NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
DELIVERY ASSURANCE COMMITTEE
WEDNESDAY 12TH DECEMBER 2018
GRIMSBY TOWN HALL, GRIMSBY

PRESENT: Helen Kenyon, Chair, Deputy Chief Executive, NELCCG
Laura Whitton, Interim Chief Finance Officer, NELCCG
David Walker, Community Member, NELCCG
Martin Rabbetts, Performance Manager, NELCCG
Eddie McCabe, Assistant Director Contracting & Performance, NELCCG
Bev Compton, Director of Adult Services, NELCCG
Geoff Barnes, Deputy Director of Public Health, NELC (representing S Pintus)
Sue Ward, Assurance and Delivery Manager, NHSE
Lydia Golby, Nursing Lead for Quality
Louise Nicholls, Planning Manager, NELCCG (representing L Hilder)

APOLOGIES: Lisa Hilder, Assistant Director, Strategic Planning, NELCCG
Dr R Matthews, GP Member

IN ATTENDANCE: Rebecca Makayi, Head of Finance, NELCCG
Neil Smaller, Senior Intelligence Manager, NELCCG
Caroline Reed, PA to Executive Office, NELCCG - Note Taker
Andy Ombler, Service Lead, NELCCG

	Item	**Action**
1.	**Apologies** Apologies were as noted above.	
2.	**Declaration of Interest** No declarations of interest were made relating to the agenda.	
3.	**Notes From Last Meeting – 31.10.2018**	
	The notes from the last meeting were agreed as an accurate record.	
4.	**Matters Arising – 31.10.2018**	
	Item 5 – Terms of Reference - L Whitton is updating the ToR to strengthen the wording around Business Continuity. Item 6 - Adult Social Care Update – a report to be submitted to the February meeting to provide an update on actions identified at the October meeting **The Matters Arising document was noted.**	**L Whitton** **Forward Agenda**
4.1	**Public Health team mental wellbeing needs assessment**	
	G Barnes provided a verbal update: • A stakeholder event was held recently to share some of the findings of the needs assessment and the draft report was shared at the Health and Well Being Board. Leigh Holton and Lauren King have been involved from the CCG. An executive summary will be circulated by 14th December and the aim is to roll out the report extensively. *12:23 – L Golby joined the meeting* • Key headlines include: very extensive issues relating to low level mental health problems, particularly in young people and in deprived areas; unmet demand (lack of community interventions and a weak voluntary sector in the area), severe mental health legacy type issues linked to childhood experiences. These are impacting heavily on Primary Care,	

	Navigo, the police service, NLaG etc who are experiencing difficulty in managing these issues. • Recommendations include: skilling people in the community to support those with low level issues, eg, Mental Health first aiders; & strengthening the voluntary sector within the area. The Committee provided the following feedback: • The CCG has started off its planning and priorities process. It is important to ensure that this area and progress against plan is reflected within the CCG corporate plan. G Barnes to link in with triangle leads. • Children's services are looking at adverse childhood events. Wider work in the community could be required. Need to identify wider aspirations and may need to support a different way of working. • NEL's approach to mental health and out of hours action could be highlighted as a positive news story. Local police do not take individuals with mental health issues to A&E or the police station; they are taken to the mental health provider. The executive summary to be shared with the Committee. **The Committee noted the update.**	**G Barnes** **G Barnes**
4.2	**DAC6120 IAPT recovery rate – data reporting**	
	M Rabbetts advised at the last meeting that Navigo would have a freeze on reporting for a 3 month period due to a change in system. M Rabbetts and H Kenyon provided an update: • Following conversations with David Black, NHSE, who advised that a freeze on reporting would result in a significant impact on the CCGs and Navigos performance assessment, Navigo therefore agreed to submit their data earlier than planned. This will narrow the gap in reporting. • Testing has taken place on the new system to ensure accuracy; Navigo and the CCG are confident that the data is accurate. Data for September and October has been submitted and passed to NHSE. • The CCG will continue to report the national numbers and will also detail the local position. It was noted that NHSE compares the local data against the national data to establish if they are on track. • Conversations with NHSE also identified areas for potential further tidying up of data, and the need to tie off when a person completes treatment to avoid a lot of legacy cases. • David Black emphasised that NEL has a good mental health service and expressed confidence that Navigo is delivering in the right way. H Kenyon thanked David Black for his assistance with this issue. • The Committee to consider how to minimise these types of issues going forward. **The Committee noted the update.**	
5.	**Winter Plan & Unplanned Care Update**	
	A report was circulated for consideration. A Ombler provided a summary: • The report outlines the progress with the implementation of the A&E Delivery Board Winter Plan, Urgent & Emergency Care Transformation and performance re the Urgent & Emergency Care DAC Indicators. • The core of the winter plan is transformational and is in line with the developments in hand across the entire Urgent and Emergency Care pathway. It is led by the Integrated Care Partnership (ICP) with the key aim of keeping people out of hospital if they do not require hospital treatment and discharging patients as soon as they are medically optimised. • Progress against the winter plan has taken place including: revision and agreement of the OPEL escalation framework; additional capacity within community services, GP out of hours, transport services etc; plans are in place for NLaG to reduce planned activity through January/February if required; communication plans are in place (social media, out in the community etc); Providers have been supported to promote staff flu	

vaccinations.

- Urgent & Emergency Care Transformation. Headlines include:
  - SPA/ NHS111 improved call handling capacity and revised arrangements with NHS111 (a small cohort of calls are diverted via NHS111). This is on track to achieve the 95% target.
  - Urgent Treatment Centre (UTC) - model established from 1st December to support A&E; with a 24 hour UTC integrating the current GPOOH service meeting national requirements required by June 2019. There are concerns regarding the resilience and capacity of local GPs. It was agreed that this should be on the risk register. A perfect week was held in October with the full staffing model applied; this was a huge success. Work with the federations around resilience and capacity is ongoing.
- Community Urgent – there is limited progress with rightsizing capacity and capability of community urgent care response and ambulance conveyance avoidance.
- In hospital – a vital piece of work is required regarding improving earlier discharge. Handover times are not improving towards the 30 minute requirement. Work is required by NLaG to address this. It was noted that this is not only a local pressure. There are often long delays due to ambulances waiting in queues – this is not included in the handover timeframe.
- Discharge and onward care – a community wide approach is required to improve discharge of those who are medically optimised, eg, domiciliary care, community nursing etc. Some additional monies are available to support this.
- DAC Indicators – there are a number of indicators causing concern:
- DAC1010 A&E: No waits from decision to admit to admission over 12 hours - the 2 instances recorded in October occurred at SGH and were related to patients requiring acute mental health inpatient beds through RDASH which were at full capacity meaning SGH were unable to transfer the patients to the designated facility. Lots of discussions have taken place in order to try and mitigate against this. Root Cause Analysis are taking place with both providers involved in the investigation process.
- EMAS Ambulance Response Programme (ARP) Performance – the DAC measures are the ARP performance for all of EMAS covering over 20 CCGs. Data is also available at a Lincolnshire division level. During October 2018, EMAS achieved two of the six national performance standards. Contractual discussions on performance are taking place and focusing on the following key issues: Hospital Handover times, Activity, Workforce, Quality indicators, Jointly commissioned contract finance review.

The Committee provided the following feedback:

- Concerns re GP capacity in A&E/ UTC and feedback received regarding the absence of a GP in A&E - there is an urgent meeting with federations on 13th December to discuss filling the rotas. It was noted that agreement has been previously reached regarding the most appropriate time for GPs to be in A&E.
- Do we understand about shifts in activity? How are we going to monitor that the changes are meeting the planned aspirations? A Ombler advised that a more appropriate response to need is key. The direct booking notion directs people to the UTC; however the CCG would not want to publicise it as a new function as the aim remains for people to see their own GP. It was noted that numbers in A&E may still be counted depending on how the CCG is commissioning, eg, is it an integrated service? This will be required to inform and shape contracting decisions.
- The target relating to the number of permanent admissions to residential care has increased which is contrary to the CCG's direction of travel; could this be as a result of improved discharge? Emphasis was made on the importance of domiciliary care, community nursing and GPs in relation to discharge. It was agreed that it is important to understand exactly what the issue is in relation to this indicator. A cost benefit analysis will be

	carried out in the next few months. • E McCabe advised that EMAS has sent an activity query regarding 111 referrals; numbers in Leicestershire and Nottinghamshire were particularly high. • Query regarding children. A Ombler confirmed that M Thompson continues to play a more key role; but that progress is not where it needs to be. • When did the assessment unit become operational? A Ombler to confirm to M Rabbetts in order to establish if this links to a spike in activity. It was noted that clarity is needed regarding the expectations and planning assumptions in terms of the unit, in order to ensure that the activity is appropriate. • Who is the lead person for the UTC, eg, in terms of decisions relating to digital requirements etc? H Kenyon confirmed that Jane Lewington is the lead as chair of the alliance. A Ombler to advise S Ward if J Lewington is not the most appropriate contact. • It was proposed that clarification be provided on performance indicators detailing whether something is a trust level or CCG level target and also the story behind the issue. This would assist a sharing and learning exercise. • Concerns around EMAS. The Committee agreed that it is important to explore the options and alternatives, eg, YAS. It was noted that the contract is in place until the end of 2018/19. It was proposed that a conversation take place with both providers and the CCG considers what could be done differently for future contracts. The Care Contracting Committee to be asked to consider the options/ alternatives available and to provide an assessment of the current position and the impact of continuing with the current provider. **The Committee noted the update.**	**A Ombler** **A Ombler** **E McCabe**
6.	**Women and Children Update**	
	A report was circulated for consideration. The item was deferred to the next meeting.	
7.	**Planning for 2019/20**	
	M Rabbetts provided a verbal summary: • Detailed national guidance is not yet available; however work is underway to identify priorities for the next 12 months as part of overall planning. This is unlikely to change significantly following the national guidance. • Activity planning is underway to understand trajectories rolling into next year. • The deadline for CCGs and providers to make initial submissions regarding activity is 14th January 2019. Work is underway to ensure that there is alignment between the CCG and providers. • M Rabbetts and L Hilder are attending a network meeting on 14th December and are anticipating further information regarding the national guidance. • It is important to strengthen the capacity within the CCG to ensure the alignment of the corporate business plan etc. **The Committee noted the update.**	
8.	**Finance Report**	
	A report was circulated for consideration. R Makayi provided a summary: • The CCG is on track to achieve its planned operating position and its mandated surplus; however this is dependent on a number of risks/ pressures being effectively managed in the remainder of the year. • NLaG – the forecast outturn has been increased by £2.6m. This is due to continued high levels of non-elective activity. The main specialties where the increase has been seen are general medicine, cardiology and colorectal surgery. There is a risk that the activity will increase further in the winter period. Ambulatory care has not met its target; the Committee	

	agreed that a discussion is required with the Trust to shape and take this issue forward. It was also noted that there may be an additional financial pressure as a result of the assessment unit. • The CCG has mitigated against the risk and used activity reserves as part of the mitigation. A budget review process has also been conducted. • It was noted that all reserves have been utilised and if things deteriorate further the CCG will go into a deficit financial position. • It was agreed that a communication needs to be sent to staff to inform them of the current financial position and the need to closely monitor finances and put any further mitigating actions in place. The message will be delivered to OLT and to the next staff briefing. **The Committee noted the update.**	**L Whitton**
9.	**QIPP Update**	
	A report was circulated for consideration. R Makayi provided a summary: • Savings achieved year to date are £362k behind plan (Health £254k (70%) & ASC £108K (30%)); however the CCG is still anticipating that the planned savings for the year will be achieved in full. • Key schemes showing real pressures of underachievement are linked to NLaG: Outpatient follow up, & Day case to outpatient procedures. A number of mitigation measures have been put in place. • The budget review process has assisted the QIPP process; however it was noted that all possible mitigations have been exhausted. • The CCG is working proactively planning for QIPP for the next financial year; factoring recommendations that have been received. The Committee provided the following feedback: • QIPP also relates to the wider quality issues, eg, overall capacity within the hospital. Follow ups are key to NLaG's capacity models; it is important to ensure that they have the resources targeted on the RTT trajectories etc. • Capacity and sustainability planning was discussed at the Planned Care Board. Shaun Stacey advised that some work has been done regarding day case etc and that further work is required. This will be submitted to the Contract Transformation Board meeting in December. • RightCare Gastro is off trajectory. Need to establish what additional support is required/ what else is needed to support the service lead and the service? • Transformational change is required for the whole system. Need to ensure that the risk is being managed across the system from a finance and quality perspective. **The Committee noted the update.**	
10.	**Integrated Assurance Report**	
	A report was circulated for consideration. M Rabbetts provided a summary of key highlights: • DAC1210 Proportion of GP referrals made by e-referrals – feedback at the Planned Care Board indicated that NLaG had only had 7 referrals not made via eRS in November. Practices not using the e-referral system will be challenged. • DAC5110 Cancer 62 Days Referral to Treatment (GP Referral) – improvement has been seen; however the significant regional risk around positron emission tomography (PET) scans and capacity was raised at the Planned Care board. • Planned Care Waiting Times – improvements have occurred. NLaG has halved the number of 52 week waiters since the start of the year with the ambition to reach zero by the end of the year. • DAC1040 Numbers of unjustified mixed sex accommodation breaches – a reduction in numbers of breaches is anticipated month on month. This follows a change of policy (approved by the Patient Safety Group) and the way in which the policy is applied. Leaflets have also been produced for	

	patients. **The Committee noted the update.**	
11.	**Corporate Business Plan**	
	A report was circulated for consideration. L Nicholls provided a summary: • Following feedback at the last meeting, meetings have been taking place with leads and further discussions will take place at the December OLT meeting. • On 6th December the Corporate Action Plan was 37% complete. If all actions were on track the percentage would have been 44%; therefore the plan was off track by 7%. There were 10 actions that have missed their agreed milestones due to a combination of internal and external factors, eg, outpatient follow ups – waiting for update from NLaG. • L Nicholls to attend OLT meetings going forward in order to assist in the management of the plan. The Committee provided the following feedback: • A lot of actions are long term but there are a considerable number with a due date of the end of March; it is difficult to provide assurance mid-year. Conversations are taking place to establish what is critical during the final quarter of this year; whether actions could be reprioritised for next year or could potentially be removed. • Work is underway to strengthen the link between the corporate action plan and overall planning. **The Committee noted the update.**	
12.	**Escalation to the Governing Body**	
	It was agreed that the following will be escalated to the Governing Body: • Concerns regarding Brexit. • Planning	
13. **13.1** **13.2** **13.3** **13.4**	**For Information** • **Financial Appeals Update** • **Risk Register and BAF** • **Quarterly Incident Report** • **Serious Incident Report**	
14.	**Any Other Business**	
14.1	**Brexit**	
	H Kenyon/ B Compton provided a summary: • A lot of conversations are taking place with NELC regarding Brexit; eg, the local workforce and regularising the status of new migrants; potential infrastructure issues at Grimsby if there are diversions of freight to the Immingham port. • Information is available regarding what is occurring nationally in the NHS in terms of Brexit; however there is little information relating to the NHS at a local level. • Concerns were raised relating to the NHS workforce, eg, numbers of EU nationals and to medicine/vaccination stocks, eg, Lucentis. The Committee provided the following feedback: • There is no formal request for CCG level assurance by the Local Resilience Forum (LRF). • S Ward to ask S Jones to raise this at the next network meeting.	**S Ward**
14.2	**Finance and Mental Health**	
	S Ward asked whether there is any risk to the delivery of the mental health standard. R Makayi confirmed that there is no risk to delivering against the standard.	

14.3	**Attendee update**	
	R Makayi will be leaving the CCG in January on the return of Lynne Popplewell. Rebecca was thanked for her work and contribution to these meetings.	
	Date and time of next meeting **Wednesday 27th February, 12-2pm, Municipal Offices**	