

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**Governing Body AGM virtual meeting via Teams**

**ACTION NOTES OF THE MEETING HELD ON 28/10/2021 AT 14:00-16:30**

**MEMBERS PRESENT:**

Mark Webb NEL CCG Chair
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
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
Tim Render Lay Member Governance and Audit
Helen Kenyon Deputy Chief Executive

**ATTENDEES PRESENT:**

Lezlie Treadgold PA to Executive Office

**APOLOGIES:**

Joanne Hewson Deputy Chief Executive

Dr J Raghwani GP representative

Dr Ekta Elston Medical Director

Dr Mathews GP representative

# APOLOGIES RECEIVED

Noted above.

# 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.

# APPROVAL OF PREVIOUS MINUTES

The minutes of the previous Governing Body meeting 16th September, 2021, were agreed to be a true and accurate record.

**Governing Body meeting - For Assurance**

# 2021/22 SYSTEM SEASONAL PLAN

A paper was presented to the Governing Body regarding the Winter plan that is produces annually to aid in managing health care over the winter period. The A&E Delivery Board have approved this year’s plan and will monitor the progress of the Plan. The plan focuses on A&E front end improvements, pathways to move patients away from A&E, handover times, community step up and down, Mental Health, Primary Care Access and enablers.

HK noted that a letter had recently been received regarding poor ambulance handover times, and we are monitoring work t improve this on a fortnightly basis. Additional funding has been announced for Primary Care, and this is being monitored on an HCV basis. HK noted the huge pressure currently on the system, and that work needs to focus on making improvements and what will have the most affect. A number of risks have been identified, such as length of stay, but a lot of work has been carried out on discharge pathways to improve this situation.

JW noted that there are strengths in the system, and that working closely together has benefits to get people out of hospital and back home. HK discussed the PCN hubs, that have been established to manage on day demand better.

MW agreed that there is an unprecedented amount of pressure on the system, and asked if the CCG are confident we have done all possible ready to face it. HK responded that if we undertook all the work outlined in the plan and deliver on improvement works then we have given every opportunity to get through winter. The risks are workforce issues, but we are working together to be able to move people around the system more easily, but also trying to ensure that when people are busy, that new ways of working to improve services are not disregarded.

**The Governing Body noted the update provided on the Winter Plan.**

**5. TERMS OF REFERENCE**

The Committee agreed to consider and agree the Terms of Reference virtually.

**Governing Body meeting - For Discussion**

# INTEGRATED CARE SYSTEM: NORTH EAST LINCOLNSHIRE PLACE BASED ARRANGEMENTS

A presented was given regarding the Integrated Care Systems; outlining the position from April 2022, the development of the ICB, ICP, Strategic partnerships, provider collaboratives, and Place based partnerships. The NEL Place based partnership is made up of the Health and Wellbeing Board; the Joint Committee; and the ICP. Health inequality, wider determinants, population health management and recovery are the threads that run through the new arrangements.

A statutory Joint committee will be put in place, which is a host of the ICS and Place, discussing; local accountability management, risk management and assurance; financial flow and use of resources; and dispute resolution. It was noted that the Humber Strategic Partnership – collab will be very important going forward, for the success of the place and wider system. Workforce is also very important; we have an employment commitment in place and our plan is to have place based workforce. There is a Section 75 agreement between the council and the ICS to support the principle of subsidiarity and resource flow.

The next steps are to manage the transition; the shadow arrangement and wider engagement; the place based arrangements and support the development of the wider system; community involvement; governance and workforce support.

The Committee discussed the relationships between Joint Committee and the collaboratives, and how the committee could act as a bridge to the collaboratives. TR questioned how the collaboratives will work together across the wider patch of Humber / North Yorkshire. All agreed there is still a number of issues to be worked through, and decisions to be made.

**The Governing Body noted the updated provided.**

# TRANSITION ARRANGEMENTS

A presentation was prepared for the Governing Body regarding the key aspects of the Transition arrangements. The key aspects of the transition work is that it needs to cover the ICB, Strategic Partnerships and Place. The main elements of work are due diligence; Place maturity self-assessment; ICB governance enablers and the readiness to operate.

Due diligence focuses on the safe transfer of people and property; it is the element of the legal process for the transfer, closedown and establishment of the new arrangements. Within the CCG, leads have been identified for each area of work, and this is regularly reported to the Risk Committee / Governing Body meetings.

The Self-Assessment tool was shared amongst the CCG’s/Places, so we are assessing ourselves on a similar basis. We believe that NEL are more towards maturing and thriving due to the working relationship with the local authority. Draft timelines and key dates were shared with the Governing Body. A Transition Executive team has been established to ensure activities are taking place in a timely manner. LW commented that NEL have an additional approach due to the partnership arrangements with the local authority, so we need to ensure new arrangements are not undermining this relationship. It was noted that having this relationship in place may be advantageous.

**Action: It was agreed that at the last Governing Body meeting, the Governing Body would record the details of the handover arrangements.**

**The Governing Body noted the update on the Transition Arrangements.**

# WHISTLEBLOWING CASE

JH provided an overview of the findings and process surrounding the whistleblowing case from October 2020. JH provided some background information of how the concerns around patient care were highlighted to the Chief Executive of NLAG, and the Accountable Officer of NEL CCG. A joint investigation was agreed, led by CCG staff, using NEL CCG whistleblowing policies.

A findings report was produced, which summarised themes and issues, what actions had been taken, or were planned, and what further assurances would be provided. It was noted that the investigation and report writing took too long, this was due to the impact of the Covid outbreak. It was also noted that the CCG should have kept the whistleblower better informed.

The recommendations for the Governing Body is noted that the NEL CCG Risk Committee has received assurances from the Findings report containing the investigation findings and actions taken or planned; and that the learning from the process has been identified and will be used to inform future whistleblowing arrangement for the ICP.

**The Governing Body noted the findings as outlined in the report.**

# COVID UPDATE

The Governing Body were updated on the current vaccination rates in NEL. The current trend of infection rates is that they are drifting down, and we are testing the same number of people. School age children are seeing the highest infection rates. Hospital rates are fluctuating but remain stable and manageable. Overall, the national message is that the vaccination is a success. PM noted that GP practices were struggling a few weeks ago, due to the prevalence of respiratory illnesses, and conversations are being held as to what can be stopped, or diverted, or which can be done in collaboration across the PCN. Generally, the overall picture of Primary Care appears to be improving.

# FOR INFORMATION

All the papers received were noted.

# AOB

None.

# EXTENDED PUBLIC QUESTION TIME

No questions were raised.

NEXT MEETING: 16/12/2021 AT 14:00-17:00 virtual meeting via Teams