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

**MINUTES OF THE MEETING HELD ON THURSDAY 10 SEPTEMBER 2015 AT 1PM**

**ROYAL SUITE, HUMBER ROYAL HOTEL**

**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

Jan Haxby Director of Quality and Nursing

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

Juliette Cosgrove Strategic Nurse

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

**IN ATTENDANCE:**

Helen Askham PA to Executive Office (Minutes Secretary)

**APOLOGIES:**

Stephen Pintus Director of Public Health

**1. WELCOME AND INTRODUCTION**

Apologies were noted as above.

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

The minutes of the Partnership Board AGM meeting held on 11 September 2014 were agreed to be a true and accurate record.

**3. A LOOK BACK ON THE PREVIOUS YEAR**

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.

The Chair welcomed all attendees to the AGM, and invited Cathy Kennedy to present an update on Governance and Performance. The notable successes were highlighted; the CCG are continuing to push dementia targets, the CCG are pushing for early diagnosis in Cancer patients; and there are zero clients at risk following the Winterbourne review.

These successes reflect the hard work of the CCG and the good progress being made. The CCG had challenging targets to meet, and we did not meet them all; this reflects pressures on the hospital system, as experienced across many regions, but the CCG need to address these to ensure we keep on track.

With regards to Governance, the CCG achieved positive assessment from the NHS England assurance process. The CCG’s financial performance was noted in that we are achieving our statutory duty. Guests at the AGM were encouraged to read the detailed information that can be found in the Annual Report.

The Chair invited Helen Kenyon to present on Commissioning / Contracting and Service Developments. Notable highlights include Children’s and Young people immunisation rates, which are amongst the best in the country, and the enhancement of the Children’s Community Nursing Service (a 7 day service) so patients can get the right support they need, when they need it. This is an example of the CCG understanding barriers within a community and working on how we can overcome these.

With regards to Adults Services, a difficult decision was taken in October 2014 to re-design Stroke Services, this decision has yielded many benefits; it is a 7 day service, and the unit was recently rated one of the highest out of all 17 Y&H units.

With regards to Older People, the CCG continue to support people to be independent and provide a high standard of care. The CCG Care Home Quality Framework drives improvement in the sector, and effects change, for example, a 50% increase in the number of nursing homes achieving silver. The Assisted Living Centre opened in June 2015 which provides a demonstration facility showing aids for daily living. Strand Court Extra Care housing opened to the public which gives people an alternative to long term residential care.

Investment has been made in the use of Technology, with new initiatives being highlighted; acknowledging that more could be made of the use of technology.

In summary, good progress was made across a range of areas in 2014/15, with the priorities being outlined for the future.

The Chair invited Jan Haxby to present on the Quality Agenda. The CCG agreed its model of quality in 2014 based on clinical effectiveness; safety; patient experience; and has put systems and processes in place to provide quality assurance.

The Board were informed that a Quality Committee has been established, along with a Quality Team, and the areas which were focused on in 2014/15 were discussed. Looking forward to 2015/16, areas to focus on include; a strategy for continuous improvement of the quality of services delivered across NE Lincs; continue to focus on key areas like mortality through a review of existing work and controls; make stronger links with the CCG Triangles as a route to drive quality of services; focus on quality within Primary Care; and develop a wider clinical quality assurance framework that builds on the existing model.

The Chair passed on his thanks for the presentations. They clearly outline the positive outcomes achieved and the challenges the CCG face.

**4. OUR VISION / A LOOK FORWARD**

The Chair presented the future vision of the CCG for the coming year. The Strategy drivers and influencers being the 5 year forward view; quality of care; workforce shortages; Adult Social Care – Care Act; Financial context; and Quality of care and market management.

The CCG Strategy is to deliver a comprehensive, integrated, higher quality and affordable health care service. The New model of care is an enhancement of out of hospital services, closer to people’s homes and communities, transforming healthcare and making the “Left Shift” a reality to increased self-care and independence.

The Chair was gratified that patients are at the heart of the plans being put in place by the CCG, and by working effectively with our providers we are moving towards a structure where care is delivered at the right place at the right time.

**5. PUBLIC DISCUSSION – QUESTIONS WELCOME**

A question was raised regarding clarification on waiting times at A&E care. It was confirmed that the 4 hour time is from the point of coming in, to the point of leaving.

A question was raised regarding Mortality rates, and when the CCG have an expectation that the SHMI figures will improve. Jan Haxby responded that although we can’t give a date, the CCG fully recognise that this issue will continue to be a significant focus for us. The CCG are in a good position to review Mortality rates and understand what improvements need to be made.

A question was raised regarding why the CCG were reluctant to pay for care out of our region. The Board responded that Winterbourne taught us that sometimes when people are out of our care they get lost in the system, but we look at this on a case by case basis. The CCG need to consider what is best for the patient, and review these shifting patterns of care. The Clinical Chair brought to the Board’s attention that the CCG are looking at building links and collaborating with other regions in the future, so, if the local CCG cannot provide care, then health care workers will work collaboratively to commission a service and provide the care required.

The Chair passed on his thanks to the following: The Board, the Lay Members and the Professionals and their teams for their continued hard work; to the GP’s who have risen to the challenge set by the CCG; and to the Community Groups for their continued passion and input.

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

Thursday 15 September 2016 from 1pm to 2pm at the Royal Suite, Humber Royal Hotel.