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

**MINUTES OF THE MEETING HELD ON THURSDAY 14 JANUARY 2016 AT 2PM**

**SOCIAL ENTERPRISE CENTRE, 84 WELLINGTON STREET, GRIMSBY DN32 7DZ**

**PRESENT:**

Mark Webb Chair

Dr Peter Melton Clinical Chief Officer

Helen Kenyon Deputy Chief Executive

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

Councillor Patrick Portfolio Holder for Finance and Resources

Juliette Cosgrove Strategic Nurse

Jan Haxby Director of Quality and Nursing

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

Dr David James Secondary Care Doctor

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Laura Whitton

Eddie McCabe

Michelle Barnard

**APOLOGIES:**

Dr Thomas Maliyil GP Representative/Vice Chair Council of Members

Dr Derek Hopper Vice Chair/Chair of CoM

Joanne Hewson NELC Deputy Chief Executive (Communities)

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Stephen Pintus Director of Public Health

**1. APOLOGIES**

Apologies were noted as above.

**2. CONFLICTS OF INTEREST**

No conflicts of interest were declared. The Chair noted that Conflicts of Interest can be recorded at any point of the meeting, and asked if any Board members are unsure if they have a COI, then to please ask.

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

The minutes of the Partnership Board meeting held on 12 Nov 2015 were agreed to be a true and accurate record.

**4. MATTERS ARISING**

The actions outlined on the action summary sheet were noted.

No comments have been passed to the Chair regarding the Collaborative’s report. The Chair proposed that a presentation be prepared for a later Board meeting to outline their challenges, and how the Board can help.

The Chair also noted that receiving Board papers on the day of the Board is unacceptable and asked that papers be received in a timely manner in order for the Board to read and digest the information and make an appropriate decision.

**Action: Presentation regarding the Collaborative’s report to be given at a later date.**

**5. LEAD PROVIDER FRAMEWORK**

The Lead Provider Framework paper was presented to the Board to provide an update on the procurement of commissioning support services via the lead Provider Framework. The Board is being asked to ratify the decision with regard to the preferred bidder for each lot under the LPF.

As the Board have previously been made aware, the Yorkshire and Humber Commissioning Support (YHCS) were not successful in their bid to gain a place on the national lead provider framework. The CCG has reviewed all services provided by YHCS and have agreed on Shared Services with other CCG’s. The CCG has also completed a procurement, in conjunction with 22 other CCG’s, under the Lead Provider Framework. The preferred bidder has been identified and discussions are underway to finalise the contracts for each Lot. The contracts are scheduled to come into effect from the 1st March 2016. NEL CCG have been involved in the decision making process but are committed to agree with the majority view, due to the predicament of our LP failing to meet national standards.

A company called eMBed will lead on IT services. They have no previous NHS experience but have ran IT services for other public sector organisations over a number of years. Concerns were expressed around the location of staff and their ability to respond to IT queries. IT systems are critical in the way we deliver services, and of what we are trying to achieve. Staff will be based in Brigg and Grimsby. Once a contract is in place they must met the core requirements.

The Board acknowledged the risk associated with a non-established business, and that Practice Managers will be involved with regards to GPIT for local practices and relationships. eMBED have stated that they will want to ensure an effective service in order to be successful for bidding for future work.

The Chair noted that although the CCG had no choice in this matter, this could be an opportunity to work with partners who want to work differently, innovatively.

**The Board ratified the decision with regards to the preferred bidder for each lot under the LPF.**

**6. REVIEW OF PARTNERSHIP BOARD TERMS OF REFERENCE**

The Board were presented with a paper to agree the terms of reference for the Partnership Board. The Council of Members shall approve terms of reference, which will be subject to ratification by the Governing Body at a meeting held in public.

The Chair highlighted one change of note, the addition of the Joint Co-Commissioning Committee.

**The Board considered and approved the Committee’s Terms of Reference.**

**7.   LOCAL IMPLEMENTATION PLAN UPDATE**

A paper was presented to the Board with the key requirements for Local Implementation Plans and strategic plans for NEL CCG, incorporating considerations related to the Five Year Forward View. The paper was taken as read, and the following points highlighted.

There are two key stages, produce a five year Sustainability and Transformation Plan, and a One Year Operational Plan for 2016/17. The vision and direction of travel set outs a shift of emphasis in working with commissioning partners, local providers, stakeholders and local people. The STP required to be produced by the end of June 2016 will incorporate the thinking set out in the CCG’s existing five year plan incorporating CI work, and the ongoing transformation work of HLHF. The footprint of STP’s need to be identified to NHS England by January 29th 2016 and will reflect the work currently being undertaken as part of HLHF and consideration of local devolution proposals. The Board recognised the complexity of this situation and will be kept updated of discussions where appropriate.

A verbal update on the financial allocations was provided to the Board. The CCG have recently been notified of the allocations for the next 3 years, and given an indication of the further 3 years. For our main ‘Programme’ allocation in 2016/17 there will be an uplift of 3.05%. This is average for CCG’s reflecting that we already receive slightly more than our ‘fair share’ of the national allocation due to our historic allocations, population size and geographical size. In later years there is a lower uplift, which will be challenging. Initial assessment suggests that the 3.05% allocation uplift is all pre-committed due to the non-recurrent funding that the CCG had to pay providers, but further technical guidance is to follow which will clarify the exact position. There is a separate allocation for Running Costs which has no increase, and the impact will need to be assessed due to the recent changes in commissioning support and anticipated pay awards. The team will be working through the details of the allocations and will bring more detailed information to the board workshop and a formal report to the next meeting.

**8. SERVICE TRIANGLES MID-YEAR REVIEW UPDATE**

A presentation was made to the Board to provide an update of the work undertaken by the Triangles. The Triangles remain an imperative important function of the CCG and it is important for the Board to recognise the work that goes within the specific areas of delivery we are trying to reach in the area.

There are now 9 Triangles; Planned Care; Unplanned Care; Primary Care; Women and Children’s; Disabilities – Mental Health and Learning Disabilities; Older People’s; Community Care and Prescribing and Medicines Management.

The following points were highlighted.

The Planned Care Triangle has established Diabetes patient guides & support group established in the community.

The Unplanned Care Triangle are leading on the transformation of the whole of Urgent Care which is at a critical level.

The Primary Care Triangle are concentrating on recruitment to the region, 7 day services and the lead of the GP Educational programme.

The Women and Children’s triangle have established preventative initiatives which are having a significant impact on the community, as well as achieving excellent immunisation rates which are amongst the highest in the country.

The Disabilities (Mental Health) Triangle are focusing on reducing waiting lists. The Learning Disabilities Triangle are working on assuring transformation, and the provision of safe and realistic care packages.

The Older People’s Triangle are driving forward diagnosis rates for dementia, support in care homes and the Carer’s Strategy Action Plan.

The Community Care Triangle are opening new extra care housing, developing the Single Point of Access, as well as working integral with the council.

The Prescribing Triangle team continue to promote the safe and effective use of medicines to enable the best possible outcomes and using NHS resources efficiently, and the reduction in the use of antibiotics.

Cllr Hyldon-King reported that at a recent visit to the new Extra Care Housing development in East Marsh for a lunch with the residents, and was very impressed with the quality of the building.

The Chair thanked all the Triangle team members, and urged the Board member to contact the teams if they wish to meet or understand their work in more detail. The Chair acknowledged the Triangles are undertaking new initiatives, and each are developing in different ways with different challenges.

**Action: Chair to attend Triangle monthly meetings**

**9.     QUALITY REPORT**

A paper was presented to the Board. The paper informs the Board of key metrics for quality and safety of the services it commissions and in doing so provides assurance that the CCG is fulfilling its responsibilities and commitment to commission safe and effective services that meeting the needs of the population of NE Lincolnshire.

The following points were highlighted.

Feedback following the latest CQC inspections was positive; open and honest staff, lots of good practice, and improvements in HDU acknowledged. Concerns have since been raised on the reporting of mixed sex accommodation.

CCG staff, including the Board will take part in Prevent training; a date will be confirmed in the future.

*Dr Pathak left the meeting.*

The CCG Safeguarding Children Policy is currently subject to review. One single policy will be created and circulate to key stakeholders for comments.

*Dr Pathak re-joined the meeting.*

It was noted that there is the need to review Infection control and how this related to other acute sectors.

*Dr Melton left the meeting*

Two cases of MRSA have been reported. Post Infection Reviews were undertaken as per guidelines and results sent to NHS England. It was deemed that all procedures were handled correctly.

*Dr Melton re-joined the meeting.*

SHMI reported at the last Board meeting showed higher than expected figured, particularly within North Lincolnshire. NLaG are putting together an action plan. The CCG are still working with NLaG in producing a strategic plan.

*Joe Warner left the meeting.*

It was noted that the success of the Haven team may have an impact on the gap between acute and primary care.

*Helen Kenyon, Laura Whitton and Joe Warner joined the meeting****.***

It was queried that the report does not seem to reflect the GP’s observations of what is happening in terms of their experience of the acute hospital workforce issues, and patients experiencing problems with outpatients. It was noted that NLaG had a CQC inspection in November and we are awaiting the outcome to help provide the Board with assurance that lessons have been learnt. The Chair asked for the review of Never Events to be brought to the Board for assurance.

**Action: Never Events Review to be brought to the Board.**

It was noted that workforce issues were expected to be highlighted in the November inspection report by CQC and the CCG will continue to focus on workforce through QCR meetings. The CCG Quality Committee is planning a focused workshop for March 2016 which will explore the workforce issues and will look further into recruitment within NLG.

The board queried the amount spent on agency staff. It was noted that since this became a national issue, a bank of locum staff has been established.

**Action: Costs of agency staff to be provided at the next Board.**

In response to a question, the board was assured that the CCG actively seeks and uses patient experience and feedback using alternative sources to learn lessons and seek to improve services with all providers including NLG.

**The Board noted the content of the report.**

**10. INTEGRATED ASSURANCE REPORT**

A paper was presented advising the board of how NEL CCG are performing against the six domains developed for the dashboard with respect to its performance measures and six domains for risk. The paper was taken as read.

The performance dashboard reflects performance for the first eight months of 2015-16. The target for Total time in A&E was missed, we narrowly missed this. The delayed transfers of care from hospital is an area of continuing focus, and action plans seeking specific improvements in some aspects of mental health performance are being raised with Navigo.

**The Partnership Board noted:**

**• the judgements made against the domains of the dashboards**

**• the information on the ASC local account**

**• the information on underperforming Mental Health measures**

**• further feedback on ways to improve the report**

**11. 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 November 2015 and the financial risks that the CCG needs to manage during the remainder of the year. The paper was taken as read.

The Board was asked to note that as at November 2015 the CCG is still on track to achieve its planned surplus of £4.53m (Health £4.53m + ASC £nil (break-even)), the key points to draw the Boards attention to are:-

* NLAG; The forecast outturn remains at the maximum amount payable under the terms of their contract, due to the higher than planned non-elective and A&E activity that has been seen in the year to date
* Continuing Health Care (CHC); The forecast spend has reduced by £356k since September, this improvement is due to:-

a) a reduction in the numbers of clients using the services including Fast Track (End of Life),

b) the Ministry of Defence agreeing to fund a £60k charge for a client in Goole Neuro Rehab, and

c) a reduction in the percentage of assessed clients found to be eligible.

* Prescribing; The forecast overspend has not changed significantly since September, with the areas of higher than anticipated spend continuing to be Anticoagulants and Protamine & Drugs Used In Diabetes.
* Adult Social Care (ASC); The mitigating management actions that are required to manage the current forecast residual risk have decreased to £182k. This is due in part to an improved income forecast.
* Contingency funding / Earmarked Reserves; the CCG has £1.3m available to mitigate the impact of any Health or Adult Social Care risks that materialise in the remainder of financial year. Our current assessment of the total potential risk value is £1.2m.
* Better Payment Practice; As at November, the CCG is below the target of 95% of invoices paid within 30 days, only reaching 93% of number of invoices paid. This is however an improvement on the 92% reported in September. There has been an on-going improvement in the timeliness of invoices paid via NELC. If this improved performance continues for the remainder of the year we will meet the target by the end of the year.

The Board noted the number of tasks in place to minimise residual risk, and over the coming weeks the CCG will be undertaking a piece of work to understand the risks across the whole system and provide more certainty for the year.

The agreement on how the CCG will use the contingency funding across the whole system will be outlined at the next Board meeting.

**The Partnership Board noted:**

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

**12. COMMISSIONING AND CONTRACTING REPORT**

A paper was presented to the Board on the key pieces of work undertaken by CCG in relation to Commissioning and Contracting activities. The paper was taken as read with the following points highlighted to the Board.

Following a significant public engagement process, the service specification has been agreed regarding Patient Transport Services, and has gone out for procurement. The expected award date is February / March 2016 with a go live date for the provider of 1st October 2016.

The GP Out of Hours (Urgent care) contract went out for procurement in November. A small number of bidders returned tenders and are being actively evaluated. The award date is due at the end of February.

There has been a great deal of interest in the contract to support an infrastructure for the Voluntary and Community Sector, with the award date planned in February.

*Cllr Patrick left the meeting.*

The Personal Laundry Service is a vital service within the community; NAViGo Extra is now the provider of this service.

The workload associated with the transition from old providers to the new providers for Domiciliary Care was noted, and all involved were thanked for their hard work. The transition will continue to be monitored.

*Cllr Patrick re-joined the meeting.*

The CCG will be starting to negotiate its main NHS contracts for the contract round 2016/2017 this month. The CCG working with NL CCG and providers locally under Healthy Lives Healthy Futures (HLHF) have already started to model and plan activity requirements and services for the forthcoming years. The timetable for completion is consistent with last year, expecting all NHS Contracts to be signed by 31st March 2016. Wider contracts with Hull & East Yorkshire Hospitals, East Midlands Ambulance and other smaller NHS Contracts will be negotiated through the CCGs existing lead and associate arrangements.

The Board noted the importance of the Hospital services to health services within our region, but that the CCG have a clear strategic direction that needs to take place to deliver our aims. The Board also recognised the importance of the Lincolnshire CCG’s, and how we engage with them.

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

**13. HLHF UPDATE**

A presentation was given to the Board outlining an update on the planned Commissioning Intentions.

*Sue Whitehouse left the meeting.*

The Board were updated on the CCG’s recent conversations with Northumberland on their version of an Accountable Care Organisation and how they try and reach a broader audience. This has proved very useful as we look to build on how we engage as many people as possible, as we need people to understand and support the process of the significant changes in the future.

*Sue Whitehouse re-joined the meeting.*

It was noted that at a workshop the forum held with VCSE organisations approximately 50 people attended, and are proving to be invaluable links that are being developed. The Chair acknowledged that the CCG need to pack information in these forums.

**14. UPDATES:**

**14A. COMMUNITY FORUM**

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: Lisa Hilder gave a presentation regarding Commissioning Intentions; preparations have been made as visit is due from the Head of Public Participation of NHS England to look at our innovative engagement with the community through the forum and Accord – the Board will be updated at the next meeting.

**14B. COUNCIL OF MEMBERS**

At the last Council of Members discussion took place regarding Proof of concept and the need to tighten up this process. The LMC volunteered to provide a proforma that the CCG can review and build on.

A Workshop was held introducing Accountable Care Models, the meeting was well attended and all were engaged in conversations regarding the development journey.

**15. ITEMS FOR INFORMATION**

a) Co-Commissioning Committee Meeting minutes – 1 Sep 2015

The minutes of the Co-Commissioning Committee Meeting held on 1 Sep 2015 were noted.

**16. QUESTIONS FROM THE PUBLIC**

The comments regarding SHMI were welcomed by the representative of HealthWatch, who would support the joint meeting. The CCG noted that the intention is to hold joint meetings with NLAG when the Lead is in place.

With regards to the upcoming Junior doctors strike, it was asked if there has been a change in clinical needs through strike action. The CCG were not aware of anything but the question will be raised in the Quality meeting.

**Action: Question if there has been a change in clinical needs through strike action at the next Quality meeting.**

A question was raised about the spending on agency staff reaching 21m, and the Board were asked for their comments. The Chair recognised this as an unacceptable problem which links in to the work being undertaken through Commissioning Intentions in recognising that there are challenges to face and in the future there are some services that will not be possible to continue at two large hospital sites.

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

Thursday 10 March 2016 from 2pm to 4pm at the Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ.