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**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**PARTNERSHIP BOARD**

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

**PRESENT:**

Mark Webb NEL CCG Chair

Geoff Barnes Acting Director of Public Health

Philip Bond Lay Member Public Involvement

Juliette Cosgrove Strategic Nurse

Dr Derek Hopper Vice Chair/Chair of Council of Members

Mr Perviz Iqbal (part meeting) 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

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

**IN ATTENDANCE:**

Beverley Compton Assistant Director Adult Services and Health Improvement - NELC

Jeanette Harris PA to Executive Office (Minutes Secretary)

Paul Kirton-Watson (Item 10 only) Strategic Lead – Quality and Experience

Laura Whitton Deputy Chief Finance Officer

**APOLOGIES:**

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Mandy Coulbeck Locally Practising Nurse

Joanne Hewson Strategic Director People and Communities – NELC

Sue Whitehouse Lay Member Governance and Audit

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 – 9 JANUARY 2014**

The minutes of the meeting held on 9 January 2014 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.

Mark Webb advised the meeting that a drop-in session had been held for members of the public to meet with himself and Philip Bond and to discuss any issues they wished to raise, on Friday 21 February. The event proved to be very successful with over a dozen people attending and a free-flowing conversation took place around the table. A second event has been arranged for Tuesday 15 April.

**5. LOCAL IMPLEMENTATION PLAN**

The paper before the Board today outlines an early draft of the 5 year strategic plan, which was considered in some detail at the last Board workshop. The strategic plan is still under development with stakeholders and will not be finalised until June.

The 2 year operational plan was also covered in detail at the last Board workshop but attention was drawn to the financial plan which outlines the CCG’s plans to agree with NHS England a gradual reduction in the in-year surplus to the mandated level. The CCG is on target to achieve a £6m surplus for this current year and intends to reduce this by £2m each year, for the next 2 years. The funds released will be used to create a Healthy Lives Healthy Futures Transformation Fund.

It was raised that whilst national risk pooling has been put into place to deal with the risks associated with continuing healthcare claims, NHS England is proposing that CCGs will need to use part of their surplus to support this. Other CCGs in the country will be contributing and drawing from the risk pool, and if the pool is over-committed it was possible the CCG could be expected to contribute more. It was acknowledged that there is a national debate taking place at the moment on this issue and that it did represent a risk. The CCG was informed only a month ago by NHS England that it needs to contribute over £800,000 to the risk pool and has had to accommodate this. Contingencies are built into the operational plan to try to cope with any unexpected draws on funds.

It was highlighted that the national budget will be coming out in 2 weeks’ time and it was likely that further implications to financial plans could result. It is anticipated that there may be a pension contribution uplift for all NHS staff. The CCG would be expected to fund providers to meet this increased cost but no new funds will be available from the Government so inevitably there will be an impact on the services the CCG is able to invest in. The CCG plans include commitment to meet a range of targets and standards. It was noted that for some targets the CCG will be reliant on the activity of the Health and Wellbeing Board to assist in achieving these, most notably improving the “Years of Life Lost” by the population in NEL, as they are not something that can be delivered by the CCG alone.

**The Board endorsed the strategic direction of travel for the CCG and approved the priorities for action for 2014/2015.**

**6. BOARD ASSURANCE FRAMEWORK**

The supporting paper provides an update to the Board on the positive level of assurance received by the CCG to date in relation to its strategic risks. An outline of all key strategic risks is provided together with actions put in place to reduce or eliminate risk areas.

A lot of work is undertaken throughout the year to ensure that risks are identified, embedded within the monthly monitoring system and appropriately managed. The risks identified and the actions for addressing them are considered in-depth by the Integrated Governance and Audit Committee at their regular meetings.

The Healthy Lives Healthy Futures programme risk is quite high as the financial and quality aspects of the programme are very challenging. It is expected that the risk level identified will reduce over time as decisions are made and service changes are implemented, close monitoring will continue to take place.

**The Board noted the amendments made to the Board Assurance Framework template and the level of assurance received by the CCG in relation to its strategic risks.**

**7.  MEDIUM TERM FINANCIAL PLAN**

The detailed financial budgets for 2014/2015 were scrutinised and agreed at a March meeting of the Finance Assurance Sub Group.

Attention was drawn to the planned surplus figure on Table 1 of £6m for 2014/2015 which does not assume the draw-down of £2m of the current year surplus which is the only difference between these figures and those discussed in Item 5 above.

The figures shown for the secondary care budgets are based on the latest offer made to providers. However it should be noted that not all of the contract values have been agreed. With regard to our largest contract, negotiations are still taking place with NLaG and there is currently some difference between what the CCG is offering and what NLaG were anticipating. This mainly relates to sustainability and transformation funding. Regular meetings are being held to try and finalise the finances before the end of the month but if no agreement is reached by then the next step will be an escalation to arbitration. There are a number of complexities to be resolved, however it is a positive that meetings are still taking place to look for a way forward and that both organisations are clear about their respective positions.

There is a significant savings required in the Adult Social Care budget over the next 2 years and this requirement has been fully built into the plan and will be monitored as part of the overall QiPP by the Delivery Assurance Committee.

**The Board noted the CCGs financial plans for 2014/2015 and 2015/2016 and approved the 2014/2015 budgets.**

**8.  winter planning REVIEW**

Due to the pressures that are placed upon systems in the winter NHS England are requiring all relevant organisations to have their winter plans for 2014/2015 in place by June to ensure the best utilisation of resources.

The supporting paper provides an update on what took place this winter and shows a significant improvement in this area on the previous year.  The incentive scheme put in place by the CCG brought providers together and resulted in some innovative solutions being developed and implemented.

In some service provision areas there is now better cover in place on the weekend than during the week and investigations are taking place to identify what services should be built in on a recurrent basis and what is only required over the winter period. A key target achieved was the reduction in A&E pressures which was came about in part by the extension of the GP presence in A&E and the use of step up beds in the community.

It was noted that the average waiting time in A&E, (which reflects the time taken between entering A&E, receiving treatment, then leaving the unit), was 2 hours and 28 minutes between April 2013 and January 2014.

**The Board requested that Dr Rakesh Pathak formally took their appreciation and thanks for all the hard work that has been undertaken to produce such an achievement to the Unplanned Care Board.**

**ACTION: R Pathak**

It was also noted that Dr Pathak is working on a dashboard for real time pressures which includes primary care and the community.

As part of the resiliency plans for this winter the GP front ending A&E scheme was escalated to 7 days and has been so successful that it has been agreed to fund this for a further year and GPs are being recruited to support it. A lot of work is being undertaken to find and promote opportunities that will attract GPs to take up positions in this area to help address the difficulties being faced locally with GP recruitment.

It was flagged that there needs to be a uniform approach by primary care to manage unplanned care and it is hoped that this will flow out of the developing 7 day pilot initiative.

**9. NEL CCG Community film**

Dr Melton introduced a film that has been commissioned by the CCG to provide information about the work undertaken by the CCG and its links with the community, voluntary groups and collaboratives.

After viewing the film the meeting was asked for suggestions on how it could best be used to promote the CCG, the work it was doing and to encourage more members of the community to become involved with CCG.

It was suggested as a starting point that the film could be placed on the website and a link sent out to the 50/60 community groups in the locality. It was also suggested that the film could be shown on the TV screens sited in GP practices.

A communication steering group has been formed, which includes the services of a PR service. This group will be investigating ways to promote the presence of the CCG within the public arena and will prepare a report and recommendations for consideration at a future Board meeting.

**10. QUALITY ASSURANCE**

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

The supporting paper was taken as read but a verbal update was given which included:

* The overall SHMI rate for NLaG is 107.4 which shows a slight reduction on the previous month’s figure
* Diana, Princess of Wales Hospital is 111 which is the same as last month
* Scunthorpe Hospital is 105 which is a reduction from last month which was 106
* The out of hospital rate has increased slightly this month

Detailed work is being undertaken on care pathways and in particular on COPD. Week day and weekend mortality rates are being monitored and Diana, Princess of Wales hospital has had the same results for the past 2 months with a week rate of 105 and a weekend rate of 108.

Elective cases are 96 compared to 98 last month and there has been no change in non-elective which remains at 111.

Whilst there has been some improvement the Mortality Action Group meeting next week will be focussing on the SHMI rates for out of hospital and the difference between week day and weekend rates.

It was highlighted that the SHMI was designed to measure hospital care and was not intended to be used to look at out of hospital rates and that care needs to be taken when it is used in this way. The widening of the out of hospital SHMI needs to be fully investigated to find out what is behind the increase as it can be caused by a number of factors including actions that are put in place to reduce hospital SHMI rates.

The time lag in the data produced by the SHMI is also a factor to be considered as the current data reflects the position during August 2013. Crude real time mortality can be obtained and it may be worth looking at this as it has proved to be a good indicator and can assist in providing assurance on what is actually happening now. It was also clarified that out of area patients who are admitted to Diana, Princess of Wales Hospital from other areas in Lincolnshire are also included in the local hospital SHMI data.

Whilst overall the improvement on the SHMI has been positive with the area no longer being a significant outlier the widening gap between in and out of hospital SHMI does need to be investigated further and work done on this in the past should be revisited.

There is still a concern over the difference in levels between Diana, Princess of Wales Hospital and Scunthorpe Hospital and investigations into this will continue.

*Paul Kirton-Watson left the meeting.*

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

An update presentation was given on the healthy lives healthy futures programme which covered:

* Key communications and engagement activities in phase 2
* Stakeholder summit graphic representation
* 3/5 potential areas for consultation
* Next steps for consultation areas
* Decision making process
* Key dates

Significant progress is being made with this programme which is a 5 year plan and we are approximately half way there with regard to meeting the financial challenge. Three to five potential areas exist for consultation and some of these have been suggested by the Clinical Advisory Group which is made up of clinicians including GPs and hospital Consultants.

The areas identified that may be put forward for consultation will not produce any financial savings but will improve the quality of care, mainly as they have been identified as having very low patient numbers which in turn means it is very difficult for the supporting clinical teams to maintain their skills in these procedures to the required level.

A national review of specialised services is underway and expects to be coming to some conclusions by June 2014 which may have an impact on our local programme.

It was clarified that the proposal for surgery on children includes routine surgery as well as specialist which is already done out of area.

A query was raised about the detail of the gynae cancer and infertility procedures and it was agreed this will be sent to Mr Iqbal.

**ACTION: C Kennedy**

It was clarified that the option being suggested for routine children’s surgery was currently expected to involve centralisation at either the Diana, Princess of Wales Hospital or Scunthorpe Hospital but not sending children out of area. It was also explained that the Transport Group has a wide ranging remit that covers support to carers as well as transport issues. A health inequality impact assessment will be undertaken on every proposal under consideration.

It was noted that at the end of phase 1 of engagement it had been concluded that the provision of maternity services should retain their current configuration for the time being.

The meeting was reminded that the healthy lives healthy futures programme will have an impact on care provision but the proposals being considered are about the quality of service provision. A significant financial challenge still needs to be addressed as at the moment the area has providers who, with the current level of activity, do not have enough income to fully cover their costs.

The future direction of travel will become clearer once the outcome of any public consultation and the national work on specialist services is known.

**12. INTEGRATED ASSURANCE REPORT**

The supporting paper was taken as read but attention was drawn to the exception report.

The position on potential years of life lost from causes considered amendable to healthcare is very disappointing. Early deaths in deprived wards from cardiovascular disease, respiratory disease and cancer are main drivers with a big increase in colorectal cancer deaths; there is a significant and increasing difference in early deaths between affluent and deprived wards. This issue will continue to be the subject of action by the CCG and the Health and Wellbeing Board.

Differences in GP practice are being closely monitored by the CCG and the Health and Wellbeing Board.

The highlight performance exception relates to end of life care and shows a very good result for individuals being able to die in their normal place of residence should they chose to do so. Significant progress has been made in our ability to support this choice by individuals.

A query arose over how the family and friends test is going and whilst it is working well with St Hugh’s Hospital, NLaG are moving forwards at a slower pace. Once they have completed all the steps outlined within their action plan it is anticipated it will work well.

*Mr Iqbal left the meeting.*

**13. FINANCE REPORT**

Very little has changed since the report provided to the Board in January. The CCG is confident that it will achieve a surplus of £6m. The level of risk has reduced to a minimal level and is manageable within the contingency funds in place to manage it.

**14. UPDATES**

a) Community Forum Update

The Community Forum meeting did not identify any issues for escalation to the Partnership Board but Philip Bond briefed the meeting on the work undertaken by the Forum.

The Community Forum meets monthly and their last meeting was attended by the Deputy Chief Nurse at NLaG who explained the remit of PLACE for the inspections they undertake at Diana, Princess of Wales Hospital and provided information on just how detailed the inspections were. The healthy lives healthy futures is covered on their agenda and Forum members felt that they could provide more assistance with the consultation aspect of the programme. Sue Rogerson had given a presentation outlining how the GP surgeries are working together and Jeanette Logan gave a presentation on the work of the Older People’s Triangle. The work of the Triangles are a regular agenda item and a different Triangle attends each month to explain the work going on in their area.

b) Council of Members Update

At the last meeting of CoM the following took place:

* An extra GP member was nominated to the Care Contracting Committee to ease conflict of interest areas
* The Chief Executive of the Local Authority outlined his view of the difficult road ahead
* The considerable variation between practices in relation to prescribing practice and reducing prescribing costs was discussed
* A CAMHS service is now located at Freshney Green Medical Centre
* IAPT referrals – if referral targets are not reached there will be some loss of income to the CCG in 2014/2015
* A pilot using computer software has been set up for the early detection of dementia and will be reviewed in 6 months’ time to see if it will be beneficial to roll it out to all practices

Mark Webb informed the meeting he has commenced his visits to each of the Triangles and has attended a Women’s and Children’s Triangle meeting. He found it very encouraging to see how well the members of the Triangle were working together to drive improvements forward.

Mark has also attended the opening of the Ropewalk at Heneage Road and found the facility to be impressive.

**15. ITEMS FOR INFORMATION**

a) Board Development Plan

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

b) Care Contracting Committee Minutes 20 January 2014

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

b) CMM Action Notes 14 January 2014 and 11 February 2014

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

c) Delivery Assurance Committee Minutes 18 December 2013

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

d) Integrated Governance and Audit Committee Minutes – 2 December 2013

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

**16. QUESTIONS FROM THE PUBLIC**

A strap line was suggested by a public attendee for the start of the film shown earlier in the meeting and it was stressed that they believe it is important that a correlation between the CTP and the CCG should be made as it will assist the general public in making more sense of what organisation the CCG actually is. It was also flagged that Mental Health was not mentioned within the film. An offer was made to play the film to the next meeting of Eng-Age and this was accepted.

It was suggested that the general public are unaware that ‘focus’ is the name given to Adult Social Care and raising awareness of what ‘focus’ is needs to be addressed.

The steps being taken to fulfil government directives for extended working hours over weekends and in GP practices were queried. Helen Kenyon advised that a project group, which includes GPs and other local services, has been established and is investigating which services need to be in place 7 days a week together with the best ways to implement them. The local GP Federation is heavily engaged in examining how primary care can work differently to provide the services that will be required.

A presentation on the widening gap between the in and out of hospital SHMI was given recently by the Chair of NLaG and concerns were expressed about this. In response Dr Melton advised that this issue was being investigated and there was more than one factor that could be responsible. GP Practice records have been audited in the past and this may need to be revisited, along with the codes assigned to patients on their admission to hospital. It is vital that correct messages are being placed before the public to provide reassurance to ensure that all the positive progress made over the past 12 months is not eroded.

It was queried whether placements at Cranwell Court have been suspended by the CCG or the CQC. It was confirmed that the CCG, and not the CQC, suspended all placements following quality visits it had undertaken. The CCG is working closely with the Home owner to remedy the situation that has arisen. It was noted that some issues related to members of staff who are no longer working at the Home. The Home owner is very concerned that this situation has arisen and has developed an action plan to ensure the appropriate standards of care are delivered. No further placements will be made until this plan has been implemented and is showing positive results. Additional staff have been brought in to support the Home and the residents already there. It was reiterated that Cranwell Court has been open for a year and the current situation has only developed over the past few months which is very disappointing but steps were taken rapidly to deal with this.

It was flagged that at an Independent Forum meeting a strong emphasis was put on the large investment made by the Home owner in the physical structure of the building and it was suggested that investing in quality of care provision needed to be the higher priority. In response it was explained that the size of the investment in the physical establishment was used to provide an example of how committed the Home owner was in providing a quality care establishment. It was also confirmed that the CCG will not make any further placements to the Home until it has received the level of assurance required to support quality care provision.

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

Thursday 8 May 2014 from 2pm to 4.30pm in Conference Room B, E-factor Business Hive, 13 Dudley Street, Grimsby DN31 2AB