**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**GOVERNING BODY AGM**

**MINUTES OF THE MEETING HELD ON THURSDAY 11 SEPTEMBER 2014**

**FAIRWAY SUITE, HUMBER ROYAL HOTEL, LITTLECOATES ROAD, GRIMSBY DN34 4LX**

**PRESENT:**

Mark Webb NEL CCG Chair

Geoff Barnes Acting Director of Public Health

Philip Bond Lay Member Public Involvement

Juliette Cosgrove Strategic Nurse

Mandy Coulbeck Locally Practising Nurse

Joanne Hewson Strategic Director People and Communities – NELC

Dr Derek Hopper Vice Chair/Chair of Council of Members

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon Deputy Chief Executive

Dr Thomas Maliyil GP Representative/Vice Chair Council of Members

Dr Peter Melton Chief Clinical Officer

Dr Arun Nayyar (Item 4 on) GP Representative

Dr Rakesh Pathak GP Representative

Joe Warner Managing Director – Focus independent adult social care work C

Sue Whitehouse Lay Member Governance and Audit

**IN ATTENDANCE:**

Jeanette Harris PA to Executive Office (Minutes Secretary)

Julie Taylor-Clark Interim Director Nursing, Quality & Transformation

**APOLOGIES:**

Mr Perviz Iqbal Secondary Care Doctor

1. **APOLOGIES**

Apologies were noted as above.

1. **INTRODUCTION**

Mark Webb welcomed all those present to the inaugural AGM for the North East Lincolnshire Clinical Commissioning Group (NEL CCG).

In his opening address Mr Webb explained that serving the community of North East Lincolnshire is a primary focus for NEL CCG and outlined the severe challenges faced by the NHS which include significant reductions in funding over the past few years, increasing demand from an ageing population, growing demand for Mental Health services and health inequalities in deprived areas.

It has been recognised that in light of the funding challenges presented by the Government health services cannot continue to be provided in the same way as before, as the monies provided to pay for them will be exhausted within five years. Over the past year the CCG has been investigating innovative ways to provide good quality, sustainable health services for its local population. A key area of difference for NEL CCG, compared to other CCGs, is the unique relationship it has with the Local Council, through a legal partnership agreement, to provide Adult Social Care and this has allowed us to provide combined health and social care for individuals.

The CCG is a clinically led organisation, with local GPs leading on the decisions the organisation is taking. The CCG has also been structured to ensure community involvement from the outset and this is reflected in the set-up of the organisation’s Triangles which are the drivers for service provision. Each Triangle is comprised of a GP and a member of the community (recruited from the CCG’s Accord membership) with a special interest in the area covered by that particular Triangle, together with an NHS manager. This approach is unique within the country.

Every GP practice in this area is a member of the CCG’s Council of Members and this group comes together on a monthly basis to make decisions on behalf of the CCG. Members of the Community Forum are also involved in consideration of proposals and ideas at a very early stage and finally NHS managers are included to ensure the feasibility of decisions and proposals being considered.

The CCG set up ACCORD, which when it was formed had a membership of over 2,500 members of the public. At the height of all the government changes for the NHS ACCORD deflated somewhat; however the CCG is 100% committed to public involvement and is actively working on the revitalisation of ACCORD so that the 2,500 individuals in that membership are involved in the shaping of future health service provision.

In conclusion Mr Webb advised that there are no quick fixes for the challenges ahead and that some very hard and unpopular decisions will need to be taken over future months. However the CCG is adamant in its goal to ensure the provision of quality, sustainable services, that are right for the local community, for years to come.

1. **A LOOK BACK AND A LOOK FORWARD: 2013/2014 AND 2014/2015**

Dr Melton gave a presentation to the meeting which looked back at the achievements attained by the CCG in 2013/2014 as well as what lies ahead for the organisation in 2014/2015. This included:

* What we do: the unique arrangement the CCG has with the Local Authority to provide Adult Social Care
* Business plan for 2013/2014: this incorporated over 60 projects; 85% of these have been completely delivered and the rest will be completed this year
* Key performance measures: shows how we performed on delivery of key measures
* Financial performance: the CCG met its statutory duties for 2013/2014
* Main strategic aims: these include the healthy lives healthy futures programme and the adult social care strategy
* Look forward: four key themes were outlined but each of these themes have other key themes running through them
  + Patient and public empowerment: demonstrates ways of encouraging patient and public empowerment
  + Primary care at scale: outlines how general practices working in a collaborative way can extend range of services available; the majority of GPs in this area are signed up the local ‘LINCS’ GP federation to help with this
  + Urgent care, integration and 7 day services: new models of care are needed to address gaps in the current arrangements; some schemes will for be run over the winter and if successful will be rolled out
  + New models of hospital services: will provide detail on new models of service bringing services closer to people wherever possible, but centralising where that is necessary to get the best service outcomes

*Dr Nayyar arrived*

**4. PUBLIC DISCUSSION PANEL**

It was asked what strategy the CCG has for dealing with the booming Mental Health problems that will arise in the next 20 years due to the increasing numbers of an ageing population.

It was acknowledged that a lot of work is needed in this area but that the CCG is clear about the direction it needs to travel to address it and the uniqueness and quality delivered by our local provider NAViGO was highlighted. It was also flagged that a key priority for the Older People’s Triangle is delivering the organisation’s strategy for dementia care.

The options for the future of the care pathway for hyper-acute stroke was raised and it was stated by a member of the public that under NICE best practice recommendations a patient should receive thrombolysis for stroke within a “golden hour” period. It was then suggested that if the service continued to be located at Scunthorpe Hospital patients in the outlying areas such as Louth and Mablethorpe would not be able to reach the hospital within a one hour timeframe. It was also suggested that patients in Grimsby and Cleethorpes could also find it difficult to reach Scunthorpe Hospital within this time.

In response it was clarified the NICE guidance states that treatment needs to commence as soon as possible after the onset of symptoms and within 4.5 hours. The 1 hour standard is measured from a patient accessing an A&E Department. The patient should receive a CT scan within an hour of coming into A&E and should then receive any required clot busting drugs within the total 4.5 hour period. Whilst this time period is the one outlined within the NICE guidance it is anticipated that local patients will receive treatment more quickly than this. However one of the greatest challenges faced is that of raising awareness within the general public of what they should do if they suspect a stroke has occurred. In a large number of cases patients are delaying up to 9 hours before they seek medical help because they do not realise a stroke has occurred.

It was also explained that the recommendations under consideration for the hyper-acute stroke service will comply with the NICE standards and have been informed by extensive expert clinical input which also includes advice taken from the regional Clinical Senate.

It was highlighted that the current proposed options being considered under the Healthy Lives Healthy Futures programme for hyper-acute stroke and ENT inpatient surgery relate specifically to quality and outcomes for patients from the services being provided and does not focus on financial savings. However at a future date decisions will need to be taken that do directly address affordability as well as quality of services. The CCG has a remit to ensure the delivery of the best level of service quality that it can, using the best clinical advice that it can, within the monies that the government allocates to it.

It was noted that there is one CT scanner at Diana, Princess of Wales Hospital and that this scanner is well used over all 7 days of the week and will continue to be so. It was also pointed out that when this scanner goes down, which does happen, there is no back up. However there are two scanners already in place at Scunthorpe Hospital, so in the event of one going down another is still available for emergency use. It was queried why Scunthorpe has two CT scanners while Grimsby only has one. In response the meeting was advised that this was a decision made some time ago by the hospitals and not the CCG so our knowledge about this is limited. It is assumed that the decision was taken on the back of an assessment of overall need, building capacity and clinical capacity. This is important in the care pathway for hyper-acute stroke.

The meeting was reminded that it was initially the Care Quality Commission and Keogh Review who said the service needed to move to a centralised model at Scunthorpe Hospital to ensure the best quality of service that was available.

A question was raised on how members of the public affect this Board and what it achieves. In response the following examples were given:

When the Carers Service was being developed the CCG invited members of the public with an interest in this area to decide what type of service was required. A number of individuals put themselves forward and were involved in shaping the service specification. Service tenderers then met with the carers and members of the public to discuss the service requirements, and help decide which company was awarded the tender.

The Healthy Lives Healthy Futures programme is actively involved with local community groups and is using their input to shape proposals. Through involvement with community groups the CCG became aware that transport issues are a big concern within the community and this has now been escalated up the HLHF agenda.

The work undertaken by the CCG’s Triangles is automatically influenced by the inclusion of a lay member from the Community Forum in the Triangle, whose role is to ensure that the wider public is properly involved in service changes and developments.

**5. CLOSE**

There being no further business the meeting was closed.