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

**MINUTES OF THE PART A MEETING HELD ON THURSDAY 8th SEPTEMBER 2016 AT 2.30PM**

**ROYAL SUITE, HUMBER ROYAL HOTEL, LITTLECOATES ROAD, GRIMSBY, DN34 4LX**

**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

**APOLOGIES:**

Dr Peter Melton Chief Clinical Officer

Stephen Pintus Director of Public Health, NELC

Helen Kenyon Deputy Chief Executive

**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 14 July 2016 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

All matters arising were noted. The Chair will discuss the issues regarding costs of paracetomol outside of the meeting.

1. **COLLABORATIVE’S REPORT**

A presentation was provided by the Health and Wellbeing Collaboratives , who are a team of 84 volunteers, working out of Centre 4, Nunsthorpe, and work on; The Early Presentation of Cancer symptoms; The Older People’s Health & Wellbeing programme; Coronary Heart Disease Collaborative; Skin Health Collaborative; Dementia Collaborative; Pre-diabetes Collaborative; and Good Neighbours Programme.

The Collaborative team work with Community members in partnership, focusing on Health and Social care issues within their own community, supporting them to gain insight plan and deliver real change in their communities. They plan to continue running a number of programmes focusing on prevention, but also help to empower people in managing their own health care, and support and grow ‘Good Neighbours” scheme across the region.

The Board thanked the team for the presentation, and congratulated them for their hard work and successes. The Council expressed a wish to take this information to the Scrutiny Panel, and potentially to be shown to Practice Managers to inform them of what work is being undertaken within the community.

1. **PATIENT EXPERIENCE UPDATE**

Due to staff illness the Patient Experience Update will be presented at the next meeting.

1. **CAMHs PROCUREMENT EXERCISE**

The Board were provided with a verbal update that the NELCCG & NELC have taken the decision to extend the current CAMHS contract by one year to enable time to ensure that the future service commissioned meets the needs of the local communities, the priorities of the NEL Outcomes framework, the 0-19 prevention and early intervention agenda and the wider emotional health and wellbeing offer for children and young people in NEL.

1. **SECTION 75 3 YEAR BUSINESS PLAN**

A report was submitted to gain approval from the Partnership Board for the Section 75 Business Plan for the year 2016/17 and the subsequent 2 years to 2018/19.

The plan sets out the objectives by each partner for the period of the plan, and anticipated major changes in policy, that could impact on the partnership agreement. The Business plan also highlights areas for further joint work between the CCG and Council as part of the development of the partnership between the 2 organisations, which would currently sit outside the scope of the Section 75.

The plan includes priorities such as Adult Social Care, including prepare for the ASC Peer Review, and support care homes based on findings from the review, monitor impact of savings achieved; Children, extension of the CAMHs contract to secure the most appropriate mechanism to secure Mental Health services going forward, meeting requirements of the National Review; Strategic Commissioning, develop a strong single voice to shape and influence, and move forward local service provision, STP, and Devolution; Improving the health and wellbeing of the public, identify priority areas for commissioning for value for money.

The Business plan will be submitted to the Council cabinet for agreement. It was noted that a larger number of targets sit below the priorities outlined. The Partnership Leadership Group, made up of representatives from the CCG and NELC, meet on a regular basis for discussion and updates.

**The Partnership Board approved the 2016/17 – 2018/19 Business Plan.**

1. **INTEGRATED ASSURANCE AND QUALITY REPORT**

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.

The area of “Preventing people from dying prematurely” is still an area of Risk, although there are improvements being made. The quality team continue to investigate the issue of “Patient experience” due to the concerns in this area.

The Board were provided with an update regarding Quality; safety, effectiveness and experience, noting concerns and escalations. The following items were highlighted to the Board.

NL&G have identified a further cohort of over 5000 ophthalmology patients waiting for treatment.

NL&G maternity services; the Trust have declared four serious incidents in maternity services since Feb 2016, all of the SI’s were not rated as assured, a review has identified system delivery problems and governance issues across the Trust.

Concerns have been raised in relation to patient discharge and patient administration processes. A NITS (Noise in the System) Group have been tasked with picking up on these concerns. The CCG have established a new process to manage the Noise in the System to triangulate and collate all intelligence, create a commissioners pan, and monitor/escalate as required.

SHMI position remains above 100 target, and although the SHMI position is steadily improving, the out-of hospital SHMI figure is increasing at the DPOWH site.

The Chair commented that the Board continues to be updated with an overall view of the provider in relation to the number of concerns raised.

**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**
* **further feedback on ways to improve the report**
1. **FINANCE REPORT / CCG ASSURANCE REPORT**

The Board were provided with an update on the CCGs financial position as at July 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 £2.65m 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 £1.6m less than the CCG’s current assessment of the potential value of in year risks of £4.25m. System wide management of activity risks is being progressed as part of the NLE Accountable Care workstream, alongside focused work to move forward further faster on QIPP schemes where possible.

The Board agreed to take Chair’s action on any potential agreements that need to be put in place to deal with risks, after review by the Audit Chair.

There are currently 3 main pressure points:

* There has been an increase in Adult Critical Care activity year to date, and the current forecast is for the overall contract to overspend against the £98m contract floor by £900k.
* Spend year to Date is 10% higher than budgeted on non-contract activity and this level of spend has been forecast to continue for the remainder of the year.
* The impact of the recently notified increase in the 2016/17 national tariff for Funded Nursing Care.

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 CCG Assurance Report for Q4 was presented to the Board, and taken as read.

**The Partnership Board noted:**

* **the financial position as at May 2016**
* **the risks that need to be managed in the reminder of the year and the actions being taken to do this**
* **the overall rating for 2015/16 for NEL CCG as assessed by NHS England**
* **the actions being taken with regard to identifying and implementing full solutions to the financial and service challenges as part of the HLHF Programme.**

**Action: LW to provide to the Board further information regarding potential schemes to be confirmed.**

1. **COMMISSIONING AND CONTRACTING REPORT**

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 contract for Patient Transport Services is in the final stages. Engagement with patients and the public has been undertaken, which has proved extremely beneficial in understanding patient needs and given the opportunity to explain the changes to patients. Communications with patients, MP’s, GP’s etc. will take place in September; it has been left until now to do this so avoid confusing messages being published. EMAS and the new provider are working well together, the TUPE of staff has gone well, and the CCG are optimistic that the new arrangements will be a success.

2017 – 2019 contract negotiations are due to take place to meet the required deadline of 31st December, 2016. The Board will be kept informed of continuing discussions. Due to planning guidance possibly not being in place, by the end of the year we may not have contracts signed, but will have finance, activity and local agreements in place with national changes appended on at a later date.

The Garden House is still under suspension, a joint CCG / CQC inspection will be taking place an a recommendation made to either maintain or lift the suspension will be made.

NLaG have struggled to deliver the national target of RTT. The CCG have been asked by NHSE to consider other providers to remedy the deficit, and discussions are taking place with a potential new provider. NHSE have requested a plan of how we will get back on track and meet the requirements set. The use of other providers will also incorporate transport provision.

Concerns have been raised with NLaG around lack of information provided regarding the backlog; inaccurate capacity plans provided. There are on-going recruitment and capacity issues, but meetings have taken place discussing how this has happened, and what can be done to rectify the situation and NLaG are working with the CCG to provide assurance that by putting in place robust measures this cannot happen again.

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

1. **HLHF UPDATE**

The Board were presented with the HLHF Update paper, which was taken as read. The monthly update provided has been produced to update all organisations on recent activity.

**The Board noted the update provided by the HLHF team.**

1. **UPDATES:**

**COMMUNITY FORUM**

An update will be provided at the next Partnership Board meeting.

**COUNCIL OF MEMBERS**

The Board were updated on recent discussions held at the Council of Members meeting regarding; Julie Wilson presented on the future of Primary Care; Helen Kenyon prepares a very useful presentation on how the CCG make decisions on Commissioning a service; an update on STP; and an active discussion held on the Cardiology project.

The Chair noted that the Council of Members and the Community Forum are going to experience an increase in activity due to the upcoming changes, and would like the representatives to take back to the meeting assurances that working together is the way to get through the difficult decisions that we are all going to be faced with.

1. **ITEMS FOR INFORMATION**

a) Care Contracting Committee Meeting minutes – 18 May 2016

The minutes of the Care Contracting Committee Meeting held on 18 May 2016 were noted.

b) Quality Committee Meeting minutes 9 Jun 2016

The minutes of the Quality Committee Meeting held on 9 Jun 2016 were noted.

c) IG&A Committee Meeting minutes – 26 May 2016

The minutes of the IG&A Committee Meeting held on 26 May 2016 were noted.

d) Joint Co-Commissioning Committee Meeting minutes – 28 Apr 2016

The minutes of the Joint Co-Commissioning Committee Meeting held on 28 Apr 2016 were noted.

e) Public Health Annual Report

The Public Health Annual Report was noted.

1. **QUESTIONS FROM THE PUBLIC**

A member of the public asked if they could be provided with the criteria for eligibility to access to free transport. Contact details were supplied and the information will be sent on.

A question was raised if the plan was to amalgamate Adult Social Care and CAMHS. The Council stated this was not the case, the contract for CAMHS has been extended by a year to ensure that future services commissioned meets the needs of the local community, and provides us with an option to procure for all Children’s services at the same time.

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

Thursday 10TH November, 2.00pm – 4.30pm, Social Enterprise Centre, 84 Wellington Street, Grimsby DN32 7DZ