NHS
North East Lincolnshire
Clinical Commissioning Group

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

ACTION NOTES OF THE MEETING HELD ON 10/12/2020 AT 14:00-16:00

MEMBERS PRESENT:

Mark Webb	NEL CCG Chair
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
Stephen Pintus	Director of Public Health, NELC
Dr Ekta Elston	Medical Director
Anne Hames	Chair of Community Forum

ATTENDEES PRESENT:

Michelle Green	PA to Executive Office (Minutes Secretary)

APOLOGIES:

Dr Peter Melton	Chief Clinical Officer
Joanne Hewson	Chief Operating Officer
Eddie McCabe	Assistant Director – Contracting and Performance, NELCCG
Dr Chris Hayes	Secondary Care Doctor
Jan Haxby	Director of Quality and Nursing
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 (17/09/20) were agreed to be a true and accurate record.

4 FOR DECISION
None.

5 COVID UPDATE
An update was given whereby it was discussed that our numbers are heading in the right direction. The CCG has a pivotal role in ensuring that this continues. There is still a further decrease to be seen by the end of the weekend. Across the Humber we now have a positivity rate that has dipped meaning we are now at amber. Our overall numbers have dipped below 300 confirmed cases per week. Our rate per 100k is also coming down and

we are sub 200 for all ages. This is reflected in the hospital data that has reduced and stabilised. Our care homes have also stabilised. It is worth noting that our hospital data is higher than it was when it was at its highest in the first wave. It is important not to become complacent. Going forward there is a review on 16/12/20 and 30/12/20 which the Government must do by law. We are still being reviewed on a Humber basis. There will be a convergence between those in Tier 3 and those in Tier 2 as the numbers decline. Direction of travel and the overall position against the five criteria will be considered. The most important criteria is hospital pressure. On that basis it is thought we will remain in Tier 3 for both review dates. This will ensure there is no miscommunication or confusion prior to the Christmas bubble which could result in a spike prior to Christmas. There is an anticipated surge post-Christmas meaning that if we go into Christmas with lower numbers there will be less chance our health and social care system will be destabilised.

The issue is that whilst the numbers are low, particularly amongst the young, once they return to school that the process starts again the same as it did in September where the virus transmits through the age groups, up into the 60+ and we start to see hospital admissions and deaths in the older age groups again.

The added complication is people anticipation of the vaccine and how they adhere to the guidance. This will present a challenge in the New Year persuading people to follow the guidance, in particular with regard to self-isolation with positive and asymptomatic positive which is the number one intervention in preventing transmission.

With all the points explained clearly, we are very cautious to step out into Tier 2. Without having any hope of where we are heading, and bearing in mind that some people haven't come out of lockdown since the first wave, it was asked if we a cognisant of this and aware of anything we can put into place for peoples mental health. It was explained that we want to try to prevent yoyoing between tiers. We will look to exit the current restrictions mid to late January. This is important for both businesses and the public.

It was asked if we will be 'told' on the 16th or if it will be a consultation. The response was that the 4 Local Authority Chief Executives on the Humber engage weekly along with Government officials from the Department of Health and Social Care, joined by the Security Centre and Public Health England. These discussions are informed by their parallel engagement with our Directors of Public Health. This has been happening since we were moved into Tier 2 the week before the last national lockdown was imposed. The way the process has moved is that there is less negotiation and more about looking at the data and how we manage expectations. We continue to lobby for further additional support in the event we continue to remain in a higher tier, particularly for our economy and our hospitality sector.

The vaccine programme was then discussed. We have one PCN building approved to start one allocation of 975 vaccinations next week. There are three further sites earmarked in North East Lincolnshire that covers all areas of Cleethorpes, Grimsby and Immingham. Another two are ready to start next week but we haven't had a formal go ahead yet. The central push is for vaccinating the over 80's and care home workers as this accounts for 90% of the deaths. Care homes will be held back for now whilst the logistics are worked out. If it looks like there will be a surplus from the first batch there is the opportunity to vaccinate high risk health care workers.

It was asked whose responsibility it is to communicate with the 80-year olds that live in their own homes and if it is handled locally. The response was that there are strict instructions to not bring out any comms that hasn't been approved from further up the chain. The go ahead has been given to contact patients individually so the PCN that is starting next week will have started contacting patients individually. One comms has gone out about welcome news of the vaccine where plans are underway. Don't contact your practice or hospital. We will contact you when you are eligible. This is being nationally controlled.

It was also asked if all the practices we expect are able to deliver the vaccine will be ready over the next coming weeks or if this will be a long process of roll out. It was confirmed there are 4 buildings that will be working on behalf of all practices in North East Lincolnshire. These will all be physically ready to start taking vaccinations before Christmas. The uncertainty is whether they will get a delivery. This will be a work in progress dependent on the supply of vaccine. We are working with local pharmacists who have put an expression of interest in. This is going through NHSEi for an approval process. We are working other providers to collate staff to be able to be part of the vaccinating process so it is not just through primary care.

It was asked if we know how many 80+ people there are in North East Lincolnshire? We have over 9k over 80's so if all our PCN's get it before Christmas we are hoping to get a third vaccinated. It was asked how the people are then chosen to receive the vaccine. The response was that this will be delivered on an age basis, so oldest first and anyone deemed high risk due to co-morbidities.

Care home delivery was then questioned and if this is a logistics issue. It was explained that this is a logistics issue and that it hasn't been worked out how to transfer the vaccine to those different places due to its stability as it can only be moved 4 times.

6 CCG PRIORITIES AND REGIONAL NHS DEVELOPMENTS

The recent publication on the 26/11/20 on integrated care was discussed. This is a consultation/pre-consultation engagement document. This sets out proposals for legislative reform that would seek to embed integrated care systems into the NHS formally. Some have been formally constituted, ours is one of them as we went live on 01/04/20, but they currently have no legislative standing. This builds on the longterm NHS plan how we bring together health and care. It sets out a renewed ambition for greater corroboration between partners and also sets out an expectation that the system will be working in this new way from April 2021 with the potential for the legislation to take full effect in 2022. There are 4 questions in the paper that need a response by 08/01/21. Our ICS is proposing to put in a submission, but we are also looking at this at a local level. This will be shared with Governing Body members for comment prior to submission.

ACTION: If Governing Body members wish to feedback or note anything regarding the submission prior to 08/01/21, this is to be fed back to Helen Kenyon, Rob Walsh, Dr Peter Melton or Mark Webb.

The paper talks about strong partnerships in local places between the NHS, local Government and others. There is a lot of focus to the changes in the CCG but there are a lot of other significant changes. One change is primary care taking on a more central role in providing joined up care. It talks about provider organisations forming collaboratives to allow to operate at scale, strategic commissioning with a focus on population health outcomes and the digital revolution. It was noted that this is a NHS document with mentions of local authorities throughout in terms of partnership. The purpose of ICS in this document is to improve population health and health care, tackle inequal outcomes and access, improve productivity and value for money and help the NHS to support broader social and economic development. We have already started to work on this through our Union. There is an expectation that we build on the good work that has been done throughout the pandemic and reduce the bureaucracy within the system.

The long-term plan vision is to make sure that health and care is joined up locally, decisions to be taken closer to the communities affected, closer collaboration across health care, public health and voluntary sector and for their to be collaboration between providers across larger geographic footprints to sustain high quality care and tackle unequal access. Our recent green star for patient and public engagement highlights that we do try to involve our communities in all that we do.

Distribution of financial resources to places and sectors that is targeted to areas of greatest need and tackling inequalities. Improvement and transformation resource that can be used flexibly to address system priorities. We might want to think differently about this money and put it into different sectors to enable people to get their care and support. Operational delivery needs to be worked on. Workforce planning, commissioning and development, emergency planning and the greater use of digital. The offer to the population is clear advice, access to a range of preventative services, access to simple joined up care and treatment, access to digital services, access to proactive support to keep people well and expect the NHS through it's employment training and procurement to play the full part in the social and economic development of the place.

Provider collaboration needs to access a full range of acute hospital and mental health and ambulance services. This means that where people need access to more specialist treatment they are supported and able to get it. Distance should not be a barrier to getting care.

A single pot is to be created to bring together the different funding streams. This would include current CCG commissioning budgets, primary care budgets, majority of specialist commissioning spend, central support, sustainability funding and nationally held transformation funding. There is talk about the merger of NHSEi being formalised and section 75 competition regulations. The proposal is a single system wide approach to undertake strategic commissioning which will be undertaken by the ICS which would include population health needs and planning, modelling, planning and prioritising, how to address the needs of all residents in tackling inequalities and ensuring that the needs are funded.

There are two options in the paper. One is the creation of a statutory committee with an accountable officer that would bind together the statutory organisation. This is a partnership that would be formed. Alternatively option two is the formation of a statutory corporate NHS body that would bring together CCG statutory functions into the ICS. Option two would mean that CCG's no longer exist. Option one would mean CCS's exist but would delegate the majority of it's functions through to the ICS to be able to undertake. The understanding is that option two is favoured.

Locally we have discussed in workshops around the establishment of an ICP for our place already. We have done a draft paper which has been shared and we are now working on the next iteration which would say how we bring the partners together at a place level. We are working with the Council on how we maintain our strong voice for place and the high level of autonomy of decision making at place. We still believe that 80% of what the NHS does needs to be grounded at place. We are supporting the development around the Humber and the creation of a partnership of partnerships. We are working with PCN's and Council of Members on this around what the change would mean to them. We will also be pulling together responses to the document by 08/01/21 so we feed back and try to ensure that what doesn't happen is we end up with is something that happens at ICS level that then takes away what happens at place level.

An observation was made how organisations have been able to work together over the last few months but the formality of governance has been left behind. There needs to be a clear workstream how the governance arrangements that are coming are changed and where accountabilities sit. This to be picked up. Option 2 will dictate the paths of handing over governance.

7 DRAFT OPERATIONAL PLAN

In October/November the 19/20 business plan was reviewed. It was clear that as part of the restart all our current business plan and to incorporate covid a comprehensive review needed to be done. We need to push forward with the areas that need to be paused. We have created a 15/16 month business plan taking us through to next year. Some priorities have been taken to Council of Members. Key areas are the development of the Integrated Care Partnership, development of the PCN's, work around recovery, continuing to roll out digital and digital solutions, working with the care homes, continuing to roll out social prescribing, mental health, continuing with mental health helpline and quality.

It was asked where we were with a comprehensive timetable pulling together plans for next year so that we could incorporate what we wanted to do with services and finance and the measures on both incorporating risk management. The response was that this would be the intention that these are brought together. We are still waiting for financial allocations for next year so we will need to look at the business plan as part of any funding changes. We should be able to pull something together early in the new year.

It was recognised all outlines given and queried if delayed treatments are being looked at in recovery and the impact on our population. Public health have done an initial report looking at the health inequalities that have arisen as a result of covid. There is a very strong ask of NHS organisations around the 8-point plan around health and inequalities that has a lot of emphasis on it. This is picking up on the damaging effects of covid.

ACTION: HK to send out slides and papers to ALL.
ACTION: SP to send report on health inequalities to MW.

8 FINANCIAL PLAN AND MTFP

An update was given on financial planning. The current financial year has been operating under revised finance arrangements. The Quarter 2 finance report has been circulated for information. This was taken as read. In the current year, months 1-6, we have been operating under revised finance arrangements which we received allocation adjustments which brought us back into financial balance. The main drivers on cost pressures were additional expenditure linked with covid. Those arrangements have been revised slightly for the 2nd part of the year and we have moved towards operating on a Humber Coast and Vale/Humber system and allocations have been given out on a Humber basis. Some funding has come directly to the CCG's and some in a central pot to be allocated throughout the Humber system. A plan was produced for the 2nd part of the year which was heavily focussed on the recovery arrangements and as part of that the CCG had a deficit of just over £2M and overall, the Humber system had a deficit of just over £9M. There were some central mitigations, but these haven't been mitigated against individual organisations yet. The system is trying to reduce the gap and by a combination of mitigations there has been some technical allocations that have come through since the plan. This has reduced the overall Humber gap to just over £3M.

Going forward we will receive a 1-year allocation as this will be a transition year. This will build on the approach taken in the 2nd part of the year and be taken forward. Detail around this is expected to come out in the next few weeks.

9 SAFEGUARDING UPDATE

This is deferred to the next meeting.

10 BREXIT UPDATE

The CCG has a responsibility to ensure that the right EU exit plans are in place and for assuring that our system partners at local level have the right arrangements in place. Things are moving forward. The document sets out the responses we have been doing in relation to communications received from NHS England. There are a series of webinars we are undertaking the actions for. Because we are part of the Union, we are working closely with our Council colleagues and Helen Isaacs is taking a lead role on behalf of both organisations and reporting into the Union leadership. A lot of work has been done to check with providers, running sessions, making sure we have the right plans in place in particular the issue of potential for blockages at the ports. We are hoping there should be limited issues due to the amount of time and work undertaken. Through covid we have a much more reliable communication and escalation route through to all our providers. We have stronger situation reporting in place including with primary care and adult social care through an app called RADR which shows system pressures. We have been asked to review the vaccine contingency arrangements to ensure there are no gaps. We are making sure we have business continuity arrangements in place, mutual aid etc. incase there is any disruption from EU exit in the new year.

11 FOR INFORMATION

See below list for papers.

12 AOB

12.1 Information Governance Framework Strategy (Nov 2020)
Item not discussed.

13 EXTENDED PUBLIC QUESTION TIME

There were no questions from the public.

NEXT MEETING: 11/03/2010 AT 14:30-16:30 virtual meeting via Teams

Papers for information – it is important that members read the attached papers prior to the meeting:

1. FOR INFO – Q2 Finance Report
2. FOR INFO – Final CF Notes 07.10.20
3. FOR INFO - 3 Board Committees Cover sheet Gov Body Dec
   FOR INFO - IG&AUDIT MINUTES 040920