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

**MINUTES OF THE MEETING HELD ON THURSDAY 10 SEPTEMBER 2015 AT 2PM**

**ROYAL SUITE, ROYAL HUMBER HOTEL**

**PRESENT:**

Mark Webb Chair

Dr Derek Hopper Vice Chair/Chair of CoM

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 Clinical Chief Officer

Dr Arun Nayyar GP Representative

Sue Whitehouse Lay Member Governance and Audit

Dr Rakesh Pathak GP Representative

Nicky Hull Primary Care Professional

Philip Bond Lay Member Public Involvement

Joe Warner Managing Director – Focus independent adult social care work

Joanne Hewson NELC Deputy Chief Executive (Communities)

Councillor Patrick Portfolio Holder for Finance and Resources

Councillor Hyldon-King Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care

Juliette Cosgrove Strategic Nurse

Jan Haxby Director of Quality and Nursing

**IN ATTENDANCE:**

Laura Whitton Deputy Chief Finance Officer

Helen Askham PA to Executive Office (Minutes Secretary)

**APOLOGIES:**

Stephen Pintus Director of Public Health

**1. APOLOGIES**

Apologies were noted as above.

**2. CONFLICTS OF INTEREST**

No conflicts of interest were declared.

**3. APPROVAL OF THE MINUTES OF PREVIOUS MEETING:**

The minutes of the Partnership Board meeting held on 9 Jul 2015 were agreed to be a true and accurate record.

**4. MATTERS ARISING**

The actions outlined on the action summary sheet were noted.

No questions were raised.

**5. LOCAL STRATEGIC PARTNER FOR IT SYSTEMS – MOVE TO NEW ARRANGEMENTS**

A paper was brought to the Board which provided a summary of the key decisions and process that the CCG will be required to follow when moving from the current national CSC LSP contract to new local contract arrangements for a successor IT system service. The paper was taken as read.

In line with the CCG IT strategy the CCG wishes to ensure that the systems used by local providers will continue to support the development of integrated services through appropriate sharing of patients and client information.

The systems costs will now be borne locally, as the nationally funded contract comes to an end. In order to take a collective approach to the problem the CCG proposes to take on the hosting of the system contract, making the systems available to whatever provider was contracted to deliver the service.

If each provider procures its own system, there is a risk that out local integration strategy could be jeopardised. There is an additional risk that if each provider procures its own systems, then each time a service contract is awarded to a new provider there could be a new system/set of systems interfaces that would need to be implemented.

The Board discussed the risks involved and were reassured that each provider would still be responsible for their own data, with the CCG hosting the IT Platform, not managing content.

Whilst acknowledging that the current systems in place do not fully meet the integration needed across all health and care providers in the region, the Board agreed that this was a sensible solution going forward.

**The Board agreed to**

1. **Note the potential strategic implications and risks of the loss of the CSC LSP contracts**
2. **Support the recommendation of the CCG IM&T Strategy Group to host the provision of SystmOne for these services**
3. **Note the unavoidable financial implication of an approximate additional £132,181+vat cost to the local healthcare economy**

**6. DELEGATED COMMISSIONING OF GENERAL PRACTICE SERVICES**

A paper was presented to provide the Partnership Board with background information to support the CCG’s decision regarding whether to move to fully delegated commissioning of general practice services from 1st April 2016. The paper was taken as read.

The Chair informed the Board that the paper had been significantly debated and discussed at the Joint Co-Commissioning Committee on the 1st September, 2015, and at the Council of Members on the 3rd September, 2015. The Board discussed the potential benefits and risks as outlined in the paper. The benefits were noted as being a flexibility to use resources as decided by the CCG, and greater internal decision making ability. The risks highlighted were around resource issues and concerns over extra work placed on both senior and less senior staff.

The Chair summarised discussions that the decision to not apply is the right decision at this time, providing the CCG recognise and puts in place strategies to apply in the future.

**The Board agreed with the recommendation that the CCG does not apply to assume fully delegated arrangements from 1st April 2016, but should take the opportunity to build upon the Level 2 arrangements currently in place and begin preparations for taking on fully delegated commissioning of general practice services from April 2017.**

**7.   QUALITY REPORT**

A paper was presented to the Partnership Board regarding quality and safety of the services it commissions. The paper was taken as read; the following items were highlighted to the Board.

The Board were encouraged to read the NEL Safeguarding Children annual report attached to the Board paper.

The CCG are awaiting feedback following the inspection of St Hughes Hospital Effective Review. It was made clear that the CCG are not being investigated. A work plan has been developed, which will report and be monitored at the Quality Committee meeting.

The paper highlighted 3 Never Events reported by NLAG. NEL CCG and Lincolnshire East CCG have completed a joint site visit to NLG Theatres for assurance and are compiling a report. The Board were informed that early indications are that there were clinical related issues identified which will be addressed with NLG and an action plan agreed.

It was noted that there are on-going discussions regarding the CAHMS service. This service is commissioned by the Local Authority, on our behalf. Discussions are taking place as to how the CCG liaise and work with the LA re the commissioned arrangements in the future.

The Board were informed that a new SI process is being put into practice, working collaboratively where appropriate with N Lincs CCG and Humber CCG’s. The monthly report gives an overview of the SI reported by each provider including; new Serious Incidents reported, the quality of completed investigations (including meeting timescales) and a review of key themes and trends from completed investigations. A monthly meeting with the provider to discuss each report also provides further assurance and scrutiny, this process also oversees the completion of action plans.

The CCG continues to meet to focus on mortality and potential premature deaths in NEL. The CCG group has prioritised one of the work streams to work within NLAG to understand the published reports relating to SHMI.

The CCG are looking to build more in to the report in terms of patient experience.

The format of the next Quality Board report will change slightly and build on what is currently presented to the Board.

**8. INTEGRATED ASSURANCE REPORT**

The Integrated Assurance paper was presented to the Board, and taken as read. The report advises the Partnership Board of how the NELCCG are performing against the seven domains developed for the dashboard with respect to its performance measures and six domains for risk. The development of the dashboards is being managed via the Delivery Assurance Committee. The most recent development sets out the risk summaries using a heat map of scores rather than the wheel used for performance.

The CCG are seeing increased pressures from A&E attendances, Non-Elective Activity and Planned Care, where activity is rising beyond our expectations. The CCG are poor performers regarding MRSA infections, due to a low target numbers.

Adult Social Care is an area of concern; data is being collected regarding responses if patients feel safe, and information gathered will be taken to a Safety Group meeting for analysis.

The CCG received positive responses to the Friends and Family data.

**9. FINANCE REPORT**

The Finance paper was presented to the Board to provide an update on the CCG and Northern Lincolnshire Community financial position as of July 2015 and the financial risks that the CCG needs to manage during the remainder of the year. The paper was taken as read.

The following key points were brought to the Board’s attention.

The CCG is on track to achieve its £4.53m planned surplus. However, in order to do that there are a number of risks and pressures to manage. The main pressure areas are:

•             Higher than planned non-elective and A&E activity at NLAG, this is despite a number of the CCGs QIPP schemes being focused on reducing non elective activity.

•             There continues to be a budget pressure on Continuing Health Care (CHC) due to increased client numbers and the costs of packages, particularly the high cost clients in the Goole Neuro Rehab unit. Regular assessment of packages is carried out to ensure that packages of care are both appropriate and represent value for money.

•             Prescribing; is currently forecast to overspend by £200k, this is due to QIPP schemes starting partway into the year rather than in April 15, as assumed in the plan, and reflects the longer lead in time than anticipated to roll out the schemes to all practices.

•             £0.168m mitigating management actions are required to manage the current forecast residual risk in Adult Social Care (ASC); The key mitigating action being taken is the proactive management of all packages over £160 per week, which are all being reviewed at Panel to ensure consistency - this has been in place since July 15.

Contingency Funding / Earmarked Reserves;   the CCG only has £1.5m available to mitigate the impact of any Health or Adult Social Care risks that materialise in the remainder of the financial year. This is £500k less than our current assessment of the level of risk The Partnership Board are therefore asked to agree that the first call on contingency funding would be to offset any unmitigated risks that arise in the remainder of the year.

With regards to the Community financial position, overall the position has improved.  This reflects the principles signed up to in the MOU which has made differences in behaviour and in taking a different approach to work together to find funding solutions to alleviate pressures.

**The Partnership Board noted:**

* **The financial position of both the CCG and the Northern Lincolnshire Community as at July 2015**
* **Risks that need to be managed in the remainder of the year**

**The Partnership Board agreed:**

* **That the first call on contingency funding would be to offset any unmitigated risks that arise in the remainder of the year**

**Action: Feedback on Better Payment Practice**

**10. COMMISSIONING AND CONTRACTING REPORT**

The Commissioning and Contracting Report was presented to the Board, and taken as read. The following items were brought to the Board’s attention.

A re-commissioning process is being undertaken to move all Supported Living services to a standard outcome based service specification, with a standard hourly rate paid for the service. This will be completed by the end of the financial year.

The Care Home Quality Framework outcomes were discussed. The QF sets out the standards that the CCG evaluate against. Three of the homes where there was a significant change in the previous year’s outcome rating have had a change in ownership.

Yorkshire and Humber Commissioning Support are no longer a national lead provider after March 2016. Contract mobilisation with the new service provider will commence in December 2015.

An update on the Strategic Commissioning Intentions was provided. The CCG are developing the intentions of where services can be best developed across the region. A meeting took place on the 5th September where information was provided on current standards performance and national imperatives to support the next stage of development by the clinical leads. This meeting aided the CCG in developing high level principles for future services that would help meet our essential standards, within our financial constraints, and remain viable services in the years to come. The output from this session will be shared and further developed with clinical members, community members and the local community at the October Board Workshop, prior to final agreement.

The Board asked if there was an update regarding travel arrangements for patients. The CCG clarified that there is currently a piece of work underway for non-emergency transport, transfers etc. A consultation process has taken place where members of the public were given the opportunity to give their views. A procurement process is currently underway. Where specific changes are being made, the CCG will assess the implications on a case by case basis, in consultation with the council.

**The Board noted the information about the issues raised in the report.**

**11. HLHF UPDATE**

The Healthy Lives Healthy Futures Programme Update paper was presented to the Board, and taken as read. The following items were brought to the Board’s attention.

The Board were made aware that the CCG are now moving into the next phase of the HLHF programme. The CCG are currently in the process of firming up its strategic commissioning intentions, which will aid the CCG to provide leadership in a constructive way. There is now a clear recognition that significant changes will have to happen quickly.

A workshop was held on the 3rd September, to collectively review the current position in respect of work that is taking place within the CCG localities on developing out of hospital care models as well as some early ideas from the hospital trust regarding ways in which their services could be delivered to best meet the safety and quality requirements, within the resources available.

Recent meetings have taken place with other clinicians outside of NEL, and there is a real appetite to align commissioning intentions. It was noted that at this stage it is important to be involved in discussions around devolution so as a region we are not let behind.

The Chair noted the current position within the HLHF programme and looks forward to the next phase of public engagement on current progress.

**12A. COMMUNITY FORUM**

The Partnership Board’s Community representative thanked Accord for holding the Accord AGM, and for putting together the steering groups, noting that it had been a very well organised event and it was great to see how the groups worked together.

There were no issues to note, but the Board were informed of some of the latest activity that occurred at the last Community Forum meeting; members were updated on the progress of the Unplanned Care triangle, provided with an update regarding HLHF, and a presentation was given on social prescribing.

**12B. COUNCIL OF MEMBERS**

Two key items discussed at the latest Council of Members meeting were highlighted. Discussions had taken place regarding concerns expressed surrounding patients of ADHD discharged at 18 with no ongoing care arrangements. Working groups have been established to help design a pathway going forward. NELC have agreed to provide care to the age of 25 whilst a solution is being found, and no patients will be discharged until a decision has been reached.

The issue of prescribing Gluten-free food products had also been raised, and it was agreed to restrict the prescribing to bread and flour, due to the huge impact on the prescribing budget.

*Dr Rakesh Pathak, Dr Arun Nayyar and Councillor Patrick left the meeting.*

**13. ITEMS FOR INFORMATION**

a) HealthWatch Annual Report

The HealthWatch Annual Report was noted.

b) Corporate Business Plan 2015/16

The Corporate Business Plan 2015/16 was noted.

c) Quality Committee Minutes – April 2015

The minutes of the Quality Committee meeting held on 15th April 2015, were noted.

d) NHS NEL CCG Constitution Change Application

The NHS NEL CCG Constitution Change Application was noted.

e) Public Health Annual Report

The Public Health Annual Report was noted.

f) Health and Wellbeing Collaborative General Report 2015

The Health and Wellbeing Collaborative General Report 2015 was noted.

g) IVF Decision documents

The IVF Decision documents were noted.

f) Retrospective approval for use of CCG Seal

The Retrospective approval for use of CCG seal was noted.

g) IG&A Meeting minutes

The minutes of the Integrated Governance & Audit Committee Minutes meeting held on the 1st June 2015 were noted.

**14. QUESTIONS FROM THE PUBLIC**

A question was raised regarding Transport and who has the lead responsible for this service. The CCG acknowledged the challenges around bus services for people accessing primary care services. The CCG are looking to get a transport lead and working with NELC for an integrated solution. This issue has been raised with the HLHF team, so that solutions are found whenever a service is moved or altered and arrangements are put in place.

The issue of the SHMI figures was raised, and when the CCG have an expectation that the figures will improve. The CCG fully recognises that this issue will continue to be a significant focus for us. The CCG are in a good position to review Mortality rates and understand what improvements need to be made.

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

Thursday 12 November 2015 from 2pm to 4pm at the Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ.