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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 12 JULY 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

Rob Walsh Joint Chief Executive

Laura Whitton                                       Chief Financial Officer

Dr Peter Melton Chief Clinical Officer

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

Stephen Pintus Director of Public Health, NELC

Councillor Hyldon-King NLEC Portfolio Holder

Philip Bond Lay Member Public Involvement

Jan Haxby Director of Quality and Nursing

Helen Kenyon Deputy Chief Executive

**APOLOGIES:**

Joanne Hewson NELC Deputy Chief Executive (Communities)

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

**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**

No conflicts of interest were recorded.

1. **APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 10 May 2018 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted.

1. **CLINICAL LEADERSHIP PROPOSALS**

The Board were provided with a presentation regarding a proposal for the changes to the Clinical Leadership within North East Lincolnshire Clinical Commissioning Group. A review of the current Lay Member/Clinical Lead and Service Lead approach has been undertaken, taking into account the changing landscape (Accountable Care Partnership, closer working with NELC and joint working with other CCGs and STP developments).

The review identified that there should be two levels at which clinical leadership is embedded: Executive / Strategic level – to drive strategy and direction and take more ownership of delivering the CCG’s objectives; and an Operational level – to support key programmes of work. It was noted that the current structure provides input at the operational level, but there is insufficient input at the strategic level.

The proposal is for three key senior leadership roles for the portfolios of Quality; Place based work; and Wellbeing. The Board discussed the importance of these roles within the future context of the NHS and the Union going forward, and noted that the proposals have received positive feedback from the Community Forum, and from the Council of Members.

**The Board noted the Clinical Leadership proposals, and asked to be kept informed of developments.**

1. **CHAIR’S ACTION**

The Board noted that the annual reports and accounts were signed off at the IG & Audit Committee on the 24th May 2018. As approved at the last Partnership Board meeting and given the deadline for the submission of the Audited Annual Reports and accounts of the 29th May and the requirement, under the CCG’s constitution, for the Partnership Board to ratify them prior to submission, “Chairman’s action” was taken on the 25th May to ratify the Annual Report & Accounts on behalf of the Partnership Board.

**The Board noted the Chair’s action.**

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 Board noted that the procurement for NHS 111 service went live on the 27th April. The process agreed by the CCG’s was competitive dialogue. The final bidder selection will take place in September, with the contract being awarded in October.

*Dr Pathak joined the meeting.*

The arrangements for commissioning urgent and emergency care across the three STP/sCIS footprints are not uniform. Work is being undertaken in each STP/sCIS to review current governance arrangements and the STP has agreed to work on joint IUEC strategies, sharing learning, ambitions and developments.

The Board were updated that Sussex House residential care home have been suspended for two weeks while they undertake work following a recent quality inspection, where potential risks were identified.

A pilot is currently underway regarding the longer term future of Domiciliary Care in North East Lincolnshire.

The Board were also provided with an update regarding the NL&G contract. Weekly meetings are underway to move the contract development forward. A number of actions have been identified, including saving scheme’s not reflected in the contract; differences in pricing; and understanding inconsistencies of capacity and demand. NEL CCG are also reviewing what alternative arrangements need to be made if NL&G are unable to provide services. NHSE and NHSI have requested that both organisations put in place detailed planning assumptions to reduce the gap. The Board were assured that NEL CCG are not trying to spread costs to other organisations, or improve its finances to the detriment of the Trust, but to ensure planning assumptions are detailed and correct. The Board will continue to be updated with further developments of the contract negotiation.

The Board discussed the 111 service. It was noted that the CCG are not achieving target calls answered and managed by a clinician. A proposal is being submitted to NHSE for approval so NEL CCG is able to move forward with the most appropriate service for patients.

**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.

*Helen Kenyon left the meeting.*

The Board were provided with an update regarding Mental Health and disabilities. 2017-18 has been a year focused on achieving the Mental Health 5 Year Forward expectations and the GP Forward View.

*Rob Walsh left the meeting.*

The CCG have been working with providers, and other CCG’s to develop closer partnerships and to build better opportunities regarding the commissioning of services.

*Rob Walsh re-joined the meeting.*

A Learning Disability Mortality Review is underway which reviews health care for those patients with Learning Disabilities. Each case is being reviewed, with lessons to be learnt shared at the Mortality Group. Further training is taking place as required, and a Cquin is being developed to ensure policies and procedures occur at a higher standard.

The Trust are improving on 52 week breaches. There is still a focus on the urgent referral pathway route for those patients who need to be escalated in response to clinical harm concerns. Capacity and demand work is progressing well for the eight specialities previously highlighted. Ophthalmology has seen performance improve from 63.7% in January 2018, to 86.2% in May 2018. The Board discussed the role of New Medica in delivering the Ophthalmology service.

The Board noted the following Quality Escalations.

Two providers across the North East Lincolnshire healthcare system remain to require an enhanced level of quality surveillance; these providers are NL&G and TASL. The Trust remains in Special Measures for quality and finance. The CCG await the formal outcome of the inspection, which is due shortly.

The CCG continue to work closely with the Trust and Commissioners to improve the SI process.

The results from the NL&G staff survey have recently been published, which showed significant concerns. The CCG are working with the Trust as to a response to the results.

Obstetric health visitors are not meeting an acceptable standard for numbers received by the health visiting services. The CCG are leading a local working group to understand the current position.

The Board noted and congratulated Navigo, and their significant achievement of improving their position in the Sunday Times 100 Best Non-for-profit companies to work for in 2018.

**The Board noted the judgements made against the domains of the dashboards; the Mental Health and Disabilities update; the information on Referral to Treatment RTT pathway; and noted any further comments to improve the report.**

1. **FINANCE REPORT**

The Board were provided with an update on the financial position as at May 2018, 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 highlighted to the Board.

Following approval of the 2018/19 budgets by the Board in March 2018, an exercise was conducted to ensure all budgets reflect the latest agreed contract values. The overall net impact of the budget movements to the CCG planned breakeven position was nil.

Regarding Adult Social Care, the forecast outturn assumes drawdown of £980k non recurrent funding from reserves held at the Council, which is in line with planning assumptions. At this early stage within the year no significant areas of concern have been identified.

Saving schemes have been identified in order to mitigate the risk associated with the finalisation of the NL&G contract. QIPP governance arrangements have been strengthened to ensure that risks to delivery are escalated in a timely manner, allowing mitigating actions to be put in place, and streamlined reporting to minimise duplication and support consistency in understanding.

The Board were updated with the risks to manage for the remainder of the year.

*Jan Haxby left the meeting.*

The Board discussed the current financial position of NHS England, in particular the northern region, and the possible risk that pressure will be put on the CCG’s within this region to contribute to mitigate overspend.

*Jan Haxby re-joined the meeting.*

**The Board noted the financial position as at May 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 mitigate them.**

1. **UPDATES:**

**JOINT COMMISSIONING COMMITTEE UPDATE/ HUMBER ACUTE SERVICES REVIEW UPDATE**

The Joint Commissioning Committee is moving forward. Helen Kenyon is the Chair of this committee. Work is being undertaken to oversee work being carried out as part of the Humber Acute Services Review, and ensuring that this fits in with the commissioning intentions of the 4 CCG’s.

**ICP UPDATE**

A brief update was provided regarding the ICP. Work progresses with detailed governance and leadership arrangements being established. Following a challenge at the High Court, it has been ruled that CCG’s can lawfully enter into alliance contracts with providers. The ICP is aiming to be ready to commission services from September. The Board will be kept informed of developments regarding the ICP.

**STRATEGIC ISSUES UPDATE**

The Board noted that North East Lincolnshire Clinical Commissioning Group’s most recent CCG Assurance Rating was Good. High points of the rating included the CCG’s leadership; the approach to finance management; the direction of the Union; and community involvement and engagement. The Board congratulated the Executive team, and asked for thanks to be passed on to the team.

*Tim Render left the meeting.*

**COUNCIL OF MEMBERS**

No update was provided.

**COMMUNITY FORUM**

The Community Forum were recently updated on the patient systems used across NL&G, and noted that this system cannot be used outside of NL&G, noting the challenges faced when different health care providers access difference systems.

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

The Adult Services Review was noted.

1. HealthWatch Annual Report

The HealthWatch Annual Report was noted.

1. Draft Place Based Plan

The Draft Place Based Plan was noted.

1. Quality Committee meeting minutes 11 April 2018

The minutes of the Quality Committee meeting held on 11 April 2018 were noted.

1. Primary Care Commissioning Committee meeting minutes 30 Jan 2018

The minutes of the Primary Care Commissioning Committee meeting held on 30 Jan 2018 were noted.

1. **QUESTIONS FROM THE PUBLIC**

The Board were asked two linked questions:

During the discussions with NLaG tomorrow brokered by NHS England and NHS Improvement, will the CCG be in a position to offer to flex its in year commissioning intentions in order to contribute to closing the 6.9% gap between the £99.4m the CCG currently plans to spend and the £106.3m NLaG expects to receive in income from the CCG bearing in mind that NLaG’s parlous RTT performance is likely to drive further increased demand for acute referrals to private providers which accounted for 6.5% of the CCG’s acute spend in 2017/18, proportionately a much higher leakage of funding from the local NHS system than occurred in the other Humber CCG areas and more than double the 3% North Lincolnshire CCG spent with private acute providers?

As there is no safety net in the form of a block or aligned incentive contract in place for 2018/19, has the CCG developed a robust financial contingency plan should NLaG defy expectations and succeed in significantly reducing its RTT backlog thus generating PbR income in excess of the notional value of in year referrals upon which the CCG’s spending plans with NLaG are presumably based?

The Board discussed the management of patient demand, noting that if it the hospital got to the position where patients cannot be treated, the CCG would want assurances that they would be dealt with by another provider. In relation to New Medica, there has been a shift in conversation at the Council of Members meetings, where the conversations have been around the need to work with New Medica due to the skills provided, and the need to build relationships and work collaboratively, as the CCG and the Trust recognise the limited capacity in the current system.

The Board also recognised that GP referrals have decreased, and North East Lincolnshire is the 5th lowest CCG in terms of referral rates, nationally, in an area that has high levels of demand on our services. The Chair noted that the CCG’s position will always be - what are the best services for our community.

The Board also noted, regarding the block/aligned incentive contract query, that based on the working relationship with the hospital, the numbers regarding capacity and demand feel realistic, and the strategies being put in place will take time to implement. The Chair noted that he believed that moving to a block contract was the best approach, with risk sharing arrangements being put in place.

The Chair also thanked Healthwatch for the annual report that was circulated to the Board.

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

13 September, 2018, Humber Royal Hotel, Grimsby