**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY**

**MINUTES OF THE MEETING HELD ON THURSDAY 14 SEPTEMBER 2017 AT 1.30PM**

**CENTRE 4, 17A WOOTTON ROAD, GRIMSBY DN33 1HE**

**PRESENT:**

Mark Webb Chair

Jan Haxby Director of Quality and Nursing

Tim Render Lay Member Governance and Audit

Philip Bond Lay Member Public Involvement

Joe Warner Managing Director – Focus independent adult social care work

Dr Thomas Maliyil GP Representative/Chair Council of Members

Dr Arun Nayyar GP Representative

Juliette Cosgrove Strategic Nurse

Dr Derek Hopper GP Representative

Rob Walsh Joint Chief Executive

Dr David James Secondary Care Doctor

Dr Rakesh Pathak GP Representative

Dr Peter Melton Clinical Chief Officer

**IN ATTENDANCE:**

Laura Whitton Chief Finance Officer

Helen Askham PA to Executive Office (Minutes Secretary)

Councillor Hyldon-King NLEC Portfolio Holder

Counctillof Wheatley NELC Portfolio Holder

**APOLOGIES:**

Helen Kenyon Deputy Chief Executive

Stephen Pintus Director of Public Health

**1. APOLOGIES**

Apologies were noted as above.

**2. CONFLICTS OF INTEREST**

There were no declarations of interests from those in attendance.

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

The minutes of the Governing Body held on 15 Jun 2017 were agreed to be a true and accurate record.

1. **A LOOK BACK ON THE PREVIOUS YEAR**

The Governing Body were presented with an update on the CCG’s performance over the previous year. The CCG have a number of targets to achieve, and the CCG noted positive outcomes in the following areas.

In Adult Social Care, the permanent admissions 18-64 & 65+ to residential & nursing care both achieved target; the proportion of adults 18+ and Carers who receive self-directed support both achieved target; with regards to Mental Health, the estimated diagnosis rate for people with dementia – 70.9% against target of 66.7% IAPT 6 week & 18 week Waiting Times targets achieved; the proportion on CPA discharged from inpatient care who are followed up within 7 days achieved target; the reduction in antibiotics and broad spectrum antibiotics prescribed in primary care was achieved; All Cancer 2 week and 31 day waiting times achieved their targets and with regards to hospital activity, the non-elective admissions below planning trajectory submitted.

Challenges facing the CCG were noted as A&E 4 hour waits; Delayed Transfer of Care, Mental Health – IAPT access; Caner referral rates; and consultant-led referral to treatment waiting times.

With regards to Governance, the CCG were recently assessed as good under the new CCG Improvement & Assessment Framework, which covers the following 4 domains:- Better Health, Better Care, Sustainability and Well Led. The CCG have met their legal duties as set out in statute and the Partnership Agreement with NELC, and received a very positive External Audit annual governance report.

The financial performance was noted.

The Governing Body were updated on Quality within the CCG. The focus of the Quality team has been on safety, clinical effectiveness and patient experience; CCG systems in place for oversight and monitoring of quality dashboard for all providers; CCG providing strategic leadership and influence of key agendas; Working with regulators where there are concerns; Looking for opportunities for innovation and improvement; and on learning lessons across the system.

The key challenges were outlined as being; Finance, performance and quality across the system; Recruitment in NEL – particularly clinical staff; Capacity and demand for services; Culture and the impact on quality and recruitment; Health and care outcome’s; and unexpected mortality, some clinical outcomes.

The Governing Body were updated on what has taken place within the Quality team over the last year:

* Improved systems and processes – Noise in the System (NITS), additions to standard NHS contracts, changes to IFR, improvement in clinical effectiveness e.g. RightCare
* Strategy development – Infection Prevention & Control (IPC), incident management and scrutiny of incidents, Northern Lincolnshire Research group, learning lessons from risks e.g. incidents, serious incidents, complaints
* Provider concerns - raised by CQC/CCG
* Support to a number of providers where quality of health and care is challenged
	+ Site visits to health and care settings
	+ Leadership, support and challenge
	+ Bringing providers together
* Deep Dives through the Quality Committee to focus on Workforce and review of our quality and performance committees.

The Quality team look forward to achieving the following in 2016/17:

* Quality Profiles – improved data sets of all providers
* Right care – improved clinical effectiveness, efficiency and quality of care
* Focus on reducing risks and improving effectiveness
* Opportunities brought by the Union – closer working with NELC, sharing of approaches to quality and clinical governance
* Nursing Forum – support to the nursing workforce.

The Chair thanked all those who presented.

**The Governing Body noted the updates provided in the presentation.**

1. **OUR VISION / A LOOK FORWARD**

The Governing Body were updated with plans for 2018; NHSE priorities; and challenges already in the system.

The challenges were noted as how the CCG and NELC will integrate, what the CCG delegate to the providers through the ACP, and what the CCG collaborate on in relation to the Humber footprint.

It was noted that looking forward the CCG and NELC need to; use the strong leadership as a strength to promote place based services; accelerate the development of the ACP; promote the achievements by the Union to give the public confidence in the new arrangement; and address the challenges of workforce and skills in our region.

The Governing Body were updated that in the last 12 months the ACP have achieved the following:

* Membership of HCAV STP and confirmed NEL “Place” as a key theme for delivery of STP priorities
* Chair of ACP is supported by other Chief Executives/ senior officers working collaboratively in key leadership roles to deliver ACP priorities – based together one day a week
* 1/4/17 commenced delivery of 3 schemes - Urgent Care; Integrated Dementia Pathway; Support to care homes
* Discussions with NLAG to confirm up to 3 priority areas that ACP can now start to work on to support improvements for population – initial priority Cardiology added to ACP
* Detailed work regarding governance being completed including clear mechanisms for community voice and influence – involvement of Healthwatch in informing this
* Regular communications bulletins reporting progress

The Governing Body noted the issues raised in the presentation.

1. **PUBLIC DISCUSSION**

There were no questions from the public.

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

Thursday 9 November 2017, Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ