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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 13 SEPTEMBER 2018 AT 2.00PM**

**HUMBER ROYAL HOTEL, GRIMSBY**

**PRESENT:**

Mark Webb NEL CCG Chair

Tim Render Lay Member Governance and Audit

Rob Walsh Joint Chief Executive

Dr Peter Melton Chief Clinical Officer

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

Councillor Hyldon-King NLEC Portfolio Holder

Philip Bond Lay Member Public Involvement

Jan Haxby Director of Quality and Nursing

Helen Kenyon Deputy Chief Executive

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Councillor Wheatley                             NELC Portfolio Holder

Joe Warner Managing Director – Focus independent adult social care work

Dr Ekta Elston Medical Director

**APOLOGIES:**

Joanne Hewson NELC Deputy Chief Executive (Communities)

Laura Whitton                                       Chief Financial Officer

Stephen Pintus Director of Public Health, NELC

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Lisa Hilder Assistant Director for Strategic Planning

1. **APOLOGIES**

Apologies were noted as above.The Chair also congratulated Dr Ekta Elston as, following a probationary period; her post of Medical Director had been agreed as a substantive post.

1. **CONFLICTS OF INTEREST**

No conflicts of interest were recorded.

1. **APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 12 Jul 2018 were agreed to be a true and accurate record.

1. **EPRR ASSURANCE**

The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

Emergency Planning Resilience and Response (EPRR) is the national framework by which the NHS assures itself that it is prepared for emergencies that impact on service delivery. CCG and their NHS funders fall under the scope of EPRR. The North East Lincolnshire Clinical Commissioning Group Delivery Assurance Committee met on the 29th August and reviewed the documents provided to the Board and were assured on the progress made.

Although EPRR Operational Leads from other local health organisations in the area do meet on a regular basis to compare learning and share information, the Board were assured that NEL CCG are only responsible for EPRR standards within the CCG.

**The Board accepted the contents of the report and approved the Statement of Compliance and EPRR Policy and Framework.**

1. **EQUALITY AND DIVERSITY ANNUAL REPORT**

The Board were provided with an update regarding Equality and Diversity within the CCG.

The Board noted the achievements of continued collaborative approach with local providers, which has been recognised as good practice. The CCG has excellent outcomes for performance in relation to engagement, which is supported by the CCG’s approach to engage with hard to reach groups of the community. Equality Impact Assessments continue to be undertaken through engagement throughout the procurement and contracting phase.

The Board noted that the CCG continues to be compliant with statutory regulations and duties. The CCG are waiting to receive guidance on a new set of standards which are to come into force in 2019.

The Board noted that with regards to Workforce Race Equality Standards (WRES), research on workforce statistics in the NHS has shown that BME groups are still underrepresented. The Embed HR team gather staff data for the CCG and progress is tracked annually. The CCG is compliant with current requirements; however, NL&G performance on WRES requires improvement which impacted our overall performance rating. An action plan has been established with the Trust.

A joint interpreting and translation service, as part of the Union arrangements is being explored, in order to encourage patients to utilise the service available.

The 2018-19 Key work plan continues to monitor WRES compliance; improve arrangements and encourage take up for primary care access to interpreting and translation; prepare for Workforce Disability Equality standards – due to implemented during 2019-2020; use current collected data to proactively engage with working age patients; and prepare for sexual orientation monitoring standards.

The Board discussed the disclosure of potential characteristics, which is low, and asked how reliable the data available was. The CCG and Embed are proactively encouraging people to disclose information, but if the data is not available, there are mechanisms the CCG can offer to ensure that networks are in place with regards to race, sexuality and disability.

The Board discussed BME groups, and if this group of people are being under-represented at the CCG. As the statistical data was unavailable at the time of the meeting, it was agreed that a paper would be brought back to a future meeting. The Board asked for further detail regarding the demographical information of North East Lincolnshire, along with comparisons to other organisations within North East Lincolnshire, in order to provide detailed information that will assure the Board that the CCG have processes in place in order that there are no BME groups that are being disadvantaged.

**Action: The Equality and Diversity paper will be brought back to a future Board meeting for further discussion.**

1. **ACCORD STEERING GROUP REVIEW**

The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

The Accord membership scheme was established in 2009 to “create a framework whereby the public have a direct say in what services are commissioned, and drive the commissioning strategy of the Care Trust Plus”. In 2014 the Accord Steering Group was established to will provide a link between the membership base of Accord and determine the strategic direction and priorities for the scheme.

The Steering group recently carried out a review of its activity and achievements to date and have now developed a new Terms of Reference and Role Description. Their focus will continue to make sure Accord counts with members listened to and taken seriously under the new Union arrangements.

The Board asked for thanks to be passed to members of Accord and the Community Forum for their continued enthusiasm and professionalism, and how they engage with the CCG and their communities.

**The Board noted and supported the refreshed terms of reference and role descriptions for the Accord Steering Group.**

1. **HUMBER ACUTE SERVICES REVIEW**

The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

The report provided an update on the ongoing work of the Humber Acute Services Review, which is being carried out by local NHS partners across the Humber area. The report set out the interim conclusions in relation to the specialities I Wave 1 of the review, and set out the proposed approach to reviewing the services within Wave 2 of the review’s Programme Plan.

The preliminary conclusions in relation to Urology, ENT and Haematology were discussed. ENT services are being delivered at the Diana, Princess of Wales site, with Urology being delivered at the Scunthorpe site. The Board welcomed the steps taken as part of the Review. The Board noted that there has not been any “Noise In The System” regarding these services, but that all GP practices would be contacted to ask for any issues to be recorded in the appropriate system in place.

A programme plan and approach to Wave 2 specialities has been developed and will be reviewed by the Steering Group at its meeting in September. A Clinical Design Group has been established to provide clinical oversight and assurance to the HASR Steering Group. The Board agreed with the Review regarding the Wave 2 specialities, and that the decisions being taken are to improve services for the public.

The Board discussed the activity regarding engagement and involvement and agreed with the steps being taken. The Board noted that although patient transport has been considered, the next step to consider would be transport for relatives.

**The Board noted the update regarding the Humber Acute Services Review, and agreed with the decisions taken by the Review Board regarding Wave 1 specialities; Wave 2 specialities; and the engagement and involvement of appropriate stakeholders.**

1. **COMMISSIONING AND CONTRACTING REPORT**

The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

The procurement for the 111 service is coming to the end of the evaluation process. The Board noted that out of respect to those people who have volunteered time over the years, this should be dealt with sensitively. The 111 service are working with the CCG to maximise the benefits of the local service, and the Board will be updated with any further developments.

The Board noted that the Council of Members were reassured that the new system is incorporating the old service, and that there will be access to clinical supports. The CCG do not have the option to pull out of the agreement, it is nationally mandated.

The Board noted that YAS are presenting a strategy for the future regarding delivering emergency care within the STP region. This has raised the question if there could be one identified lead for North Lincolnshire to support new models of care.

The Board were informed that Garden House residential home has had its contract removed and the site closed. All residents were assessed and have been found new homes in the area.

**The Board noted the information shared in the report.**

1. **INTEGRATED ASSURANCE & QUALITY REPORT**

The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

The Board were updated regarding Elective Care, during the 2018/19 planning process the NHS Operational Plan set out clear expectations with regards to the delivery and management of elective activity. The requirements associated were reflected in NELCCG’s 2018/19 commissioning plans which aligned with the level of activity needed to ensure that all waiting lists did not grow beyond March 2018 levels, by March 2019. Clear expectations that should be put in place immediately by each CCG were discussed and acknowledged by the Board.

The Board noted the relatively poor performance in respect to waiting times and the capacity challenges in certain service areas to deliver the required level of activity to stabilise or reduce waiting lists. In respect to planned and delivered levels of activity, total referrals area in line with 2017/18 levels, and are 2.7% below the planned level, the Board also noted that the CCG have the 5th lowest rate of GP referrals in the country.

Waiting times from referral to treatment (RTT) have improved month on month in the first four months of 2018/19, and although there is still a significant issue locally around RTT performance, NELCCG are ahead of their planned improvement trajectory. The Board noted that although we start in a poor position, we are bucking the national trend regarding the reduction of waiting numbers; this is being closely monitored through the Planned Care Board. Work which was carried out regarding capacity and planning, and the implementation, has put this region in a good position to tackle waiting lists. NEL CCG feel that there has been a shift towards working together as a system, and there is a real senses of organisations working together to tackle concerns. It was also noted that even though there have been concerns regarding receiving information on performance in a timely manner, the Trust are more transparent than they have been in the past regarding sharing information.

The Board were updated with the following Quality Escalations. The Board noted that the CQC had completed their inspection across all three sites in May. The overall judgement is that the Trust “requires improvement”. Staffing, waiting times, diagnostics, capacity and demand continue to present significant challenges to the Trusts’ ability to provide an acceptable service standard. The CQC noted positive changes made at the Trust is a re-invigorated clinical leadership and progress in the clinical harm review work stream.

TASL have moved to routine quality surveillance and NEL CCG continue to support the provider to improve. A notable reduction in the number of concerns logged with the CCG is evident and will be fed back to the Board at a future meeting. A review of the IFR process has taken place following comments made by clinicians in primary and secondary care.

*Dr Pathak left the meeting.*

The Board noted that the incidence of infection reported to date for this year indicates that if it continues we will not meet the quality premium target for 2018/19. NEL CCG have produced a robust action plan, as there are real challenges ahead. The Board were noted that in 2017/18 the Quality team led 17 site visits, and that a new Clinical Governance Committee has been established.

*Dr Pathak re-joined the meeting*

1. **FINANCE REPORT**

The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

NEL CCG reported that they were on track to achieve both its planned operating position and its NHSE mandated Surplus. The Board noted that the a revised contact value of £101.4m was agreed with NL&G, which is £2m higher than the CCG’s plan assumption of £99.4m. The £2m gap has been funded via the release of the £2m NL&G contract risk reserve, previously held with Planned Investments.

The Board noted that there have been significant issues with regard to getting up to date in year activity information from the Trust, due in the main to capacity issues within the coding team at the Trust, as such the year to date and forecast position is showing to budget. A month 4 position is expected from the Trust shortly.

The Board noted that the QIPP reporting is in the process of being strengthened to ensure that all elements of the benefits, such as quality etc. are captured. A balanced scorecard has been developed for each scheme to show progress against key milestones.

The Board noted the Day case to Outpatient scheme, which is due to roll out later in the year than originally planned. The Right Care – Gastro scheme is slightly behind, but benefits should be seen in with effect from Month 5. This scheme is therefore forecast to deliver in full. Adult Social Care savings year to date are behind plan, but the CCG anticipate the full year savings to be fully achieved.

*Dr Elston left the meeting.*

The Board discussed the Scorecards which are being implemented. The Board also noted concerns regarding ambulatory care and subsequent admissions. The concerns are being raised with NL&G, and the CCG are working with them to ensure that patients are receiving the correct assessment and are being signposted to the relevant specialities.

**The Board noted the information shared in the report.**

1. **UPDATES:**
2. **STRATEGIC ISSUES UPDATE**

The Board were updated that all the CCG staff have been relocated. Leadership arrangements will be announced shortly, which will provide a clear approach on commissioning and a clear plan on how to use our joint resources to full effect. The Board were also informed that the Regional Directors for NHS England and NHS Improvement, will be appointed later in the year, and further information will follow as to how that will affect the CCG. The Digital Workforce team are submitting proposals on how to allocate money being made available for digital health.

*Jan Haxby left the meeting.*

1. **ICP UPDATE**

The Board discussed the need for taking stock of where we are with regards to the ICP, and the plan to deliver new models of care. The CCG are working on a detailed service specification relating to Urgent Emergency Care. A small working group has been established in order to resolve the issues that are arising.

*Jan Haxby re-joined the meeting.*

1. **COMMUNITY FORUM**

The Community Forum were recently updated with regards to Social Prescribing, and a presentation was given regarding how communications from the hospital are circulated.

1. **COUNCIL OF MEMBERS**

The Council of Members recently discussed; how the CCG commission services; how they make informed decisions and what can be improved with this process.

1. **ITEMS FOR INFORMATION**
2. Adult Services Review

The Adult Services Review was noted.

1. HCV Partnership Update

The HCV Partnership Update was noted.

1. Primary Care Commissioning Committee meeting minutes 20 Mar 2018

The minutes of the Primary Care Commissioning Committee meeting held on 20 Mar 2018 were noted.

1. Primary Care Commissioning Committee meeting minutes 29 May 2018

The minutes of the Primary Care Commissioning Committee meeting held on 29 May 2018 were noted.

1. **QUESTIONS FROM THE PUBLIC**

The Board were asked that given that referrals to private providers is likely to lead to better outcomes, are the CCG concerned about health inequalities in North East Lincolnshire, as residents of the most affluent areas are twice as likely to be referred to private providers?

The Board noted that there is no evidence that outcomes are better with private providers. It was noted that some patients with more complex needs are referred to DPOW, as that is what is appropriate. It was also noted that some patients may want to go to the local hospital and choose not to exercise the choice of using a private provider. There are potentially many reasons why patients make the decision of where they receive care.

However, the CCG are aware of this potential area of concern, and assured the Board that there is currently a piece of work being undertaken with practices, to ensure that patients are being made aware that they have a choice where they can go for treatment, and that this is clear and consistent offer across all areas of North East Lincolnshire, so patients are able to make an informed decision.

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

8th November, 2018, Social Enterprise Centre, Grimsby