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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 14 SEPTEMBER 2017 AT 2.00PM**

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

**PRESENT:**

Mark Webb NEL CCG Chair

Tim Render Lay Member Governance and Audit

Philip Bond Lay Member Public Involvement

Councillor Hyldon-King NLEC Portfolio Holder

Dr David James Secondary Care GP

Dr Derek Hopper GP Representative

Dr Peter Melton Chief Clinical Officer

Rob Walsh Joint Chief Executive

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Rakesh Pathak GP Representative

Juliette Cosgrove Clinical Lay Member

Laura Whitton                                           Chief Financial Officer

Councillor Wheatley                                NELC Portfolio Holder

Joanne Hewson NELC Deputy Chief Executive (Communities)

Jan Haxby Director of Quality and Nursing

Joe Warner Managing Director – Focus independent adult social care work

Dr Arun Nayyar GP Representative

**APOLOGIES:**

Stephen Pintus Director of Public Health, NELC

Helen Kenyon Deputy Chief Executive

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Eddie McCabe Assistant Director – Contracting & Performance

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

The Chair reminded committee members of their obligation to declare any interest they have on agenda items which may conflict with the business of NELCCG.

Declarations declared by members of the Partnership Board are listed in the CCG’s register of interest. The register is available on the CCG website. <http://www.northeastlincolnshireccg.nhs.uk/data/uploads/publications/declaration-of-interest-register-2016-17-april-sept.pdf>

There were no declarations of interests from those in attendance.

1. **APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 13 July were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted.

1. **RESILIENCE PLANNING REPORT**

A report was presented to update the Partnership Board with a summary of the NLE CCG Resilience Planning activities in relation to winter planning and national emergency resilience planning arrangements.

The report was taken as read with the following areas highlighted.

Emergency Planning Resilience and Response (EPRR) is the framework by which the NHS assures itself that it is prepared for emergencies, for example, the recent cyber-attack. An annual self- assessment assurance process is included in the framework. NEL CCG is declaring a compliance level of “Substantial” against the requirements.

The CCG have established a single point of contact for incidents and emergencies out of hours via a single on-call phone number and email address. The Emergency Preparedness and Response Group have been developing good connections in order to respond to an emergency.

The Winter Plan submission is currently in preparation for submission to NHSE and for sign-off and approval by the A&E Delivery Board on 21st September 2017. A key area of focus is immunisation, ensuring front line staff, and those living at care homes are immunised. It was noted that North East Lincolnshire is one of the best areas in the country for immunisation.

The Board were assured that there are plans in place to respond to the many issues faced over the Winter period, such as delayed transfers of care.

**The board noted the update on Winter Resilience and Emergency Planning Resilience and Response (EPRR) for information. The Board approved the EPRR level of compliance declared following self-assessment against the assurance criteria.**

*Andy Ombler left the meeting.*

1. **CUSTOMER CARE REPORT**

A report was presented to update the Partnership Board on annual Customer Care activity and to share the developments identified for 2017/18.

The report was taken as read with the following areas highlighted.

The Customer Care team provides a Complaints, Concerns, Compliments and an advice and liaison service which administers public enquiries in relation to the services the CCG commission. There are difference mechanisms in responding to queries. The team have seen increases in complaints, in particular regarding Adult Social Care and via the Portal. It was noted that this could be due to an increase in concerns, or that more people are being made aware of the reporting mechanisms due to the on-going marketing of the services. It was noted that the Customer Care team do not see complaints that go directly to the provider.

The team have spent the last year working with colleagues to help them understand and promote the service when engaging with providers and members of the public. The Board asked how intelligence gathered is monitored. It was noted that the team monitor complaints on a daily basis and alert a designated contract officer with any concerns. Where concerns are raised regarding a specific area, the team are able to review and raise concerns at team meetings, which are investigated via the Quality Committee through the reporting mechanisms in place.

Next year the team aim to consider ways they can operate the service in the community. It was noted that the receipt of compliments is low (which is the same nationally), and the team want to improve on capturing, celebrating and sharing the compliments received.

**The Board noted the annual activity in concerns, compliments and complaints, and noted the planned developments for the forthcoming year.**

1. **EQUALITY AND DIVERSITY REPORT**

A report was presented to the Board on CCG activities in relation to Equality and Diversity over the last twelve months.

The report was taken as read, with the following areas highlighted:

* Key continuing achievements for the last year include a continued collaborative approach with local providers – recognised good practice
* Equality Impact Assessment continues to be undertaken through engagement with community members from the Community Forum, who work hard in protecting the needs of community groups
* The CCG work hard to link with the community; two areas that require further work are engaging with young people, and BME groups. It was noted that the council have mechanisms in place to link with young people and that these links could be shared with the CCG
* Further work is required to make the information that the CCG provide accessible – more patients are accessing independent translation services
* Statutory compliance for the Workforce Disability Equality Standards for 2018/19 has been maintained.

**The Board noted the activities undertaken by the CCG in relation to Equality and Diversity over the last twelve months and approves the suggested actions for the forthcoming year.**

1. **INTEGRATED ASSURANCE AND QUALITY REPORT**

The Integrated Assurance and Quality Report was presented to the Board. This report advises the Partnership Board of how the NELCCG are performing against;

• six domains developed for the performance dashboard;

• three domains developed for quality dashboard and;

• six domains for risk.

The dashboards are managed via the Delivery Assurance Committee, the Quality Committee and the Integrated Governance and Audit Committee. The report was taken as read with the following areas highlighted.

The Board were updated on measures to address the issues at DPoW. The July A&E Delivery Board identified measures that would be put in place above and beyond the Delivery Board Improvement Plan, in order to improve performance.

NLaG are currently focusing on Stage 2 of the validation exercise for RTT. This phase will mainly cover the non-active RTT waiting lists – 28,000 records have been identified for validation. The Board discussed RTT issues, in particular the concern that the backlog is not being reduced due to the continual demand. The CCG have communicated to the Trust outlining the concerns that the target set to reduce RTT is not achievable due to the financial constraints of the Trust being currently held in special measures. The CCG appreciate that the Trust are working to increase capacity, but are not assured that they can cope with the demand on services. A credible plan has been requested from the Trust.

NEL CCG have achieved the overall rating of Good for 2016/17 in the CCG Improvement Assessment Framework.

The Quality Escalation items were taken as read.

**The Partnership Board noted:**

* **the judgements made against the domains of the dashboards**
* **the CCG Risk Management framework has been reviewed/refreshed and is shared with the committee on how we manage risks.   Risk management is an increasingly important business driver and stakeholders have become much more concerned about risk. Risk may be a driver of strategic decisions, it may be a cause of uncertainty in the organisation or it may simply be embedded in the activities of the organisation. This framework aims to provide strategic direction, guidance and good management practice regarding embedding an integrated risk management approach, ensuring it is central to all CCG business, detailing clear lines of accountability and organisational responsibilities and arrangements.**
* **the Annual risk management reviews took place during June/July with the risk manager and risk assignee, with yet again a positive outcome.    The purpose of these sessions are to provide the opportunity for Managers/Assignees to work together to review their risks paying particular attention to the risk ratings/internal controls and look at ways of improving our risk registers.  This is also an opportunity to undertake an internal confirm & challenge and monitor static risks, for example if the risk rating of a risk hasn’t changed within the last 12 months, to evaluate whether the risk remains relevant and if so what actions will be taken.**
* **the information on future performance, quality and risk challenges**
* **the update information on unplanned care**
* **the update information on RTT**
* **the CCG IAF rating for NELCCG**
* **further feedback on ways to improve the report**

1. **COMMISSIONING AND CONTRACTING REPORT**

A paper was presented to the Board and taken as read. The report provided is to keep the Board up to date on key pieces of work undertaken by the CCG in relation to commissioning and contracting activities, and update on key areas of performance as highlighted by Board Sub-Committees. The following items were highlighted to the Board.

No new contracts have been awarded.

The CCG and the Trust have agreed an Aligned Incentive Contract, which suspends payment by results and commits organisations to working together to help solve the Trusts and Health Communities financial and activity pressures.

Ashgrove Residential Care unit continues to be closely monitored by the CCG as the team are working to the action plan provided. The CQC have reported Newgrove Residential Care unit as inadequate, and they have 6 months to improve. Fairways Residential Care unit have been purchased by Care Plus Group and the CCG will be meeting with CPG shortly to discuss long term plans.

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

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial position up to July 2017, including the latest position with regard to QIPP and the financial risks that need to be managed in the remainder of the year. The following items were highlighted to the Board.

NLaG - The annual budget reflects the £5.1 increase as a result of the system response to the NLCCG/ NLaG Capped Expenditure Programme and the move to the Aligned Incentive Contract. It was brought to the Board’s attention that this remains a risk for the CCG, a concern that has been raised at previous Board meetings. A budget review has taken place and the CCG are considering flexibilities across the wider system and where funding could be redirected it this risk comes to fruition.

The Board asked for a track of the risk which will be reported as part of the finance report at future Board meetings.

Continuing Healthcare – the budget has now been reduced to reflect the lower activity levels seen at the end of last year.

**The Partnership Board noted the financial position for 2017/18.**

**11. UPDATES:**

**COMMUNITY FORUM**

The Community Forum have been considering how their role can change, and become even more challenging and engaged.

**COUNCIL OF MEMBERS**

The Council of Members have recently been provided with an update on the GP Out of Hours service; Urology is currently being explored as to the options available; and the proposal to re-shape Clinical Leadership was discussed.

**ACCOUNTABLE OFFICER UPDATE**

The Board were updated that a new leadership team is now in place at NLaG. The CCG have noted that the new team have hit the ground running and appear to have a robust approach and are starting to tackle the many performance issues. The CCG and the Board welcomed a collaborative approach to providing health care services to our region.

It was noted that a Humber Joint Commissioning Committee has been established, Emma Latimer, of Hull CCG is leading on behalf of the 4 CCG’s as Acute Care Commissioner.

**12. ITEMS FOR INFORMATION**

1. Integrated Governance and Assurance Committee meeting minutes 26 May 2017

The minutes of the Integrated Governance and Assurance Committee meeting held on 26 May 2017 were noted.

1. Care Commissioning Committee meeting minutes 17 May 2017

The minutes of the Care Commissioning Committee meeting held on 17 May 2017 were noted.

1. Better Care Fund

The information provided regarding the Better Care Fund was noted.

1. STP Local Plan

The STP Local Plan is currently unavailable, and the Board will be updated once it has been published.

**13. QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

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

Thursday 9th November 2017 2pm to 4.30pm Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ