

Please note: These minutes remain in draft form until the next meeting of the North East Lincolnshire Clinical Commissioning Group Partnership Board on 14 November 2019

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY
MINUTES OF THE MEETING HELD ON THURSDAY 12 SEPTEMBER 2019 AT 2.30PM
HUMBER ROYAL HOTEL, GRIMSBY**

PRESENT:

Mark Webb	NEL CCG Chair
Dr Peter Melton	Chief Clinical Officer
Philip Bond	Lay Member Public Involvement
Helen Kenyon	Deputy Chief Executive
Joe Warner	Managing Director – Focus independent adult social care work
Rob Walsh	Joint Chief Executive
Laura Whitton	Chief Financial Officer
Dr Sudhakar Allamsetty	Chair of COM / GP Representative
Dr Renju Mathews	GP Representative
Jan Haxby	Director of Quality and Nursing
Stephen Pintus	Director of Public Health, NELC
Anne Hames	Chair of Community Forum

APOLOGIES:

Joanne Hewson	Chief Operating Officer
Tim Render	Lay Member Governance and Audit
Dr Ekta Elston	Medical Director

IN ATTENDANCE:

Helen Askham	PA to Executive Office (Minutes Secretary)
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1. APOLOGIES

Apologies were noted as above.

2. CONFLICTS OF INTEREST

None recorded.

3. APPROVAL OF MINUTES

The minutes of the Governing Body held 13th June 2019 were agreed to be a true and accurate record.

4. MATTERS ARISING

All matters arising were noted.

5. CHILD DEATH REVIEW PROCESS

The Governing Body were presented with a report regarding the Child Death Review Process.

The requirement to have a Child Death Overview Panel as part of the Local Safeguarding Children Board function was introduced in April 2008. The government commissioned Wood Report, published in May 2016, recommended that the responsibility for oversight of child deaths in a locality should transfer from multi-agency safeguarding arrangements to health and local authority. The papers outlines the requirements and the work being carried out to meet national requirements.

North Lincolnshire and North East Lincolnshire Local Safeguarding Children Boards have had joint child death review arrangements since April 2016, and have agreed to continue this arrangement through the delivery of the CDR plan. The Governing Body noted that gaps have been identified regarding funding or a resource shift.

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The Governing Body were assured that the Child Death partners from across northern Lincolnshire are meeting regularly to progress the new arrangements in order to meet the timescales of implementation by the end of September 2019.

The Chair noted the plan has been agreed by the Union Board, and noted that the paper describes a comprehensive plan, which follows national timescales.

The Governing Body notified the contents of the report and formally ratified the Child Death Review Plan.

6. CCG ASSURANCE REPORT

The Governing Body were presented with a report which provided an update regarding the CCG's Assurance Report.

NHS England has a statutory duty to undertake an assessment of CCG's on an annual basis. Each CCG has received an overall assessment that places their performance in one of four categories: outstanding, good, requires improvement, or inadequate. North East Lincolnshire Clinical Commissioning Group has been awarded the rating of Good.

The Governing Body noted that from 2021, the rating will be based on the performance of the HCV system. Therefore, moving away from awarding ratings to individual organisations, to a system management process.

The Chair and the Governing Body passed on their thanks to all staff involved.

The Governing Body noted the content of this report.

7. EPRR PAPER

The Governing Body were presented with a paper regarding the Emergency Preparedness Resilience and Response, to inform them of the CCG's self-assessment results and to seek approval of the self-assessment documents before submission to NHS England prior to the 31st October.

The paper outlined the arrangements to date that are required in the event of an emergency. An action plan is being produced to address the issues that have been identified.

The Governing Body were updated that due to the work completed following last year's self-assessment process, the CCG is now fully compliant with 41/43 Core standards resulting in "Substantial Compliance".

The Governing Body also discussed concerns regarding Brexit and Winter. The CCG continue to liaise with the appropriate groups such as the Council, public health and social care colleagues in carrying out scenario planning. The CCG are in a fortunate position that those links are in place. It is expected that with effect from the 23rd October daily reporting will be taking place.

With regards to patient care, the message from NHS England is clear in that CCG's should not stockpile medication as they are working at a national level to meet requirements. Medicines have been given the status of category 1 and will have priority in transit.

The Chair asked if information is being passed on to patients that contingency planning is in place. The NHS consistently deal with shortages so the CCG are aware of what is required for contingency planning. The Communications team will be circulating key messages after a Workshop taking place on the 23rd September when the communications are expected to increase.

The Governing Body noted and accepted the content of the report and the self-assessment return.

8. COMMUNITY FORUM – SO WHAT REPORT

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The Chair introduced Anne Hames, the latest Governing Body member. Anne has been a driving force for the Community Forum for many years, and in terms of community input, it would be hard to beat Anne's contribution.

The Community Forum is made up of a group of volunteers, who are selected through a process of the Accord membership. Community Forum representatives support service leads on specific areas, sit on committee's and working groups. Each year the Community Forum evaluate their work and look if they have filled their mandate, in that the public are engaged in decision taken by the CCG.

Monthly meetings are well attended, and discussions are held on a range of topics, from Domiciliary Care, HASR, Mental Health Capacity. The Community Forum are invited to comment on plans and initiatives. The Red Bag Scheme is a project the Community Forum are particularly proud of. The Forum receive regular updates regarding the Union. Rob Walsh confirmed the commitment to the Community Forum, he is grateful for their input and would only look to increase the topics for them to consider. The Governing Body noted that meetings are regularly attended by the Executive team of the CCG to inform and update, and provide greater focus and insight.

The Governing Body noted that the Community Forum execute their role around challenging, holding the CCG to account in a robust manner, they speak up about community involvement and challenge, and will provide advice. They have developed sound knowledge, and a resource that commissioners can utilise with confidence, they scrutinise, challenge and support.

Areas for improvement have been identified as supporting CCG arrangements, need to focus on this and training for Community Forum members. Embedding the CF as part of the Governance and Union arrangements, Transformation plans, and arrangements around working on an STP footprint.

The Chair thanked the Community Forum members for their volunteers continuing to be engaged and informed, noting the CCG are delighted they remain part of our decision making process.

The Governing Body noted the report and considered the Forum recommendations and priorities for 2019/20.

9. QUALITY REPORT

The Governing Body were presented with a report to provide information and assurance through the lens of safety, effectiveness and experience, regarding non-service specific quality issues affecting the CCG. The paper was taken as read with the following highlighted to the Governing Body members.

A National Patient Safety Strategy was published in July 2019. It has been acknowledged that there is further work to do to understand precisely how the CCG will need to respond to this strategy and how this will interlink / impact our priority work streams. Information regarding the Strategy will be brought back to the Governing Body at a later date.

The Governing Body were updated regarding the service which provides an initial health assessment with 28 days of the child becoming looked after. An increasing number of children are having their health assessments delayed. The CCG are raising this as an issues with partners. An additional nurse has been put in place to help manage the numbers.

Payment arrangements for GP's to share safeguarding information are being reviewed by all CCG's, in order to support general practice in providing the information required. The Safeguarding team, including the Named Doctors, will undertake this review and make some recommendations.

The infection prevention and control strategy was discussed, as there were concerns regarding the slow delivery of the strategy. An additional member of staff has been appointed to provide more capacity to deliver the strategy.

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The Governing Body noted that there is insufficient capacity in the quality team to continue to complete all of the NICE quality standards reviews within a reasonable timeframe. The team are undertaking this role when they are able to but their time capacity is limited.

The SHMI data was discussed, noting that the SHMI score is in a higher than expected banding. The Trust have broken down SHMI reporting by in and out of hospital, which demonstrates a significant disparity. The SHMI continues to be a priority focus for the CCG. The Medical Director at NL&G is leading an unexpected mortality group to re-invigorate the topic.

Dr Peter Melton left the meeting.

NEL CCG, the Trust, primary care and CPG have been working together for some time to undertake case-note reviews, in order to learn, especially for end of life patients, where there have been a lack of communicated clear strategy for end of life. All noted the need for action and improve the system, especially for end of life care.

The Governing Body also discussed the Hello, my name is Campaign which has been a huge success nationally, and there is a proposal for the CCG to take the campaign forward to improve our focus on personalised communication and compassionate care and service. All noted that this may be taken forward as a consideration by the Union.

The Governing Body noted the content of this report, in particular:

- **2.1 the work required to review the National Patient Safety Strategy (2019)**
- **2.3 discuss the increasing LAC numbers with Children's leads and continue to monitor and support the health LAC team with performance and delivery**
- **2.4 review the current arrangements for safeguarding reporting by Primary Care and make recommendations for a way forward by the end of October 2019**
- **3.1 note the concerns escalated by the Clinical Governance Committee regarding the performance against gram negative blood stream infections and delivery of the wider IPC agenda**
- **3.3 note concerns escalated from the Clinical Governance Committee of the time estimated to review all commissioned pathways against NICE and the CCGs discussions to address gaps in capacity**
- **3.5 the recent increase in SHMI and the need for continued focus in this area**
- **4.1 the proposal to renew the Hello my name is .. campaign across the CCG, and to include the Union.**

10. COMMISSIONING, CONTRACTING AND INTEGRATED ASSURANCE REPORT

The Governing Body were presented with a paper, which was taken as read. The report provides a high level summary of the activities undertaken with the Care Contracting, Clinical Governance, Primary Care Commissioning and Delivery Assurance committees. The following was highlighted to the Board.

The working relationship between the CCG and NL&G continues to improve and is supporting the transformation work that is required to improve service performance and quality. An A&E Delivery Board Summit was held by NHSIE last week, and it was noted that the plan produced felt a joined up and comprehensive report. End of Life care was highlighted in the report, and the need for alternative transportation in order to take patients to hospice care.

Dr Mathews left the meeting.

The Ophthalmology Service at NLaG continues to be under a high level of scrutiny both by the CCG and NHSIE. It continues to be an area of focus at both the NL&NEL Planned Care Board & the NHSIE led Patient Safety Group, as well as the Clinical Governance committee. NLaG have reported a number of Serious Incidents (SI's) relating to ophthalmology and the Clinical Governance Committee is concerned that until NLaG have robust systems and staffing in place to see patients in a timely way we will continue to see more SI's. The Governing Body discussed capacity issues of New Medica.

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The Governing Body were updated regarding EMAS. There is a large amount of work to be completed around their achievements of targets, which they are struggling to deliver. If EMAS do not deliver the agreed reduction, then the funding will be “ring-fenced” by commissioners and used for jointly agreed local schemes that interface with EMAS.

Dr Peter Melton re-joined the meeting.

Navigo have been working with NELCCG and practices in relation to completing physical health checks for people with Service and enduring Mental Health Issues. Navigo are working closely with NELCCG to implement the 5 year plan and take a more co-ordinated approach and consider impacts to the local.

The work to support the development of PCN continues. Regular meetings have been established between NELCCG and the Clinical Directors, which are being facilitated by the LMC.

Dr Mathews re-joined the meeting.

The Governing Body noted and accepted the issue within the report and the associated risks and developments identified.

11. FINANCE REPORT

The Governing Body were presented with a paper which provides an update of the financial position as at July 2019 and the financial risks that need to be managed in the remainder of the year. The paper was taken as read, with the following highlighted to the Governing Body members.

The Governing Body noted that the CCG are reporting the achievement of a balanced financial position, but it is important to note that all are aware of the significant pressures to achieve this. Activity at St Hugh’s has continued to be higher than planned leading to a significant over trade year to date. With regards to New Medica and the Ophthalmology service, the activity overtraded in the first few months of the year was due to a backlog of patients, It is expected that activity will fall back to normal levels going forward, but it is being closely monitored. Activity levels at Continuing Healthcare have continued to fall lower than the plan, the CCG are looking to understand the data more carefully.

It was reported that the CCG has a number of significant risks that need to be managed in the remainder of the year. The key risks are managing demand, in particular Acute activity being higher than planned; and the delivery of the planned savings. The CCG are working with partners and the wider system to work smarter together, and identify where savings can be made. The CCG are looking to identify one off measures to mitigate extra spending, noting that this is not about stopping planned investments. The Governing Body will be kept informed regarding identifying savings.

The Governing Body noted the financial position as at July 2019, including the QIPP position; and the financial risks that need to be managed in the remainder of the year and the actions being taken to mitigate them.

Jan Haxby left the meeting.

12. UPDATES

STRATEGIC ISSUES UPDATE

Dr Melton updated COM on recent developments in respect of 3 of the 4 Humber CCGs. He advised of the likelihood of there being a move to a single Accountable Officer arrangement across the Hull, East Riding and North Lincolnshire CCGs. Members supported the views on the implications of this development, expressed by Dr Melton and Mr Walsh, joint Chief Executive. In noting the developments, members re-affirmed their support for the continuation of North East Lincolnshire’s Accountable Officer arrangements as well as their support for the development of strategic commissioning arrangements “at scale” but without prejudice to the continued development of the Union arrangements, operating model and place focus with North East Lincolnshire Council.

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COMMUNITY FORUM

The Community Forum have recently discussed a strategic update, the new roles of the clinical leads, Joint Engagement Strategy, PCN's, Cancer services, and succession planning within the Community Forum.

COUNCIL OF MEMBERS

The Chair of COM noted that the AO roles had been discussed.

JCC / ICP / STP UPDATE

No further update provided.

13. ITEMS FOR INFORMATION

a) HCV STP Partnership Update

The HCV STP Partnership Update was noted.

b) Union Board meeting minutes 190319

The Union Board meeting minutes 190319 were noted.

c) Union Board meeting minutes 160719

The Union Board meeting minutes 160719 were noted.

d) Community Forum meeting minutes 050619

The Community Forum meeting minutes 050619 were noted.

e) Community Forum meeting minutes 030719

The Community Forum meeting minutes 030719 were noted.

f) Primary Care Commissioning Committee meeting minutes 280519

The Primary Care Commissioning Committee meeting minutes 280519 were noted.

g) IG&A Committee meeting minutes 290319

The IG&A Committee meeting minutes 290319 were noted.

h) IG&A Committee meeting minutes 220519

The IG&A Committee meeting minutes 220519 were noted.

i) Delivery Assurance Committee meeting minutes 240419

The Delivery Assurance Committee meeting minutes 240419 were noted.

14. DATE AND TIME OF NEXT MEETING

Thursday 14th November, 2019, at the Town Hall, Grimsby