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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 9 NOVEMBER 2017 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

Dr Rakesh Pathak GP Representative

Juliette Cosgrove Clinical Lay Member

Laura Whitton                                           Chief Financial Officer

Joanne Hewson NELC Deputy Chief Executive (Communities)

Jan Haxby Director of Quality and Nursing

Joe Warner Managing Director – Focus independent adult social care work

Helen Kenyon Deputy Chief Executive

**APOLOGIES:**

Stephen Pintus Director of Public Health, NELC

Councillor Hyldon-King NLEC Portfolio Holder

Dr Derek Hopper GP Representative

Dr Peter Melton Chief Clinical Officer

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Councillor Wheatley                                NELC Portfolio Holder

Dr Arun Nayyar GP Representative

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

Eddie McCabe Assistant Director – Contracting & Performance

Bev Compton Director of Adult Services

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 14 September were agreed to be a true and accurate record.

1. **PUBLIC HEALTH ANNUAL REPORT UPDATE**

A report was presented to update the Partnership Board on progress and slippage towards achieving the objectives set out in the CCG’s Corporate Business Plan.

The report was taken as read with the following areas highlighted. Following the two previous reports, which focused on starting well and ageing well respectively, this year the report draws attention to one of the most important determinant of living well: employment and health. The aim of the report was to investigate and articulate how employment affects health and how this has changed.

*Rob Walsh joined the meeting.*

The report noted the growing numbers of people living with long term conditions and the effect that long term unemployment has on individuals and their families. For those in work, the nature of work, its tenure and duration, has changed the presentation of work related health issues, leaving behind the physical demands of the older industries with the emergence of more mental health related problems.

Some of the recommendations made by the Director of Health and Wellbeing are: a focus on the Council’s Wellbeing Service on helping people with long-term conditions, such as mental health conditions; tackling social and lifestyle related barriers to employment; actions to aid stopping smoking; working with the DWP to help those people who are presenting with mental health issues in referring them to wellbeing workers; and carrying out a resilience needs assessment to better understand the financial status of some of the borough’s most vulnerable residents. The Council are working with employers on the above recommendations.

*Dr Pathak joined the meeting.*

The Chair welcomed the link being made between employment and health. It was noted that data in the report is from 2011 and there is data available for 2016. The Chair commented how we needed to be aware that some of the key challenges facing our communities’ health and well-being had seen little improvement over the last decade and as commissioners we need to consider how we may tackle this differently in the future.

**The Board noted the Public Health Annual Report and considered those findings and recommendations that are relevant to the Clinical Commissioning Group.**

1. **BUSINESS PLAN QUARTERLY UPDATE**

A report was presented to update the Partnership Board on progress and slippage towards achieving the objectives set out in the CCG’s Corporate Business Plan.

The report was taken as read with the following areas highlighted. The Board were updated that where milestones have moved, these are mainly due to reasons beyond the control of the STP, e.g. where there are links to the STP and potential working on a larger footprint, or where there are service changes which are taking longer than anticipated e.g. Cardiology. The Board were assured that good progress is being made, and that where any changes to the Business Plan are requested there is a process with the Senior Manager team, which challenges and approves the change where applicable. A review of achievements will take place at the end of the financial year.

The Board noted the ambitious plans laid out in the Report, and questioned if there was sufficient resource to undertake the work involved. The Board were assured that the Report is actively managed to ensure the focus is correct, and resources is in place. It was noted that the CCG have experienced challenges in working with EmBed, and getting the input that the CCG need from them, therefore the CCG are working with EmBed to highlight where their focus needs to be.

**The Board noted the progress and exceptions towards delivery of the 2017/18 Corporate Business Plan.**

1. **ADULT SERVICES REVIEW**

A report was presented to ask the Partnership Board to support the commissioning of a review of adult services in North East Lincolnshire, such review is to be undertaken jointly with the NELC with oversight of the review to be maintained by the council / NELCCG Union Board. The report was taken as read with the following areas highlighted.

The review is intended to be a comprehensive system wide review to ensure that outcomes for adults in North East Lincolnshire are optimised and able to be achieved within the resources available to the North East Lincolnshire area. A children’s review has already been undertaken by North East Lincolnshire council. The Union Board has been asked to overview the process and the work undertaken as part of the review findings. The Board noted that the Children’s Services Review proved to be a beneficial in depth piece of work that allowed the team to understand where the demand for services was, and also provided £2m of savings.

The Board noted the substantial sum of money involved and asked if there were providers who could fulfil the procurement. The Board were assured that there were specialist providers in the market place who would be able to take on the work involved, within the costs allocated.

The Chair welcomed the review, noting the significance of this report and the substantial work involved, and asked that the Partnership Board and the Union Board be kept up to date with the progress of the review.

**The partnership board agreed:**

* **To support the commissioning of a review of adult services in North East Lincolnshire, the scope and terms of which to be finalised by the deputy chief executive (DASS) in consultation with the portfolio holder for health, wellbeing and adult social care;**
* **that the review is undertaken jointly with the council and NELCCG;**
* **that oversight of the review is maintained by the council /NELCCG Union board, reporting into Cabinet and the NELCCG governing body as appropriate;**
* **that the health scrutiny panel is proactively engaged in the review and has the opportunity to challenge, review and contribute at key milestone points in the review process.**
* **that the draft recommendations of the review are reported to the council /NELCCG Union board in the first instance, with final recommendations made to cabinet and the NELCCG governing body as appropriate. The above delegations will provide an opportunity to streamline joint working between the council and NELCCG. Via the newly created Union arrangements the adult review will be able to fully explore how the combined resources of both organisations and their partners can be used to improve outcomes for adults in North East Lincolnshire by taking a more preventative approach than is currently the case.**

1. **COMMISSIONING AND CONTRACTING REPORT**

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 update on key areas of performance as highlighted by Board Sub committees. The paper was taken as read with the following items highlighted to the Board.

The Domiciliary Care Lead Provider contracts have been extended as per the contract extension option for two years to March 2020. This will allow the continued development of the Dom. Care pilot and new way of working.

The Chair brought to the Board’s attention his recent visit to Virgin Care, the new Dermatology service. The Chair invited Board members to also visit and noted the service as an extremely positive step in providing care to our patients.

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

1. **WINTER AND IU CARE**

A paper was presented to the Board and taken as read. The report was provided to make the Partnership Board aware of the national expectation of how the system will manage and continue to deliver services over the winter period. The following items were highlighted to the Board. A winter plan has been produced to ensure continued service delivery to the required standards over winter. The Board were updated that the first submission was not approved due to the fact that it was not a single plan for delivery across our A&E Delivery Board footprint. It was noted that the A&E Delivery Board were assessed as being level 4 – a system at high risk of failure to deliver, and therefore requires more oversight. An A&E target to deliver over the winter period was revised to 90% in Quarter 3 and Quarter 4.

The plan focuses on Pre-hospital - Integrated Urgent Care; In Hospital; and Discharge and onward care. The total cost to deliver the plan for North Lincolnshire / North East Lincolnshire could reach £3,814,000. A bid has been submitted to access funds from the Centre. The board acknowledged the risk of work not being achieved, and the funds being unable to be sourced from the centre, and that the system will have to manage costs within existing envelopes.

To ensure robust management of winter it has been agreed that the A&E Delivery Board increase the frequency it meets to fortnightly. The Chair of the A&E Delivery Board will transfer to the NLG Chief Executive to reflect a more operational role for the A&E Delivery Board over the winter and to enable the CCG Chief Clinical Officer to be more involved in direct clinical management of patients across the system, but with a specific focus on non-elective admitted patients to improve earlier discharge.

As part of the plan it was noted that some operations may be cancelled over the Christmas period. The Board were assured that patients are being informed and last minute cancellations are being avoided as much as possible.

The Board also commented that a drop in standard of service to the patient was unacceptable, and any potential impact on quality should be monitored closely.

The Board discussed potential measures to improve services, including a focus on what is creating blockages in discharges; to the purchase of extra beds in a care home; to extra consultant rounds in the afternoon in order to discharge patients where possible. The Board recognised the co-operation and joint working by NLaG, who are under significant pressure to improve.

The Board were also updated that NHS England published the IUCSS as a policy document in August. This is a nationally mandated Service Specification and as such must be implemented by commissioners. The service specification is for the provision of an integrated 24/7 urgent care access, clinical advice and treatment service, which incorporates 111 call-handling and former GP out of hours service. This is expected to impact on the SPA local service as this is unable to deliver the requirements on a 24/7 basis.

The national requirement is for the IUCSS to be delivered by 31st March 2019, and the CCG is currently working through the key milestones that will need to be delivered to ensure compliance with the overall timescale. The CCG has recognised this as a priority.

The Board noted the investment and promotion of the SPA service, and asked the CCG to look at how the service spec can be incorporated into the local system. The Board were assured that this is what is being considered.

**The Board noted the work that is being taken forward in relation to winter planning to ensure continued service delivery over the winter, and the work being undertaken to understand the implications of and actions required by the CCG and system to ensure delivery of IUCSS by 31st March 2019.**

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 were updated regarding Cancer 62 day waiting times performance. The national directive was for 70% of Trusts to meet the national target of 85% by July 2017. NEL CCG performance for August 2017 was 56.41% against out submitted planned trajectory of 81.7% and current year to date performance on this measure is 72.68%. The Board were assured that a number of measures have been set out. The CCG Cancer Clinical Lead, Service Lead and NLaG Cancer Manager are supporting NLaG to identify inappropriate 2ww referrals and raise with the individual GP/Practice.

NLaG are to undertake an audit of circa 1000 referrals sent via 2ww suspected pathway by GP/GDP/Opticians and this information should be available to the CCG by November. The Clinical Harm Review panel are assessing potential impact on patients.

The following Quality Escalations were highlighted to the Board. The Board were assured that the Clinical Harm Review team at NLaG are stepping up to their role, and a robust process with GP input is being rolled out to review services by NLaG.

There are positive outcomes being heard from Maternity Services, a temporary Head of Midwifery has been appointed, and following a recent site visit, the Board can be assured that improvements are being made.

There are still concerns regarding EMAS and crew response to 999 calls from medical centres. The CCG are working closely with EMAS to put in place more robust systems. St Hugh’s Hospital are continuously developing and improving their Quality Report to provide a clear monthly summary in terms of performance and quality. Concerns regarding Thames Transport Service are being reported to the A&E Delivery Board.

**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.**
* **the information on future performance, quality and risk challenges**
* **information on Cancer 62 days waiting time**
* **update information on RTT**
* **further feedback on ways to improve the report**

1. **FINANCE REPORT**

The Board were provided with an update on the CCGs financial position up to September 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 Paper was taken as read with the following issue highlighted.

It was noted that the latest indications are that the CCGs share of any risk share, from the Aligned Incentive Contract with NLaG will be circa £2m and the CCG is working on plans to mitigate the impact of this risk, via a system wide approach to securing additional funding , such as for Winter; cost reductions as part of the Right Care programme; and system wide working to minimise any additional costs associated with winter, demand management.

Both North Lincolnshire & Goole FT and NL CCG have submitted their financial recovery plans and are waiting feedback on whether their baselines can be reset. If this were agreed it will reduce the level of risk to both the wider system and NEL CCG.

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

**11. UPDATES:**

**STRATEGIC ISSUES UPDATE**

The Board were updated that the ACP continues to be developed, and are being encouraged to speed up the development of place based care. Rob Walsh has been spending time at the CCG building relationships with colleagues and understanding the different areas of work. As part of the STP , a Humber Acute Services Review has commenced and the role of the CCG in shaping this will be essential in order to secure the best model for NEL.

**COMMUNITY FORUM**

The Community Forum had no items to escalate.

**COUNCIL OF MEMBERS**

The Council of Members have recently been provided with an update from Peter Reading, who outlined his priorities at NLaG. The Cardiology service was discussed.

**12. ITEMS FOR INFORMATION**

1. Humber Coast and Vale Local Maternity System

The information provided regarding Humber Coast and Vale Local Maternity System was noted.

1. Joint Co Commissioning Committee meeting minutes 11 July 2017

The minutes of the Joint Co Commissioning Committee meeting held on 11 July 2017 were noted.

1. Quality Committee meeting minutes 10 Aug 2017

The minutes of the Quality Committee meeting held on 10 Aug 2017 were noted.

1. Care Commissioning Committee meeting minutes 12 Jul 2017

The minutes of the Care Commissioning Committee meeting held on 12 Jul 2017 were noted.

1. LTP Action Plan Refresh

The information provided regarding the LTP Action Plan Refresh was noted.

**13. QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

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

Thursday 11th January 2018 2pm to 4.30pm Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ