NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
DELIVERY ASSURANCE COMMITTEE
WEDNESDAY 24TH APRIL 2019
BREMERHAVEN ROOM, GRIMSBY TOWN HALL, GRIMSBY

PRESENT: Laura Whitton, Chief Finance Officer, NELCCG (Chair)
David Walker, Community Member, NELCCG
Martin Rabbetts, Performance Development & Assurance Manager, NELCCG
Bev Compton, Director of Adult Services, NELCCG
Lisa Hilder, Assistant Director, Strategic Planning, NELCCG
Lydia Golby, Nursing Lead for Quality
Dr R Matthews, GP Member
Eddie McCabe, Assistant Director Contracting & Performance, NELCCG
Geoff Barnes, Deputy Director of Public Health, NELC

APOLOGIES: Sue Ward, Assurance and Delivery Manager, NHSE

IN ATTENDANCE: Joanne Hewson, Chief Operating Officer, NELC
Rachel Staniforth, Medicines Optimisation Pharmacist, North of England Commissioning Support (Item 6)
James Ledger, Medicines Optimisation Pharmacist, North of England Commissioning Support (Item 6)
Lynne Popplewell, Head of Finance (Health Commissioning & Corporate) (Items 9 & 10)
Simon West, Finance Manager (Financial Strategy & Assurance) (Items 9 & 10)
Caroline Reed, PA to Executive Office, NELCCG - Note Taker

	Item	Action
1.	**Apologies**	
	Apologies were as noted above. Joanne Hewson was in attendance in order to understand the meeting's role and remit and was welcomed to the meeting.	
2.	**Declaration of Interest**	
	David Walker expressed an interest regarding the Dementia Support Service procurement. L Whitton requested that this information was forwarded to the Governance Team so as to ensure the Declaration of Interest Register was up to date.	
3.	**Notes From Last Meeting – 27.02.2019**	
	The notes from the last meeting were agreed as an accurate record.	
4.	**Matters Arising – 27.02.2019**	
	The updated matters arising document was noted. *Item 11 - Integrated Assurance Report - RTT - Number waiting on an incomplete pathway over 52 wks - It was noted that there may be another cohort of patients (raised at Planned Care Board). M Rabbetts to look into this*. M Rabbetts confirmed that this was identified as an admin error during a review and that the majority of patients have been discharged. *Mental Health and Disability – M Rabbetts to look at the latest position from Navigo and chase a response.* M Rabbetts confirmed that this action has been completed and the data sent to NHSE.	
	12:10pm – L Golby joined the meeting	

	FOR DECISION	
5.	**Terms of Reference**	
	L Whitton provided a verbal update: • The amended ToR were formally agreed by the Governing Body. • A review of all Committees is underway. Roles of members and attendees to be clarified and strengthened, ie, the role of members is to gain assurance and the role of attendees to provide assurance. The changes to the CCG's governance arrangements with the creation of the Union Board has resulted in changes to the lines of escalation. The Governing Body will have a direct line of sight from the Committees, eg, Dr Mathews is a member of this Committee and the Governing body.	
	12:20pm – E McCabe joined the meeting	
	FOR DISCUSSION	
6.	**Prescribing Update**	
	A report was circulated for consideration. J Ledger and R Staniforth provided an update: • The year to date practice spend at January 2019 is £22,453,119. The full year forecast outturn is £26,768,114 which is a variance of £98,665 against an annual budget of £26,472,100. • The QIPP target is £1,000,000 and the current forecast is £825,131 with a rollover of £126,439 into 2020/21. This does not include the impact of the care homes work or the community pharmacy point of dispensing intervention service. • The main area which underachieved against the target was OptimiseRx (£143,596.02 against a target of £228,000). A dedicated working group has been set up to improve effectiveness in order to achieve the target. • The rollover QIPP saving is greater than expected, due to increased activity later in the year, eg, the savings released by the specialist stoma reviews in primary care started being recorded from October onwards and the savings contribute more to the rollover. • A significant cost pressure was due to increased concessionary prices from October. The uncertainty associated with the impact of Brexit on the medicines supply chain presents a risk to budgets moving forwards. Guidance is currently to maintain 6 weeks' worth of stocks. • The QIPP plans for 2019/20 have been drafted. The plan builds on the work undertaken in 2018/19 and includes collaborative working with NLaG. The Committee provided the following feedback: • Query regarding the position of anti-microbial prescribing. R Staniforth advised that there was a downward trend. This is reviewed through the primary care oversight group. • Opportunity (with assumed change rate) (£) column in the work plan – is this a 12 month range or linked to when the savings are anticipated to be achieved? It was confirmed that it is an annualised saving. • Are all schemes identified for the 2019/20 QIPP target or are some unidentified? R Staniforth confirmed that some are to be confirmed but that the target is anticipated to be met. • A number of areas from the 2018/19 plan were somewhat optimistic in terms of potential savings. Is the team confident that the new plan is not similarly optimistic? J Ledger advised that OptimiseRX is more in line this year and the team is working with the local Pharmacy Committee to maximise the efficiencies around the community pharmacy point of dispensing intervention service. It was noted that savings rely on positive stakeholder engagement, eg, dietetic spend is increasing and improved engagement from the Trust and primary care is key. The Trust has advised that their priority is working with care homes and the work with dieticians is currently on hold. It was agreed that discussions may be required with the Trust regarding this as the whole system benefit needs to be considered, ie, which work will result in the biggest savings and best	

	outcomes. • There is also a link to the wider system issues around capacity. It is important to ensure that focus is on those areas which will achieve the biggest benefit to the whole system. • The biggest spend for prescribing is within secondary care; how is this being taken forward? R Staniforth advised that discussions are taking place at the NL/NELCCG Area Prescribing Committee in order to agree the best way to work with the Trust. A meeting is planned with the Trust chief pharmacist in order to look at the cost of drugs across the board. • Is any work taking place regarding potential savings for repeat prescriptions that may not be required? It was confirmed that a piece of work is commencing regarding managed repeat and electronic prescriptions. The onus will be on the patient to generate the prescription. **The Committee noted the update.**	
7.	**ASC Performance Arrangements Update**	
	A report was circulated for consideration. B Compton provided an update: • The set of national measures do not provide information around the quality of services. Work has commenced with the performance team in order to better link performance to the vision for adults services and to better understand what the CCG is trying to achieve rather than just the national measures. More work is required to start to evaluate services from a user perspective; this is being built into the redesigned care at home model. • Work has been carried out to look at national research and the recommendations made by Futuregov in the adult services review. • Focus on the community and the acute hospital and the interventions that are available could reduce the need for formal social care. The effectiveness of the interventions needs to be measured, eg, how is the effectiveness of Extra Care Housing measured? Is it meeting expectations etc? • A preventive strategy and approach is needed. • The philosophy of social care needs to build on the importance of assisting people to maximise their life opportunities and to support greater moves towards independence. The current performance system (ASCOF) does not quite achieve this; therefore new measures need to be developed. • The CCG should know the outcomes that different services deliver for people and has started to build some outcomes statements. • The national research emphasised the need to ensure that people are diverted to the right point of entry. In NEL more information is needed regarding the effectiveness of the SPA and other points of entry. The research identified a number of aspirational aims, including 50% of people referred from the acute trust should be discharged with no more than short-term care. • Proposals have been outlined to become better at predicting future demand, eg, people who have five or more requirements of aids to daily living (ADLs) are more likely to determine who in the population may require care, rather than using age as a proxy. Discussions have commenced with focus regarding changes in placement patterns etc. • The adult services strategy has been developed and is out for consultation. • Next steps include a series of outcomes accountability workshops with a range of stakeholders. • There has been a reduction in the number of ASC complaints in Quarter 4 and no requests from the Ombudsman. The top areas of complaints are: Concerns about the assessment process and outcome, issues with the quality of care, confidentiality and consent and case management. Actions have been agreed, eg, staff reminded to ensure care and support plans clearly detail what direct payments can and cannot be used for and to ensure that the accounts of deceased patients are audited and removed from the system in a more timely manner. It was noted that a lot of	

	investment has been put into mental capacity act training; which has resulted in some improvement re consent; however further work is required. • Engagement from stakeholders was very positive during the adult services review; however the response following the review has been somewhat disappointing. Further work is required regarding ownership of issues, actions etc. The Union has positively embraced the findings of the review and there have been positive conversations with care at home. There are concerns that the messages may not have been fully taken on board by the ICP. • Current performance is steady against the projected targets. Performance has deteriorated against delayed discharge; this is an issue across the wider system. It is too early to determine whether the winter pressures money has improved the discharge situation. Fortnightly meetings have taken place with key social workers, SPA, care home providers and A Ombler to look at how to improve flow, specifically how quickly a home care provider can get a package of care into their roster. Providers have ceased suspending placements when people go into hospital to prevent delays in the system. • A more comprehensive piece of work is to be undertaken around re-ablement services. A longer term and system wide approach is required. The Committee provided the following feedback: • How does the CCG gain assurance that providers have completed actions that are identified as a result of complaints? L Golby advised that the Customer Care Team monitor and follow up on action plans and will be requesting evidence of actions going forward. Trends and themes are shared with contracts officers for site visits. • Concerns that complaints are continuing despite the good engagement with GPs, care homes etc. This was acknowledged; however it was noted that some of the complaints may not have been upheld. It was agreed that it would be helpful to know whether the complaints regarding consent were upheld and what was the agreed action and outcome etc. • It would be helpful to understand the key milestones over the next 12 months to demonstrate some stepped changes to support the longer term goals. B Compton confirmed that this piece of work is currently being scoped and is looking at how it links with primary care networks. • What is the feedback from professionals around how to resolve some of the issues, eg, discharge? B Compton confirmed that the different parties have agreed to monitor the situation in order to try and pinpoint the actual issues. Positive feedback has been received from professionals regarding the red bag scheme due to more realistic and real time information regarding admissions being available. **The Committee noted the update.**	
	13:00 - B Compton left the meeting	
8.	**Corporate Business Plan 2018/19 and Development of the 2019/20 Plan**	
	A report was circulated for consideration. L Hilder provided a summary: • As of 31 March the Corporate Action Plan for 2018/19 was 100% complete. • The 2019/20 corporate action plan follows the Plan on a Page. Key areas will be agreed by the Council of Members and signed off by the Governing Body. • Meetings are taking place with service leads regarding those items which will roll forward into the 2019/20 plan. • The full plan will be submitted to the next meeting of this Committee. The Committee provided the following feedback: • What is being done to ensure that the appropriate checks and balances are in place to ensure that the CCG has the capacity to deliver the plan? Is there a process to identify what would need to be removed due to	

	capacity issues and what would be the consequences? L Hilder noted that the plan is discussed and monitored at SLT and OLT and capacity is forming part of the current discussions with service leads. L Hilder will raise these questions at SLT to ensure that the plan is deliverable and, if not, what should be removed. • The 2018/19 plan is 100 complete – need to consider the "So What?" ie, where is the impact measured? Where is the impact being demonstrated? It was agreed that it would be helpful going forward to demonstrate the difference that has been made. **The Committee noted the update.**	**L Hilder**
	STANDING ITEMS	
9.	**Finance Update**	
	A report was circulated for information. Simon West provided a summary: • The CCG achieved its NHSE mandated surplus and ASC £nil (break-even) position. • The draft statutory accounts were submitted to the Finance Assurance Sub Group on 18th April and to NHSE and the auditors on 23rd April. The final submission of the audited accounts will be made on 28th May. • The cash balance at the end of the year was slightly higher than anticipated due to delays in a number of invoices being received • The better payment practice target was achieved; although there was a drop in percentage due to some issues with suppliers. Conversations have taken place to ensure that this doesn't roll on into the new financial year. **The Committee noted the update.**	
10.	**QIPP Update**	
	A report was circulated for information. L Popplewell provided a summary: • The CCG has slightly over achieved against its overall QIPP target for the year on health (£79k) and achieved against the ASC overall target. • Outpatient follow ups – QIPP savings have decreased due to the continuing capacity issues within the Trust. This area is part of the 19/20 contract with key timescales listed for actions. • Ambulatory care – there were difficulties regarding the monitoring previously due to a change in the detail of information received from the Trust; however this has been worked through. Patients in the ambulatory care unit should be treated faster due to quicker access to diagnostics and this should result in improved patient experience. • Day case to outpatient – is significantly below plan. The Trust were leading on the scheme and provided a list of procedures which could be carried out within an outpatient setting; however they confirmed in February that procedure settings had not changed predominantly due to capacity issues. They also advised that some procedures could not be carried out in an outpatient setting due to their infrastructure. This will be looked at in 2019/20 with the CCG requesting more data. The impact on the patient is likely to be minimal. • High cost drugs – QIPP savings have increased. • Quality aspects will be picked up in the report going forward. The Committee provided the following feedback: • Day case to outpatient – could primary care centres be used for procedures that can't be carried out at the hospital? Is there any capital funding that could be accessed from the Union? Further discussions would be required. **The Committee noted the update.**	
11.	**Integrated Assurance Report**	
	A report was circulated for information. M Rabbetts provided a summary:	

	• Primary care – Proportion of GP referrals made by e-referrals – performance has significantly improved and the target is fully met. Extended Access is also fully met. • Unplanned care – further information was requested in order to understand the actions and mitigations. A Ombler to be asked to provide more detailed narrative or attend the next meeting. • Delayed Transfers of Care (DToC) – re-enablements are slightly below target. This has been raised with CPG and a meeting is taking place on 25th April. Further details will be available in the next report. • The 8 ambulance targets are improving and EMAS should hit the national targets. • Planned Care Cancer 62 Days – has deteriorated and is unlikely to recover by the end of the year. Transformational funding has been awarded and should help to improve the position around diagnostics, capacity and workforce and therefore waiting times going forward. • RTT 52 week wait – there were 36 patients at the end of February, the majority with NLaG and one patient at the end of March. There are currently no patients at 52 weeks. Some of this delivery was through transferring patients to St Hugh's. St Hugh's now have a residual 52ww cohort of patients; however by the end of April they should only have 2 patients (this is a result of patient choice, ie, selecting a later appointment); therefore assurance will be sought from NHSE as there is a penalty on every breach at the end of each month. • Hospital activity – A&E attendances – continues to be a national issue. • Quality – mixed sex accommodation breaches – the position was unrecoverable from the start of the financial year; however there has been a significant reduction in breaches month on month. Assurances have been received that patients are fully informed and receive an apology. A root cause analysis is carried out for each breach by the Trust to provide learning. The majority of breaches are due to flow (issues with demand and capacity). • Provision of high quality care (hospital) – performance is based on the Q1 position and is not met; updated information is being awaited and it is possible that the end of year position may have met the target, eg, due to the improved CQC rating in year. • Mental health and disabilities – IAPT access – it is anticipated that the target will be achieved. • Annual health checks – work has been undertaken to ensure that LD registers are up to date. • Continuing Health care – personal health budgets – this is showing as not met; however there is a cohort of people who haven't been counted. This will be corrected and the target will be met. The Committee provided the following feedback: • What are the consequences for not meeting NHS constitutional targets? M Rabbetts confirmed that there are financial consequences for a number of targets and that some fall under a quality premium heading which also has a potential financial implication. All of the measures falling under the CCG Improvement and Assessment Framework will convert into the NHSE rating (outstanding/good/requires improvement/inadequate). It was agreed that more focus is required on the potential impact on quality if targets are not met, ie, where the organisation has made a decision to focus on one area instead of another, how has the risk implication been assessed? Risks are identified by leads and monitored by the IG and Audit Committee, however this needs to be strengthened. It would be helpful to consider the minimum quality thresholds. • The Trust has changed its process around RTT, ie, looking at what the patient need is from a quality perspective. Those who are in less need may have a longer wait. • Discussion regarding future reports and the triangulation of finance, performance, quality, outcomes and the impact on the patient. Work is underway to bring this information together for the Governing Body. • Does the CCG have information on the patients who have exceeded the	**M Rabbetts**

	62 week wait, eg, what was the outcome for the patient? L Golby confirmed that there has been at least one SI linked to this (delayed diagnostics and treatment) and agreed to follow this up and provide further details. Learning is achieved via the SI process. • What happens when a patient exceeds the 62ww? L Golby advised that the relevant specialism would receive a flag before the patient breaches and a root cause analysis would need to be completed to push them through the pathway. The Trust board should be getting clear information on the numbers of patients breaching and the reasons for this. It was agreed that the Trust needs to continue to be held to account for these breaches. • A&E attendances – HEY only saw a 1% increase; whereas the South bank saw 2-3%. There has been a challenge from NLaG that there isn't sufficient money going into A&E locally and that there are increased financial resources on the North Bank. L Whitton confirmed that there is a different approach on the North bank due to the aligned incentive contract with Hull. On the North Bank there has been a targeted approach of investing the CCGs uplift in out of hospital services. We're not in a position locally to move to a similar contract arrangement. It was also noted that Hull CCG has a 30% higher A&E attendance than NEL. • Proposal to celebrate/promote the successes of the past year. It was noted that some of this is captured in the annual report but that more could be done to communicate the good work undertaken to the wider CCG. **The Committee noted the update.**	**L Golby**
	13:55 Dr Mathews left the meeting	
	FOR INFORMATION	
12.	**Planning 2019/20 – Operating Plan Submission**	
	Circulated for information. A later version of the finance table will be circulated with the minutes which includes some late financial allocation adjustments.	**L Whitton**
13.	**Year-end Q4 IAF**	
	Circulated for information.	
14.	**Brexit**	
	L Whitton advised that the CCG was reporting to the centre regularly regarding the local readiness; however this is currently on hold due to the recent extension to the deadline for Brexit. L Whitton to circulate the latest assurance report to the Committee.	**L Whitton**
15.	**Escalation to the Governing Body**	
	It was agreed that the following be escalated to the Governing Body: • Focus on the positive aspects of assurance from last year. It was agreed that an impact report, following the "so what?" challenge around the corporate business plan be produced for next year.	**Governing Body Forward plan**
16.	**Risk Register and BAF**	
	Circulated for information. No additional items were identified for the Risk Register.	
17.	**Any Other Business**	
	There were no items of any other business.	
	Date and time of next meeting **Wednesday 26th June, 12-2pm, Crosland Suite, Grimsby Town Hall**	