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

**MINUTES OF THE MEETING HELD ON THURSDAY 13 NOVEMBER 2014 AT 2PM**

**HUMBER ROYAL HOTEL, LITTELECOATES ROAD, GRIMSBY**

**PRESENT:**

Dr Derek Hopper Chair

Philip Bond Lay Member Public Involvement

Cllr Mick Burnett *(left after item 11)* Portfolio Holder for Tourism and Culture – NELC

Juliette Cosgrove Strategic Nurse

Mandy Coulbeck Locally Practising Nurse

Mr Perviz Iqbal *(left after item 11)* Secondary Care Doctor

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

Dr Rakesh Pathak GP Representative

Joe Warner Managing Director – Focus independent adult social care work

Cllr Peter Wheatley *(left after item 11)* Portfolio Holder for Health, Wellbeing & Adult Social Care – NELC

Sue Whitehouse Lay Member Governance and Audit

**IN ATTENDANCE:**

Isobel Duckworth Consultant in Public Health

Jeanette Harris PA to Executive Office (Minutes Secretary)

Julie Taylor-Clark *(Item 5 on*) Interim Director Nursing, Quality & Transformation

Laura Whitton Deputy Chief Finance Officer

**APOLOGIES:**

Mark Webb NEL CCG Chair

Geoff Barnes Acting Director of Public Health

Joanne Hewson NELC Deputy Chief Executive (Communities)

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

**1. APOLOGIES**

Apologies were noted as above.

Cllrs Wheatley and Burnett advised the Chair that they would need to leave the meeting at 3.30pm in order to attend a full meeting of the Council.

**2. CONFLICTS OF INTEREST**

No conflicts of interest were declared.

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

a) Governing Body Minutes 13 March 2014

 The minutes of the Governing Body meeting held on 13 March 2014 were agreed to be a true and accurate record.

b) Governing Body AGM 11 September 2014

The minutes of the Governing Body AGM held on 11 September 2014 were agreed to be a true and accurate record.

c) Partnership Board 11 September 2014

The minutes of the Partnership Board meeting held on 11 September 2014 were agreed to be a true and accurate record.

**4. MATTERS ARISING**

 The actions outlined on the action summary sheet were noted.

a) Adult Social Care Debit

Sue Whitehouse informed the meeting that further work has been undertaken to progress this matter successfully and she was now assured that the correct steps were being taken to resolve the situation that has arisen in relation to ASC debt. This matter will be considered fully at the December meeting of the Integrated Governance and Audit Committee meeting.

**5. RECOMMENDATIONS FOR THE FUTURE OF HYPER-ACUTE STROKE SERVICE AND ENT PATIENT SURGERY**

This item is coming to the Partnership Board for ratification of the decision taken by the Council of Members on 6 November 2014 for the future of the hyper-acute stroke service and ENT patient surgery.

A presentation was given which provided a summary of the consultation review process and outcome but it was noted that a significant amount of further detail was available to the Board in the supporting papers provided for this item.

Key points to note within the presentation were:

* The consultation period ran for 13 weeks which was longer than the statutory requirement
* Legal opinion has confirmed that the consultation process undertaken has been robust and resilient with an adequate level of response rate received
* Feedback received came predominantly from older individuals and it was noted that this is the age group most affected by any change to the provision of the hyper-acute stroke service

*Julie Taylor-Clark arrived.*

* 71% of responses received from the Stroke Association supported the recommendation for the hyper-acute stroke service
* The Clinical Senate, an independent external clinical forum, supported both recommendations
* The North East Lincolnshire Health Overview and Scrutiny Committee did not support the recommendation for the hyper-acute stroke service, but following a recent meeting which was attended by the Medical Director of NLaG, senior CCG officers and primary and secondary care clinicians, have said that whilst their preferred option would be to maintain a service at Grimsby and Scunthorpe, or Grimsby alone, they have acknowledged that this may not be feasible
* The Healthy Lives Healthy Futures Programme Board has recommended that the preferred options are upheld
* At the recent Council of Members meeting the decision was taken to support the preferred options for the hyper-acute stroke service and ENT patient surgery, with only two of the practices present voting against

It was noted that prior to the hyper-acute stroke service being temporarily moved to Scunthorpe Hospital following the Keogh Review Team, this area (NEL) had one of the worst outcomes in the country for deaths from stroke. Since the move of the service to Scunthorpe Hospital the stroke mortality rate has fallen by 11% which equates to 22 individuals. Whilst there is no direct data currently available on the permanent disability outcome, it seems sensible to conclude that this is also improving.

The huge amount of engagement that was undertaken by the CCG was raised along with the difficulties experienced in getting the community to engage back and it was suggested that this could have arisen in part due to the fact that the hyper-acute stroke service has been operating from Scunthorpe for some time now.

A number of the non-executive Directors of the Board visited the Stroke Unit at the Diana, Princess of Wales Hospital earlier today and been impressed with the facility and the treatment it was providing, as well as the commitment displayed to ensuring that local stroke patients were returned to Grimsby from Scunthorpe as soon as possible after the initial hyper-acute period.

**Following this discussion the Partnership Board unanimously agreed it’s ratification of the Council of Members decision to support the preferred options for both hyper-acute stroke and ENT inpatient surgery.**

**6. RESILIENCE PLAN**

The paper before the Board provides an update on the arrangements put into place for resilience planning for the period November 2014 to March 2015 and includes information about the widened remit of the System Resilience Groups.

The Resilience Plan submitted by North East Lincolnshire CCG for the 2013/2014 Winter period was deemed by NHS England to have provided the required assurance to deliver overall system resilience during the winter period and as a result of this North East Lincolnshire was allocated its share of the national resilience funds. Attention was drawn to the allocation of this funding which is outlined in detail within the supporting paper.

The North East Lincolnshire CCG System Resilience Group (NELSRG) adheres to a weekly winter reporting regime to NHS England and meets as a group on a monthly basis. NELSRG has also sought assurance from those provider organisations involved in the provision of urgent and emergency care that they have appropriate plans in place to deal with the winter period.

It was noted that some of the resilience funds will be used to provide a mobile GP service for urgent visit requests and it was queried whether this service would be provided purely by 360 practices or whether it will be rolled out to other practices. It was explained that the aim is to roll this service out to any other surgeries who have signed-up to participate in the scheme such as Scartho Medical Centre which is not a member of the 360 practices.

In addition to the funding received by the CCG for the NELSRG priorities additional national resilience funds have been identified that will be allocated directly to NLaG to be used to provide additional staff to help deal with any activity surges that arise. It was queried whether the additional staff referred to were trained staff already in post or extra personnel. It was confirmed that these individuals would probably be extra personnel recruited through agencies which is a model that NLaG have successfully used in the past.

It was queried whether NLaG did have extra bed capacity if required and it was confirmed that there are escalation wards available but the real issue will be the extra staff required to man them.

All the resilience plans have detailed implementation steps and timescales which are being monitored on a regular basis. The NELSRG is currently working up plans to cover eventualities such as any provider resilience plans starting to go off track or extra monies coming into the system.

The Partnership Board noted the work being undertaken by the NELSRG in relation to resilience planning to support continued delivery of services over the coming months.

**7.   NHS STATEMENT OF SUPPORT FOR TOBACCO CONTROL**

The Board are being requested to become signatories to the NHS statement of support for tobacco control which aims to assist in reducing smoking in local populations and it was stated that NHS North Lincolnshire CCG has already committed to signing this Statement.

It was noted that there will not be any resource commitment required by the CCG if it agrees to become a signatory.

The difficulties of significantly reducing the numbers of individuals who smoke was discussed, including the local work that has already been undertaken and the positive impact it is having. Cllr Wheatley mentioned an event he had attended recently at which a presentation was given on the key findings of evaluating smoking treatment services in England, which had been prepared by the University of Stirling. It was agreed this presentation will be circulated to Board members for their information.

**ACTION: I Duckworth**

The current practice at the local hospital of patients being taken outside the main doors by staff to enable them to smoke was also raised and it was noted continuing work and education was required to combat situations such as this.

**Following further consideration of the supporting paper the Partnership Board agreed that North East Lincolnshire CCG will become signatories to the NHS Statement of Support for Tobacco Control.**

**8. QUALITY REPORT**

A verbal summary of the contents of the supporting paper was given to the Board and this included information on the following:

* CQC reports for NLaG and Hull and East Riding Yorkshire Hospitals NHS Trust and the issues they face
* Winterbourne Concordat
* Infection control
* Serious untoward incidents
* SHMI
* The Friends and Family Test

It was queried whether the data provided in the SHMI section of the report reflects actual mortality figures falling or whether it was due to coding or counting processes, as this would mean that there has not been any clinical improvement. It was agreed that the next Quality Report to the Board will contain more detail on the breakdown of this figure. It was noted that NLaG do monitor the crude mortality rate and an update on this will also be included in the next Board report.

**ACTION: Julie Taylor-Clark**

The Board was also advised that the NEL CCG mortality group will be carrying out an end-to-end review on the patients identified through the SHMI figures to try to identify whether there are any quality improvements to be considered in the patients’ journey.

A query was raised as to whether the 12 community acquired Clostridium Difficile cases were community diagnosed. A root cause analysis is being undertaken but it has already been confirmed that some of the cases have been due to prescribing.

A query was raised as to who deals with primary care serious untoward incidents and it was explained that these come under the auspices of our NHS England Area Team who have not previously shared any details with us. However they have now agreed to supply the CCG with this information and this will enable us to have more comprehensive data.

**9. HEALTHY LIVES HEALTHY FUTURES UPDATE**

A presentation was given which outlined the next steps to be taken in the Healthy Lives Healthy Futures programme and covered:

* Progress during October and November
* The current position
* Scheme management
* Programme portfolio
* Key elements of the next phase

The size of the financial gap to be addressed was discussed and concerns expressed over the ability of CCGs to close it and a possible scenario was given of spend increasing while the quality of care provided actually falls. It was acknowledged that there are a number of unknowns within the system but it has been recognised nationally that there is a lack of consistency across the NHS when it comes to such things as adopting best practice and this needs to be addressed. There is also clear emerging evidence around elected care at scale, where provision and consolidation is demonstrating cost effectiveness and improvement in quality; however a consequence of this type of service provision can be an impact on accessibility and as such may indicate the need for a public consultation.

The challenges posed by the Better Care Fund were also raised as well as the impact this will have on funding, but it was also noted that due to our joint working arrangements with the Council the risks involved with the Better Care Fund were lower in this area.

*Dr Nayyar left the meeting.*

In summary it was recognised that the financial gap we are seeking to address through the healthy lives healthy futures programme is significant and will not be closed purely by efficiency savings and best practice implementation; there will need to be large scale change in service delivery. The local hospital is already facing a funding deficit situation and if locally agreed solutions are not developed and implemented quickly changes will be driven through from a national body and the local area will have no say in what they are.

*Dr Nayyar rejoined the meeting.*

Some members of the Board indicated that they would like to increase their understanding of the financial gap being faced and it was agreed that this would be included on the agenda of a future board workshop.

**ACTION: Board workshop agenda**

**10. INTEGRATED ASSURANCE REPORT**

The supporting paper was taken as read but attention was drawn to the two escalation items, 2013-14 quality premium and cancer waiting times.

*Mr Iqbal left the meeting.*

The provisional assessment for the 2013-14 quality premium is outlined within the supporting paper but it was flagged that whilst locally the ambulance response times target was met, this did not happen across the whole of the region with the result that this premium was deemed as not achieved and attracted an adjustment for failure. The measures that will be used in the 2014-15 assessment were noted and it was flagged that in relation to the IAPT roll out target we are continuing to focus on how to achieve target and therefore be able to access the performance funding available for it.

It was noted that the breach areas for cancer waiting times are related to shared services between Hull and Northern Lincolnshire and Goole Trusts and that the problems currently being faced by Hull are having an impact on our performance target.

**11. FINANCE REPORT**

The supporting paper in front of the Board has two elements to it; one is the regular financial update and the second is the key headlines within the Northern Lincolnshire health and care system medium term financial plan.

*Mr Iqbal returned to the meeting.*

The financial position at the end of September is showing an overspend against budget in 3 areas as follows:

North Lincolnshire and Goole Foundation Trust £1.1m

The driver for this figure is increased activity across the board and discussions are underway with the Trust to investigate this further. An update on this situation will be provided at the next Board meeting.

Continuing Healthcare

The number of high cost clients in-year has been higher than expected; year to date expenditure includes a number of Goole Neuro Rehab clients, some of whom are expected to be discharged before the end of the year.

St Hugh’s

The activity at St Hugh’s continues to be higher than planned, due in part to the 18 week position at NLaG.

There are a number of risks within the system which need to managed in order for the CCG to achieve its planned position, the contingency funding and ear marked reserves may need to be used in full to cover these risks if they materialise.

By the time of the next Board meeting it will be clearer as to whether the risks have increased or reduced and if it is the latter it may be possible to release some of the contingency funds for use elsewhere. However Board agreement will be required when identifying areas to receive monies from released contingency funding.

**It was agreed by the Board that the contingency fund continues to be ring-fenced for use in mitigating financial risk.**

As agreed earlier in the meeting a future board workshop will look at the £104m financial gap being addressed by the Healthy Lives Healthy Futures programme but it was noted that a more detailed discussion will be taking place at the Integrated Governance and Audit Committee about this.

*Mr Iqbal and Cllrs Burnett and Wheatley left the meeting.*

**12. COMMISSIONING AND CONTRACTING REPORT**

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

NLaG Contract

The drivers for the growth in the additional activity have not yet been identified but efforts are on-going to resolve this. However it has been identified that there has not been a corresponding growth in GP referral rates. A further report on this issue will be taken to the Council of Members but it is felt there will continue to be a pressure in this area, particularly in relation to ophthalmology and dermatology.

Abbey Homecare

The Board noted the steps being taken with this provider but flagged the need for the CCG to ensure a full understanding of the reasons behind this provider’s inability to sustain a previous performance improvement before the temporary suspension for new placements is lifted.

Commissioner Requested Services (CSR) Review

The scope and remit of this piece of work was highlighted and the Board was advised that the Care Contracting Committee is monitoring it closely. It was noted that it could be perceived that there is a link between this review and the Healthy Lives Healthy Futures programme but it was stressed this is not a forerunner of commissioner intentions although it may have an impact on the programme. It was also confirmed that a purely financial failure would not trigger a removal of service from a provider; there would need to be whole system and quality issues, with the emphasis being on the quality aspect of the service provision.

It was raised by a member of the Board that recently some patients have been advised that their operations are being postponed until next year and the reasons for this are unknown. It was agreed this needed further investigation.

**ACTION: H Kenyon**

It was queried whether the public would need to be consulted if it ever eventualised that the contingency plan needed to be implemented; in response it was clarified that public opinion did not need to be sought and it was further highlighted that it was hoped that the contingency plan would never need to be implemented as it would only come into effect if there was a complete provider failure. It was noted that this piece of work only relates to NLaG but it may roll out to other providers in the future.

It was queried whether there is a legal obligation for the CCG to comply with the Monitor request for a CSR Review and this will be checked.

**ACTION: H Kenyon**

**13. UPDATES**

a) Community Forum Update

 The recent Community Forum meeting did not identify any items they felt needed escalation to this Board.

b) Council of Members Update

At the last meeting concerns were discussed over the current ophthalmology waiting times. The meeting was attended by the Director of Medical Services from NLaG also with three members of their Consultant body. An emergency plan has been put in place to try and bring the waiting time back to the 18 week level.

**16. ITEMS FOR INFORMATION**

a) Use of Seal

The recent use of the Seal was noted by the Board.

b) Care Contracting Committee Draft Minutes 18 September 2014

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

c) CMM Action Notes 23 September and 21 October 2014

The Action Notes from the CMM meetings on 23 September and 21 October 2014 were noted.

d) Delivery Assurance Committee Minutes 27 August 2014

The Minutes from the Delivery Assurance Committee meeting held on 27 August 2014 were noted.

e) Draft Integrated Governance & Audit Committee Minutes 2 September 2014

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

**15. QUESTIONS FROM THE PUBLIC**

A member of the public, who advised the meeting he was a member of Healthwatch but not attending in that capacity, raised concerns about the “golden hour” for hyper-acute stroke treatment and the travelling time it takes patients to get to Scunthorpe from both Grimsby and its outlying areas. It was queried whether the Board has any doubts about the decision it has just taken to approve the recommended option for the hyper-acute stroke service.

In response Dr Melton outlined the concerns that had mounted three years previously in relation to the mortality rate at Diana, Princess of Wales Hospital and the steps that had been taken by the Northern Lincolnshire Mortality Group over a two year period to try and address these, unfortunately with limited success. Following its inspection review at the hospital the Keogh Review team decided that immediate remedial action was required as the service provision was unsafe and the hyper-acute stroke service was moved to Scunthorpe on an interim basis. Since that move the outcomes for hyper-acute stroke patients have improved and as covered in Item 5 above, extensive clinical advice has been sought, which has indicated that this service should remain in Scunthorpe. In light of the advice received and the on-going difficulties experienced when concerted attempts have been made to improve the provision of the hyper-acute stroke service at Grimsby, the CCG believes that patients will continue to have a better quality outcome by being treated at Scunthorpe. It was also highlighted that in the majority of cases this treatment is for a 72 hour period only, after which the patient returns to the Diana, Princess of Wales Hospital for the rest of their care.

Following the above explanation the member of the public commented that he had a few concerns that there was a move towards lowering the level of services being provided locally and stated that the issues already identified around transportation and the ambulance service will need to dealt with.

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

Thursday 15 January 2015 from 2pm to 4pm at the Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ