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

**MINUTES OF THE MEETING HELD ON THURSDAY 10 MARCH 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

Philip Bond Lay Member Public Involvement

Joe Warner Managing Director – Focus independent adult social care work

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

Dr Thomas Maliyil GP Representative/Vice Chair Council of Members

Dr Derek Hopper Vice Chair/Chair of CoM

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Laura Whitton Deputy Chief Finance Officer

**APOLOGIES:**

Joanne Hewson NELC Deputy Chief Executive (Communities)

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Stephen Pintus Director of Public Health

Nicky Hull Primary Care Professional

Councillor Patrick Portfolio Holder for Finance and Resources

Juliette Cosgrove Strategic Nurse

**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 14 Jan 2016 were agreed to be a true and accurate record.

**4. MATTERS ARISING**

The actions outlined on the action summary sheet were noted.

**5. 2016 FINANCIAL PLAN AND MEDIUM TERM FINANCIAL PLAN**

The Board were informed that this item would be included in the Finance Report (agenda item 10).

**6. UPDATE ON 16/17 OPERATIONAL PLANS AND DEVELOPMENT OF THE SUSTAINABILITY AND TRANSFORMATION PLAN**

A paper was presented to update the Partnership Board on progress towards producing the CCG’s Operational Plan for 2016/17 and development of the Sustainability and Transformation Plan. The operational plans for 2016/17 will support progress towards achieving the Five Year Forward View and the Sustainability and Transformation Plan to which North East Lincolnshire CCG contributes, along with our neighbouring 5 CCG’s.

These plans provide a roadmap for the operational and strategic delivery of improved health outcomes for the local population of North East Lincolnshire in line with priorities developed since the inception of the CCG according to assessment of need. The key areas provide assurance on the 9 must do’s, highlighted at a previous Board meeting.

They align with the ambition and vision articulated by the Healthy Lives, Healthy Futures programme and articulate progress towards quality improvement and financial sustainability for the local health and social care economy.

A first draft was submitted at the beginning of March, the next draft is due at the beginning of April.

*Dr Thomas joined the meeting.*

**The Partnership Board noted progress towards agreeing the Operational Plan for 2016/17.**

**7.   BOARD ASSURANCE FRAMEWORK**

The Board Assurance Framework paper was brought to the Board. The BAF acts as a high-level risk identification system with regard to compliance with the CCG’s strategic objectives. The BAF highlights gaps in control, gaps in assurance processes and details of necessary action to be taken. The following areas were highlighted.

High areas of risk are: SHMI data, along with instability in partnership finances or services/costs leading to unaffordable consequences for members of the health care system.

Regarding financial challenges, the Board welcomed the assurance that the IG&A Committee are focusing and managing that risk.

The HLHF Programme was discussed, along with the potential risk that savings will not be achieved. The Board noted that there are an awful lot of HLHF scheme’s in place which are working very well, and there is a tendency to concentrate on the negatives. This transformation programme will continue for a number of years, and there is risk in saying that there is no value in having a collaborative approach.

**Board Members noted the amendments made to the BAF and the Level of Assurance received by the CCG, in relation to its strategic risks.**

**8. QUALITY REPORT**

A paper was presented to the Board and taken as read. The following points were highlighted.

An announced CQC inspection of St Hugh’s was undertaken in August 2015. A summit meeting is being held next week, which the CCG are attending. The report flagged up a number of gaps in governance arrangements, updating and maintaining documentation. The CCG are working collaboratively with St Hugh’s to facilitate.

In terms of SHIMI, the latest data set puts the CCG back in the “as expected” range. Work has been undertaken with NLAG to agree a strategy and delivery plans, and it was reported that there is a real sense of progress working alongside NLAG in ensuring our focuses are in the same direction, in developing one strategic approach.

The CCG has introduced a new Incident Reporting process through an app (replacing Datix) accessible through the CCG network. For the reporting period April – December 2015 10 out of 31 practices had not yet reported any patient safety incidents. A plan is being agreed within the Quality Committee to approach practices about this, It may be that practices have internal systems in place. Board members and the Chair encouraged the use of the system and the need to “get the message out there” to practices and users.

In December 2015 there were 28 breaches to mixed sex accommodation. The Quality team are monitoring the breaches and NLAG have undertaken several actions such as a new alert process, and a Web-V it systems that identifies all male and female patients.

Dr Melton noted that there are a number of issues to manage, but there should also be a focus in our vision / strategic thinking; what it is the CCG are trying to achieve. It was noted that the team are freeing up the Quality Committee in order for there to be a focus on strategy, as there is not currently a process to do so.

Changes to the Quality report have been proposed, and the new report will combine the Quality Report with the assurance report. The Chair supported the new reporting.

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

**9.   INTEGRATED ASSURANCE REPORT**

The Partnership Board were presented with a paper advising them of how NELCCG are performing against the six domains developed for the dashboard with respect to its performance measures and six domains for risk. The following items were highlighted.

Cancer Taskforce; the lowering of the referral threshold is already having an impact on our local and tertiary services. Current pathways are being reviewed in an effort to meet the targets set, which are not currently being met locally, regionally or nationally.

Mental Health taskforce; in preparation for implementing the strategy several forums and activities have recently been established to extend the reach of Mental Health commissioning.

A lot of work is being undertaken regarding delayed transfers of care, the main driver of this is access to intermediate care beds and a facility to provide more beds is being considered.

There are performance issues relating to EMAS, as well as on-going financial issues. On the positive, there is a much better working relationship and the CCG are starting to see changed in working practice.

The risk surrounding Financial Challenges was noted as being increased from 12. It was asked if this was the correct level of risk, and how this risk is filtered back to Quality and IG&A committee meetings. An action to follow up how we address this risk is to be reported back to the Partnership Board.

It was noted that it is disappointing to see the Friends and Family responses in red, and more work needs to be undertaken to find ways of capturing information to make this meaningful and useful for commissioning services. Philip Bond was asked to take this to the Community Forum and ask how we get better at collating information from the people who use our services. It is also unclear how information is pulled from the practices as there are different methods used.

**Action: Ask at the next Community Forum regarding collating information from the people who use our services - PB.**

**Action: Ask practices how they access information from the people who use our services - NH.**

**Action: Consider how the Risk Register filters through to the Quality/IG&A teams to ensure risks are**

**being addressed - HK.**

**The Partnership Board noted judgements made against the domains of the dashboards, noted the information on future performance challenges; and considered feedback on ways to improve the report.**

**10. FINANCE REPORT**

A paper was presented to the Board to update on the CCG and the Northern Lincolnshire Community financial position as at January 2016and to approve the 2016/17 Budgets. The following items were highlighted to the Board.

As at January 2016 the CCG is still on track to achieve its planned surplus of £4.53m. With regards to NLAG; the maximum amount payable under the terms of their contract is to be reduced by £0.6m to support the Navigo Home from Home pilot for the remainder of the year.

£100K of the £288k allocation received by the CCG re the 14/15 Quality Premium Award funding has been released to Navigo for delivery of specific outcomes around Improving Access to Psychological Therapies and £188k is to be used to support referral to treatment time performance

Of the £1.1m Contingency funding; 300k has now been allocated to cover in year pressures, with~~in~~ NEL provider organisations. The remaining 400k is to cover residual risk in this system. The Board discussed what the flexibility is within the MOU regarding the CCG supporting the providers through financial pressures.

With regards to the 2016/17 Budgets, it was noted that the levels of required savings (£6.3m) are consistent with other CCG’s. Plans are in place for £2.2m, and there has been progress in identifying a further £2.6m worth of schemes. 16/17 will be financially challenging

The CCG will be allowed to draw down funds held by NHS England over the next 3 years, however NELCCG will not be able to access these funds until 2017. It was requested that the figures are presented differently for the public so that it is easier to understand. The in year position against the Cumulative (historic) surplus

The Board questioned if funding had been allocated to St Hugh’s due to patients waiting considerable time, and blocked waiting lists. It was noted that an extra investment of 700k has been allocated to St Hugh’s in 16/17.

*Jan Haxby left the meeting.*

The Board :-

* noted the 15/16 financial position
* noted how the £288k allocation received by the CCG re the 14/15 Quality Premium Award funding  is to be used
* ratified the 16/17 budgets, noting that there are increasing pressures to make changes with often no extra funding allocated, and it is important to ensure the public and providers are clear on how the CCG are allocating funds and are aware of these pressures.

*Jan Haxby re-joined the meeting.*

**Action: Provide assurance regarding how the CCG covers financial pressures faced by the provider organisations - LW.**

**Action: Budgets to be presented differently for the public to understand the centrally accessed protected payments are sometimes not available within this financial year - LW.**

**11. COMMISSIONING AND CONTRACTING REPORT**

A paper was presented to the Board to provide an update on key pieces of work undertaken by the CCG in relation to Commissioning and Contracting activities. The following items were highlighted to the Board.

The preferred bidder for Patient Transport Services will be announced at the end of March.

GP Out of Hours contract went out for open procurement in November, but the process has been paused, due to new developments around the national agenda for new models of care. Dr Nayyar declared an interest in this item. It was commented that the LMC had expressed concerns in the way the process was paused. The Chair acknowledged that the correct decision was taken as it would not have been correct to continue with a contract that would not have been fit for purpose.

The Voluntary and Community Sector contract was awarded to Northbank Forum.

The CCG have commenced negotiation for its contracts for 2016 / 17.

A CCG / Navigo Board to Board meeting is to be held on the 31st March to discuss the current challenges.

The East Midlands Ambulance Contract has had significant financial issues and the CCG are actively involved in the contract negotiations with the lead CCG to try and resolve a number of issues. All parties are still intending to deliver a contract by the 31st March 2016, although this is looking unlikely as the national contract has not been received as yet.

In December 2015 the 8 CCG’s that make up North Yorkshire and Humber Collaborative Commissioners held a development session to determine whether it would be advantageous to build stronger working arrangements and to support the delivery of emerging national requirements.

*Joe Warner left the meeting.*

In order to take this forward it was felt the establishment of a joint committee would be the most appropriate vehicle for delivering more formal collaboration across the CCG’s. Governance arrangements are being developed and will be presented to each CCG for consideration and approval. As part of the development work surrounding developing collaborative procurement for service, the CCG would look to develop single specification that would go out to market to see if there are viable alternatives.

The Chair concluded that our region has a challenging time ahead, and the CCG along with the providers are feeling challenged and attempting to be creative. Our approach, as a Board, is that we must be assured and steadfast that we are doing the best for the community, and getting the best services we can for our populations.

*Joe Warner re-joined the meeting.*

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

**12. HLHF UPDATE**

A verbal update was provided to the Board regarding the Healthy Lives, Healthy Futures programme.

It was reported that all of the CEO’s that constitute HLHF agree that they have gone as far as they can with the HLHF programme with some significant gaps identified. It is agreed that there is a need to have the providers work together.

There is currently a difference of opinion regarding footprint, and an independent commission is reviewing strengths and merits of the different populations.

**The Board noted the recent discussions and were assured they would be kept updated of further developments.**

**13. UPDATES:**

**13A. COMMUNITY FORUM**

It has been agreed to review the Terms of Reference for the Community Forum.

Olivia Butterworth, of NHS England’s Public Participation team, recently visited the area to note how we are engaging with the local community. Olivia and her team were extremely impressed with the activities in the region, and the Chair congratulated the team on the success of the visit and the hard work completed.

**13B. COUNCIL OF MEMBERS**

The Partnership thanked Dr Derek Hopper for his hard work and contribution to the Partnership Board as Chair of Council of Members.

Dr Hopper was tasked with a big ask, to bring together a group of GP’s to clinically lead and agree to move forward in a unique way, and he stepped up by Chairing the Council of Member meetings. Dr Hopper has faced challenges with the changes and developments over the years, but has remained a stalwart supporter of the GP’s and the CCG itself. The Board wished Dr Hopper well for the future.

Dr Hopper thanked the Board, and wished Dr Thomas well in his role.

**14. ITEMS FOR INFORMATION**

a) Joint Co-Commissioning Committee Meeting minutes – 29 Oct 2015

The minutes of the Co-Commissioning Committee Meeting held on 29 Oct 2015 were noted.

b) Quality Committee Meeting minutes – 13 Aug 2015

The minutes of the Quality Committee Meeting held on 13 Aug 2015 were noted.

c) Quality Committee Meeting minutes – 10 Dec 2015

The minutes of the Quality Committee Meeting held on 10 Dec 2015 were noted.

d) IG&A Committee Meeting minutes – 7 Sep 2015

The minutes of the IG&A Committee Meeting held on 7 Sep 2015 were noted.

e) Care Contracting Committee Meeting minutes – 13 May 2015

The minutes of the Care Contracting Committee Meeting held on 13 May 2015 were noted.

f) Care Contracting Committee Meeting minutes – 15 Jul 2015

The minutes of the Care Contracting Committee Meeting held on 15 Jul 2015 were noted.

g) Care Contracting Committee Meeting minutes – 16 Sep 2015

The minutes of the Care Contracting Committee Meeting held on 16 Sep 2015 were noted.

h) Care Contracting Committee Meeting minutes – 11 Nov 2015

The minutes of the Care Contracting Committee Meeting held on 11 Nov 2015 were noted.

**15. QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

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

Thursday 12 May 2016 from 2pm to 4pm at the Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ.