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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 8 MARCH 2018 AT 2.00PM**

**SOCIAL ENTERPRISE CENTRE, 84 WELLINGTON STREET, GRIMSBY DN32 7DZ**

**PRESENT:**

Mark Webb NEL CCG Chair

Tim Render Lay Member Governance and Audit

Philip Bond Lay Member Public Involvement

Dr David James Secondary Care GP

Rob Walsh Joint Chief Executive

Laura Whitton                                           Chief Financial Officer

Joanne Hewson NELC Deputy Chief Executive (Communities)

Jan Haxby Director of Quality and Nursing

Helen Kenyon Deputy Chief Executive

Dr Peter Melton Chief Clinical Officer

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

**APOLOGIES:**

Juliette Cosgrove Clinical Lay Member

Joe Warner Managing Director – Focus independent adult social care work

Stephen Pintus Director of Public Health, NELC

Councillor Hyldon-King NLEC Portfolio Holder

Councillor Wheatley                                NELC Portfolio Holder

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Eddie McCabe Assistant Director – Contracting & Performance

Councillor Patrick                            NELC Portfolio Holder

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>

All GP’s present, Dr Maliyil, Dr Pathak and Dr Melton disclosed a conflict of interest in agenda item 9. They remained in the meeting but did not comment.

1. **APPROVAL OF MINUTES**

Dr Maliyil asked if it had correctly been recorded when he had left the previous meeting, it was agreed to check the minutes to ensure accuracy. The minutes of the Partnership Board meeting held 11 January were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted.

1. **HUMBER ACUTE SERVICES REVIEW**

The Board were presented with an update of the Humber Acute Services Review.

The Humber Acute Services Review is about looking at how the CCG’s can do things differently to get the best possible hospital services for everyone living within the Humber area. The CCG’s are working together to develop plans for acute hospital services, that are safe, sustainable, and meet locals needs. The review will consider how best to organise the acute services that are currently being provided on the five acute hospital sites in the Humber area, within the resources that are available.

The review will involve local partners working together, managed by a steering group, which will be chaired by NHSE. The Board were assured the CCG were well represented at the meetings. The review will make recommendations to local organisations who will be required to make decisions about future service scenarios. The principles of the review were outlined.

*Dr Maliyil left the meeting.*

The review supports the changing requirements of healthcare, and the importance of planning our future hospital services to support and to make best use of new ways of working. The Board noted the importance of communicating to the population how the review links to the STP, and place based service provision.

*Dr Maliyil joined the meeting.*

The Board acknowledged the need for a review, as demand for services is continuing to grow. In a number of clinical areas, our hospitals are struggling to keep pace with increasing patient demand.

The review will discuss possible ideas for these services with patients, the public and others throughout the Spring and Summer with a view to making decisions about how they are provided in late Summer 2018. The review will begin by looking at a small group of fragile services. These are services where staffing shortages or other factors are impacting significantly on the ability of these eservices to operate safely and effectively in their current form and/or where temporary service change have been put in place in order to ensure they can continue to be delivered safely.

The Board noted the importance of a formal communication with the wider community, along with the Scrutiny panel. This review gives an opportunity to consider how we support services going forward. This review will consider the pathway using the Rightcare approach. However, this review does not stop the Union in acting to improve services in our region. The Boards comments will be fed back in to the process.

**The Board noted the update for the Humber Acute Services Review.**

1. **2018/19 ANNUAL BUDGETS**

The Board were presented with a paper regarding the 2018/19 Planning requirements. The paper was taken as read with the following areas highlighted.

The requirement for CCG’s to underspend 0.5% of their allocations has been lifted, as has the requirement to use a further 0.5% of CCG allocations solely for non-recurrent purposes. A new £400m Commissioner Sustainability Fund has been created to enable CCG’s to return in-year financial balance, whilst supporting and incentivising CCG’s to deliver against their financial control totals.

*Dr Maliyil left the meeting.*

The CCG have a number of areas to fund, including transformation commitments for cancer services and primary care.

*Dr Maliyil joined the meeting.*

The Board noted that there will be no additional winter funding in 2018/19, and the CCG have been set an 2018/19 control target to break even in this year. Efficiency savings are in place, although it in noted that the NL&G schemes form part of the latest contract offer and as such are yet to be signed off by the Trust. There is £2.4m available to cover any risks that arise in year.

The Board noted the two main areas of risk; Secondary care activity levels being higher than planned; and pressures of Adult Social Care. The Board also noted that this is a challenging budget as significant challenges are possible. The Board stated that the CCG need to be clear on the financial implications, but keep in mind any potential impact on services.

**The Board noted the 2018/19 Planning requirements and key deadlines; and formally approved the 2018/19 budgets, noting the potential change due to the NL&G contract negotiation. The Board agreed to approve any changes either as a virtual Partnership Board, or agreed to be taken as Chair’s action.**

1. **BOARD ASSURANCE FRAMEWORK**

The NEL CCG Board Assurance Framework acts as a high-level risk identification system with regard to compliance with the CCG’s strategic objectives. The Board were presented with a paper and taken as read.

**The Board noted the update provided, and the level of assurance received by the CCG in relation to its strategic risks and comment where appropriate.**

1. **PRIMARY CARE COMISSIONING DEVELOPMENTS**

The Board were provided with a verbal update on the development of Primary Care Commissioning.

North East Lincolnshire Clinical Commissioning Group has received approval to be fully delegated from the 1st April, 2018.

*Rob Walsh left the meeting.*

A standard delegation agreement has been signed and submitted to NHSE. Amendments to the CCG’s constitution has been submitted, and a Lay Member has been added to the membership of the Primary Care Committee, which takes over from the Joint Co-Commissioning Committee, to reflect the additional responsibility of the CCG. The new meetings will take place bi-monthly, and training has been arranged for Committee members. The new terms of reference has been submitted to the Governing Body.

**The Board noted the update on Primary Care Commissioning developments.**

1. **COMMISSIONING AND CONTRACTING REPORT**

All GP’s present, Dr Maliyil, Dr Pathak and Dr Melton disclosed a conflict of interest. They remained in the meeting but did not comment.

The Board were presented with a paper to update on key pieces of work undertaken by the CCG in relation to commissioning and contracting activities, and updated on key areas of performance as highlighted by Board Sub committees.

The Board were updated with a recent development not previously reported in the paper.

The Care Contracting Committee have recently considered a report from Beechcroft regarding the development of the ACP; the roles of the providers; the award of future contracts; how this aligns with procurement, NHSE, and the legal procurement tendering process. Beechcroft had been asked to consider if the CCG are following procedure/guidance clearly.

Following legal advice, the CCG have agreed that a service spec would be difficult to produce at this time. All contracts will be extended to 2020 and the CCG will make it clear to the market and our providers that a service spec is being developed for the ACP going forward. Procurement for this process would start on February 2019, for new contracts to be in place 1st April 2020.

The Chair noted that this was a big decision for the CCG to make. The CCG have continuously supported the ACP, as they want our local providers to create a provider environment which is fit for purpose, but the CCG must ensure it operates within the legal tendering process.

The Board noted the potential risk as the CCG have a one year budget allocation, and are entering into two year contracts.

*Rob Walsh joined the meeting.*

The CCG will ensure that local providers are openly and transparently communicated to in the development of the ACP. All potential partners will be required to demonstrate how they can work collaboratively.

*Philip Bond left the meeting.*

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

1. **INTEGRATED ASSURANCE & 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 noted that overall performance was lower than the CCG would want to be but noted the improved performance in delays of transfers of care.

*Philip Bond joined the meeting.*

The Quality Escalation items were taken as read, with the following concerns highlighted to the Board.

NL&G continues to report staffing challenges, particularly in relation to recruitment and retention of medical staff and registered nurses. The CCG are working closely with NL&G to support the process.

The Maternity & Paediatric/neonatal services continues to be an area of focus with additional support being offered due to the CQC judgment of maternity and overall CQC rating.

Concerns continue regarding the lack of organisational structure to support governance arrangements in Thames Ambulance Service Limited (TASL) and regarding the efficient of service delivery and experience of service users. The CCG continues to work with NL CCG and TASL to address the concerns and reduce risks.

It was noted that St Hugh’s has required a steady increase of support during 2017 to help them achieve good quality standards. St Hugh’s are working openly with commissioner and are progressing their action plans.

The Board recognised the good work undertaken between the Quality Team and Engagement team to align processes to capture and respond to noise in the system, and to ensure the CCG is able to respond to concerns and issues raised through Accord.

The North East Lincolnshire Mortality Group has been revised following the restructure of NL&G’s Mortality Group. NELCCG are leading and facilitating the NEL Mortality Group and have welcomed membership from key stakeholders in NEL. The group are agreeing clear terms of reference to ensure a focused remit of the group.

**The Partnership Board noted:**

* **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.**
* **information on NEL CCG IAF position**
* **further feedback on ways to improve the report**

1. **WINTER AND IU CARE**

The Board were provided with an update regarding Winter and IU Care.

The CCG recently submitted a plan to cover the period to the end of Easter. The Board noted that this quarter has been much challenging due to ward closure for infection control and staff sickness. The adverse weather conditions also greatly affected the region in its ability to provide services to the region, along with the rest of the country.

The A&E Delivery Board are reviewing what has gone well, and the planning for the next winter period.

*Tim Render left the meeting.*

The Board noted that there are issues with flow in the hospital, along with lengths of stays. It was noted that there have been significant steps forward; staff from different providers and operations teams that are working together in understanding where the pressures are. A new draft proposal for a model of Urgent and Emergency Care is being presented, the following are being considered:

* 7 days services
* Extend discharge services, possibly working further in to the evening
* A consideration of the workforce over a 24/7 period
* Review bed numbers and positioning
* Make a conscious effort not to impact on planned care
* Consider staffing levels

*Tim Render joined the meeting.*

**The Board noted the update on Winter and IU Care.**

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial position up to January 2018, the latest position with regard to QIPP, and the financial risks that need to be managed in the remainder of the year. The Paper was taken as read with the following issues highlighted.

The CCG is on track to achieve both its planned operating position and its NHSE Mandated Surplus, however this is dependent on a number of significant risks / pressure being effectively managed in the remainder of the year.

There have been on-going discussions regarding the NL&G contract arrangements and risk share involved for 2017/18, which has now been resolved. NEL CCG have agreed to pay an additional £2.1m, and the Board were assured that steps have been taken to mitigate these costs.

The cost pressure for anti-psychotic drugs due to there being no cheaper stock has continued throughout the year. This was originally built as Risk per NHS England guidance and this risk has now materialised. This has resulted in an increase of circa £180k on the FOT.

*Jan Haxby left the meeting.*

**The Partnership Board noted the financial position as at January 2018; the latest position with regard to QIPP, and the financial risks that need to be managed in the remainder of the year and the actions being taken to do this.**

**13. UPDATES:**

**STRATEGIC ISSUES UPDATE**

The Partnership Board members were referred to the presentation given in the Governing Body meeting.

**COMMUNITY FORUM**

The Community Forum were recently provided with an update regarding Urgent Care and the CAMHS procurement.

*Jan Haxby joined the meeting.*

The Community Forum members asked that they be notified if items are for consultation or for information. The Way Forward event recently took place and was well attended and thought to be well received.

**COUNCIL OF MEMBERS**

No update was provided due to the last meeting cancelled due to bad weather.

**14. QUESTIONS FROM THE PUBLIC**

No questions were raised.

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

Thursday 10 May 2018 2pm to 4.30pm Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ