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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 12 MAY 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

Joe Warner Managing Director – Focus independent adult social care work

Dr David James Secondary Care GP

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

Joanne Hewson NELC Deputy Chief Executive (Communities)

Juliette Cosgrove Clinical Lay Member

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

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Ann Spencer PA (Shadowing 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 highlighted the link to the Conflicts of Interest Register and the importance of recording any Conflicts of Interest. The Chair asked all Board members to check their recorded Conflicts of Interest, and if anyone is in any doubt, please contact the administrative team to discuss.

**Action: All Board members to email Helen Askham with any conflicts of interest, along with any queries they may have.**

1. **APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 10 March 2016 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted. If any Board members wish to discuss any items further then please contact the Chair, Mark Webb, through Helen Askham.

*Dr Pathak / Lisa Hilder joined the meeting.*

1. **NEL CCG BUSINESS PLAN**

The Board were updated on progress regarding the 2015/16 Corporate Business Plan delivery and the identification of headline items for 2016/17 delivery. The Corporate Business Plan aligns with the CCG Strategic Aims, the five year Strategic Plan and the NHS Five Year Forward View. The plan is monitored and reviewed by the Delivery and Assurance Committee during the year and management actions agreed to address any identified slippage. Any objectives not met will continue into 2016/17.

The achievements during 2015/16 were outlined:

* Recommission Domiciliary Care across the borough
* Shift to self-care and community based care continued
* ExtraCare Housing first unit completed
* Work effectively with local VCS organisations
* Model for Long Term Condition management agreed and moved to implementation
* Continue to deliver the CCG Five Year Strategic Plan
* Respecify and recommission patient transport services.

The Corporate Business plan for this year is still in development, and the headline objectives for 2016/17 were outlined:

* Shift to self-care and independent living Continues
* Accountable Care System approach continues to be developed and delivered
* ExtraCare Housing continues to develop further units
* Further partnership work with the local VCS helps to engage with hard to reach communities
* Implement sustainable unplanned care system in NEL
* Develop future focussed models of primary care
* Continue to reduce excess Mortality in NEL
* Support to Care Homes Initiative implemented and developed iteratively across the year
* Seven day services continue to be developed across the system
* Work with Humber, Coast and Vale colleagues in developing and delivering the Sustainability and Transformation Plan.

The Chair asked if the benefits of the Shift to Self Care were communicated, commenting that it would be helpful for people to note the improvements in a particular type of service.

The Board asked if there was a date for the next phase of Extra Care Housing. Conversations are being held with the Council to agree a suitable land to enable the project to progress with the developers in place.

**The Partnership Board noted the delivery achieved during 2015/16 and agreed the headline items for delivery in 2016/17.**

*Lisa Hilder left the meeting.*

1. **RATIFICATION OF ANNUAL REPORT / FINAL ACCOUNTS**

The Chair confirmed that the Annual Report / Final Accounts had been ratified, by delegated approval. The draft documents will be reviewed by NHS England. The final documents will be brought to the Board at the next available meeting.

**The Board agreed that the Chair can ratify any amendments on behalf of the Board.**

1. **INTEGRATED ASSURANCE**

The Board were updated 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 paper was taken as read.

The development of the dashboard is being managed via the Delivery Assurance Committee. The most recent development sets out the risk summaries using a heat map of scores rather than the wheel used for performance. A summary of risks with a score of 16 or above are also included.

The following points were highlighted.

The Board received information on a number of Mental Health measures that were underperforming at that time. Since then improvements in many of these measures have been seen, which is welcome news. It was brought to the Board’s attention that as services become more integrated, and schemes focus in on people with complex needs there will be a challenge in assessing the impact of QIPP schemes. There will be a number of schemes in place that collectively have an impact, but the CCG will not be enabled to accurately attribute any impact realised to a particular scheme. The CCG will have to consider how we understand what is and what is not working, using the professional knowledge available to the CCG to improve services.

It was suggested that Turning the Curve exercises could be utilised for engagement on those hard to assess projects. It was also discussed the need for dialogue between providers, stakeholders, GP, Practitioners, ambulance service, patients experience etc. to discuss what is working and what is not. It was noted how important it is to consider the personal stories behind the data, not just considering a performance measurement, but a real life event to learn from.

The Board agreed that this is a building block to an ACO, and this was a good example of what it means to be accountable and putting a value on experience. How we approach this is critical to stakeholders, and show the maturity of the CCG’s commissioning.

**The Partnership Board:**

* **noted judgements made against the domains of the dashboards**
* **noted the information on future performance and risk challenges**
* **noted information escalated on Mental Health and QIPP**
* **were asked for further feedback on ways to improve the report**

**Action: All Board members to send any further suggestions on how we influence outcomes to CK.**

1. **QUALITY REPORT**

The Board were provided with a paper, informing them of key metrics for quality and safety of the services the CCG commissions and in doing so providing assurance that North East Lincolnshire CCG is fulfilling its responsibility and commitment to commission safe and effective services that meet the needs of the population of North East Lincolnshire.

The report was delivered in 3 sections, Effective Care; Patient Safety, including a summary of provider risks; and Patient Experience, and taken as read. The following points were highlighted.

CQC reports for St Hugh’s Hospital and NL&G have been published. The hospitals are working on delivering their actions plans, supported closely by the CCG.

The Frances Report has been reviewed by the CCG Quality team, and identified 89 recommendations that still require action. A Risk Analysis is being undertaken, the delivery of which will be monitored by the Quality Committee.

The latest SHMI issued in March 2016 shows an improvement, with a positive shift of six places for NL&G in the overall rankings of NHS Trusts nationally. The CCG is working closely with NL&G towards developing one strategic approach for mortality, with a number of work streams, recognising that this work is significant and takes time to develop.

A new incident reporting process through an App accessible through the CCG network has been implemented. All staff have now been trained to use the new App. The CCG are working with providers to support them in reporting incidents.

The Board were updated regarding Patient and Client Experience. The CCG have been working with the Community Forum to develop our thinking about how the CCG measure quality that embraces the service users’ view. This includes customer service/care and includes the delivery of reception areas, the way patients are greeted, the terminology used during their care etc.

Arrival screens used by the ambulance service and A&E are having an impact on patient care. The screens allow the ambulance team to communicate with A&E whilst on-route, for example if there are any changes in the patient’s wellbeing the hospital can be ready at the door with the care required.

The Quality Committee will be provided with an anonymised Patient Journey that describes a patient’s experience of accessing services, whether this is positive or negative. The Committee can then learn lessons, make recommendations or explore issues of quality further.

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

1. **FINANCE REPORT**

The Board were provided with an update on the CCG and the Northern Lincolnshire Community financial outturn position for 2015/16. It was noted that the outturn figures are consistent with those reported previously.

As at March 2016 the CCG achieved 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 increase in the Outturn variance, is due to a) £188k funding to support performance against the RTT (referral to treatment) target (funded from the Quality Premium), and b) £230k sustainability funding released from contingency funding.
* Navigo; The outturn position includes additional one-off funding  to support the Home from Home scheme in 2015/16
* NCA (Non Contract Activity); The increase in spend reflects costs that came through in March from out of area providers that we were not aware of until the invoice came through.
* QIPP; At the year end the CCG achieved 86.1% (77% as at January 2016). It should be noted that the "non-achievement" of QIPP in 2015/16 will lead to an increased QIPP savings requirement in 2016/17
* ASC – There was a small underspend (£16k); this has been returned to NELC via an adjustment to the Partnership Agreement.
* Better Payment Practice; As at March 2016, the CCG finished slightly below the target of 95% of invoices paid within 30 days, reaching 94.4% of number of invoices paid. This reflects continued improvement from the poor performance during the first part of the year, but unfortunately it wasn't enough to reach the overall target. Work is continuing to ensure performance improves in 2016/17.

The Board asked if the Surplus the CCG are required to have could be given an alternative name in the report so it is clear that there is an amount of funding that the CCG are unable to access.

Sue Whitehouse asked if there was an error with the percentages of trade invoices paid within target in table 2. Laura Whitton agreed to look into this further and report back to the Board.

The Draft accounts were submitted on the 22nd April. The Chair congratulated the team on their hard work.

**The Partnership Board noted the financial outturn position of both the CCG and the Northern Lincolnshire Community for 2015/16.**

**Action: LW to raise with the Audit Committee regarding changing the terminology for Surplus / mandatory funding.**

**Action: LW amend figure in Table 2 Measure of Compliance**

1. **COMMISSIONING AND CONTRACTING REPORT**

The Board were updated on key pieces of work undertaken by the CCG in relation to Commissioning and contracting activities. The paper presented was taken as read.

The provider contracts were highlighted. The CCG is negotiating its main contracts for the contract round 2016/17 and has an agreed position on all its contracts except NLAG and Navigo. As a financial and activity position between CCG / NLAG was not agreed, it was moved into formal arbitration. Discussions continued before the meeting which allowed the CCG to go in to the meeting with a resolution. The CCG have tried to maintain the principles of the MOU, and a PBR ceiling has been set that NLAG are comfortable with. The Trust will implement the Prescribing policy at the DPOW site, which should create savings for Primary and Secondary care. The Trust have looked at their capacity planning, and are considering the volumes that need to change in order to make cost reductions. Home from Home funding costs have been agreed with the Trust and the Board were updated that the contract should be signed in the near future.

*Jan Haxby left the meeting.*

The Board were informed that the CCG recognises the risks of continuing at previous contract rates, but were assured that the CCG and the Trust recognise that activity needs to decrease. In reaching this agreement, which the CCG needed to do in order to move funds around the system, further discussions can take place regarding the deficit and the challenges that the CCG and the Trust are facing, and the requirements from NHS England linked to funding.

A Board to Board meeting took place between the CCG and Navigo, and significant progress has been made in closing the financial gap between the organisations and Navigo being in a balanced position for 2016/17. The MOU is being circulated and is hoping to be signed very soon. The Chair passed on his thanks to all those involved in the Board to Board meeting, this has given us the ability to go forward in supporting the enhancement of the provision of quality mental health in our region.

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

1. **ACCOUNTABLE CARE SYSTEM**

*Dr Nayyar left the meeting.*

The Board were updated on recent developments regarding the Accountable Care System. The CCG are working with other CCG’s to develop a coherent regional STP. North East Lincolnshire are part of the Humber, Coast and Vale STP. This means that work can be developed at a local and regional STP level as is required. Emma Latimer is the interim STP project leader.

*Dr Nayyar re-joined the meeting. Cathy Kennedy left the meeting*

Devolution will mean a combined authority for greater Lincolnshire, and will comprise of 10 LA leaders and an elected mayor as Chair. This is an opportunity to secure investment, to support local viable hospitals, to address wider determinants of health and to develop consistent innovative local models of integrated physical, mental and social care.

*Cathy Kennedy rejoined the meeting*

An Accountable care system is a group of providers (through a single accountable provider or structure) who agree to take accountability for all care and care outcomes for a given population for a defined period of time under a contractual arrangement with a commissioner. At a recent meeting a change of terminology to Accountable Care Partnership was suggested to reflect the collaborative working. All involved recognise the significant challenges ahead, but all acknowledge that current arrangements are not sustainable.

The next steps are to considers the offer to a strategic commissioner, agree to pool resources, develop governance, leadership & operating model, to agree arrangements with commissioner & other providers, and to communicate ambition & changes to workforce & public.

**The Board noted the update provided.**

1. **UPDATES:**

**COMMUNITY FORUM**

The Board members were updated with recent activity within the Community Forum, which included a review of the Action Plan, a presentation regarding Council of Members, and an update on Planned Care issues.

The Community Forum are looking at how they engage with the Accord membership, and asked the Board members that if they wish to raise any issues, or engage with the Accord members than to do so through the Community Forum.

**Action: Board members to raise any issues regarding engagement with the Accord Membership through the Community Forum**

**COUNCIL OF MEMBERS**

The Board members were updated with recent activity from the Council of Members meetings, which included a presentation on working differently together and cost savings given by Helen Kenyon. The minor ailments scheme has been approved.

1. **ITEMS FOR INFORMATION**

a) Joint Co-Commissioning Committee Meeting minutes – 16 Feb 2016

The minutes of the Co-Commissioning Committee Meeting held on 16 Feb 2016 were noted.

b) Quality Committee Meeting minutes – 11 Feb 2016

The minutes of the Quality Committee Meeting held on 11 Feb 2016 were noted.

c) IG&A Committee Meeting minutes – 8 Dec 2015

The minutes of the IG&A Committee Meeting held on 8 Dec 2015 were noted.

d) Care Contracting Committee Meeting minutes – 20 Jan 2016

The minutes of the Care Contracting Committee Meeting held on 20 Jan 2016 were noted.

1. **QUESTIONS FROM THE PUBLIC**

A question was raised regarding the services provides at medical centres. It was agreed that this was not for the Partnership Board to comment as they are privately owned businesses, but that the community could engage with their GP’s through Patient Participation Groups, Accord and/or Healthwatch with any concerns.

A member of the public asked for more information regarding the proposed changes to Prescribing. It was agreed that contact information for the Service Lead would be passed on, in order to gain more detailed information.

The SHMI figures were raised, and commented that the current work being undertaken to improve services welcomed. The CCG re-affirmed their commitment to remain focused on this issue.

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

Thursday 14 July, 4.00 – 4.30pm, Social Enterprise Centre, 84 Wellington Street, Grimsby, DN32 7DZ