

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
DELIVERY ASSURANCE COMMITTEE
WEDNESDAY 27TH FEBRUARY 2019
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
Sue Ward, Assurance and Delivery Manager, NHSE
Lisa Hilder, Assistant Director, Strategic Planning, NELCCG
Lydia Golby, Nursing Lead for Quality

APOLOGIES: Helen Kenyon, Chief Operating Officer, NELCCG
Dr R Matthews, GP Member
Eddie McCabe, Assistant Director Contracting & Performance, NELCCG
Geoff Barnes, Deputy Director of Public Health, NELC (representing S Pintus)

IN ATTENDANCE: Lynne Popplewell, Head of Finance (Health Commissioning & Corporate)
Leigh Holton, Service Lead (Item 6)
Rachel Brunton, Head of Finance (Planning and Adult Social Care) (Item 9.2)
Caroline Reed, PA to Executive Office, NELCCG - Note Taker

	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 – 12.12.2019 The notes from the last meeting were agreed as an accurate record.	
4.	Matters Arising – 12.12.2019	
	Item 4.1 - Public Health team mental wellbeing needs assessment - 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. The executive summary to be shared with the Committee. G Barnes to be asked to provide an update.	G Barnes
	Item 6 - Concerns around EMAS - CCC 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. E McCabe to be asked to provide an update.	E McCabe
	Item 8 - Finance Report - L Whitton confirmed that the current finance position is picked up regularly at staff briefings and OLT.	
	Item 14.1 - Brexit – S Ward confirmed that national direction regarding the assurance process has not yet been received. Concerns remain regarding the potential increase in traffic to the Humber region. Contingency plans have been reviewed. A strategic command meeting is taking place on 27 th March. B Compton provided assurance that planning is underway by NELC and NELCCG in the event of a No deal scenario (emergency response, timetable of incident managers etc) and confirmed that the transport plan is being signed off. Discussions are also underway regarding business continuity for critical services and EU migrant status; providers were asked to provide details of the current	

	profile of their workforce and the likely impact.	
5.	Annual Review of DAC Terms of Reference	
	<p>The draft Terms of Reference were circulated for consideration. L Whitton outlined the proposed changes:</p> <ul style="list-style-type: none"> • Membership - L Whitton to take on the role of Chair from April. The Practice Manager representative to be removed as it has not been possible to recruit a Practice Manager despite a number of attempts. • All references to Partnership Board amended to Governing Body. <p>It was noted that further work will be required over the coming months regarding the membership, eg, consideration to be given to increasing the number of non-officers, such as, lay members and GP members in order to strengthen the link between DAC and the Governing Body. Quorum is currently 4 members; it was proposed that this could be amended to stipulate the requirement for a lay member or GP member to be in attendance.</p> <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> • Lead Nurse for Quality to be amended to Nursing Lead for Quality. Director of Public Health, NELC to be amended to Deputy Director of Public Health as Geoff Barnes is the regular attendee. <i>Post meeting note: the CCG constitution requires a Governing Body member to be on the Committee, therefore either the DPH needs to remain as a member (& attend regularly) or an alternative Governing Body representative needs to be identified.</i> • Clarification that named deputies can attend but are not permitted to vote. • S Ward to look at how the Committee membership compares with other CCGs and feed back. <p>The Committee agreed:</p> <ul style="list-style-type: none"> • To approve the ToR subject to the agreed amendments. • Further work to be undertaken regarding membership and quorum in the coming months. 	S Ward
6.	Women and Children Update	
	<p>A report was circulated for consideration. L Holton provided a summary:</p> <ul style="list-style-type: none"> • Performance is good against most of the targets with 5 out of 7 showing as Green. Two indicators are showing as Red and an additional indicator has a forecast position of Red. • DAC5170 Maternal smoking at delivery – performance is 22.93% against a target of 14.51%. D Halton, Public Health is leading a piece of work with the CCG and providers around smoking cessation. The withdrawal of the service earlier in the year has presented the opportunity to do things differently. Options are being explored, eg, incentive schemes. • DAC6140 Proportion of children & young people <18 receiving treatment by NHS funded community services – performance is 11.29% against the target of 12.77%. Local data indicates that the target will be achieved; however due to reporting difficulties on the Mental Health Services data set (MHSDS) there is not currently evidence of this. NELCCG and NELC are continuing to work with providers towards entering data on the MHSDS. If the online counselling service Kooth could be added, the target will have been achieved. NHSE have been supporting this issue. • DAC6150 The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment – Q2 performance was 100%, however the YTD performance has been affected because Q1 performance was below threshold. A contributing factor is the low numbers of children and young people going through the service. Awareness is being raised across the children’s services workforce in order to increase access. • Special Educational Needs and Disabilities (SEND) – the Written Statement of Action (WSOA) has been agreed following the Ofsted and CQC joint inspection in July 2018. The CCG and NELC are jointly responsible for the implementation and delivery of the objectives of the 	

	<p>WSOA and work is underway to ensure delivery. NHSE are working very closely with NELCCG and NELC regarding the delivery of the actions.</p> <ul style="list-style-type: none"> • Maternity and Paediatrics - In September 2018 CQC re-rated both maternity and paediatrics at DPoW from “requires improvement” to “good”, however the Royal College of Midwifery’s recent review still highlighted concerns and both areas require additional commissioner focus and support. The achievement of the recommendations of Better Births by 2020 is unlikely to be realised and staffing levels and concerns around data quality remain. L Golby confirmed that contractual meetings are in place to address quality and direct meetings have taken place with maternity and paediatrics divisions in order to agree a plan for the CQC actions. A response is awaited regarding how the Trust plans to manage the RCoM review and information is awaited on their assessments on better births. • Gynaecology – the NLaG Serious Incident (SI) in relation to a failure to act on cervical screening results has now been assured via the SI process. The process resulted in significant learning and the Trust has put processes in place in order to minimise the likelihood of this reoccurring. Assurance will be provided in the Q4 SI report. • Themes in PALS and Complaints received include: <ul style="list-style-type: none"> • Interface and pathways between Paediatric services at DPoW and Sheffield Children’s Hospital – work is underway to address these transitional issues, eg, training and equipment. <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> • Maternal smoking at delivery - D Halton to be asked to clarify timescales for this work and to provide the Committee with the action plan in order to provide some assurance. • Discussion regarding the possible correlation between domestic abuse and maternal smoking. L Hilder noted that violence and abuse can be triggered by pregnancy and those affected can use smoking as a coping mechanism. It was noted that smoking rates are as high as 60% in some areas; this has a correlation with deprivation, which includes factors such as domestic abuse. The midwifery service does include conversations about domestic violence; however this is not consistent. L Holton to feed back to M Thompson and request that the action plan be looked at in the context of domestic abuse. • Eating disorder service – how is safety being assured if children choose not to attend their appointment? It was noted that L King is doing some work around how services are managing DNA children. <p>The Committee noted the report.</p>	<p>L Holton/ M Thompson</p> <p>L Holton</p>
7.	Prescribing Update	
	This item was deferred to April.	
8.	Planning 2019/20 & First Cut – Operating Plan Submission	
	<p>A report was circulated for consideration. L Hilder and L Whitton provided a summary:</p> <ul style="list-style-type: none"> • NELCCG has been working closely and collaboratively with providers and partners, eg, NLCCG and NLaG to determine priorities for action for the next financial year in the draft Operating Plan. The final submission date is 4th April. • This forms part of a raft of planning activity to set out NELCCG’s intentions for next year and subsequent years. It links to the development of the NEL place based plan in conjunction with local providers and other commissioners and NELC which will outline the vision for NEL going forward. <p>Finance Plan (NHS figures only as this is part of the NHS plan. The Adult Social Care element is not included)</p> <ul style="list-style-type: none"> • The CCG plans to deliver its 2019/20 control total of breakeven against its in-year allocation, as well as all of the commissioner business rules that it 	

	<p>is required to comply with:</p> <ul style="list-style-type: none"> • Commissioner financial plans must triangulate with efficiency plans, activity plans and agreed contracts; finance, efficiency and activity assumptions must be consistent between commissioners and providers. • Minimum cumulative/ historic underspend (1%) • Minimum in-year financial position (break-even) • Local contingency (Minimum 0.5% = £1.3m) • Admin costs - remain within admin allocation. Plans are in place to achieve the 2020/21 20% savings requirement; a contribution towards the savings have already been made via joint working with the Union, eg, office move, change of IT and HR provider. • Mental Health Investment Standard – requirement to spend 5.7% more on Mental Health in 2019/20 than in 2018/19. A confirm and challenge process will take place (led by the HCV STP) to gain assurance that the standard will be met. • Better Care Fund - Minimum contribution must be complied with • Regular meetings are taking place with NELCCG, NLCCG and NLaG in order to understand and agree finance & activity, along with the timescales, responsibilities (solely with the hospital or with the wider system) for transformation schemes. This will ensure schemes are owned by the system and risks resulting from delays / non delivery are understood. NHSE and NHSI are attending a joint planning meeting on 1st March. The view is that agreement re the contract will be reached by the deadline date and mediation will not be required. • NHSE are looking at the draft submission and will schedule a meeting during w/c 4th March to raise any additional queries and to confirm some of the rationale around activity submissions and trajectories etc. <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> • The report states that all pain management activity will move to new provision. L Golby advised that it is currently only all new activity that is moving to new provision and those who are already open to NLaG who choose to move. <p>The Committee noted the update.</p>	
9.	Finance Update	
9.1	2018/19 Report	
	<p>A report was circulated for consideration. L Popplewell provided a summary:</p> <ul style="list-style-type: none"> • As at January 2019 the CCG is on track to achieve both its planned operating position (Health £nil (break-even) + ASC £nil (break-even)] and its NHSE Mandated Surplus (£8,147k), however this is dependent on a number of risks / pressures being effectively managed in the remainder of the year. • Delegated Budgets: YTD underspend has moved from £27k in November to £431k in January, this in the main is due to the receipt of additional allocation to fund the agreed in year GP uplift (£174k) which had previously been forecast as a pressure against the PMS contract. • NLaG – there has been a substantial increase in the forecast outturn (£1.5m) since the last report. This is principally due to continued high levels of non-elective activity within the following specialities; general medicine, respiratory and colorectal. A&E activity is also above plan. • Adult Social Care - key movements from the last report are; a decrease in Community spend and an increase in Service Development spend. This is mainly due to an increase in recoup in relation to direct payments and a reduction in forecast spend in relation to non-recurrent spend on Supported Living. • Non contract activity – the forecast outturn increased in January 19 primarily due to £156k of costs for one out of area patient. These costs had previously been included as a risk. • Risk – the total risk has reduced, mainly due to the crystallisation of the 	

	<p>NLAG activity risk, the high cost NCA patient and a reduction in risk around the ASC savings plans.</p> <ul style="list-style-type: none"> The key risks that the CCG needs to manage in the remainder of the year relate to NLAG and in particular High levels of activity, Day case to outpatient QIPP savings, Non elective coding changes / case mix adjustment. <p>The Committee noted the update.</p>	
9.2	2019/20 Budgets	
	<p>A report was circulated for consideration. R Brunton provided a summary:</p> <ul style="list-style-type: none"> The CCG plans to deliver its 2019/20 NHS control total of breakeven against its in-year allocation as well as a breakeven position against the Partnership Agreement Allocation for Adult Social Care from the Council. The key risks to delivery of the planned position across both Health & Social Care include: <ul style="list-style-type: none"> Activity levels across acute care, prescribing, CHC, ASC Brexit - potential impact on prices and availability of goods/services Provider sustainability within community and residential services relating to historically low fee rates. A cost of care exercise is underway. Financial pressures within key stakeholders, eg, NLaG, NELC which may also have an unplanned cost impact on the CCG and an increased savings requirement. The Section 75 Adult Social Care allocation has been considered within the Councils budget planning programme. The total identified envelope for 2019/20 of £41.9m excludes the Integrated Better Care Funding of £1.1m and Winter Pressures of £0.8m funding (both non-recurrent). Contract position – the budgets relating to contracts reflect the current contract offers and are subject to change until contract sign off (due to be completed by 21st March 2019). There is currently an identified “gap” of £7.4m between the CCG’s contract offer figure with NLaG and the Trust’s income assumption. The difference relates to assumptions regarding the funding of Marginal Rate Emergency Treatment, counting & coding changes and the CCG’s QIPP schemes (not yet factored into the Trust’s figures). Weekly meetings are taking place in order to reach an agreement. The CCG has an overall efficiency target of £7.3m (£5.5m Health, £1.8m Adult Social Care). It should be noted that there are schemes still to be identified (across both Health & ASC) and work is being undertaken during April to finalise these. Work is underway, as part of the “Union”, to identify potential ways of jointly using resources more cost effectively, alongside more integrated ways of working, (eg, alignment of care at home and the primary care networks) and investment in schemes such as care at home & digital solutions. The approach to budget setting, including the sign off process with budget holders, was discussed with the Chair of the Integrated Audit & Governance Committee at the Finance Assurance sub Group on 14th February. <p>The Committee noted the update.</p>	
10.	QIPP Update	
	<p>A report was circulated for consideration. L Whitton and L Popplewell provided a summary:</p> <ul style="list-style-type: none"> Whilst savings achieved YDT are £53k behind plan, the CCG is still anticipating that the planned savings for the year will be achieved in full. Key points to note are: <ul style="list-style-type: none"> Prescribing – reduction in forecast savings; the OptimiseRX system being used by GPs (identifies a cheaper generic alternative drug with the same outcome) is underachieving and there has been an underachievement on some of the rebates. RightCare gastro – reduction in forecast savings due to delays in the 	

	<p>pathway roll out and an increase in activity.</p> <ul style="list-style-type: none"> • High cost drugs – the forecast has been revised pending further information from NLaG. • Day Case to Outpatient and Outpatient Follow-ups - schemes are at risk of not delivering the planned level of in-year savings. The schemes are dependent on NLAG implementing a number of changes and a plan of action will be agreed in the 19/20 contract as part of the SDIP. <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> • The financial impact is helpful; however it would be helpful to understand any cons from a quality or demand management perspective, eg, what would be the quality impact of the non-delivery of RightCare gastro? The finance team to liaise with relevant leads and to feed this into future reports. • The day case to outpatient scheme supports the capacity planning work by freeing up capacity and improving waiting times etc. • The CCG is ensuring that deadlines are set for achieving the savings as part of the 2019/20 contract; non-delivery could result in financial penalties etc. <p>The Committee noted the update.</p>	Finance Team
11.	Integrated Assurance Report	
	<p>A report was circulated for consideration. M Rabbetts provided a summary:</p> <ul style="list-style-type: none"> • The report format has been amended as part of a wider piece of work regarding more integrated reporting (activity, finance, quality, performance etc). The report has been restructured in terms of 12 service areas. Focus will be on performance against the constitution. • Key performance changes: <ul style="list-style-type: none"> • Primary Care - Proportion of GP referrals made by e-referrals - moved from Red to Green. • Planned Care - Cancer 31 Days Diagnosis to Treatment (Subsequent surgery treatment) - moved from Amber to Green. • RTT - Number waiting on an incomplete pathway over 52 wks - moved from Amber to Green. The ambition is to reach zero by the end of this year; however there is a risk linked to one speciality. It was noted that there may be another cohort of patients (raised at Planned Care Board). M Rabbetts to look into this. <p><i>13:36 – L Golby left the meeting.</i></p> <ul style="list-style-type: none"> • Permanent admissions 65+ to residential and nursing care homes - moved from Red to Green. • Primary Care – 4 out of the 5 measures have a forecast position of Fully Met. • Prescribing – reduction in the proportion of broad spectrum antibiotics prescribed in primary care is on track to deliver the target; however there is insufficient improvement on the overall reduction in antibiotics prescribed. Prescribing will be the focused item on the agenda at the next meeting. • Unplanned care – there has been an improvement in Total time in A&E (4 hours or less); however it remains below the national standard. This will be discussed with NHSE during w/c 4th March. Delayed transfers of care performance has deteriorated over the past few months despite previously being on track and NELCCG sitting within the best quartile nationally. Information is not yet available regarding whether the additional support for winter has helped. It was noted that capacity issues within domiciliary care contribute to the delays as providers are unable pick up care packages quickly enough. This issue resulted in Hull going to OPEL 4. It was noted that this has not historically been a problem for NEL. Ambulance performance has seen an improved direction of travel in some measures, eg, waiting times, however only 2 out of the 7 standards are 	M Rabbetts

	<p>being achieved.</p> <ul style="list-style-type: none"> Planned care – cancer diagnosis at early stage is showing signs of improvement (data has not yet been published). All cancer waiting times standards, with the exception of 62 days RTT screening are being met. Routine waiting times for diagnostic tests performance has deteriorated; this is primarily due to capacity issues re MRI, CT and endoscopy. This is not expected to improve. <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> Mental Health and Disability – IAPT recovery rate is showing an improvement in position. The medical strategy team raised concerns around this measure. When will it align with NHS digital data? (if the current figures were submitted it would result in some regional and national scrutiny). NHSE offered to support the CCG with this. M Rabbetts confirmed that the figures represent nationally published data and that local data indicates that the CCG is on track to deliver for access but not for recovery but this is being investigated as it is felt there are likely data quality issues linked to implementing the new system. The local and national data are expected to align from January's data. M Rabbetts to look at the latest position from Navigo and chase a response. <p>The Committee noted the update.</p>	M Rabbetts
12.	<p>Corporate Business Plan – 2018/19 and Development of the 2019/20 Plan</p> <p>A report was circulated for consideration. L Hilder provided a summary:</p> <ul style="list-style-type: none"> As of 20th February the Corporate Action Plan for 2018/19 was 85% complete. If all actions were on track the percentage would have been 91%; therefore the plan is off track by 6%. There are currently 6 actions that have missed the agreed milestones. 3 of these are due to leads not providing an update. Work is underway to pull together the 2019/20 corporate action plan. Meetings have taken place and are ongoing with OLT members and a draft plan is in place. This will be circulated at the next meeting. <p>The Committee provided the following feedback:</p> <ul style="list-style-type: none"> If a response to the outstanding actions is not received by the next meeting, the Committee will ask the lead to attend the meeting in order to provide an update. Request for a discussion at the next meeting regarding the corporate business plan; ie, it is a critical document that needs to be utilised as a central point. Are there any opportunities to do things differently, make improvements etc? <p>The Committee noted the update.</p> <p><i>13:55 - B Compton left the meeting</i></p>	Forward plan
13.	<p>Brexit</p> <p>H Kenyon to provide any additional updates relating to Brexit as a post meeting note.</p>	H Kenyon
14.	<p>Escalation to the Governing Body</p> <p>It was agreed that the following will be escalated to the March Governing Body meeting:</p> <ul style="list-style-type: none"> Plans in terms of performance against measures where a plan has been submitted Women and Children's update 	
15.	<p>For Information</p> <ul style="list-style-type: none"> Financial Appeals Update Risk Register and BAF Quarterly Incident Report Serious Incident Report 	

	<ul style="list-style-type: none"> • Local Account • Preventative Services Market Development Board Annual Report 	
16.	Any Other Business	
	There were no items of any other business.	
	Date and time of next meeting Wednesday 24th April, 12-2pm, Bremerhaven Room, Grimsby Town Hall	