

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

ACTION NOTES OF THE MEETING HELD ON 11/03/2021 AT 14:30-16:30

MEMBERS PRESENT:

Mark Webb	NEL CCG Chair
Rob Walsh	Joint Chief Executive
Helen Kenyon	Deputy Chief Executive
Laura Whitton	Chief Financial Officer
Philip Bond	Lay Member Public Involvement
Dr J Raghwani	GP representative
Tim Render	Lay Member Governance and Audit
Joe Warner	Managing Director – Focus independent adult social care work
Stephen Pintus	Director of Public Health, NELC
Dr Ekta Elston	Medical Director
Anne Hames	Chair of Community Forum
Dr Peter Melton	Chief Clinical Officer
Dr Chris Hayes	Secondary Care Doctor
Jan Haxby	Director of Quality and Nursing
Dr Mathews	GP representative

ATTENDEES PRESENT:

Helen Askham	PA to Executive Office (Minutes Secretary)
Lezlie Treadgold	PA to Executive Office

APOLOGIES:

Joanne Hewson	Chief Operating Officer
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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 (10/12/20) and (27/02/20) were agreed to be a true and accurate record.

4 MATTERS ARISING

All matters arising were noted as completed.

5 ANNUAL BOARD ASSURANCE FRAMEWORK

A report was presented to the Governing Body and taken as read. TR reported that a discussion had taken place to define the process to manage risks. The intention is to integrate better the whole risk management and reporting agenda, to make it less burdensome for those carrying out the work and that it makes sense for the organisation, this is being complicated slightly by the planning process.

The Governing body noted the update provided, reviewed the BAF and identified gaps and the level of assurance received by the CCG, in relation to its strategic risks and comment where appropriate.

6 ANNUAL GB COMMITTEE TERMS OF REFERENCE

A paper was presented to the Governing Body to formally ratify the terms of reference for the Governing Body committees: Council of Members, Community Forum, Care Contracting Committee, and the Quality Governance Committee. The paper highlights all the changes made, which are minor, and that were approved by Chair's Action.

The Governing Body reviewed and approved all proposed changes to the Terms of Reference for each committee of the Governing Body; approved the proposed change of name to the Quality Governance Committee; and noted the Chairman's actions taken for approval of Union Board Terms of Reference.

7 ANNUAL IG AND AUDIT SELF-ASSESSMENT

A paper was presented to the Governing Body and taken as read. TR noted that we followed the National Audit Office approach to the self-assessment, and that the membership of the committee has increased in view of the workload, and to ensure the right expertise is on the committee.

The Governing Body considered and noted the annual report.

8 ANNUAL CARE CONTRACTING COMMITTEE SELF-ASSESSMENT

A paper was presented to the Governing Body and taken as read. HK noted that the report highlights the work that the CCG have undertaken, despite the pandemic, which is a testament to everyone involved.

The Governing Body reviewed the Care Contracting Committee Annual Report submitted to the CCG Governing Body, and noted the Self-assessment Checklist as an appendix 1

Dr Mathews joined the meeting

9 ANNUAL PRIMARY CARE COMMISSIONING COMMITTEE SELF-ASSESSMENT

A paper was presented to the Governing Body and taken as read. MW noted that many of the meetings were held virtually, or Chair's action, and that work did not stop due to the pandemic, again, this is a testament to everyone involved.

The Governing Body reviewed and noted the Primary Care Commissioning Committee Self-Assessment.

10 FINANCIAL POSITION

A paper was presented to the Governing Body and taken as read. LW highlighted the following:

- The CCG is operating under a revised financial framework, this changed slightly during the second half of the year as the CCG received an allocation as part of the Integrated Care System, which the CCG were monitored against.
- A deficit was reported at the last Governing Body, it was reported that the CCG are back in a balanced financial position, this is consistent with all other CCG's across the Integrated Care System.
- A budget would normally be brought to the Governing Body for sign off, but due to the revised financial arrangements the CCG are awaiting further details. This will be a mandated process, so it will be mandated what we pay our key NHS providers, there may be tweaks to payments, taking into account the unavoidable costs that providers face.
- Currently, there are no required contracts for NHS providers, but the CCG still have to go through the contract process for non-NHS providers to ensure contracts are in place for next year. More details about the planning process is due, and is expected to impact the workforce.
- TR commented that at some point we need to look at where the pressures in the system are, as we move into the planning process as we will move back to being responsible for things, rather than it being a mandated process. TR noted that the team are having to cope with the planning process, along with the

annual accounts. HK added that this will be difficult for the team, and we need to work through how we support the team to do this work.

- PM commented that there have been lots of different approaches to finances and financial payments this year, therefore have we identified what we would want to continue where historically there were barriers? LW noted that moving away from the payment per results system has been beneficial, and that the system have been able to focus on transformational work, and the system have worked more effectively together. LW noted that discussions are in the early stages, regarding moving to a capitated model going forward, and how we do this in a managed and structured way.
- MW passed on the Governing's Body gratitude to the team for their hard work.

The Governing Body noted the year to date financial position for Q3, period ending 31st December 2020

11 COVID UPDATE

SP provided a verbal update regarding the pandemic. SP noted that the overall picture across the Humber is an improving one. The decrease in numbers is evident that the lockdown has had an impact. This is aided by the ongoing vaccination programme. NEL are still seeing cases, but they are not leading to hospitalisation, or death. However, it is worth noting that there have been outbreaks at some workplace environments, and the case rate is taking some time to reduce, so we remain cautious as the schools begin to re-open. The Kent variant is 100% dominant in NEL.

The Government is committed to testing, and we are following guidance and testing within communities. There is a risk that the vaccination programme will not reach vulnerable people before the easing of lockdown measures, so we could see an increase in cases, and hospitalisations. We must prepare for the winter, and there are concerns that due to the lack of flu cases over the last year, the levels of immunity in the community against flu is low, so we must be prepared for another harsh winter. RW praised the workforce, and noted that as the roadmap unfolds, we must remain vigilant and follow the guidelines.

PM discussed covid recovery. Referral rates at general practice are down 9% over the last 12 months, therefore an unmet need is building up within Primary Care. Outpatient activity rate is down 22%. In terms of numbers of patients, currently 13,300 patients are on waiting lists in NEL. Patients waiting more than 18 weeks and 52 weeks, is once again a significant problem. This presents a big challenge, to pull things back. Positive news is that cancer referral rates have remained the same, and the system is working well in terms of dealing with patients with life threatening illnesses. The question now is what the correct role for Primary Care is going forward, is it the vaccination programme and dealing with long term conditions. The longer-term consequences of Covid, in terms of unemployment, mental health problems, debt, economic recovery will require to be managed as a system. This is to be the intended focus of the Place Board. JH updated the Governing Body that a piece of work had been carried out with the job centre, in identifying skills of people who have been furloughed, and matching their skills to a position in the health sector. EE added that the health care system focused on acute care during the pandemic, and rightly so, but now we need to get to a position to focus on preventative health care, and the underlying issues causing health problems. SP agreed with this point, adding we need to address how we respond to the increase in suicides in our region. We have a huge amount of learning to undertake how we respond to individuals, not just as a clinical response, but a whole system response, again, this is very much the agenda of the Place Board. TR thanks PM for the information regarding waiting lists.

CH asked how the CCG is responding to patients suffering with breathlessness and post covid symptoms, is there a community response. EE responded that a Humber wide long covid clinic has been established to treat and help patients.

PM discussed where General Practice should be focusing on and does not believe that these conversations are taking place. There is also a risk that the voice of general practice could be lost with the changes outlined in the White Paper, as to how it could be deployed for maximum affect.

MW concluded that the Governing Body have been having conversations about health and inequalities for many years now, and we need to shift resources to manage these problems. Covid has highlighted inadequacies even

further and put them on a platform, and the CCG are building plans to make sure that post-Covid, we can address these problems, and ensure we are better equipped if faced with another pandemic.

12 SAFEGUARDING UPDATE

A paper was presented to the Governing Body and taken as read. JH highlighted the following:

- The pandemic created challenges to Safeguarding, but the teams found ways to manage very quickly under the new circumstances.
- The number of suicides has increased significantly, and a working group is looking at this and the team are focused on the learning of the reviews which are taking place.
- The number of domestic abuse incidents also increased over the pandemic and a lot of work was undertaken during the lockdowns.
- Before the pandemic, the number of looked after children had increased significantly, the CCG put in additional capacity, and this is working well. Clear plans are emerging, structures established and arrangements have been implemented, and a lot of work has been undertaken around strengthening children's safeguarding. It has been recognised that the CCG share learning with other safeguarding boards.
- The safeguarding role of the CCG stayed in place during the lockdowns, and the CCG continued to find ways to seek assurances from providers. Some of the team visited providers, and provided leadership around safeguarding, embedding system and processes. The CCG are undertaking a piece of work to strengthen and ensure effective information sharing occurs between primary care and number of children safeguarding groups / arenas.

Steve Pintus left the meeting.

13 ICS DEVELOPMENT

A paper was presented to the Governing Body, and HK provided the following update.

- The paper provides the Governing Board with information about the work the CCG, the local authority partner, and the broader integrated care system across the Humber, Coast and Vale patch are undertaking following the publication of the white paper. NEL CCG are an absolute advocate as this as a direction of travel. The White paper identifies the need to remove barriers; enable a truly integrated care system; removal of practical problems - to try and build what was improved during Covid; to avoid top-down organisation; the need to build a consensus model across the system; to create dynamic partnerships; to address health problems.
- HK noted that the way that contracts have been set up previously set partners against each other, rather than encouraging accountability. The White Paper stops this and makes sure that the appropriate people are accountable, and that the NHS is accountable to the government, and taxpayers.
- The document establishes the Integrated Care Systems into law, this will mean that the CCG will cease to exist. This will impact on long standing arrangements at Place between the NHS and the LA, and the Section 75 agreement.
- NEL have an opportunity to shape the delivery of services and build on the architecture of the six local areas. Discussions are ongoing regarding a model that will satisfy the Bill and the NEL local arrangements, these discussions have been positive.
- The infographic in the document outlines the 5 different levels of the future structure of the NHS.
- A Steering Group has been established to oversee the work being carried out.
- PB asked if the community links would be built in the new model. PM agreed that the concept of Clinical, Managerial and Lay input should be embedded into the model, and not lost sight of.
- The statutory responsibilities of the CCG will continue.
- A future arrangements proposal will come back to the NELC Cabinet and the NEL CCG Governing Body for agreement.

14 21/22 PLANNING

LW updated the Governing Body regarding 21/22 Planning. The CCG have not received any detailed planning guidance as yet, but the CCG have been told to anticipate doing two planning rounds. Information was circulated in January to stand down contracting and planning, but the team have continued in preparation and reviewing business plans, the financial resource, and the people resource, so the CCG have a good base of information

Please note: These minutes remain in draft form until the next meeting of the Governing Body on 17/06/2021

when the guidance comes in. The CCG are pulling together priorities with partners and considering the underlying financial position of the last 12 months, identifying gaps and pressures in the system.

15 FOR INFORMATION

See below list for papers.

16 AOB

The Governing Body virtually approved the Information Governance Framework and Strategy (finalised 18 Dec).

17 EXTENDED PUBLIC QUESTION TIME

There were no questions from the public.

NEXT MEETING: 17/06/2021 AT 15:00-17:00 virtual meeting via Teams

Papers for information – it is important that members read the attached papers prior to the meeting:

15a FOR INFO Community Forum Minutes, 2nd December, 2020

15b FOR INFO Community Forum Minutes, 6th January, 2021

15c FOR INFO PCCC Minutes, 16th October, 2020

15d FOR INFO CCC Minutes, 12th September, 2020

15e FOR INFO CCC Minutes, 14th October, 2020

15f FOR INFO CCC Minutes, 11th November, 2020

15g FOR INFO CCC Minutes, 9th December, 2020

15h FOR INFO CCC Minutes, 13th January, 2021

15i FOR INFO CGC Minutes, 1st October, 2020

15j FOR INFO Community Forum Minutes, 3rd February, 2021