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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 14th JULY 2016 AT 2.00PM**

**SOCIAL ENTERPRISE CENTRE, 84 WELLINGTON STREET, GRIMSBY, DN37 7DZ**

**PRESENT:**

Mark Webb NEL CCG Chair

Helen Kenyon Deputy Chief Executive

Jan Haxby Director of Quality and Nursing

Sue Whitehouse Lay Member Governance and Audit

Philip Bond Lay Member Public Involvement

Dr Peter Melton Chief Clinical Officer

Dr Arun Nayyar GP Representative

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Rakesh Pathak GP Representative

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Stephen Pintus Director of Public Health, NELC

Councillor Patrick Portfolio Holder for Finance and Resources

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

**APOLOGIES:**

Nicky Hull Primary Care Professional

Joe Warner Managing Director – Focus independent adult social care work

Dr David James Secondary Care GP

Joanne Hewson NELC Deputy Chief Executive (Communities)

Juliette Cosgrove Clinical Lay Member

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

There were no declarations of interests from those in attendance. The Chair advised all Board members that new regulations regarding Conflicts of Interest would be circulated to all before the end of July.

1. **APPROVAL OF MINUTES**

The minutes will be amended to reflect that Cllr Hyldon-King was in attendance, the remaining minutes of the Partnership Board meeting held 12 May 2016 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted.

The Board were reminded that if CCG staff undertake exercises that require public engagement, then Accord members are available, with 12 ambassadors that can be called on for assistance. The Chair thanked Accord members.

1. **CHAIR’S ACTION OF RATIFICATION IF ANNUAL REPORT / FINAL ACCOUNTS IN JUNE**

Due to the deadline for the approval of the Annual Reports & Accounts of Friday, 27th May and the requirement, under the CCG’s constitution, for the Partnership Board to ratify them prior to submission, ‘Chairman’s action’ was taken to ratify the Annual Report & Accounts on behalf of the Partnership Board.

**The Board agreed with the Chair’s action taken.**

1. **TRIANGLE OBJECTIVES FOR COMING YEAR AND REVIEW OF PREVIOUS YEAR**

This report provides an overview against the 2015/16 Triangle Objectives and notes the objectives identified for each triangle in 2016/17.

Dr Pathak joined the meeting.

*Planned care:* It is important to note successes by the Planned Care Triangle. Following a successful Expression of Interest, the CCG is now one of 27 areas across the UK to be part of the National Diabetes Prevention Programme and programmes locally are about to commence. A Diabetes local support group has also been established with a rolling education programme. The Chair asked if the two support groups recently established could be contacted to see how they can work together.

The objectives for 2016/17 were outlined, with many activities planned for the Triangle. Some of the activities will be based on place and local footprint, others will benefit from the larger footprint in order for patients to get the best access to services.

*Unplanned Care:* Key activities were noted as developing the NEL Urgent Care Plan, developing provider cooperation and plans through the System Resilience Group (SRG), managing extended winter pressures with providers in line with NHSE Assurance procedures and developing the Emergency Planning regime locally in line with national requirements.

With the emerging ACP, the priority for 16/17 is to ensure there is an agreed NEL Urgent Care Plan that meets the planning and transformation objections for Urgent Care for the next three years and also ensures that system wide changes are already in place by next winter such that the impact of winter pressures is managed in more effective ways and the fundamentals of long term change are established. The Urgent & Emergency Care network is also working on emergency acute care across the broader U&EC Network footprint.

*Women and Children’s:* The paediatric assessment unit in A&E has continued to be a success, and the introduction of the community phlebotomy clinics within specific GP Practices has far exceeded expectations. The childhood immunisation rates continue to be amongst the highest (best) in the country, which is especially significant given our demographic profile.

In the last year the team have concluded a cross patch evaluation of maternity services resulting in a revised service specification. The national ‘Facing the Future for Child Health standards’ was issued in 15/16 and the triangle undertook a self-assessment against the recommendations and this highlighted that the services developed for children’s health in the community meet best practice on a national level.

This year there is planned work specifically focusing on developing an Autism Spectrum Disorder pathway, interim service in September. A large piece of work will be undertaken collaboratively working across the area to progress the ‘0-19 strategy’ to ensure a focus on Prevention and Early Intervention.

*Older People:* Key areas covered long term care and reducing admissions to A&E. The Health and Social Care awards generated 146 nominations and a range of worthy winners across the sector.

For Carers the key area was the effective delivery of the NEL Carers Strategy. The Carers strategy group is working towards meeting its objectives of supporting carers including understand their rights, having access to appropriate advice and information, having access to universal carers support service & making informed decisions about their needs via a carers assessment.

In the forthcoming year the support to the care home sector will be consolidated into the support to care homes programme. Key deliverables will include profiling of needs for care home residents, establishment of MDT’s for each care home and the rationalising of teams and workers who support each care home, to minimise duplication and maximise impact.

Dr Melton declared an interest in raising a topic as his practice is located in Immingham, but asked if one of the extended housing schemes was to be located in Immingham. The Board were updated that several options, through discussions with NELC, are being identified, but that Immingham was not thought to be an economically viable location.

*Dr Thomas joined the meeting*.

*Prescribing and Medicines:* The Board were updated on last year’s activity. The Chair commented that he had recently attended the Triangle’s monthly meeting, and he had noted a £1.6m spend on Paracetomol in NEL and a neighbouring authority, and asked if it was possible to reduce this expenditure. The GP’s responded they recommend to patients to buy their own, but that the Children’s paracetomol to prescribe costs approximately £8 pp. The Chair asked for the breakdown of costs involved in prescribing paracetomols, to understand suspensions and non-paying prescription patients.

*Mental health*; The Board were updated on last year’s activity, with continued support to develop a culture promoting independence, the re-commissioning of LTC for dementia, contributing to savings that were required.

The objectives for 2016/17 are to manage transforming care for people across the transformational footprint, as well as use and develop local services. The Harrison House site requires better utilisation, and we will look at how to provide support to people living at home. The team will look to deliver a quality Mental Health service in NEL through working with providers to ensure delivery of the Mental Health 5 year forward view.

*Community Care* – The major achievement of the opening and full occupancy of the first ECH scheme in September 2015 with an onsite restaurant and activities was noted. The Triangle continues to evaluate home care support and how to make it work effectively in other units. A report will be published in the coming weeks, which the Board welcomed.

The objectives for 2016/17 are to continue to work with Safeguarding teams to develop an understanding of processes including DoLS and MCA. Continue care home support - looking at how we can bring the care homes into being part of the community. looking at activities and social events. As well as ECH delivery, the development of next schemes

The Chair informed the Board that he is currently attending a monthly meeting of all the Triangles, and would look to report back his comments at a future Board meeting.

**Action: Planned Care - The Chair asked if PB could contact the two support groups recently established to see how they can work together**

**Action: The Chair asked RS for the breakdown of costs involved in prescribing paracetomols, to understand suspensions and non-paying prescription patients**

**Action: The Chair to report to the Board his comments following his attendance at the monthly Triangles meetings**

1. **INTEGRATED ASSURANCE AND QUALITY REPORT**

The newly developed Integrated Assurance and Quality Report was presented to the Board. This report advises the Partnership Board of how NELCCG are performing against;

* six domains developed for the performance dashboard;
* three domains developed for quality dashboard and;
* six domains for risk.

The dashboards are managed via the Delivery Assurance Committee, the Quality Committee and the Integrated Governance and Audit Committee. The report was taken as read with the following areas highlighted.

The area of “Preventing people from dying prematurely” has improved, which the CCG believe is due to the improvements in the ambulance service. The quality team are looking in to the issue of “Patient experience” due to the concerns in this area.

NEL CCG was subject to its annual review of the CCG Assurance Framework by NHS England in April 2016. The overall assurance rating given to NEL CCG for 2015/16 is ‘Limited’, though this is still subject to national confirmation.

NELCCG received an indicative assurance rating of ‘limited’ in terms of planning. This domain has a number of elements to it, only one of which was found to be less than ‘good’. This rating was therefore solely due to our progress on the Healthy Lives Healthy Futures Programme, and the fact that full solutions to the financial and service challenges had yet to be identified. However it should be noted that this was our position in April 2016 and since then progress has been made to address this, with the agreement of new system arrangements and Accountable Care approaches.

It should be noted as a positive that NELCCG received an indicative assurance rating of ‘Good’ across 4 of the 5 domains, however the headline assessment shows as ‘limited’. NELCCG understands that the majority of other CCG’s will have the same ‘Headline Assessment’ assurance rating as ourselves. A standing item of progress on Assurance Framework will be added to the agenda.

The Board were provided with an update regarding Quality; safety, effectiveness and experience, noting concerns and escalations. The following items were highlighted to the Board.

The Trust’s current official SHMI position is reducing (Oct 14 - Sep 15) is 107.6, the HED SHMI (Dec 14 - Nov 15) using provisional data is 106.9. The out of hospital HED SHMI in North East Lincolnshire is gradually increasing. The Quality team are reviewing patient cases and analysing themes and trends, although it is too early to make assumptions, a significant number are patients who have been admitted who could have received out of hospital services.

The CCG have been able to attribute an increase in HED SHMI with a change in local protocol of the Haven (palliative/end of life) team when they started working directly at hospital ward level prioritising getting patients discharged within 24/48 hrs notification. This correlates with a sharp increase in HED SHMI from October to December 2015. In addition there has been work undertaken to better understand the coding of patients which determines if patients are included in HED SHMI. It was agreed that the issue of, and the joint work being undertaken regarding SHMI will be the subject of a Board Workshop at the October meeting. A representative of NLAG will be asked to join the meeting,

The Board is asked to note a delay in the process of managing an SI attempted homicide on May 19th 2016. The delay is because NHS England have their own 72hr report for attempted/ homicide which NAViGO has completed and returned. However NHS England are not able to make a decision around who would lead on this investigation (NHSE or NAViGO) as the SI has to be discussed by the IIP (independent investigation panel who makes the decision regarding homicide SIs) and who do not next meet until 11 July. The CCG have concerns that the IIP will have had the NHS England Homicide 72hr report from NAViGO for some 5 weeks before a decision can be made as to whether an independent team will take over the investigation or NAViGO can carry on with it. We are escalating our concerns re the delay within NHSE.

The CCG needs to do further work to identify measures of quality effectiveness and actions required by the CCG. These will be reflected in the Quality Dashboard. This work will make improvements to our systems and processes for ensuring that the whole commissioning process is supported by clinically effective information and evidence based monitoring.

There is poor uptake of the Friends and Family Test with regards to patients and staff experience. The CCG are asking providers what they are doing about this,

Board members were asked to note that the quality indicators in the CCG’s quality dashboard has been revised, this is to ensure that the CCG remains in line with national and local best practice (including statutory and mandatory requirements) and this also reflects the new NELCCG quality model. As a result of this update, some of the CCG’s providers do not currently report/publish this data; this is reflected as ‘data currently unavailable’ in the report. The Quality Team is working with each provider to ensure that this data is provided going forward; this is being managed via the contract management process. It was requested that a dashboard for Primary Care be reviewed, produced and taken to the Quality Committee for consideration.

Members are also asked to note that the RAG grading process has been revised. The RAG rating is based on a national definition that the CCG is seeking to adopt and which forms part of the new NELCCG Quality Strategy.

The Chair asked if future reports can be narrowed down slightly to focus on exceptions that the Board need to be informed of.

**Action: A standing item of progress on Assurance Framework will be added to the agenda - LW.**

**Action: It was agreed that the issue of, and the joint work being undertaken regarding SHMI will be the subject of a Board Workshop at the October meeting. A representative of NLAG will be asked to join the meeting - JH**

**Action: It was requested that a dashboard for Primary Care be reviewed, produced and taken to the Quality Committee for consideration - JH.**

**The Partnership Board noted:**

* **judgements made against the domains of the dashboards**
* **the information on future performance, quality and risk challenges**
* **information on assessment rating of CCG Assurance Framework**
* **further feedback on ways to improve the report**

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial position as at May 2016 and the financial risks that need to be managed in the remainder of the year.

At this early stage in the year the CCG is on track to achieve both its planned operating position (Health £nil (break-even) + ASC £nil (break-even)) and its NHSE Mandated Surplus(£4.53m), however the following were highlighted to the Board.

The CCG has a higher level of risk to manage than has been seen in previous years. The main areas of risk being activity levels being higher than planned, planned savings not being achieved and community / wider system pressures. The level of risk currently being £2.9m greater than the CCGs contingency funding & earmarked reserves funding, work is on-going to identify further mitigations so the Board should see an improved position at the next meeting.

*Dr Nayyar left the meeting.*

NHS England (NHSE) have assessed the CCG’s financial plan as 1b (Assured and meets business rules but increased or higher risk), against a scale of 1a (Assured and meets business rules) to 3 (Not assured and plan not capable of being supported without further improvement). The 1b assessment reflects the unmitigated risk that we have identified in the CCG’s plan and means that we will be subject to closer support and contact from NHSE in year.

*Dr Nayyar re-joined the meeting.*

It was noted that 73% of health saving plans are in place, with 27% detailed plans are due to be completed in the next few weeks.

**The Partnership Board noted:**

* **the financial position as at May 2016**
* **the risks that need to be managed in the reminder of the year and the actions being taken to do this**

1. **COMMISSIONING AND CONTRACTING REPORT**

To keep the board up to date on key pieces of work undertaken by the CCG in relation to Commissioning and contracting activities. The report was taken as read and the following issues highlighted.

The Board were updated with the latest information regarding the procurement for the Dermatology Service. North and North East Lincolnshire CCG’s will be communicating to potential providers under a “request for information” process, with a formal procurement process starting on the 2nd August. The two CCG’s on the North bank, East Riding and Hull, will also be part of the request for information process, whilst they continue to work to review their service specification, with the intent of being part of the procurement process if they can have finalised their requirements by the required deadline. Hull and East Riding CCGs will then use our procurement to build their own procurement and market assessment. It was noted that this is helpful in working to encourage providers as more CCG’s become involved further down the line.

All Clinical Leads expressed a conflict of interest, as they may but they have no influence in the contract.

The CCG has an agreed contract position with all of its providers now with the exception of Navigo. The CCG remain positive that a resolution will be reached, and noted that Navigo and the CCG are working together to achieve this. The Board recognised the hard work being undertaken by Angie Dyson and her team.

The 1st submission of the Humber Coast and Vale Sustainability and Transformation Plan 2016 to 2021, was made on 30th June. The Plan builds on work undertaken through HLHF.

Work continues to be undertaken following agreement in principle in May by all 6 CCGs in the Humber coast and Vale to establish a joint Commissioning Committee. Initial Terms of Reference for the committee were shared at the recent CCG Collaborative meeting and a number of comments were made on them. The wording to amend each CCGs constitutions will continue to be worked on over the summer with the intention of all three being brought back to the collaborative meeting in September, prior to formal submission to each CCG for agreement by the Board, by the end of October.

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

1. **UPDATES:**

**COMMUNITY FORUM**

The Community Forum update informed the Board that the 8th September Accord AGM would once again be held at the Humber Royal Hotel, with the timings being altered to allow for more time for discussion amongst members. The Forum had recently been updated with regards to Accountable Care. The forum also acknowledged the immensely valuable work undertaken by the 12 ambassadors.

**COUNCIL OF MEMBERS**

Constitutional changes were recently discussed at CoM, no concerns or issues were raised. A discussion was held regarding GP’s who are no longer practising, and their involvement with the CCG. It was agreed that this would be allowed up to a year after practising medicine had ceased.

A new pathway for the diagnosis of dementia was approved unanimously. This allows GP’s being able to diagnose and initiate health care, rather than patients being referred to the dementia team which has resulted in a strain on services.

The Chair then took the opportunity to say thank you to Sue Whitehouse who is resigning from her role at the CCG. The Chair commented that Sue would be greatly missed at the CCG, and thanked her for hard work, and the time and commitment that she has put into her role over her many years of service. Sue has the professionalism and assertiveness that is required of her role, and has challenged the team, along with providing professional assurance. Sue will be greatly missed.

The Board were introduced to Tim Render, who is taking over Sue’s role from August. Tim is also the Audit Chair for NELC.

1. **ITEMS FOR INFORMATION**

a) Quality Committee Meeting minutes – 14 Apr 2016

The minutes of the Quality Committee Meeting held on 14 Apr 2016 were noted.

b) IG&A Committee Meeting minutes – 31 Mar 2016

The minutes of the IG&A Committee Meeting held on 31 Mar 2016 were noted.

d) Care Contracting Committee Meeting minutes – 9 Mar 2016

The minutes of the Care Contracting Committee Meeting held on 9 Mar 2016 were noted.

1. **QUESTIONS FROM THE PUBLIC**

No questions were taken from the public.

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

Thursday 8TH September, Humber Royal Hotel, Grimsby