

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

ACTION NOTES OF THE MEETING HELD ON 17/02/2022 AT 15:00-17:00

MEMBERS PRESENT:

Tim Render	Lay Member Governance and Audit (Chair)
Rob Walsh	Joint Chief Executive
Laura Whitton	Chief Financial Officer
Philip Bond	Lay Member Public Involvement
Joe Warner	Managing Director – Focus independent adult social care work
Dr Peter Melton	Chief Clinical Officer
Dr Chris Hayes	Secondary Care Doctor
Jan Haxby	Director of Quality and Nursing
Helen Kenyon	Deputy Chief Executive
Joanne Hewson	Deputy Chief Executive
Dr J Raghwani	GP representative

ATTENDEES PRESENT:

Lezlie Treadgold	PA to Executive Office
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APOLOGIES:

Dr Ekta Elston	Medical Director
Dr Mathews	GP representative
Mark Webb	NEL CCG Chair
Anne Hames	Chair of Community Forum

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 from the 28th October 2021 were agreed to be a true and accurate record.

Matters arising - system seasonal plan

A lot of work has taken place to progress on several areas within the plan. There have been some pressures which had not been predicted such as Omicron variant progressing earlier than expected and the impact this had on social care and homes available to discharge into from hospital. The CCG worked with Public Health and Infection Prevention and Control teams to ensure homes were re-opened at the earliest opportunity.

Governing Body meeting - For Assurance

4 IG Framework

The annual assurance report from the Integrated Governance and Audit Committee was noted.

The annual review of the board assurance framework highlights the following risks:

- Service sustainability
- Risk to delivery
- COVID
- Changes from CCG to ICS and assurance that changes are implemented in a managed way

The Chair queried whether the scoring was a little unsympathetic as arrangements such as the Risk Committee had been in place for some time.

The Board approved the annual review of the Governing Body and sub committees of the Governing Body terms of reference.

Governing Body meeting - For Discussion

5 Finance Report

NEL CCG have been operating in revised finance arrangements for the last two years and continue for the first half of 21/22. The CCG was forecasting a balanced position and there are no significant risks that will impact on the ability to deliver. Additional funding has been secured for social care and national living wage.

There is a forecasted overspend in adult social care of £2 million – there has been a reduction in packages during COVID and numbers fluctuate month to month which has the potential to cause an impact so is noted as a risk for next year.

An analysis is taking place to look at hospital discharge spend to understand the impact of not having the same level of funding for next year. The funding has helped flow through the system, so there is a need to make a balanced decision on what would make the biggest impact to the public.

Its clear that people are coming out of hospital needing more care than traditional social care. Consideration is needed as to what enhanced support facilities are needed to support those who are discharged to support the home first model.

The Committee noted the financial position at Q3, period ending 31st December 2021

6 ICS Update

Governing Body & ICS working arrangements during transition

The Place Based model which is being developed in NEL has the support of the ICB designate. The detail as to what this means for workforce etc is starting to emerge. The HCP recently met with Simon Eames and Sue Symmington to collectively talk about what's working in NEL and how we can contribute to the ICS. Locally discussions are taking place around the section 75 agreement and how we develop political, clinical, and executive leadership.

The Integrated Care white paper issued last week discusses ways that NEL are already working. The health and care bill has been delayed; Peter Melton remains NEL CCG Accountable Officer and the CCG remains the statutory organisation until CCGs no longer exist. We are trying to build on how we have been working for the past two years during the pandemic. There is a lot of planning taking place for the year ahead to ensure the transition is as smooth as possible.

It was discussed that there are some CCG chairs in HCV who do not want to continue their role for the extended period. There is the risk that although NELCCG will be quorate, other areas are not and therefore there could be some challenge. However there has been assurance that alternative governance arrangements are in place and will meet constitutional requirements for other CCG areas

Please note: These minutes remain in draft form until the next meeting of the Governing Body.

7 Planning for 2022/23

Recovery planning

The key emphasis within planning is on Elective Recovery, workforce, mental health and health inequalities. Planning is being completed for the full 12 months, acknowledging the in-year split/transition from CCGs to the ICB, and builds on how planning has been done during 21/22.

Draft plans are scheduled to be signed off by the HCV Transitional Executive on 15th March and the final plan signed off on the 26th April.

The Committee noted the planning update.

8 COVID update

The current community infection rate in NEL is 76 cases per 100k people, which is the same level as last Autumn, before Omicron hit. Numbers continue to fall steadily. There are currently 21 COVID positive patients in DPoW, none of whom are in ITU. Deaths of those who have tested positive within 28 days remains quite low. Overall death rate average is slightly lower now than it was 5 years ago.

Two thirds of adults in NEL are fully vaccinated. With 90% of over 60s boosted and 85% over 50s boosted.

Recovery planning is focussing on patients on waiting lists. At the end of December there are 15.5k patients waiting for care, compared to 10k at end of March 2020. This can be broken down further:

- Patients waiting longer than 26 weeks – 2k
- Patients waiting longer than 40 weeks – 500
- Patients waiting longer than a year – 300
- Patients waiting longer than 2 years – 25

Average wait time now in NEL is 10 weeks which is within the top quartile nationally; 70% are being treated within the 18-week target.

9 For Information

All the papers received were noted.

10 AOB

The CCG continue to work with the Community Forum around the transition as we would like to continue to have strong involvement from service users and public. Several members of the Community Forum have been involved since the inception of the CCG and some are taking this opportunity to step down and focus on other projects. Many thanks go to all of the Community Forum members who have given a fantastic amount of input in to the CCG. Particular thanks goes out to Anne Hames who has contributed to various triangles and provided excellent leadership to the Community Forum, all whilst championing Place and everything we try to do locally.

11 PUBLIC QUESTION TIME

No questions were raised.