**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**PARTNERSHIP BOARD**

**MINUTES OF THE MEETING HELD ON THURSDAY 14 NOVEMBER 2013 AT 2PM IN CONFERENCE ROOM B, 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

Mr Perviz Iqbal Secondary Care Doctor

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Dr Peter Melton Chief Clinical Officer

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:**

Bev Compton (part meeting) Head of Improved Health - NELC

Angie Dyson Service Lead for Disabilities

Jeanette Harris PA to Executive Office (Minutes Secretary)

Jeanette Logan Service Lead for Older People and Dementia

Andy Ombler Service Lead Service Redesign for Planned and Unplanned Care

Jake Rollin Assistant Director Care and Independence

Ray Sutton (Item 05) Chair of the Grimsby Constituency Labour Party

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

Mandy Coulbeck Locally Practising Nurse

Joanne Hewson Strategic Director People and Communities – NELC

Dr Derek Hopper Vice Chair/Chair of Council of Members

Helen Kenyon Deputy Chief Executive

Dr Arun Nayyar GP Representative

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 – 12 SEPTEMBER 2013**

The minutes of the meeting held on 12 September 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. PETITION RE HYPERACUTE STROKE SERVICE PROVISION AT GRIMSBY HOSPITAL**

Mark Webb invited Mr Ray Sutton, Chair of the Grimsby Constituent Labour Party, to bring before the Board a petition signed by over 2000 people together with an accompanying letter. The petition stated:

“We the undersigned want our NHS to provide high standards of care, including full cardiac services and a 24/7 hyperacute stroke unit based at the Diana Princess of Wales Hospital. We are against any closure of the hyperacute stroke unit and look for NHS leaders who can support staff and make effective improvements to care and service”.

Dr Melton thanked Mr Ray Sutton for attending the meeting and also extended thanks to the people who had taken the time to sign the petition and explained that the CCG is firmly committed to very inclusive and robust public debate and the petition has helped in this. Dr Melton explained that the CCG shares the petition ambition for stroke and cardiac services but with the caveat that an understanding of the safety issues for quality outcomes and sustainability was required for the future.

There is a perception amongst the public that more and more funding is being taken out of the acute sector which is destabilising the local hospital. In actuality the commissioning spend for the North East Lincolnshire population within NLaG for 2012/13 was £102m but for 2013/14 it will be £103m so whilst there is flat growth in the NHS there is a marginal increase in the value going into the hospital. It has been noted that some hospital Consultants have said that funding is remaining static while the workload is increasing but in fact the emergency spells for this year are down 1.9% on last year, elected spells are down 9% and day cases have dropped by 3.6%, all of which support the view that while the level of investment is broadly the same the work being undertaken to bring hospital admissions down is beginning to take effect.

It was reiterated that the CCG wish to work in a very clear and transparent manner and are sorry if the community has a different perception. The decision to move the hyperacute stroke service was not made by the CCG but by the NLaG Board in the Part B section of one of their Board meetings. The CCG did not see the papers for that meeting until after it had taken place. The minutes of the September Partnership Board meeting outlines the CCG response to the decision process undertaken by NLaG together with the steps taken by the Council of Members to register their concerns with the Trust over the lack of consultation with Grimsby GPs prior to taking the decision to move the hyperacute service to Scunthorpe.

It was reiterated that an impact assessment will be made and public consultation sought before any final decision is taken on the long term solution for the hyperacute stroke service.

The CCG has had concerns about patient transfers to Scunthorpe and their return to Grimsby and is monitoring this.

In June this year concerns about the hyperacute stroke service were raised at the Mortality Action Group which is chaired by Dr Melton and has senior representatives from key local organisations including North East Lincolnshire CCG, North Lincolnshire CCG, NHS England and NLaG. A letter was sent by the Group to NLaG outlining its concerns and requesting that action be taken to resolve the situation in a considered and safe manner. However the findings of the Keogh Review and the condition put on the hospital’s licence by Monitor meant that the Trust moved at a faster pace than expected.

The new short term hyperacute stroke service was implemented on 4 November and during the first week 23 patients were admitted to the hyperacute unit at Scunthorpe; 14 of these patients were from Grimsby. Five of the patients were thrombolysed, 3 of which were from Grimsby but all 5 patients were thrombolysed within normal hours.

Dr Melton stated that the CCG would like to have a follow-up meeting with Mr Ray Sutton and the petitioners to discuss the healthy lives healthy futures programme around stroke and cardiac services together with the full range of other services under consideration.

Mr Ray Sutton thanked the meeting for the above invitation and stated that it had been interesting to see the minutes of the September Partnership Board meeting which explain in full the CCG’s feelings towards the way the Trust took the decision to move the hyperacute stroke service. He also stated that the public will be pleased with the openness of the monitoring being undertaken and suggested that transfer times need to be scrutinised carefully. It was also pointed out that this area probably has a higher risk of stroke than others and this needed to be kept in mind when considering the long term solution for the service.

Dr Melton stated that in his personal view he believes the way the short term decision was made by the Trust in private may have been an oversight due to the timescales involved once Monitor started working with the hospital but reiterated that the whole decision making process should be much more transparent to the CCGs and the public.

In conclusion Ray Sutton stated that he believed the petitioners will be interested to hear what has been said today and will value the monitoring that the CCG is undertaking.

**6. RECONFIGURATION OF ORGANIC AND FUNCTIONAL MENTAL HEALTH PATIENT PATHWAYS**

Angie Dyson provided a short briefing on the historical background of the commissioning framework and strategy for functional and organic mental health services (initially approved by the CEC and CTP in 2010) and highlighted the intention to ensure that services are person centred, provide an appropriate pathway for each individual and conform to the outcome identified in the National Dementia Strategy which was published in 2009. The strategy in North East Lincolnshire has been to commission community facing services that support early diagnosis and community based support that will deliver greater capacity while maintaining quality. In order to deliver these changes and allow for investment in community teams, a reconfiguration of existing services was necessary. Most notable of these is the decommissioning of The Willows intermediate care resource and the redirection of resources to the home crisis team and the liaison team as well as the reprovision of respite, day care and intermediate beds.

The commissioning framework and strategy have been implemented gradually over the past 3 years but it is recognised by the CCG that when such big changes to a service provision take place anxieties can be raised.

Jeanette Logan advised that when the framework and strategy were being developed in 2010 there had been extensive consultation with service users and carers and the feedback provided from this cohort had proved very useful and was incorporated into the finalised plans. As part of the implementation of the commissioning framework the skill base has been widened in all provider services with two clear pathways put in place for organic and functional mental health which means it has been possible to separate out age restrictions.

Angie Dyson and Jeanette Logan added that they were sensitive to the fact that NAViGO appear to have been using these intermediate beds as an overspill response for when the acute beds at The Gardens reached capacity. It was noted that the current length of stay for referrals to The Gardens has recently increased quite significantly and the Board was advised that investigations are underway to ascertain the reasons behind this as only one year ago average occupancy was 59%.

A meeting is being held with individuals and families who will be affected by the closure of The Willows in January to ensure they are informed and reassured as to how their future needs, both routine and crisis, will be met post January 2014.

It was queried whether there will be a close programme of monitoring used to identify any pressures that may develop following the closing down of beds at The Willows. In response it was stated that there are good monitoring systems in place and these, together with the good working relationships maintained with providers, will raise the alert to any potential problems in a timely manner. It is also expected that the monitoring systems will be able to provide clearer information on bed usage.

A board member asked what the benefits of the commissioning framework and strategy will be for service users and it was explained that as commissioners the CCG is looking to follow national best practice and wants to achieve better outcomes for a greater number of individuals, and to provide and support them with an individual care pathway, as well as maintaining financial sustainability within the services provided. Overall the changes are a service improvement to meet the demographic challenge and allow a move away from a fixed service. As part of these a memory support service has been put in place to replace the previous, more limited, memory clinic and the level of support to enable individuals to remain in their own homes has been increased. Clinical input has not changed but has been increased in different areas to enable replication of the service with greater capacity.

A query was raised over how quickly the CCG will be able to commission extra bed capacity if it is required and it was clarified that this could be done almost immediately but the current belief is that there should be enough beds in place through the arrangements being implemented with Cranwell Court and Sussex House.

Engagement with service users and their families has been undertaken over the past 3 year by a number of means including individual meetings and workshops and has proved to be very useful in designing the new services. It was also noted that there has been no negative feedback received from individuals who have already moved to respite and day care.

A letter has been received from NAViGO, which outlines some concerns they have about the implications of the service change to the provision of acute care. A meeting is being arranged between NAViGO and the CCG to discuss their concerns further.

It was queried whether NAViGO and other providers had been included within the consultation processes carried out over the past 3 years and it was confirmed that they have been. A full review was carried out earlier this year and an invitation to attend the event was sent to all providers and stakeholders. The review identified 4 new priorities to be worked on going forwards. It was also confirmed that NAViGO has been heavily involved in the CCG’s phased implementation process over the past 3 years.

**The Board noted and agreed the strategic context for the commissioning decisions including the imminent closure of the remaining services at The Willows, as an integral part of the implementation of strategic plans for the development of mental health services in North East Lincolnshire.**

**7. NEL CCG WINTER PLAN**

Andy Ombler described the new winter planning structure including the NHS England framework which began in the summer with the submission of A&E performance recovery plans.  The supporting paper outlines the NEL CCG winter planning process for the period of November 2013 through to the end of March 2014 significantly focused on surge and escalation in support of A&E performance.

A brief presentation of key factors was given and included:

* National and local planning
* Risks and lessons learned
* System wide initiatives
* Provider assurance structure
* Bed capacity
* Monitoring and escalation
* Assurance timetable

It was noted that North East Lincolnshire is not an area which has suffered from a high volume increase of emergency admissions during winter months but that bed capacity is a key factor of patient flow and A&E performance. Winter diarrhoea and vomiting outbreaks leading to ward closures can have a significant adverse impact on available bed capacity and thence on A&E performance.

Over the winter period the current provision of a GP-led service in A&E is being increased from 2 days per week to a 5 day a week service.  The escalation of the provision of this GP-led service is an additional resource being placed within the A&E facility and means that a significant proportion of individuals walking into the department can be given a primary care response which in turn reduces pressure on A&E resources to attend to the remaining A&E patient stream.

It was noted that in Diana, Princes of Wales Hospital there is a limited number of senior consultants working in the A&E department and it has proved to be very difficult to recruit further consultants to North East Lincolnshire; this has resulted in the Trust carrying a number of senior vacancies that they have been unable to fill.  The GP-led service in A&E is one initiative that has been implemented to increase the medical capacity within the department to deal with non A&E cases and free up capacity for A&E staff to deal with the cases they should be treating.

When the additional winter funding monies of £400,000 were received the CCG made a joint decision with the Diana, Princess of Wales Hospital on what the best use of that funding would be.  It was agreed with the Trust that the GP capacity in the A&E department should be increased to free-up capacity in A&E and that monies should also be put toward increasing services for the frail and elderly in the community so that they could be looked after in an alternative setting.  It was further agreed with the hospital that some of the funding will be spent ensuring that patients on the risk register are supported more fully in managing their diseases over the winter period.

It was noted that when the annual contract with NLaG was agreed in April this year the CCG allocated an additional £800,000 to the Trust to support winter pressures.

It was flagged that maintaining staffing levels are an inherent risk to service delivery over the winter and that all NHS staff have been invited to have a flu vaccination.  However, the seasonal diarrhoea and vomiting virus may impact on staffing levels.  This situation is being monitored by the Urgent Care Board to develop a collaborative understanding of provider resilience – particularly staffing.

The adverse publicity the CCG has received over the spending plans for the winter monies was mentioned and the Board expressed its perplexity as NLaG have been fully involved in the development of the plans and have made joint decisions with the CCG for how the winter monies will be spent.

*Andy Ombler left the meeting.*

**8. QUALITY ASSURANCE**

a)  Keogh Review

 The attention of the Board was drawn to the NLaG Keogh Action Plan and the key performance indicators for the action plan that are embedded as 2 separate files in the cover sheet of the supporting paper. A verbal update was provided on the content of the paper using information extrapolated from the most up to date version of the action plan.

Eric Morton, the independent director overseeing the Keogh Review and SHMI at NLaG has invited Sir Bruce Keogh back to the Trust next week as he believes all the urgent actions that needed to be addressed have been.

There are still some challenges to be met in relation to complaints and complaints management but this is starting to be addressed. However it was noted that whilst there has been a decrease in outpatient complaints over the past 12 months the number of inpatient complaints has increased.

A new medical director has been appointed at NLaG and the interim medical director and nursing director undertake weekly walk rounds.

Considerable progress is being made with Serious Untoward Incidents and these are now being reported within the 9 week time scale.

An external audit has just been completed on the mixed sex accommodation and an area of concern remains around high observation beds. The CQC are due to visit again in the near future and NLaG are expecting an unannounced visit before the end of the year. The Trust has commenced some mock CQC visits using their staff and the results of this are proving to be very beneficial. The annual clinical negligence team visit is due to take place next month.

There are serious problems being encountered with the ability to recruit medical staff and NLaG is working with neighbouring Trusts to seek wider opportunities for joint applications to try and alleviate this situation.

22 overseas nurses have been recruited and are currently completing a comprehensive induction programme. This initiative will help to alleviate the high percentage of nursing shifts currently being filled by agency staff.

A paper on 7 day week working has just been considered by the NLaG Board which is a very positive move and the Trust is also looking to manage deteriorating patients on a national scoring system.

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

The Trust’s overall position has improved and it is now within the expected range but there is a differentiation on scores amongst the 3 hospitals. The situation is being monitored on a regular basis by Monitor to ensure progress is being made.

It was noted that the Diana, Princess of Wales Hospital (DPW) is still an outlier and that the Trust is now focussing its efforts on bringing all 3 hospitals into line. The Board queried how confident the CCG is that the interventions taken at DPW are having the desired effect. It was explained that whilst particular issues are site specific, the rate of improvement at DPW has been faster than at the other 2 hospitals but as the start point for the Grimsby site is the poorest of the 3, it has further to go to achieve the level of improvement required.

The Board requested that in future the SHMI data should be broken down into the 3 different hospital sites.

**ACTION: P Kirton-Watson**

It was raised that the NLaG Board receive a regular report from the Medical Director which details the updated position and the information is provided in a site-specific manner**. It was agreed that this report will form a regular attachment to the SHMI update provided to this Board.**

**ACTION: P Kirton-Watson**

It was queried whether mortality is actually reducing or whether the improvement is due to better recording processes. In response it was explained that while there have been improvements made in recording, which has led to a better forecast rate, there has also been some improvement in the rate of actual deaths so, whilst the risks are being better identified there is also better care, support and outcomes feeding through.

*Bev Compton left the meeting.*

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

Dr Peter Melton provided the meeting with a presentation update on the healthy lives, healthy futures programme together with feedback from the Commissioner workshops.

It was highlighted that there is a strong correlation between our HLHF programme and what is coming out nationally to enable individuals to stay healthy and independent; that there should be more service based provision and that 80% of services should be able to be retained locally. Further information was provided through the presentation on:

* Five commissioner workshops and the community workshop held on 16 October
* Overview
* Vision and goals
* Key messages
* Enable healthy, independent living
* Enhance community based care
* Ensure local key services
* Centralise a small number of services, and gain specialist support, where necessary
* Centralise a small number of services, and gain specialist support, where necessary: volumes
* HLHF is planning better care for the whole family
* Approach to commissioning

The meeting then looked at the evaluation criteria development which incorporates feedback from key stakeholders.

The evaluation criteria is used as part of the decision making process for the HLHF options under consideration. Following the recent Board to Board and CoM meetings the evaluation criteria have been refreshed and incorporate feedback from key stakeholders.

The proposed changes to the evaluation criteria were noted and members of the Board were invited to forward any comments or feedback they might have to Cathy Kennedy within the next 2 weeks so that they could be considered whilst the evaluation criteria changes are still in the proposal phase.

**ACTION: All**

It was noted that locally there are some good services in place for cancer treatment and it was queried why chemotherapy day case and follow-up locally is being considered as a potential additional area to be provided locally. In response Dr Melton advised that this relates to the treatment of more specialised tumours which currently requires patients to travel to Hull and that consideration is being given as to whether a specialist centre could give advice on a chemotherapy regime that would then be delivered to the patient in North East Lincolnshire.

**10. INTEGRATED ASSURANCE REPORT**

The supporting paper was taken as read but attention was drawn to the 18 week referral to treatment times which has been escalated for Board attention. This area of performance is continuing to cause concern and despite escalation with the provider by the CCG through the Contract Board, repeated requests over the past few months for further information have met with no response from NLaG. It is becoming likely that this matter will require further escalation through the Partnership Board in the near future.

There is a contractual penalty of £5,000 for each 52 week breach and the CCG will be seeking to apply this where appropriate.

It was noted the if a satisfactory response and resolution is not ultimately forthcoming from NLaG the CCG will consider commissioning the required services out of area from alternative providers; this option has been taken in the past when it proved to be necessary.

**11. FINANCE REPORT**

The supporting paper was taken as read but attention was drawn to the following key points:

* The call on earmarked reserves created to cover the impact of NHS restructure and transition issues has been lower than expected which has facilitated an increase in the in-year surplus by £2m. This additional surplus will return to the CCG next year and will be ring fenced to use for any one-off costs associated with Health Lives Healthy Futures
* There are no significant changes to the remaining risks that need to be managed. It was noted that a review of the risk associated with the continuing care retrospective claims has just been completed and the amount of provision set aside to cover the continuing care retrospective claims looks like it will be adequate. Given this is a high risk area this will be kept under constant review for the remainder of the year

Approval was sought from the Board to open a bank account with the Allied Irish Bank and for the use of a virtual account to support the “Services4Me” pilot.

The Board queried whether the Allied Irish Bank is covered by the same safeguards that are in place for English banks and it was confirmed that it is. It was also noted that the Allied Irish Bank has a strong positive rating which has been verified through independent processes. It was explained to the Board that the proposed bank account will not contain an accumulation of funds and that funding will only be transferred into the bank account when a payment is due to be made.

If the pilot proves to be successful the bank account processes may be considered for supporting personal health budgets as well as the Adult Social Care personal budgets.

**The Partnership Board approved opening a bank account with the Allied Irish Bank and the use of a virtual account to support the “Services4Me” pilot.**

**12. DISCUSSION TOPIC: FEEDBACK FROM STRATEGIC NURSE VISIT TO NORTHERN LINCOLNSHIRE**

**AND GOOLE HOSPITALS NHS TRUST**

Juliette Cosgrove explained to the Board that she and Paul Kirton-Watson undertook a commissioner-led visit to the Diana, Princess of Wales Hospital on 12 September, which started at 9am and finished at 9pm and was focussed on nursing and hosted by the Chief Nurse.

A presentation was given which covered the following:

* Outline of Diana, Princess of Wales Hospital
* Latest CQC visit – May 2013
* Trust’s core business
* Trust’s 5 year strategic direction
* Key issues
* Infection control
* Patient engagement
* Quality
* Managing activity
* Conclusion summary

NLaG had been very welcoming to Juliette and Paul and a lot of good practice was observed over the visit but it was noted that further work is needed in some areas. At the conclusion of the visit the general perception was very positive and it was apparent that the leadership within the Trust is clearly committed to keeping up the impetus on improvements but this will need to be closely monitored, especially over the winter period.

It was suggested that a similar type of review visit would be useful for medical staff and Dr Rakesh Pathak offered to take this forward.

**ACTION: R Pathak**

A question was raised over the delivery of care during meal times and whether patients were observed being helped with their meals. In response Juliette Cosgrove explained that meal times had been observed and good practice noted. A system has been implemented with volunteers assisting elderly patients with their meals and it appears to be working well.

It was queried whether the improvements observed have been in place for a while or whether they have come about as a result of the scrutiny the Trust has been subjected to over recent months. It was explained that while some of the initiatives appear to have been in place for a while the pace of change and improvement has definitely picked up over the past few months and opportunities are being acted upon promptly.

It was noted that the Diana, Princess of Wales Hospital is very good at providing planned care and medicine with the challenges being faced being predominantly in A&E and unplanned care provision.

**13. UPDATES**

a) Community Forum Update

It was noted that at a previous meeting the Community Forum had raised some concerns over the need for the CCG to improve on its current media and communications arrangements. Steps to address this are outlined on the matters arising sheet that accompanies the board papers for this meeting and will be fed back to the Forum at their next meeting.

**ACTION: P Bond**

No items were identified for escalation to the Board at its last meeting.

b) Council of Members Update

Cathy Kennedy informed the group that the time line and criteria for the healthy lives healthy futures programme was discussed together with the involvement of CoM in the decision making process.

A debate also took place around the need for a Vice Chair and this role was agreed. The vice chair of CoM will also be a GP member of the Partnership Board. The nomination and election to the vice chair position will be carried out by CoM.

Mark Webb asked that the Partnership Board representatives to CoM and Community Forum remind to their groups that if they had any concerns they felt needed to be escalated they refer them to the Partnership Board.

**14. ITEMS FOR INFORMATION**

a) Care Contracting Committee Minutes 11 September 2013

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

b) CMM Action Notes 2 September and 1 October 2013

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

c) Delivery Assurance Committee Minutes 28 August 2013

The Minutes from the Delivery Assurance Committee meeting held on 28 August 2013 were noted.

**15. QUESTIONS FROM THE PUBLIC**

The receipt of the Stroke petition by the Board earlier was raised by a member of the public who stated they had been present at a Health Watch meeting in September which discussed the temporary relocation of the hyperacute stroke unit to Scunthorpe with representatives from NLaG. At that meeting the NLaG representatives had said that before any permanent changes were made there would be full public consultation in January and an undertaking was made to release the Part B minute from the Trust Board meeting. Both these outcomes are still awaited.

Cllr Wheatley advised that Healthwatch have provided an assurance to the Health and Wellbeing Board that they are undertaking a piece of work on stroke.

A query was raised over what impact the relocation of the hyperacute stroke service was having on the capacity of the newly constituted services at Lincoln and Hull and it was queried how many of the 23 admissions referred to in Item 5 had come from outside Northern Lincolnshire. It was agreed that Dr Melton would discuss this question further outside the meeting.

**ACTION: P Melton**

The Board was asked if it had any information on a campaign that had been mounted for the non-payment of Humber Bridge tolls for cancer patients who needed to travel to the North Bank for specialist treatment. In response Mark Webb advised that he believed the campaign had been a civic move organised with the Grimsby Evening Telegraph and the Local Authority but since the lowering of bridge tolls to £1.50 nothing further has been heard about it.

Congratulations were offered to the Board on the commissioning process used for the new carers service and the wish was expressed that this model is used when other services are commissioned.

The decision to decommission The Willows intermediate care resource was raised and it was suggested that the consultation process undertaken had not been as extensive as it could have been and that the Independent Mental Health Carers Forum should have been invited to be involved. It was stated that there are grave concerns about the support being put in place for functional mental health elderly users and a query was raised as to whether there will be qualified mental health staff providing care in the new provision centres to mirror what has been in place at The Willows, as there is a genuine concern that there will not be the same liaison with staff that is provided by The Willows.

In response Angie Dyson told the meeting that The Willows is a registered residential home, as is Sussex House and that the CCG is working with NAViGO to ensure that the required support is provided at Cranwell Court and Sussex House in the same manner it was provided to The Willows. It was also clarified that while some of the staff at The Willows do hold a mental health qualification they are not qualified nursing staff. NAViGO have been heavily involved in the plans over the last 3 year period and while of course their position is clear that they would want to the keep The Willows as is, the CCG and NAViGO have negotiated a nomination rights agreement that will allow them to place in these new commissioned beds if appropriate to alleviate a crisis.

Mark Webb acknowledged the concerns raised together with the fact that this is a very big service change but stated that 3 professionals from the CCG have been working with NAViGO for some time on this provision and will continue to do so and both organisations will monitor and respond to concerns as they arise.

The care provided from The Gardens was raised and it was queried why functional and organic service users were being accommodated together on one single ward. In answer it was clarified that NAViGO designed a plan on how they wanted these services to be configured and while the CCG was in conversation with the provider, this was a provider decision..

The CCG was congratulated on its commitment to community consultation and particular reference was made to the workshop held at the Oaklands Hall Hotel on 16 October.

The Board was questioned on how they intend to create a continuing community representation and consultation and asked how they intend to keep the local community informed. Concerns were raised over the current performance of ACCORD and a comparison was drawn between that organisation and the running and remit of the North East Lincolnshire Mental Health (Service User & Carer) Independent Forum of which, the member of the public raising this issue, was a representative. An outline of the remit of the above Forum was provided together with the way it is run. An outline of a perceived lack of performance from ACCORD to date was given and the Board was asked how the CCG intends to address the issues raised.

The Disabilities Triangle was also raised by the above individual who informed the meeting that they discovered, after some investigation, that mental health issues come under the remit of the Disabilities Triangle. It was stated that the community member of this particular Triangle has, after repeated invitations, started to attend the meetings of the North East Lincolnshire Mental Health (Service User & Carer) Independent Forum on an almost monthly basis, but that the Forum has concerns that this individual may not have the necessary experience or expertise to represent the area of mental health and wellbeing. The government requirements that mental health should enjoy parity of esteem was flagged and it was suggested that enjoying a small share in a Triangle does not seem to meet the government requirement.

The responses to the queries raised above were as follows:

Philip Bond told the meeting that the Disability Triangle community member who attends the North East Lincolnshire Mental Health (Service User & Carer) Independent Forum meetings will, as part of their community member role, feedback any issues the Mental Health Forum has to both the Community Forum and the Disability Triangle and that through this liaison the Mental Health Forum has a link into both the Community Forum and the Disability Triangle.

Mark Webb advised that ACCORD had been the focus of a meeting held earlier today and it has been acknowledged that while there is massive potential it has not been realised and there needs to be a full review from the bottom up and to reinvigorated ACCORD to be a real life inlet into decisions that the CCG makes. He further stated that there are a number of groups and organisations in the community that the CCG needs to engage with better so that it can gather a broad set of representational views from the public. Work is being undertaken at present to take this ambition forward. It was noted that ACCORD has recently sent a letter out to its members outlining the new role of ACCORD ambassador but the member of the public who raised the query about ACCORD stated that they have not received this letter. Cathy Kennedy was asked to discuss this further with Chris Bromley.

**ACTION: C Kennedy**

A member of the public stated that under the current set up of ACCORD a large number of illnesses are represented as disabilities and as such, they do not believe they are getting the parity they are entitled to. Mark Webb advised that these were the type of issues the CCG needs to be cognizant of when reviewing and reinvigorating ACCORD.

It was queried whether the presentation provided for the healthy lives healthy futures item on the agenda was in the public domain and it was confirmed that it is together with all today’s board papers which are available the CCG website.

A comment was received about the very strong community engagement present in the Willows area and a reference was made to the facility being built there to promote independent living. It was suggested that as part of its community engagement the CCG needs to work in partnership with Ward Councillors as well as other forums to take projects forward.

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

Thursday 9 January 2014 from 2pm to 4pm in Conference Room B, E-factor Business Hive, 13 Dudley Street, Grimsby DN31 2AB