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

**MINUTES OF THE MEETING HELD ON THURSDAY 12 NOVEMBER 2015 AT 2PM**

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

**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

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

Stephen Pintus Director of Public Health

Councillor Patrick Portfolio Holder for Finance and Resources

Juliette Cosgrove Strategic Nurse

Jan Haxby Director of Quality and Nursing

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Dr Anne Spalding GP

**APOLOGIES:**

Dr Thomas Maliyil GP Representative/Vice Chair Council of Members

Dr Peter Melton Clinical Chief Officer

Dr Arun Nayyar GP Representative

Joanne Hewson NELC Deputy Chief Executive (Communities)

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

**1. APOLOGIES**

Apologies were noted as above. The Chair welcomed Dr David James who joins the Board as the Secondary Care Consultant. Dr James has over 30 years’ experience in the health sector and the Board agreed that his input will prove invaluable.

**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 10 Sep 2015, and the AGM held on 10 Sep 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. CHAIR’S ITEM: ASSURANCE ON RECENT MEDIA ITEMS**

The Chair noted that there have been some local and national media stories in the press recently. The Chair stated that the public sector is currently in a state of high stress and high scrutiny, so we should not be surprised by these developments. However, we should be surprised, and we will always respond, to lazy journalism making unfound accusations against our health community.

With regards to the GP Incentive Scheme, the response the CCG gave to Pulse Magazine was warranted, we showed a professional stance showing that what was commented on was nothing that could be further from the truth and that the CCG is doing the best for the community.

Another article that centred on Conflicts of Interest was recently published in The Times. NEL CCG was contacted for comment, and as we provided a swift, total and clear account of the decisions we make as an organisation, we proved our open and transparency so much so that we were not involved in the article. The Chair passed on his thanks to the Communications team.

The Chair noted that there are going to be more questions and scrutiny in the future, and that this is right and the CCG will never hide away from scrutiny by the Media. If any Board members are approached by the media, please contact Dr Melton’s office, or the Communications team.

*Dr Rakesh Pathak joined the meeting.*

**6. CHAIR’S ITEM: COLLABORATIVE ANNUAL REPORT**

The Collaborative Annual Report was presented at the July Partnership Board meeting. The Chair asked for the Report to be brought to this meeting as no comments had previously been received.

The Chair noted his strong beliefs in the value of the collaboratives, and asked all Board members to look at the Report again and email him directly comments regarding the report, and; are the CCG doing enough to support the collaboratives; are there any comments on strengthening the relationships; do Board members understand their contribution? All comments are gratefully received.

**ACTION: All Board members to email comments to the Chair by 13 January 2016.**

*Cllr Matthew Patrick joined the meeting.*

**7.   OVERVIEW – DPH REPORT / JSNA – IMPACT FOR FUTURE COMMISSIONING**

A paper was presented to the Board and taken as read. Apologies were given for the timing of the Report being presented to the Board.

The Annual Report of the Director of Public Health for North East Lincolnshire is a statutory requirement of all designated chief officers for public health. The report this year focussed solely on the early years, in particular conception to 2 years of age, with a tag line of “the best start in life”. This focus was agreed in order to prepare public health for the transfer of 0-5 children’s public health commissioning to local authorities in October 2015. This final part of the public health transfer will join up commissioning for children under 5 with the commissioning for 5-19 year olds and the wider public health functions, which successfully transferred to local government in April 2014 under the Health and Social Care Act 2012.

The introduction highlights the positive opportunities that the transfer of early years public health services will create and also provides an update on last year’s public health annual report and the progress made on its recommendations.

The report is divided broadly into sections each culminating with a series of recommendations: Pregnancy and Development Factors 0-2 years. In each section the challenges are identified along with a variety of initiatives addressing health issues for this population, the number one priority being smoking in pregnancy.

The Board were informed that the Annual Report for 2015/16 will focus on Older People, and the CCG / Collaboratives were asked to contribute if they wish. It was agreed that the Older People’s triangle team would be informed.

The Chair thanked the Director of Public Health for an informative report and noted the focus very important. The Chair asked if there was significance in the increase in the numbers of repeat terminations from 2011. It was noted that any significance relating to changes in the provision of services would need to be explored.

**The Partnership Board are invited to note the Report for 2014-15.**

**ACTION: Pass on contact details for Older People’s triangle.**

**8. RESILIENCE PLAN UPDATE**

A paper was presented to the Partnership Board with a summary of the NEL CCG Resilience Planning activities in relation to winter planning and national resilience planning arrangements. The paper relates to operational arrangements in place or being established for the period November 2015 to end March 2016 through the consideration of the NEL System Resilience Group (SRG).

The paper was taken as read and the following points highlighted. The CCG requires an effective approach to resilience planning, particularly with a focus on supporting A&E performance to ensure effective measures are in place locally across the wider health and care system to responds to winter pressures. The NEL CCG built the extra funding received into the budget and reviewed where the money was distributed last year in order to aid the planning for this year. The decision was taken to focus on relieving pressure on A&E, and providing support to the voluntary sector. SRG meet on a regular basis to monitor costs and the CCG can assure NHS England that we are making the best use of the funds provided.

Currently SRG focus is on the local population, but the larger footprint needs to be considered. HK is to take a lead role in establishing an Urgent and Emergency Care network, and a piece of work is currently being undertaken to consider what the boundaries could be. This will help shape and inform local system transformation, to ensure that staff and resources are focusing on the areas which need them the most.

A question was raised regarding bed capacity, and if additional provision is planned. The Board were informed that there were no plans for additional beds. Home from Home is a specific unit established which is hoped will have a qualitative impact, and work was in hand to tackle the numbers of delayed discharges with Adult Social Care, to ensure the beds that we have are used most appropriately. As of Monday 9 November 2015 there is no bed crisis in NEL. As Home from Home is a new development there are KPI measures in place, but more time is required to provide useful feedback.

**The Board noted this update for information.**

**9.            EQUALITY AND DIVERSITY ANNUAL UPDATE**

A paper was presented to the Board and taken as read. The report updates the Partnership Board on

1. Compliance with current statutory requirements in respect of Equality and Diversity
2. Forthcoming statutory requirements in respect of Equality and Diversity
3. Recent organisational achievements related to Equality and Diversity

The following points taken from the report were highlighted. With regards to the CCG’s on-going compliance with statutory requirements; as a Commissioner of services NELCCG is required to ensure that all of its providers are complying with the requirements of the Equality Act 2010 and to use the contractual frameworks and mechanisms at its disposal to require providers to provide assurance of compliance.

The CCG are required to have due regard of the need to:

* Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
* Advance equality of opportunity between people who share a relevant characteristic and those who do not.
* Foster good relations between people who share a relevant characteristic and those who do not.

The CCG will be required to identify specific Equality and Diversity objectives in order to ensure compliance and is working with key providers to agree joint objectives across the Borough. The objectives are being developed for publication in March 2016.

In the next 12 months the CCG have requirements to ensure that people with sensory impairment, sight loss, are communicated with in a way that is suited to their individual needs. The new Accessible Information Standard was approved by NHS England in June 2015. The CCG have a piece of work to complete in order to ensure that our providers comply with this standard.

NHS England is currently consulting on a new set of standards in relation to Interpreting and Translating provision for health services. The CCG will be developing providers’ understanding of the standards to ensure appropriate support is provided to those for whom English is not their first language.  It was noted that discussions are taking place at the Co-commissioning committee regarding translations and sharing provision with other statutory bodies as the volume of work is small reflecting the demographic makeup of the area

The Chair passed on the Board’s congratulations with the announcement of the awards received for Inclusive Procurement, Flexible/Agile working and Small Employer of the Year.

**The Partnership Board notes this report and supports the proposed ongoing actions to maintain compliance and good practice in relation to Equality and Diversity.**

**10. SUMMARY HOSPITAL LEVEL MORTALITY INDICATOR (SHMI) UPDATE**

A paper was presented to the Board and taken as read. Dr Anne Spalding was welcomed to the meeting. The paper provides the Board with the current position regarding the SHMI data, and provides evaluation of the CCG’s current perspective and proposed plans going forward.

The following points were highlighted. SHMI could be viewed as a signal that reflects the overall quality of care. The SHMI figures reflect where people are dying, whether in-hospital or out of hospital.  Based on the most recent figures, NEL are now in the “higher than expected” band nationally, and both the acute provider, NLG, and also the CCG, run a Mortality Steering group, and sub-groups. One sub-group looks at individual cases for analysis of the total care provided across both primary and secondary care and a key item of note from this work is regarding communication around end of life care, and in some cases has suggested work to do to improve how End of Life plans are upheld and delivered. This includes work to do within both primary and secondary care and there are plans to discuss what has been learnt as part of the developing GP Educational programme. The sub-group has already worked on improving communications and by the end of the year all GP’s/Practices/Hospital will be able to access patient notes.

It has been agreed with NLG, that we merge the mortality strategies currently held by NLG and the CCG which would enable us to work on 1 strategic plan that recognises the different work streams required within acute care and community care. It was noted that the revised Mortality Action Plan and work streams will generate additional data sets that can demonstrate how progress is being made to improve quality of care with regards to mortality, rather than only focusing each quarter on SHMI data.

It was commented that SHMI is just one measure and needs to be seen in context, and that the mortality agenda should be seen as a complex issue with many underlying factors. The Board discussed that as Commissioners we are asking for assurance that issues raised are being addressed.

The Chair welcomed the focus of the Action Groups, not just SHMI figures in isolation, but as an indicator of where we can look to reduce mortality. All Board members need to remember that we are Commissioners and we should hold providers to account on inappropriate deaths, whilst acknowledging the complexities of this issue.

**The CCG Partnership Board endorsed the recommendations, as follows:**

1. **The CCG Mortality Steering group and Quality Committee will agree the revised Mortality Action plan.**
2. **The CCG Mortality Steering will further analyse the demographic detail of the patients counted in SHMI to fully understand the picture and ensure we are addressing the root issues.**
3. **The CCG Mortality Steering group will identify the new data set it requires to enable delivery of the action plan, and provide assurance about the direction of travel.**
4. **The CCG will propose the following to NLG:**
   1. **The 2 mortality action plans held by NLG and CCG are merged and create 1 strategic plan that recognises work streams for acute care and community care**
   2. **a joint task group is developed that focuses on the interface issues between acute and community services in respect of mortality pathways**
   3. **a communications strategy is agreed for managing the release of SHMI data and our plans to address mortality, following the recent publication of SHMI data.**

**All partners acknowledge the resource, and make the commitment required that will make a difference to mortality pathways and to SHMI data.**

*Helen Kenyon and Dr Anne Spalding left the meeting.*

**11. QUALITY REPORT**

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

The CQC inspections of St Hughes Hospital and Northern Lincolnshire and Goole Hospitals have taken place and the CCG are awaiting final reports. With regards to Transforming Care, 1 person is currently in a treatment and assessment unit and is being monitored.

The role of Designated Adult Safeguarding Manager (DASM) has been removed nationally as a statutory role; this has not caused the NEL CCG an issue as we had not employed a DASM specific role, but plan to absorb the functions of the DASM within the existing roles locally. The Safeguarding adults Board is currently without a Chair and discussions are underway to agree a way forward.

*Cathy Kennedy left the meeting.*

The report included an overview of all services commissioned by the CCG.

*Helen Kenyon and Cathy Kennedy re-joined the meeting.*

It was noted that concerns continue to be raised by Commissioners in relations to HEY’s (Hull & East Yorks Hospital) management and monitoring of serious incidents and learning lessons from them. Key risks for NLG include Nurse staffing level risk; delays in clinical handover in A&E between ambulance staff and A&E staff, and re-opened complaints not originally dealing with all elements of the complaint.  With regards to patient feedback, the Quality Committee, through the development of a Quality Strategy, plans to define how patient experience and feedback could be used by the CCG moving forward, and how we capture through providers, what difference the feedback has made.

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

**12. INTEGRATED ASSURANCE REPORT**

A paper was presented to the Board and taken as read. The report advises the Partnership Board of how NELCCG are performing against the seven domains developed for the dashboard with respect to its performance measures and six domains for risk. The following points are highlighted.

An area of concern is cancer rates, which is something the CCG have been trying to make progress with for a number of years. Initiatives, including national campaigns, are in place to encourage the public to present earlier. This is very high on the agenda on the CCG and we are performing well with 2ww, which correlates that we are referring patients and we are referring the right patients, this should provide assurance.

Whilst it has been identified that the organisation is performing well overall, the Delivery Assurance Committee continues to focus on specific areas where improvement is to be pursued. This links in to an assessment of how the organisation is likely to perform in key external judgements. It is apparent that the CCG needs to continue to focus on some specific areas but, despite a number of indicators underachieving, there is continued improvement in many areas.

The Board noted that HLHF is highlighted as a risk, in that it will not deliver the quality and financial sustainability outcomes in the requisite timeframe.

**The Partnership Board noted the following:**

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

**• the information on cancer performance**

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

**13. 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 September 2015 and the financial risks that the CCG needs to manage during the remainder of the year, as well as details of how overall spend and spend per care settling in NEL CCG compares to other CCG’s. The paper was taken as read.

*Jan Haxby and Dr Pathak left the meeting.*

The Board was asked to note the costs of Adult Social Care and the mitigating management actions that are required to manage the current forecast residual risk having increased from £164k in July to £393k in September, due to the sheer numbers of people going within the ASC system. The CCG are reviewing actions to take and these will be brought to the Board throughout the year.

*Jan Haxby re-joined the meeting*

The Board discussed the new oral anti-coagulants and requested that a policy was required for all GP’s to follow.

**The Partnership Board noted:**

* **The financial position of both the CCG and the Northern Lincolnshire Community as at September 2015**
* **Risks that need to be managed in the remainder of the year**
* **Details of how overall spend and spend per care setting in NEL CCG compares to other CCG’s**

**Action: A policy is required regarding the new oral anti-coagulants**

**14. COMMISSIONING AND CONTRACTING REPORT**

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

*Cllr Patrick left the meeting.*

The service specification for non-emergency patient transport has been agreed by both NEL & NL CCG. A significant amount of work has been completed in taking this forward. The GP Out of Hours contract will expire at the end of the year. CCC have been asked to consider the most appropriate way to procure the services, and it was agreed that a discussion should take place with practices locally to see if there was any appetite for them to come together to deliver the out of house services for the registered population.

The CCG will be starting to review its main contracts this month in preparation for the 216/17 contract round, and as part of HLHF to model through the impact of planned services changes on activity and cost.

The replacement arrangements for the YHCS service is still in the procurement process, bids are being received and formally assessed. The successful bidder will be awarded contract between January – March 2016. This has been a significant undertaking of work involved over a short piece of time.

A smaller design and implementation group has been established to determine the most effective way to deliver the service of providing support to care homes.

The CCG is continuing to develop its high level commissioning intentions. A series of meetings and workshops have taken place to help shape and inform the intentions and the CCG are working with neighbouring CCG’s to consider the potential impacts on a larger scale. The CCG are reviewing the current position of Urgent and Emergency care with regards to mapping a broader planning footprint, and highlighting potential gaps, staffing concerns, the location of specialised services etc. to ensure that services are in the located in the correct place to meet patient’s needs. All discussions will be fed into the contracting discussions we will have with our main providers.

*Cllr Patrick re-joined the meeting.*

**The Board noted this update for information.**

**15. HLHF UPDATE**

The Board were provided with a verbal update regarding HLHF. The CCG are still moving forward towards a December deadline for drawing together which services will be required to change in order to ensure sustainability and the best future provision of services for our patients.

It was noted that what is becoming clear is that the decisions to be taken over the coming months are a step in the right direction, but are not the solution. The Board must be prepared to take a view on future services and support the radical steps that will be required to be made by the CCG.

16. UPDATES:

**16A. COMMUNITY FORUM**

The Partnership Board’s Community representative noted there are several items currently being discussed at the Forum; Succession planning, Prescribing, Gluten-free foods, and the Community Forum recently facilitated an event to encourage deeper engagement of the voluntary sector and establish networks. A new Chair will be selected from January, as the current interim Chair feels it is appropriate to step down due to their commitments with the Partnership Board.

Olivia Butterworth of NHS England, Patient & Public Voice & Information is visiting the region in January due to NEL impressed with the way the region engage with the community.

**16B. COUNCIL OF MEMBERS**

An item has been brought to the attention of the Council of Members regarding improving services for COPD patients. This is in the early stages, more information will follow.

**17. ITEMS FOR INFORMATION**

a) Quality Committee Meeting Minutes – June 2015

The minutes of the Quality Committee Meeting held on 11th June 2015 were noted.

b) Co-Commissioning Committee Meeting minutes – July 2015

The minutes of the Co-Commissioning Committee Meeting held on 23rd July 2016 were noted.

c) Collaboratives Annual Report

The Collaboratives Annual Report was noted.

d) Greater Lincolnshire LEP Devolution Application

The Greater Lincolnshire LEP Devolution Application was noted.

**18. QUESTIONS FROM THE PUBLIC**

A representative from Healthwatch welcomed the comments around the SHMI Report and welcomed the integrated plan discussed at the Board. The question was asked if NEL CCG would be in contact with NL and it was confirmed that discussions have been taking place to establish a working group which also includes NLAG. It was also noted that the priority for CCG was the concerns with developing work that addresses our region specifically rather than a wider focus.

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

Thursday 14January 2016 from 2pm to 4pm at the Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ.