.

**ACTION: H Kenyon**

The recent, unexpected closure of the Farringford Home was discussed and it was confirmed that this closure had been brought about by the Home’s financial administrators and not the CCG. The timescale the CCG has been given to find new placements for the Residents involved was extremely challenging but it is likely that it will be met. However the CCG has had discussions with the Administrators over the lack of communication they displayed in their decision to wind-up the Home. The CCG has made clear the duty of care it has for the individuals affected and confirmed that it will not move people out of the Home inappropriately. It has also been made clear by the CCG that the situation could have been managed more appropriately if the Administrators had approached the CCG with their concerns and plans in a much timelier manner.

It was queried whether it is possible for the CCG to stipulate in the future, that Homes are required to take out a bond to cover three months running costs to cover any potential shortfalls. It was agreed that it may be possible to incorporate this suggestion into the notice periods within the contracts taken out with Home providers and will be investigated further.

**ACTION: H Kenyon**

The current capacity of Home beds within Grimsby was queried and it was confirmed that the town does still have an overcapacity of beds.

**15. UPDATES**

a) Community Forum Update

At the last meeting of the Community Forum topics covered included 7 day services, customer care, patient services and the CCG’s engagement strategy. It was an informative and positive meeting with no items identified for escalation to this Board.

b) Council of Members Update

Most of the items discussed at the last CoM meeting have already been covered on the Board agenda, but CoM did also discuss the deteriorating situation in the ophthalmology service which is lacking in clinical leadership. The conclusion of CoM is that this contract may need to move elsewhere if there is no progression made by NLaG.

**16. ITEMS FOR INFORMATION**

a) Response to Trans Pennine Express Rail Consultation

This letter was noted by the Board.

b) Equality and Diversity Annual Report

The report was noted by the Board.

c) Care Contracting Committee Draft Minutes 23 July 2014

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

d) CMM Action Notes 1 July and 29 July 2014

The Action Notes from the CMM meetings on 1 July and 29 July 2014 were noted.

e) Delivery Assurance Committee Minutes 25 June 2014

The Minutes from the Delivery Assurance Committee meeting held on 25 June 2014 were noted.

f) Draft Integrated Governance & Audit Committee Minutes 2 June 2014

The Minutes from the Integrated Governance & Audit Committee meeting were noted.

**17. QUESTIONS FROM THE PUBLIC**

Questions were invited from the public and the following comments were put forward:

* Most of the general public are unaware of what the organisation of Focus represents for Adult Social Care as its role is not explicit within the name
* It was queried where the CCG was using the DVD that had been compiled to outline what the CCG does
* A lot of individuals have not heard of the healthy lives health futures programme
* How is the organisation going to implement 7 day opening for GPs

In response the Board stated the following:

* It was accepted in relation to the comments on Focus and the healthy lives health futures programme that raising awareness with the public was difficult but that the CCG was committed to doing so and was using a number of different media initiatives to achieve this and will continue to do so
* The DVD referred to above is available on the CCG website, however it was then pointed out that not all people use computers and this is particularly relevant in relation to the elderly. The Board noted this comment
* It was clarified that 7 day access does not mean that every GP surgery needs to be open 7 days a week but rather that services need to be available over that time frame and ways of achieving this need to be developed.  This is a large and complicated initiative but the CCG is working towards it

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

Thursday 13 November 2014 from 2pm to 4.30pm at the Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ