

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
Governing Body AGM virtual meeting via Teams

ACTION NOTES OF THE MEETING HELD ON 17/09/2020 AT 13:00-15:00

MEMBERS PRESENT:

Mark Webb	NEL CCG Chair
Dr Peter Melton	Chief Clinical Officer
Rob Walsh	Joint Chief Executive
Helen Kenyon	Deputy Chief Executive
Laura Whitton	Chief Financial Officer
Philip Bond	Lay Member Public Involvement
Dr J Raghwani	GP representative
Tim Render	Lay Member Governance and Audit
Joe Warner	Managing Director – Focus independent adult social care work
Dr Sudhakar Allamsetty	Chair of COM / GP Representative
Dr Chris Hayes	Secondary Care Doctor
Stephen Pintus	Director of Public Health, NELC
Jan Haxby	Director of Quality and Nursing
Dr Ekta Elston	Medical Director
Anne Hames	Chair of Community Forum

ATTENDEES PRESENT:

Michelle Green	PA to Executive Office (Minutes Secretary)
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APOLOGIES:

Joanne Hewson	Chief Operating Officer
Eddie McCabe	Assistant Director – Contracting and Performance, NELCCG
Dr Mathews	GP representative

1 APOLOGIES RECEIVED

Noted above.

2 DECLARATIONS OF INTEREST

There were no declarations of interest recorded. It was noted that on-going declarations of interest stood for every Governing Body meeting and were publicised on the CCG's website.

3 APPROVAL OF PREVIOUS MINUTES

The minutes of the previous Governing Body meeting (14/11/19) were agreed to be a true and accurate record.

4 REVIEW OF CCG CONSTITUTION

A report was presented to the Governing Body and taken as read. The following was highlighted to members.

This report has been brought today to update the Governing Body on the changes that have been made, to get agreement to recommend adoption of the updated constitution to the Council of Members, to get approval of the terms of reference of the Integrated Audit Committee, Remuneration Committee and Primary Care Commissioning Committee and also to get approval of the CCG's Governance Handbook.

Key changes were highlighted. A new model constitution has been issued and the document has been amended to reflect this. This has made the constitution more streamlined and given greater local flexibility over content. A Governance Handbook sits alongside the constitution. The CCG can amend and authorise changes to this document without having to go through the NHS England approval process.

A lot of consultation work has been done to get agreement to the proposed changes that have been done. Additionally, an independent legal review took place in January 2020 as part of the process and changes where applicable have been made.

It was noted that the handbook is a useful way forward.

ALL approved the recommendations included in the report.

5 HUMBER PARTNERSHIP MEMORANDUM OF UNDERSTANDING

A report was presented to the Governing Body and taken as read. The following was highlighted to members.

This document has been developed and linked to the wider Partnership arrangements as part of the Integrated Care System and in particular the Humber locality working. The idea is to set out Statements of Intent in regard to the plan objectives, principles of collaboration between the partners, details of governance structure that will be put in place and roles and responsibilities. This has been signed off in principle but has been brought to the Governing Body to be endorsed.

This document supports the direction of travel that as a Board we have been briefed on in the past.

It was clarified that there are no delegations into this and that it is a statement of intent and partnership working. It was also clarified that for financial decision making it has to be by agreement.

It was pointed out that on page 4, in line with our own CCG philosophy, it shows that we are clinically led and have an advisory board which is made up of lay members ensuring that professionals, clinicians and members of the community were involved and providing both support and challenge during decision making.

ALL endorsed the Humber Memorandum of Understanding.

6 ANNUAL REPORTS AND ACCOUNTS

A presentation was given regarding the Annual Reports and Accounts by Laura Whitton.

A high-level overview was given of the annual reports and accounts of the CCG for 19/20. A background of the CCG was given along with what it covers ie. Health Services and Adult Social Care.

Achievements for 19/20 were covered including management of people with long term conditions. Work has been going on with Mental Health following a successful bid for more funding. There has been the establishment of Primary Care Networks (PCNs) in North East Lincolnshire and other innovations

within Primary Care. There has been the launch of the new Adult Strategy. Development of extra care housing has progressed and the Nunsthorpe development is nearing completion. There has been a lot of work linking to the Mental Capacity Act. Work is ongoing to improve rehabilitation and reablement.

Regarding the development and performance in 19/20 it was noted that numbers on the report were pre-covid. Overall, the CCG continues to perform well.

Finance is a very positive picture all round. The CCG met all statutory financial and operational duties. Looking at Northern Lincolnshire, the system as a whole hit its financial control total which is the first time that this has happened in a number of years and reflected the close partnership work that has been taking place.

With regard to quality, the priorities were explained. This involved improving system safety and system culture in North East Lincolnshire, understanding the pressures in respect of the nursing workforce, supporting the development of a quality framework for Integrated Care Partnership (ICP). Examples of work regarding these 3 priorities were then given.

It was noted that the full annual report is available on the CCG's internet.

Staff were complimented having managed to keep things on an 'even keel' despite the challenges of covid.

7 COMMUNITY FORUM ASSURANCE REPORT

A report was presented to the Governing Body and taken as read. The following was highlighted to members.

It was pointed out that the Community Forum members are all volunteers. The report explains how the forum is made up, what it has achieved, what is discussed in the 'So What' session, and how decisions are made with areas of focus for the coming year. This ensures challenge, engagement and ability to listen, discuss and agree new proposals and changes that are required.

The report reflects on the year of change it has had, not withstanding the retirement of a longstanding Council of Members Community lead.

Areas of focus for 20/21 will be covid and the implications for our community and its health and well-being. Specifically, the forum members want to make sure they explore the cancellation of elective surgery, delayed appointments, staff shortages and suspension of some services, the mental health and impact on people who are isolated and struggling families, the speed of change, how the NHS is delivered in the future, how the Forum can engage with community and professionals and contribute to enabling understanding of such change. There is also the desire to raise awareness of the work the Forum does.

A formal thanks was given to the Forum for the work that they do. It has been beneficial for CCG staff to attend the Forum meetings for all to get an understanding of working together. It was agreed that this is a very important part of our Governance and our delivery.

8 LOOK BACK TO PREVIOUS YEAR AND LOOKING FORWARD

A presentation was given regarding looking back to the previous year and looking forward.

We currently have the lowest confirmed number of cases in all of the upper tier local authorities in England. It is thought that geography could play a part in this, however, the response developed as a

Union at the start of lockdown and in particular a coordinated response pre lockdown on all organisations supported the suppression. This has ensured we have had no outbreaks within the settings and no practices have had to close down. This is due to the proactive work of Social Care, Public Health, Community Nursing and the CCG ensuring that we were wrapping around Care Homes with regular daily contact and constant updates.

Looking at non covid related deaths we are one of the lowest in the county. When patients do develop covid we are responding well which is shown by the graphs. Finally, there has been an impact on the non-life-threatening conditions where there has been a rise in patients waiting to be seen within 18 weeks. This is being worked closely with hospitals and Primary Care to improve the situation.

Thanks were noted regarding the issues with access to PPE when we first went into lockdown. These were dealt with by the broader health and care system and members of the public who stepped up thinking outside the box. This included help from dentists, veterinary surgeries and community members making scrubs on their sewing machines.

8.1 Annual CCG rating

Details are not available at this time. This rating is due to be published next week.

8.2 Covid response

Services are trying to get back to normal now. There are significant risks in the system still coming into winter and we are looking at how to quickly roll out the flu vaccination. There is a rise in reporting of covid cases and the graphs are looking similar to where we were at the end of February/beginning of March. The challenge will be how we reconcile being able to meet the backlog position along with the winter scenario and an increase in covid cases. The plan is to try and go back to normal and start to deal with cancer positions, build on the work we have put in place for Primary and Community Care but ensure we don't lose sight of other services eg. Mental health services and the vulnerable.

One area that hasn't started to pick up is the outpatient position. This dropped down to 60% but our ambition is to get back to 100%. Patients that have long term conditions eg. Heart failure often are forgotten. We need to work together to make them a priority.

The day case position dropped down to nearly 20% activity in April, but we have started to see this improve. Locally we haven't done as many day cases as we could have, and this is one area where we are seeing a change of clinical practice and behaviour due to having to work smarter. We are on trajectory to meet the plan for the rest of the year.

Ordinary elective activity (patients that are admitted to hospital) looks very similar to the day case position and we are hoping to get close to 100% baseline activity by the end of the year albeit with the caveats of winter and covid.

Emergency admission during covid dropped down to nearly 60%. We are locally 'booking the trend' and are starting to flatline. We are planning for the likely worst-case scenario which gives us bed capacity to meet any backlog of patients who have been on the waiting list.

8.3 Priorities for remainder of 20/21 (Phase 3)

The Union priorities were then discussed. We need to get used to living with the virus, be vigilant and not become complacent. The Union will be tested with recovery, development of local system sustainability, supporting the population to recover and to live some form of normal life. We have the

opportunity to look at some longer-term benefits. There is the issue of displaced demand. Adult Social Care remains high on the agenda.

8.4 Forward planning

It was recommended that the workforce has to be largest priority. Immediate focus is the flu vaccination to make it available to our workforce and the communication plan and engagement with Primary Care how it will be rolled out if we are to manage the upcoming challenges of the winter period. We continue to manage and support out Primary Care networks. We have to be clear how we define and shape our place in the wider Humber Coast and Vale integrated care system. Overall lessons have been learnt in the last 6 months and going forward we have good things to build on to take forward.

There was a plea to continue to be role models in terms of complacency and behaviours to keep everyone as safe as possible and keep the numbers low.

A point was raised that the non-elective numbers are thought to be the CCGs numbers and not Diana Princess of Wales (DPOW). They are seeing the same number coming through now as they saw pre covid meaning an influx of people from other areas which brings with it a risk. The message to ring 111 or your GP surgery was reinforced to try to access alternatives for urgent care rather than going to the hospital. This protects the hospital for those people that really need to be there and protects the individual from covid.

A query was raised that as we are one of the more fortunate areas of the country in our fight against covid, if this is being reflected in the speed of our recovery or if it is being hampered against a second spike. The response is that we are taking a sensible balanced, risk-based approach constantly considering changing rules and regulations against the impact on population and businesses versus the impact on public health risk. The test going forward will be how we deal with this. We need to keep this under 'real time' review. We have very good day to day local intelligence and are in a good position to take advantage of our low numbers but if things get out of control, we need to be able to stop things quite quickly. It was noted that we don't gain capacity or have to take any less precautions, due to having low numbers.

It was noted that the seasonal flu virus is not as bad this year as last year. It was also noted that although the numbers of covid are going up there doesn't seem to be the impact there was earlier on the older people which creates a window of opportunity. Concern was raised regarding the flu vaccine being offered to a wider circle and not being able to fulfil this criteria. It was agreed that this will be a logistical challenge that we will rise to in order to get the vaccine to the extended list without putting undue burden on Primary Care. Our other major challenge is getting maximum uptake amongst our adult social care staff and care homes. We are currently exploring how we do this with our community nurses. There are considerable worries about the amount of vaccine available, but we are reassured there will be more made available later in the season. Currently everything looks deliverable and we should be able to deliver it in the next 3 months.

Anne Hames informed the Governing Body that she had the vaccine yesterday and it was done very quickly and safely. Much more awareness needs to be raised around the importance of this with the covid numbers going up. The older population that would benefit from having the vaccine will be becoming more anxious to go outside and into a health care setting.

The Union is about improving wellness in the area, in other areas there is research emerging that children having missed education has increased the gap of most pupils and disadvantaged pupils by potentially 10 years just by 6 months of lost education. It was asked if we have a feel for what the

impact of treatment will have on the wellbeing of our population, or if there is a way to get to it. In reply, short term there is some modelling that talks about the health impact of covid which covers not having access to treatment. We are still struggling to match what capacity we have against demand and are looking daily at what is the highest priority at the time. Longer term there are lessons from the past that suggest if we see a fall off in educational levels that will have an impact on the future prosperity of young people. We are also aware that this will also have an impact on young people that have already left the education system in terms of unemployment, which we are also beginning to see increase. Similarly, with mental health only time will tell.

A query was raised asking if there have been any discussions with Central Government regarding the strategy of distribution for the covid vaccine. In response a vaccine will not be available for some time, possibly this time next year.

9 PATIENT EXPERIENCE UPDATE

The Patient Journey Profile was noted.

It was noted that this paper was challenging and that the multi-disciplinary group came together to deal with this.

10 ANY OTHER BUSINESS

Forward agenda item: An update was requested on prescribing due to going into lockdown since the last meeting.

11 EXTENDED PUBLIC QUESTION TIME

There were no questions from the public.

NEXT MEETING: 22/10/2020 AT 13:00-15:00 virtual meeting via Teams