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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 10th NOVEMBER 2016 AT 2.00PM**

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

**PRESENT:**

Mark Webb NEL CCG Chair

Jan Haxby Director of Quality and Nursing

Tim Render Lay Member Governance and Audit

Philip Bond Lay Member Public Involvement

Dr Arun Nayyar GP Representative

Dr Thomas Maliyil GP Representative/ Chair Council of Members

Dr Rakesh Pathak GP Representative

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Councillor Patrick Portfolio Holder for Finance and Resources

Councillor Hyldon-King Portfolio Holder for Health, Wellbeing and Adult Social Care

Nicky Hull Primary Care Professional

Joe Warner Managing Director – Focus independent adult social care work

Dr David James Secondary Care GP

Joanne Hewson NELC Deputy Chief Executive (Communities)

Juliette Cosgrove Clinical Lay Member

Stephen Pintus Director of Public Health, NELC

Helen Kenyon Deputy Chief Executive

**APOLOGIES:**

Dr Peter Melton Chief Clinical Officer

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

There were no declarations of interests from those in attendance.

1. **APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 8 Sep 2016 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted.

1. **RESILIENCE PLANNING UPDATE**

A paper was presented to the Board with a summary of the NEL CCG Resilience Planning activities in relation to winter planning and national emergency resilience planning arrangements. The board are required to note the update and approve the EPRR level of compliance declared following self-assessment against the assurance criteria, which has been circulated to the Board. The Board were assured that the NEL Delivery Assurance Committee have discussed EPRR activities, including the national assurance process.

*Dr Pathak left the meeting.*

EPRR is the framework by which the NHS assures itself that it is prepared for emergencies. CCG’s fall under the scope of EPPR, and further to a number of issues , are required to have a specific set of responsibilities regarding coordination of local incident planning and response, as well as its own organisation resilience to incidents. The CCG has self-assessed as being partially compliant.

*Dr Pathak re-joined the meeting.*

The Board discussed winter planning. Extra funding used to be allocated to the CCG for winter, but this is now built into the baseline of the CCG budget, and is built into the contract with providers. Several initiatives are under way such as; ensuring staff have flu jabs; the A&E Delivery Board is in place, which Dr Melton is the Chair of, and has a number of actions to deliver; conversations are on-going with CCL regarding the provision of GP Emergency support; Care Plus Group co-ordinate the organisation of emergency planning to ensure consistency; and work is underway with the Voluntary sector, such as the providing of food parcels and care to vulnerable people during periods of cold weather.

**The Board noted the updates and approved the EPRR level of compliance declared following self –assessment against the assurance criteria.**

1. **PATIENT EXPERIENCE UPDATE**

The Board were provided with a presentation which gave an overview of the information and formal concerns raised with the NLECG Customer Care Team.

The Board noted that there has been an annual increase in the number of complaints and concerns received by the Customer Care Team, and that the Customer Care Team have been actively promoting the service in order to increase public awareness and access to PALS and Complaints services.

The CCG will continue to promote and encourage the inclusion of experience capacity within our commissioned providers; engage with the Northern Lincolnshire Research and Development Group, and promote experience within the CCG.

It was asked if NEL CCG compare complaints with other CCG’s. As this is not something that is currently considered it was agreed to look at how this data can be incorporated in the future. It was also agreed that using the CCG website to advertise the service was essential, as was the continued use of advertising in GP practices and the hospitals, and through Accord membership, actively promote the service at events etc. The providers have their mechanisms in place for capturing patient feedback, but access to PALS information is also included in this.

The Board asked if the report could be renamed Customer Care Report.

**The Board noted the Annual activity in PAMS and Complaints, and noted the Planned Developments for the forthcoming year.**

**Action: Consider how data from other CCG’s could be incorporated into the report.**

**Action: Report to be renamed Customer Care Report.**

1. **PUBLIC HEALTH REPORT**

The Board have previously been provided with a copy of the Public Health Report, the following points were highlighted to the Board.

The Public Health Reports provide a summary of health care within a region, and contains extremely useful information to gain a perspective into Older People’s care. Adult Social Care will continue to be a challenge due to the pressure of an increasingly ageing population. Future considerations will need to take into account how people manage their long term conditions; is there a requirement for the development of a Charter to protect care for Older People; would it be useful to provide the younger generation insight into care for dementia patients. The report also outlines the importance of how people are supported at the End of Life.

The Board discussed future aspirations, such as the need for co-ordination of services providing support to Older People within our region, as there appears to be many organisations to deal with and it can be a complex system to navigate. The Board discussed a possible “Care Co-ordinator” who could be allocated to patients who takes responsibility for patients and their needs.

The Board suggested that an action plan be developed to ensure delivery of the recommendations in the report.

The Chair praised the report and asked that a verbal update be reported at a future meeting.

**Action: Public Health Report Update will be added to the agenda at a future meeting**

1. **Accountable Care Partnership – COMMISSIONER POLICY DECISION ON COMMISSIONING INTENTION**

Dr Pathak, Dr Nayyar and Dr Maliyil declared an interest in this item. They stayed in the meeting, but did not comment on this item.

The Board were presented with a report to gain confirmation from the Board that the CCG’s preferred model for the future delivery of Health and Care for NEL is an Accountable Care Partnership (ACP), that would be responsible for ensuring the delivery of all, or the majority, of the health and care services for the population of NEL; and gain approval from the Board for the proposed approach to be delivering an Accountable Care Partnership which would involve working with existing providers over the next 2 years to develop the requirements for an ACP and then market test / procure during 2019/20, ready for the ACP to be established by April 2020.

The Board discussed the proposal, and it was confirmed that conversations with providers have been taking place as the principle has been previously agreed. It was noted that the development and establishment of an ACP for NEL would not preclude the CCG from having to comply with procurement rules; therefore a review of the contract and procurement options available to support the delivery of an ACP for NEL has been undertaken by the Care Contracting Committee. Current contracts will be renewed for a period of 2 plus 1 years to ensure service continuity during this development phase.

It was confirmed that NELC have not had formal discussions regarding the establishment of an ACP, and it was asked that the CCG plans were discussed with the appropriate Portfolio Holders.

It was raised how the STP impacts on this proposal, and noted that the STP is concerned with those services that are better delivered on a larger footprint. The establishment of an ACP may provide a stronger footing for NEL.

**The Board approved the proposed approach for delivering an Accountable Care Partnership for NEL.**

**Action: JH to feed back to NELC Portfolio Holders regarding the proposed ACP.**

1. **INTEGRATED ASSURANCE AND QUALITY REPORT**

*Steve Pintus left the meeting.*

The Integrated Assurance and Quality Report was presented to the Board. This report advises the Partnership Board of how 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.

Currently there are significant pressures on A&E which is resulting in the trust not meeting the NHS Constitution target of 95% in respect of patients being seen within 4 hours; a new CCG improvement and Assessment Framework has been introduced, with a rating for each of the six clinical areas for each CCG. It is helpful to note how the CCG compares with others, and we compare well, but improvements are still required. Work is being undertaken such as improvements in the discharge system, but it is investigated if the volume of patients is increasing.

The Quality Escalation was taken as read, and the SI’s reported were noted.

*Dr Nayyar left the meeting.*

The Board were updated that the Quality team were still receiving updates regarding the NL&G Outpatient waiting lists. Although good progress is being made in managing the waiting list backlog, Commissioners have formally requested further detail and assurance of the Trusts approach to clinically assessing the patients that are currently on a waiting list. To date, this information remains outstanding.

Out of hospital SHMI continues to increase. The CCG is working closely with Care Plus Group, and the Trust to clarify the out of hospital SHMI position, and continue to complete a case review to lean from the out of hospital deaths.

*Dr Nayyar rejoined the meeting. Joanne Hewson left the meeting.*

With regards to the EMAS contract, the Trust continues to report significant challenges in meeting its core performance targets, and has not met the national improvement trajectory for 2016/17. The Board asked the question what alternatives are available, and if we could investigate alternative providers.

**Action: JH to investigate alternative providers to EMAS.**

**The Partnership Board noted:**

* **judgements made against the domains of the dashboards**
* **information on future performance, quality and risk challenges**
* **information on referral to treatment times and financial performance**
1. **FINANCE REPORT / CCG ASSURANCE REPORT**

The Board were provided with an update on the CCGs financial position as at September 2016 and the financial risks that need to be managed in the remainder of the year.

At this stage in the year the CCG is on track to achieve both its planned operating position (Health £nil (break-even) + ASC £nil (break-even)) and its NHSE Mandated Surplus (£4.53m), however the following were highlighted to the Board.

The CCG has £1.45m of uncommitted funds available to mitigate the impact of any Health or Adult Social Care risks that materialise in the remainder of the financial year. This is £2m less than the CCG’s current assessment of the potential value of in year risks of £3.45m. Recurrent and non-recurrent actions have been put in place to manage this in year. The non-recurrent actions agreed for managing the 2016/17 position will have a £1.7m impact into 2017/18.

Areas of expenditure to note are:

* NLAG – Activity higher than plan, in particular there has been a stepped change increase in excess bed days activity. Discussion is happening with the Trust to understand the reason for this.
* NAViGO; The 850k FOT variance relates to the Home from Home scheme and reflects the shared cost arrangement between NLAG & NAViGO.
* Continuing Healthcare (CHC); The forecast outturn includes the impact of the 2016/17 national tariff for Funded Nursing Care increase (£109k). In addition, a£400k increase has been forecast in Mental Health Services for Older people. £255k of this specifically relates to 3 Out of Area clients at £3k per person per week until the end of March 2017.
* Better Payment Practice; As at September 2016, the overall performance has dropped below the 95% target for quantity of invoices paid within 30 days. This reason for this is being analysed & regularly monitored to ensure the target is met by the end of 2016/17.
* Cash; The CCG cash profile for the year, previously reflected the frontloading of cash payments to NLAG in the opening months of the year. However this has now reverted back to the original planned profile. As at September (Month 6), the CCG had drawn down 49% of its annual cash allowance against a planned draw down of 50%.
* As at July, the CCG still has £0.904m (11% of QIPP target) of potential schemes to be confirmed. The Board asked for further understanding of the potential schemes and the risk to delivery of the savings.

**The Partnership Board noted:**

* **the financial position as at September 2016**
* **the risks that need to be managed in the reminder of the year and the actions being taken to do this**

1. **COMMISSIONING AND CONTRACTING REPORT**

*Dr Pathak left the meeting.*

The Board were presented with a report to keep the board up to date on key pieces of work undertaken by the CCG in relation to Commissioning and contracting activities. The report was taken as read and the following issues highlighted.

The issue of the Dermatology service is currently in standstill, and the preferred provider has been selected.

*Jan Haxby left the meeting.*

The Board were updated with the on-going issues regarding the Ophthalmology service, and that due to the waiting times additional capacity has been agreed to start to address some of the capacity issues.

There have been a number of issues regarding the call booking system and capacity for supporting discharge of the PTS service. The CCG is working closely with the provider, Thames, to address these issues.

*Jan Haxby re-joined the meeting*

As the Board have previously been informed, the CCG has to agree contractual arrangements for the next two years by 23rd December 2016. The funding arrangements for the next two years have created challenges and the CCG are working closely with providers to try to balance the funding received and the requirements we have to deliver.

The Board were updated regarding the recent major incident at NLaG. The Board were informed that a virus had affected the IT systems. The CCG were fully informed and engaged to mitigate the effect, safely reinstate systems and the care offer to the population. Urgent Care was not significantly disrupted but routine care had to been. The Board were assured by the CCG that had been involved who stated they had been had been impressed by NLaG’s management arrangements, the engagement of clinicians and managers across the system, and the way that the system was back up and running quickly and safely. The incident is classed as an SI and will be reported at a future Board meeting.

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

1. **UPDATES:**

**COMMUNITY FORUM**

The Community Forum were updated regarding prescribing in the region, an interesting discussion was had on the use of the out of hours pharmacy, to encourage people to use this service, rather than going to the hospital. A presentation was also given regarding the STP plan, and the forum look forward to being kept update to date with developments.

**COUNCIL OF MEMBERS**

The Council of Members recently agreed new IFR guidelines.

1. **ITEMS FOR INFORMATION**

a) Care Contracting Committee Meeting minutes – 21 Jun 2016

The minutes of the Care Contracting Committee Meeting held on 21 June 2016 were noted.

b) Joint Co-Commissioning Committee Meeting minutes – 21 Jun 2016

The minutes of the Joint Co-Commissioning Committee Meeting held on 21 Jun 2016 were noted.

c) HLHF Update

The HLHF Update was noted.

1. **QUESTIONS FROM THE PUBLIC**

A member of the public noted the top performance of Diabetes care in the region, and welcomed this news.

It was asked what plans are in place to support dementia care following the closure of the Home From Home service. The Board responded that the closure of the service wasn’t purely financial, but that patient safety was a factor. Alternatives are currently being considered, the service closure has been thoroughly investigated at Scrutiny a Meeting and that a lessons learned exercise was planned, and the public will be kept informed of the alternative services that will be provided.

It was asked if Business Continuity plans had failed during the IT incident at NL&G. The Board responded that the incident is reported as an SI, which will be investigated and reported back at a future Board meeting.

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

Thursday 9th March, 2.00pm – 4.30pm, Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ