

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

ACTION NOTES OF THE MEETING HELD ON 16/06/2022 AT 15:00 – 17:00

MEMBERS PRESENT:

Mark Webb	NELCCG Chair
Tim Render	Lay Member Governance and Audit
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
Helen Kenyon	Deputy Chief Executive
Jan Haxby	Director of Quality and Nursing

ATTENDEES PRESENT:

Lezlie Treadgold	PA to Executive Office
Caroline Regan	PA to Executive Office

APOLOGIES:

Dr J Raghwani	GP Representative
Dr Ekta Elston	Medical Director

1 APOLOGIES RECEIVED

Noted above. It was noted that the meeting was not quorate, all agreed if a decision is to be made MW will contact EE directly.

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 12th May 2022 were agreed to be a true and accurate record.

4 22/23 FINAL FINANCE REPORT

LW confirmed the annual accounts 21/22 went to the Audit Committee this morning. They have been audited with no issues. There are issues with timings in relation to audit of the local government pension scheme which is not possible to do within NHS timescales and beyond our control, not just individually but at a national level. Awaiting wording to incorporate into the submissions for next week to cover it off.

TR advised they are required to submit the accounts, annual report, and audit certificate. It was agreed at the audit committee to submit with a caveat that the external auditor cannot submit the audit certificate.

Technically still supposed to have a meeting sharing the annual report publicly. MW advised if the annual report is already completed if he is happy with the audit chair then it can be sent to the Governing Body members for ratification and public online the following week. LW looking at pragmatic solution.

Financial plan 22/23. ICB final plan submissions at end of April finance submission had a significant gap, just over £58m. National expectation is that all plans should be showing financial balance with a requirement to resubmit the plans by the end of June to demonstrate that the ICB had got to financial balance. Additional

funding has been allocated recently in recognition of the extraordinary inflationary pressures seen since the original allocations were calculated which equated to at £37m. Most of this additional money has been passed out to NHS providers both within and outside of our ICB.

Now at a balanced financial position across the ICB, NELCCG has had to make further savings of just over £800,000 in support of this. This has been addressed by reviewing budgets, releasing uncommitted COVID funding and technical accounting adjustments. Non recurrent funding redistributed across the places / providers within the ICB to bring each organisation back into financial balance and we as a place have received funding as part of that.

In getting to the balanced financial plan a number of one-off measures have been put in place. Focussed work to be done in the remainder of this year to move us towards a recurrent balanced position. Linking into financial strategy being developed across the ICB. One element will be how the allocations are distributed to individual organisations and the places.

With deficits across the ICB does there need to be a big hit in 23/24?

The expectation nationally is that the ICB collectively will have plans in place by the time we get to the end of 22/23 so in affect exiting into the new year with a balanced position, which is extremely challenging.

Going forward there is an elective backlog and COVID legacy with an artificially high level of demand. Are we still looking at a recurrent deficit going forward?

It will be extremely challenging to get to recurrent balance, and this will be a key consideration as part of the 5 year high level strategic plan at ICB level and then 2 year operational planning requirements.

Planning has been done for the full year but recognises that 3 months in CCG and 9 months with the new arrangements with ICB. CCG have been given 3 months of annual plan funding and required to do a full set of accounts for Q1. To be completed in similar time scales as a normal year end i.e., towards the end of July, alongside accounts a full annual report and annual governance statement. Risk to be managed from a staff point of view.

TR gave thanks to all staff on the Audit Committee and external scrutiny partners.

MW also gave thanks to LW and team.

5 QUALITY REPORT

JH advised she had included in the papers a Handover Document which will be taken to the first ICB Quality Committee on 1st July 2022.

Within NEL providers are in enhanced special measures from a quality perspective.

- NLaG (Northern Lincolnshire & Goole NHS Foundation Trust) from 2016 when first put into special measures for quality and finance
- Reinspection by CQC had been delayed due to COVID.
- Changes have been seen in their way of approaching quality and improvements in the strength of leadership over quality and distributed leadership
- Strong quality governance arrangements in place
- Work to be done on the CQC action plan
- Seeing progress through the Risk Committee through NHSEI as part of the Special Measures Arrangement
- JH now contributes and challenges on the Internal Quality and Safety Committee
- SHMI been within normal limits for six months, Grimsby end higher than Scunthorpe end, work to be done
- The Trust has seen an increase in near misses in terms of SI's and themes
- External scrutiny been invited in terms of how to organise theatres
- While improvements have been made the challenge is how to sustain given the system pressures, emergency diagnostics and workforce

- Care Plus Group is the other provider because of Cambridge Park
- CQC visit put them into enhanced surveillance and action plan which JH and team oversee through Care Plus Group Executive Contract Meeting
- Assurance is provided and not seeing as much noise as previously
- Complaints are reduced which suggests they are making progress
- Recruitment and workforce another challenge which they are working on
- HUFT (Hull University Teaching Hospitals NHS Trust) is another provider with concerns in terms of quality
- Strong leadership from NHSEI helping them focus on the significant waiting list and patients waiting within each of the specialties.
- Hull CCG working closely with HUFT and NHSEI to help mitigations
- Position not worsening but not improving at the rate HUFT would like
- Completed a Quality Review Profile, a detailed tool pulling data from different sources
- To help focus on the points of concern and discussions
- The group includes HUFT, CQC, NHS England and CCG
- EMAS (East Midlands Ambulance Service), not in enhanced special measures
- Noting because of the experience in the last few months over significant delays in patient handover
- Pressure across EMAS as a whole - they cover 22 different CCG areas.
- EMAS and NLaG working bringing in system partners to address wider system pressures

Focusing on several agendas from a quality perspective from concerns in the system/data.

- The whole Children and Young People Agenda
- Concerns of number of children looked after, one of the highest in the country with over 600 children in our system
- A lot of work to be done to strengthen up to better support families and children earlier on in their journey
- Shift focus to strengthen up prevention and earlier intervention agenda, on the horizon with the Health and Care Partnership on a wider system basis
- SEND, a very positive SEND reinspection and letter received from the Secretary of State to congratulate on the good work on SEND and disabilities
- LeDeR (Learning Disabilities Mortality Review), changes made to national guidance which means that reviews should no longer be allocated to people involved in service delivery
- Significant cost in that and we are continuing as we have for now.
- Nobody waiting for a review in North or North East Lincolnshire
- To be flagged to the ICB Quality Committee
- Suicide, seeing an increase in the rates in North East Lincolnshire, the numbers have never been so high as they are now. North Lincolnshire and North Yorkshire have the same increase, but East Riding, York and Hull have not seen a significant increase
- Work lead by Public Health and/or mental health colleagues
- Joining up streams of work and pulling out the learning

As part of the transition into ICB arrangements, all CCGs are looking at their teams that deliver PALs and complaints and how to align and work closer together from an ICB perspective.

Our team and East Riding work differently to the rest of the ICB, receiving complaints and PALs leading on some of the investigation as an independent approach. Other CCGs pass onto the provider. Therefore, they do not see the rich data and intelligence that informs them of their services.

We have volunteered to become a super place in terms of becoming the front door for the whole PALs and complaints of the ICB including MP enquiries. With our team collating the information and sending out to the relevant CCG/place area.

HK commented that NELC would need to be assured in relation to any changes in process re Adult Social Care

PM spoke of challenges which are societal not just within the domain of formal health and care services. Need to think how to potentially change the culture and behaviour of the population in a different way. How do we use social media to support this and what that means in terms of what systems we may put in place. Possibly take a different approach in a more proactive way.

JH replied that a number of things are on the horizon and other ways to influence the agendas.

TR advised from an Audit Committee's point of view they pushed for an up-to-date framework and risk register which some items overlap with JH's report. They have decided to circulate the report to the Governing Body and write to the ICB with key issues, including positives.

It was noted the Handover Report is for the ICB Quality Committee from an NELC quality perspective. JH has also asked for additional sections to be added which are not included in the template.

Regarding PALs/Complaints, are you satisfied you have the capacity to take on the extra work? By offering to be a super place we are happy to do this but will look at capacity to deliver. At present do not know what the workload will be but looking to be the front door for the other areas, to receive the information, log it and pass back to the area. There may be a requirement for the team to produce quarterly reports. No other place has offered to be a super place.

MW made the following comments:

- JH's report shows what can be done collectively making sure the approach is spread across the patch
- Always impressed with the PALs team
- Influencers, at a previous meeting discussed health inequalities and data collection
- Influencing and communicating must be part of the data lake
- Important to be supported and get proper communications
- NELCCG have always had a good eye on quality and note ICB priorities in the first year are operational but incumbent on JH and team

Thanks was given to JH for her report.

6 COVID UPDATE

PM updated the Committee:

- COVID figures are falling and the ONS figures seen measured throughout the whole pandemic continue to fall
- 1.27 for our area of 100,000
- Concern with numbers starting to increase with a blip in hospital admission. COVID positive patients in Grimsby
- Figures did go up but are starting to fall
- Received new guidance about infection prevention and control arrangements within health and social care settings - mask wearing to be relaxed unless dealing with somebody you suspect has a respiratory illness
- A cultural shift not just for the public but also professionals
- Anxiety for a small minority of the population who feel vulnerable

No questions raised.

7 TRANSITION FROM CCG TO ICB JULY 2022

MW highlighted the whole of the Governing Body with particular thanks to PM and RW who have championed the way we do things in North East Lincolnshire. This action has brought us to where we are today in a leading position for the new arrangements.

LW went through her presentation assessing what will stop and continue and where things will sit within the new arrangements. Also looking at how the new governance infrastructure will work with the new ICB committees,

Health and Care Partnership, and Joint Committee. Details of place governance arrangements are included which have been to the Governing Body before.

HK noted the work is to preserve what works well in North East Lincolnshire and acknowledging some of the concerns the council have around continuing with the level of delegation into NEL, then onto the HCP.

HK has had discussions as to how the ICB will do some arrangements on behalf of the council. How the ICB will assure the council that it is discharging the responsibilities given to it. The Joint Committee will become an important meeting in terms of coming together for the joint planning, direction and assurance of the right places and governance is in place to work through.

Starting to transition things from Governing Body/Union Board to Joint Committee. A requirement to have a Contracting Group which would be a sub group of the Joint Committee to make sure we continue with the oversight of the contracts being managed by place. Also, a quality group which JH will link in with to replace the Quality Governance Committee. To work from an adult, children's, and public health perspective.

RW reminded all that over the last 18 months the Governing Body and beyond all have been working on an important mix. This being clinical, political, community, leadership, and oversight. Built on experience, long standing relationships, and trust, which should continue going forward.

There is now an opportunity to foster deeper integration with the statutory joint committee between the council and the ICB. To host through a governance perspective linking into community representation.

An opportunity through this model for partners to look at determinants of health challenges, responsibilities, contribution and where to add value. A big agenda going forward as a partnership and as a collective. In the new arrangements with the ICB need to retain learnings what stays in place, and where to play to strengths.

PM noted it is his ninth reorganisation in 25 years trying to lead change within North East Lincolnshire. The organisational/governance arrangement should be an enabler to what we are trying to achieve. A constant to try and embed is identifying leadership across the spectrum.

Identified leaders to act as advocates or influencers for the whole of North East Lincolnshire or segments that have challenging issues. An opportunity to use the changes to help those influencers we have embedded in NEL to make more improvements. With the system being in transition it gives us the opportunity embed the changes in place.

HK reflected how positive all the people in place, staff, community people, politicians and GPs had been right across the system. We have also fared in many respects better than other places. Down to the continued leadership and consistent messaging that we have all been doing. Started the work on where we needed to be and using this to an advantage. The staff, clinicians and all are with us on the journey and have been willing to weather the storm while we have been working through it. A testament to all the teams of how dedicated and committed everyone is.

Regarding the functions of the audit committee, TF offered his help to be involved to help shape in the new arrangements.

8 FINAL ASSESSMENT LETTER

RW advised the letter tracks the journey from CCG to present day capturing the work. It singles out patient and public involvement and our contribution to the changes now transition into new arrangement. NHSE coproduced the letter. A positive reflection of the work and a platform to move forward from in a positive way. To be shared once received to Governing Body members and staff. PM added it was a very positive letter.

9 PATIENT AND PUBLIC INVOLVEMENT

In terms of the Joint Committee, seeking to appoint a community lay member with the process underway. Such a role on the Joint Committee is vitally important to recognise the patient and public involvement. The work of the Community Forum and contributions from Accord are being furthered.

PM gave thanks to all the community members for their work over the years which has been critical to show our success has been built upon. Thanks to non-execs bringing an objective oversight and challenge, a risk if that is not embedded into the new arrangements. MW seconded PM's comments.

MW noted their work has been fundamental to the CCG for the and health and care of the population and that they are excellent arrangements to have in the Joint Committee.

PB wanted to recognise the Community Forum (Anne's leadership), the number of people who have participated, whose contributions have been invaluable.

10 FOR INFORMATION

See papers listed below.

11. ANY OTHER BUSINESS

MW gave thanks to Ian for his continued attendance at the meetings.

MW thanked all members of the Governing Body for a decade of absolute commitment and support for the community. Good luck for the future and long may it continue.

12. PUBLIC QUESTION TIME

No questions were raised.

NEXT MEETING: None.

10A CCC Cover Sheet 06.2022
10B CCC Action Notes 09.03.22
10C CCC Action Notes 13.04.22
10D CCC Action Notes 11.05.22