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

**MINUTES OF THE MEETING HELD ON THURSDAY 9 JULY 2015 AT 2PM**

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

**PRESENT:**

Mark Webb Chair

Dr Derek Hopper Vice Chair/Chair of CoM

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon Deputy Chief Executive

Dr Thomas Maliyil GP Representative/Vice Chair Council of Members

Dr Peter Melton Clinical Chief Officer

Dr Arun Nayyar GP Representative

Sue Whitehouse Lay Member Governance and Audit

Dr Rakesh Pathak GP Representative

Nicky Hull Primary Care Professional

Philip Bond Lay Member Public Involvement

**IN ATTENDANCE:**

Laurence Roberts Medical Director for NLAG

Laura Whitton Deputy Chief Finance Officer

Helen Askham PA to Executive Office (Minutes Secretary)

**APOLOGIES:**

Juliette Cosgrove Strategic Nurse

Stephen Pintus Director of Public Health

Joe Warner Managing Director – Focus independent adult social care work

Joanne Hewson NELC Deputy Chief Executive (Communities)

Councillor Patrick Portfolio Holder for Finance and Resources

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

**1. APOLOGIES**

Apologies were noted as above.

**2. CONFLICTS OF INTEREST**

No conflicts of interest were declared.

**3. APPROVAL OF THE MINUTES OF PREVIOUS MEETING:**

The minutes of the Partnership Board meeting held on 14 May 2015 were agreed to be a true and accurate record.

**4. MATTERS ARISING**

The actions outlined on the action summary sheet were noted, any outstanding actions will be picked up within the agenda.

No questions were raised.

The Chair would like to pass on the Board’s condolences to Councillor Mick Burnett’s family and friends. Councillor Burnett had been with the CTP/CCG for nearly 6 years, he was an extremely proactive member of the Board who had his own style of bringing the CCG back to earth when he saw fit. Councillor Burnett always resonated with the public and community needs. Mick was a real asset to the community, and to us, we mark his passing and we will miss him.

**5. CHAIRMAN’S ACTION - OK**

**Chair’s action of ratification of annual report / final accounts in June**

The Annual Reports & Accounts were approved at the Integrated Governance & Audit Committee on the 21st May 2015. However, due to the deadline for the submission of the Annual Reports & Accounts, which was Friday 29th May, and the requirement, under the CCG’s constitution, for the Partnership Board to ratify them prior to submission, ‘chairman’s action’ to ratify them on behalf of the Partnership Board was taken on the 28th May 2015.

The Chair encouraged the Board to read the annual report as provides a good summarisation of how far the CCG have progressed over the last year.

**The Board agreed to note the ’chairman’s action’ taken on the 28th May to ratify the 2014/15 Annual Reports and Accounts of the CCG.**

**6. COMMISSIONING SUPPORT**

A report was brought to the board to provide an update on the CCGs Commissioning intentions with regard to the services currently bought from Yorkshire and Humber Commissioning Support, and the key timescales for the transfer of services from Yorkshire and Humber Commissioning Support to the new arrangements following their failure to get onto the Lead Provider Framework. The report was taken as read.

The Lead Provider Framework (LPF) was established by NHS England to ensure that CCGs have a choice of quality assured support services. Commissioning Support Providers have spent the past year preparing and refining their bids for the scheme.

Yorkshire and Humber CS (YHCS) learnt in early 2015 that they had been unsuccessful in their bid to gain a place on the lead provider framework. This means that YHCS will cease to exist, as a stand-alone organisation, after March16. The CCG currently buys £1.6m worth of services from YHCS.

NEL CCG, along with the 22 other CCGs who currently purchase support from YHCS are working closely with NHSE and YHCS to ensure continuity of service whilst the new arrangements are put in place.

The CCG has reviewed all the services it currently buys from YHCS to assess whether to; bring the services in-house, to share the services with other CCG’s, or continue to buy them in. Key considerations in deciding whether to go with these options have been; value for money, quality of service, optimal footprint of service (e.g. NEL only, Humber, wider etc.) so as to ensure a local / resilient service and in-house capacity and capability to manage new/expanded in-house functions.

The intentions are as outlined in the report, and have been discussed and agreed at the Care Contracting Committee.

For services where the intention is to either bring them in house or share them with other CCGs, final confirmation of whether or not the business case has been approved should be received by the end of June. The indications are that all of our business cases will be approved. Where services are to be shared, the staff will be employed by one of the CCGs, this is the same approach as is the case with the Safeguarding team and is one that has worked well. Where we want to buy in a service, the CCG will be required to go through a procurement process via the LPF. It was noted that invitations to tender will be issued on the 17th July not 17th June as stated in the report. The successful bidder will be notified in early October.

Dr Hopper queried the cost effectiveness of buying in services, e.g. IFR’s. The Board were informed that the changes would produce a planned cost saving for the CCG of 10%; although this is dependent on providers being willing to provide services at this cost. Following a query from Dr Hopper, Ms Whitton confirmed that there would be no changes to the current scope of the service being bought in.

Philip Bond asked what the situation would be if 10 CCG’s opted out of a particular service, could we face a situation where that service would not be available. Ms Whitton confirmed that all CCGs commissioning intentions have been shared and there were no instances of where a service would not be available.

Concerns were raised by Board members regarding how the CCG would ensure the standard of services (especially IT Services) from the new provider, the Board were assured that all providers had had to go through a rigorous process to be placed on the approved provider list, and would have to enter into a contract with the CCG that would include Key Performance Indicators.

Dr Melton asked what the planned length of contracts we would be entering into would be, and asked if there was any scope to work with our Local Authority providers. All providers would sign a 4 year contract, with an option to extend by 1 year. Possible break clauses within the contracts would be discussed and agreed by officers and fed back into the procurement process..

**The Board noted the CCGs commissioning intentions and the key timelines.**

**7.   TRIANGLE OBJECTIVES - OK**

The Board were provided with an overview against the 2014/15 Triangle Objectives and noted the objectives identified for each triangle in 2015/16.

In North East Lincolnshire Clinical decision making is driven via Service Triangles; Triangles are a unique concept that bring together Clinical Leads, Service Leads and Community Members to lead and influence service redesign & improvement on behalf of the CCG.

The Chair welcomed the report, commenting that it builds on the idea of good managers, enthusiastic GP’s and community engagement all working together to innovate and provide care. The Chair highlighted those positives outcomes which the CCG should be incredibly proud of; new triangles for Community Care and Primary Care; a focus on 7 day services in Primary Care; our immunisation rates being amongst the highest (best) in the country; working hard to increase the dementia diagnosis rates, achieving the outturn figure of 66.6% - significantly higher than the national average of 61.6%; the Extra Care Housing project; all evidence that the CCG are working hard to achieve its objectives.

The Chair congratulated all involved, noting the excellent work provided. Helen Kenyon added that over the past year there had been a number of staff changes, yet work had continued to make excellent progress despite this.

The Chair of the Community Forum, Philip Bond, also highlighted the role of the Forum, adding it was worth noting how far ahead in our region we are in our community engagement, this being continuingly evidenced in the forum members’ commitment to their roles.

**The Partnership Board noted the progress made in 2014/15 and the objectives for 2015/16.**

**8. SECTION 75 BUSINESS PLAN**

The Board were presented with a paper regarding the Section 75 Business Plan to gain Partnership Board sign off of the Section 75 Business Plan for the coming year. The Plan sets out the objectives to be delivered by each partner for the period of the plan; the financial resources that are transferred under the agreement; and the anticipated major changes in policy, any issues that are defined as ‘reserved matters’ for the council in the Partnership Agreement

An overview was provided to the Board at the June Partnership Board. Significant areas include the partnership with the Local Authority; Adult Social Care; the Care Act implementation requirements and Children’s Commissioning. The report outlines how we move forward with the partnership, ensuring the CCG are being as effective as we can be in the distribution of public money to front facing services.

It was questioned if funds can be moved from Health to Social care on a case by case basis. It was noted that this is possible where it improved overall use of resources, and the GP’s were asked to come to the CCG for cases they are looking at in order to direct funds as required.

Dr Melton commented that with such a big reduction in Adult Social Care funding from the NHS, we need to try to capture what impact this has on the CCG; can we understand where the additional costs are incurred due to budget cuts across the board. Helen Kenyon stated that she will be attempting to pull together information regarding where we are incurring additional costs, this will continue to be monitored. The recent introduction of the living wage increase and further cost efficiencies announced at the recent budget at a local level all impact our services and HK assured the Board that the CCG are looking at what the implications could be and how we deal with them.

The Chair was pleased with the direction relating to the moving of funds, noting that despite financial and logistical challenges the partnership will always put people at the centre of all plans and proposals.

**9. HEALTHWATCH REPORT**

A report produced by HealthWatch was brought to the Board and taken as read. The report highlighted a number of concerns raised by patients in relation to accessing their GP practice for appointments.

It was noted that the report should be considered in the context of the national patient survey and benchmarking reports which show that the access to GP services is relatively good in North East Lincolnshire, with some notable examples of good practice already in place, but the report clearly demonstrates that the picture is inconsistent between practices and between days of the week, and that the CCG must continue to strive for improvement as a key priority within our Primary Care strategy.

Board members have been made aware that the CCG have already identified this as one of our priorities for action, and national funding has already been secured by a consortium of 10 local practices (the ‘Docks Collaborative’) to implement an innovative project to improve access for their patients across the whole week. That pilot was proposed as part of the national Prime Ministers Challenge Fund, and will operate in a manner that closely matches and responds to the findings and recommendations within this HealthWatch report. The CCG is also seeking, via the LINCS GP Federation, to establish a second pilot to cover additional practices within our area in coming months subject to receiving and agreeing a business plan that meets our criteria.

This has been the subject of a recent discussion between representatives of the CCG, NHSE and HealthWatch, where it was agreed that the focus of our response to the reports finding and recommendations should be through delivering our existing aim to have all practices being engaged in collaborative work to improve access, building on the learning from the pilot(s) outlined above. However, it was recognised that this may take some considerable time to achieve consistently across the area. Improved 7 day access is also a national NHS (and Prime Minister) priority for all services, including Primary Care.

The report expressed disappointment at the low level of GP practice responses to their questionnaire, and it was agreed that the CCG will seek to assist with improving their future engagement with practices.

The Chair thanked HealthWatch for producing the Report and confirmed that all Board members had had an opportunity to review the report. The Chair highlighted the positive outcomes of the report, and acknowledged there were still issues to face. A meeting has been held with HealthWatch and CCG representatives, and regular meetings will be put in place to consider how to work together in the future; to capitalise on the Report and turn outcomes into positive actions.

Nicky Hull, representative of the Practice Managers, agreed that the Report is being viewed as a positive document by colleagues, and is immediately showing improvements in access.

The Board were informed that work is currently being undertaken to produce a Vanguard on Emergency Care, and thanked HealthWatch for its production as it has been an extremely useful tool in preparing information required for the Vanguard submission.

**The Board noted the report, and the focus of the work to be taken forward by the CCG/NHSE in responding to HealthWatch findings.**

**Dr Thomas left the meeting**

**10. QUALITY REPORT**

The Quality Report was submitted to the Board. The report was taken as read.

The main points highlighted were the removal of the registration of the Care Home in Immingham by the CQC. The CCG had picked up the responsibility to care for and to move residents into suitable new homes. All residents had been moved and the home closed within the 5 days as outlined by the new legal framework of the Care Act. The Chair had sent a message to the team involved and congratulated them on their work as this was a very difficult task to undertake.

Ashwood Surgery has been rated inadequate by the CQC. A further briefing will follow and the CCG will work alongside NHS England, and the Practice to develop an action plan to ensure services and safe and effective. No other NEL practices have been rated inadequate.

In view of recent concerns expressed regarding the SHMI trends, the CCG Quality Committee is to undertake a review of the SHMI work programmes being taken forward by the groups described above to provide assurance that they are appropriate in scope and focus, and that they can therefore be expected to deliver improvement over coming months.

**11. INTEGRATED ASSURANCE REPORT**

The Integrated Assurance Report was submitted to the Board. The report was taken as read.

The following points were highlighted to the Board. The CCG Outcomes Indicator Set contains a measure that focuses on emergency admissions where the diagnosis suggests that the admission was ‘avoidable’.

It is a composite measure which includes one that centres on conditions that should usually be managed without the patient having to be admitted to hospital. These conditions include, for example, ear/nose/throat infections, kidney/urinary tract infections and heart failure.

It is clear from that the CCG has seen continuous growth in this area over the last five years and further analysis shows that the growth is being driven by three main types of diagnoses which include kidney/urinary tract infections, influenza/pneumonia and cellulitis. With the three highest levels of admission occurring in the last eight months this is clearly an area the CCG need to focus on. Further work is currently being undertaken to understand some key links between this and other potential influential factors.

There are a number of factors why this could occur, such as who initially sees the patient. It is acknowledged a systematic change of Urgent Care is required, particularly in ‘out of hospital’ services, to ensure that demand on hospital services is minimised. The Treasury recently produced helpful data on total spend in UEC, and noted that Cornwall have invested in minor injury units, out of hours, and ambulance crews who deal with patients on site, and they spend significantly less than NEL.

The Chair expressed the boards concern at this trend, and agreed on the actions being undertaken by the CCG.

There is a further measure that focuses on patients who have long term conditions which should not normally require hospitalisation known as ‘Chronic Ambulatory Care Sensitive Conditions’ (CACSC). The CCG now show a reducing trend, which is positive.

It was noted that the risks outlined in the report are ones that have been brought to the Board’s attention on a previous occasion.

The Chair agreed with the actions undertaken, as outlined in the report.

**The Partnership Board noted the following:**

**• to note judgements made against the domains of the dashboards**

**• to note the information on ‘Avoidable’ emergency admissions**

**12. FINANCE REPORT**

The Finance report provided an update on the CCG and Northern Lincolnshire Community financial position as at May 2015 and the financial risks that the CCG needs to manage during the remainder of the year.

At this early stage in the year the CCG is on track to achieve its planned surplus of £4.53m (Health £4.53m + ASC £nil (break-even)), however a number of risks will need to be managed to achieve this, the key areas of risk being; QIPP – risk of the saving schemes not delivering the amount of planned savings; Acute activity being higher than planned; continuing health care activity being higher than planned and adult social care expenditure. An early warning system is being developed which will ensure we are tracking risk, and highlighting other areas of potential pressures in a timely manner.

The Community financial position is currently operating with a deficit of 22.5m. Discussions are on-going with Monitor regarding support funding in 2015/16. Work is on-going on planning for a more robust 2016/17 framework for local services and as a community we will need to demonstrate how we will reduce the deficit year on year over the next 4 years.

Dr Pathak asked, in terms of areas for savings, how do the CCGs costs benchmark against others. It was agreed that benchmarking information will be incorporated into the finance report that comes to the next meeting.

With regard to the community financial position Cathy Kennedy raised that it was important to note that the financial requirement is for the CCG is to meet the target set of £4.53m, Care Plus and Navigo have a requirement to break even, however, the Hospital Trust do not have sufficient funds to achieve their required break even position.

The Chair noted that the CCG are facing a big challenge, but it is important that we hold our ground and continue with the initiatives and direction of travel, always looking at outcomes for our community.

**ACTION: LW to bring benchmarking information to review to the next meeting**

**ACTION: LW to review how risks are quantified and reported, alongside the best & worst case scenario**

**13. COMMISSIONING AND CONTRACTING REPORT**

The report submitted to the Board was taken as read.

The report updated the Board on key pieces of work undertaken by the CCG in relation to Commissioning and contracting activities. The key points highlighted were; The CCG is also working with providers on how to deliver a 24/7 urgent and crisis care model out of hospital.

The contract model and financial value has been agreed with Northern Lincolnshire and Goole NHS Foundation Trust (NLG).

Strategic Commissioning Intentions will feed into the shape and form of services that the Healthy Lives Healthy Futures programme will be seeking to deliver. The CCG are refining these intentions and the process includes reviewing which Services that we would look to commission in the future. The CCG are currently engaging with GP’s regarding the consideration of where we would position services in the future. Detailed consideration is being given and opportunities provided to feedback.

**The Partnership Board noted the key actions being undertaken in relation to commissioning and contracting in the CCG.**

**14. HEALTHY LIVES HEALTHY FUTURES UPDATE**

An update was provided, and a report circulated to provide the Partnership Board with an overview and assurance of the current progress within the Healthy Lives Healthy Futures Programme, and highlight what is planned within the next stage of the programme. The report was taken as read.

Since its inception the HLHF programme has undertaken a great deal of work with the local public, clinicians and professionals, and the latest position arising from this work has been summarised into a document entitled ‘Healthy Lives Healthy Futures – 5 Year Vision and Strategy’ Members will recall that they have had opportunity to review and comment on an earlier draft of this document. This document will be used as the basis for discussions with stakeholders, public and staff about the progress within the programme and our emerging view of future service models.

This report highlights potential risks as new models are adopted. The report asks if we are prepared to take this shift, what are the impacts elsewhere, and are we aware what these might be.

As the Board has been made aware within previous presentations, we are now moving into the next phase of the HLHF programme. The CCG is firming up its strategic commissioning intentions: based on our population needs and the consideration of safety, quality and cost effectiveness. These will outline those core services that we believe must be delivered within the locality; those that can be safely accessed within an hour should that be necessary to ensure quality and sustainability; and those which, on the basis of requiring large activity volumes for safety and quality purposes, could be delivered from specialist centres at a greater distance.

A key part of the CCG strategy is developing a community-based (‘out of hospital’) care model. The HLHF programme is responding to this to develop models that involve services working together to deliver person-centred care within community settings including in patients own homes, with the aim of providing proactive care to keep individuals as well as possible and avoid the need for hospital admission. Working with professionals and service users, work is beginning on developing the detail of this model. At the same time, the hospital will be considering ways in which those services that must remain within a hospital setting could be delivered to best meet the safety and quality requirements, within the resources available.

As we bring together all of these elements across Northern Lincolnshire, the impact on the configuration of existing services will become clearer, and potential options for the ‘in hospital’ requirements will begin to emerge.

Public engagement on the developing service models and overall programme progress, as well as the work that is beginning to happen to define more clearly the future shape of services, will be carried out over the summer and early autumn. If any formal public consultation on any proposed alternative service configuration options is required, it is expected that this would not occur before early 2016.

The Chair noted it will be important to take a holistic approach when looking at the future of services within our region. It was collectively set and agreed that as a board we have a clear responsibility and need to make sure we are not losing sight of this.

The Chair encouraged the Board to review the full report which clearly encapsulates the way forward. A summary will also be produced and circulated shortly.

**The Partnership Board noted the current position within the Healthy Lives Healthy Futures Programme, and the planned next phase of the programme.**

**ACTION: Circulate Summary of the HLHF Report**

**15. UPDATES**

**a) Community Forum**

Philip Bond highlighted and congratulated the Forum participants on their engagement and commitment. It was noted that the Forum are taking an increased sense of responsibility and ownership. This was evidence recently when the majority of the Forum attended a Children’s Exploitation training event.

There will be an update on public/patient involvement at the August Partnership Workshop, regarding how we use patient experience and engagement in our decision making, and the progress being made against the CCG Engagement Strategy.

The new Accord steering group is progressing well and member are taking greater responsibility and a sense of ownership is developing. They meet monthly.

**b) Council of Members**

The Chair of the Council of Members noted that the last meeting held had included an exciting debate around the 24/7 access issue. Members had expressed concerns on the effect this could have on possibly destabilising practice (GP) capacity and the Out of Hours service.

The recruitment of new GP’s / Health workers to our region is an area of concern. The CCG have been involved in a programme to offer positions to Dutch GP’s, but this is quite difficult to progress, and is a longer term opportunity. The GP trainee scheme has allocated only 3 trainees in Northern Lincolnshire. This also is in light of the concerns regarding the number of GP’s retiring which is not just an issue for NEL, as the GP federation recently noted that 38% of GP’s are over the age of 55. Over the last 12 months, 3 GP’s have retired from our region.

The Board noted that this does not mean a reduction in the quality of service; but could mean that the days of 10 minute appointments with your GP could possibly be altered to a meeting with a healthcare worker, and tapping into other expertise as is required. People’s view of how they want to access healthcare varies, and it is important to consider this, in order to meet the patient’s needs.

The Chair agreed that it was our role as Board members is to do what is right for this community, with the means that we have, and do it well.

**16. ITEMS FOR INFORMATION**

a) Delivery Assurance Committee Minutes 29 April 2015

The Minutes from the Delivery Assurance Committee meeting held on 29 April 2015 were noted.

b) Co-Commissioning Committee Minutes 23 April 2015

The minutes of the Co-Commissioning Committee meeting held on the 23 April 2015 were noted.

c) Care Contracting Committee Minutes 12 March 2015

The minutes of the Care Contracting Committee meeting held on the 12 March 2015 were noted.

d) Ratification of Policies

The Ratification of Policies were noted.

e) Draft Integrated Governance & Audit Committee Minutes 31st March 2015 and 21st May 2015

The minutes of the Integrated Governance & Audit Committee Minutes meeting held on the 31 March and the 21May 2015 were noted.

**17. QUESTIONS FROM THE PUBLIC**

The Chair of HealthWatch raised his concerns with the Board regarding higher than expected mortality figures in the region and welcomes the actions of the CCG in recognising the issue. The Chair gave his assurance that we are concerned and addressing this issue.

A member of the public asked if there was a strategy in the use of technology within the NHS. The CCG responded to say that Healthy Lives Healthy Futures is looking at efficiencies and reviewing barriers for patients such as access to health records, alternatives to face to face conversations and improve access to clinicians. Pam Clipson at NLG has agreed to co-ordinate the HLHF work in this area, looking to break down barriers relating to technology, and how as a member of the community people can get more involved. An external consultant will be reviewing current systems in place and how we can move forward. The Chair encouraged this development hoping this would mean that those people disadvantaged in the community have access to services.

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

Thursday 10 September 2015 from 2pm to 4pm at the Royal Suite, Humber Royal Hotel.