

Please note: These minutes remain in draft form until the next meeting of the North East Lincolnshire Clinical Commissioning Group Partnership Board on 27 February 2020

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY  
MINUTES OF THE MEETING HELD ON THURSDAY 14 NOVEMBER 2019 AT 2.30PM  
GRIMSBY TOWN HALL, GRIMSBY**

**PRESENT:**

Mark Webb	NEL CCG Chair
Philip Bond	Lay Member Public Involvement
Joe Warner	Managing Director – Focus independent adult social care work
Rob Walsh	Joint Chief Executive
Laura Whitton	Chief Financial Officer
Dr Sudhakar Allamsetty	Chair of COM / GP Representative
Dr Renju Mathews	GP Representative
Jan Haxby	Director of Quality and Nursing
Anne Hames	Chair of Community Forum
Tim Render	Lay Member Governance and Audit
Dr Ekta Elston	Medical Director
Dr Chris Hayes	Secondary Care Doctor

**APOLOGIES:**

Dr Peter Melton	Chief Clinical Officer
Helen Kenyon	Deputy Chief Executive
Joanne Hewson	Chief Operating Officer
Stephen Pintus	Director of Public Health, NELC

**IN ATTENDANCE:**

Helen Askham	PA to Executive Office (Minutes Secretary)
Lisa Hilder	Assistant Director for Strategic Planning, NELCCG
Mila Lukic	Bridges Outcomes Partnerships
Lucia Santirso	Bridges Outcomes Partnerships
Rob Murdoch	Bridges Outcomes Partnerships
Eddie McCabe	Assistant Director – Contracting and Performance, NELCCG

**1. APOLOGIES**

Apologies were noted as above.

**2. CONFLICTS OF INTEREST**

None recorded.

**3. APPROVAL OF MINUTES**

The minutes of the Governing Body and AGM held 12<sup>TH</sup> September, 2019 were agreed to be a true and accurate record.

**4. MATTERS ARISING**

No Matters Arising were reported.

**5. INFORMATION GOVERNANCE FRAMEWORK STRATEGY**

A report was presented to the Governing Body and taken as read. The following was highlighted to members.

The Governing Body noted that there have been changes to some aspects of the Data Security Protection Toolkit (DSPT) and the requirement for more assurance on ownership of Information Governance / Data Security at a Governing Body level, as well as clear lines of accountability and responsibility throughout the organisation. Whilst it is in order for CCG Governing Bodies to delegate responsibilities for most issues relating to IG and policy management, (which is delegated

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to the Integrated Governance & Audit Committee), it is a recommendation that the Governing Body approves the IG Framework in order to fulfil the more strict requirements.

It was requested that future updates show tracked changes, so members know what has been amended on the Strategy.

The Governing Body asked if there has been any confusion from staff between the SIRO / Data protection Officer roles. It was noted that there are overlapping responsibilities between the roles, but this has not been an issue. An update will be provided to staff at the next opportunity for further clarity.

The Governing Body discussed if the framework could be shared with the Union in order to establish a Strategy that would satisfy the IG&A committees across both organisations.

Action: Tracked changes to be shown on future reports.

Action: Information on SIRO and the Data Protection Officer to be provided at a staff update.

Action: IG Framework Strategy to be shared with the Union.

***The Governing Body approved the Information Governance Framework.***

## **6. SOCIAL PRESCRIBING UPDATE**

A presentation was given regarding Social Prescribing by Lisa Hilder and representatives from Bridges Outcomes Partnerships.

Social Prescribing was established to manage Long Term Conditions, and reduce pressure on North East Lincolnshire Clinical Commissioning Group health system resources. The 7 year project has been running for 1 year and 3 months, there has been evidence of a reduction in secondary care usage above expectations. Engaging with GP's has been a challenge, but improvements are being made.

Members were updated that the project is commissioned by NEL CCG and supported by just under £1.1million from The Big Lottery Fund, it is managed by Healthy Lives Together (a Limited Liability Partnership in conjunction with Bridges Outcomes Partnerships). Centre 4 is the main delivery partner and provides the link-worker roles, and a range of voluntary sector organisations deliver the social prescription.

*Rob Walsh joined the meeting.*

The project is designed to work with patients, to move people to a more independent life. The link worker supports that person in any way required, this could mean supporting dependents, or arranging childcare to achieve the aims required. Link Workers, working via Centre 4, manage budgets for each patient. An eligibility check is required to join the project, this can come via GP referral, or self-referral. Governing Body members noted the age restrictions involved, and it was noted that there are opportunities to broaden the scope in the future.

It was explained that the criteria were established in order to target the conditions and age groups where the most impact could be achieved, both for the improvement of the individuals' health and the relief of pressure on resources for the health and care system.

*Dr Mathews joined the meeting.*

Governing Body GP members commented that the health criteria often restricts them from referring patients whose social-economic criteria would otherwise be eligible to be involved. It was noted that a broader scope for eligibility could be used, but the CCG would need to address how this is funded. An engagement campaign is underway with Primary Care, via the PCN's to promote the service and encourage GP's to engage with the service. It was noted that conversations have started to encourage closer working relationships.

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Members were updated regarding the outcomes of the service, and the potential costs savings. Currently, there is no mechanism in place to monitor savings made to Primary Care, but this is in development.

The Chair noted that the Governing Body members must work together to ensure the success of the service.

*The representatives from Bridges Outcome Partnerships left the meeting.*

**The Governing Body noted the content of this report.**

## **7. DRAFT OPERATIONAL PLAN**

A report was presented to the Governing Body and taken as read. The following was highlighted to members.

The development of the medium term plan 19/20 – 24/25, has been taking place in conjunction with NELC colleagues to ensure a broad spectrum of input. The deadline for the HCV partnership long-term plan is the 14<sup>th</sup> November. The paper attached details the suite of strategic plans and shows how they align to ensure there is a cohesive strategic plan for Place.

The Five Year Plan due in 2020 will provide greater detail. The CCG are working with service leads to ensure clear outcomes and targets from each area are fed into the overarching plan. Operational Planning is underway with stakeholders in order to determine and refine the direction of travel for the coming financial year which form the basis of the CCG's commissioning intentions. This information supports the tasks and actions which will be outlined in the CCG's Corporate Business Plan.

The Governing Body were updated that the CCG are looking to request drawdown of some of its cumulative prior year surplus of £8.1m to support transforming services so as to reduce the overall cost in the system. It was noted that it would be helpful for Governing Body members to have important dates scheduled in future reports.

Action: Important dates to be noted in future finance papers.

**The Governing Body noted the process and arrangements for putting in place CCG operational plans for 20/21.**

## **8. QUALITY REPORT**

A report was presented to the Governing Body and taken as read. The following was highlighted to members.

The Governing Body were updated regarding the amount of work being undertaken to address the issues regarding the sharing of information between children's social care and the health team for children looked after (CLA). An additional nurse and administrative resource has been put in place to assist with the increased numbers of CLA, and the local authority has provided a technical expert to work with the health CLA team to resolve issues about sharing of information.

The fluctuating SHMI, which remains outside the expected range, remains a concern. The Governing Body members were informed that two existing strategic groups are being aligned to work closer around a single strategy, and it was felt that the work undertaken has been required for some time. However, it was acknowledged that this is an ongoing and very complex issue. The Chair asked if the opportunity could be taken to reflect on the work that has been carried out and review what has worked, and what hasn't. All noted the complexities of this issue, and the challenges in making positive impacts. Progress is being made, but not as fast paced as all involved would want. All noted that a review would be a good opportunity to re-invigorate strategies.

The new arrangements for the Safeguarding Children Board are in place and continue to develop and change to ensure that we create robust arrangements to discharge the Board responsibilities. The latest Children's Board noted that short term funding for posts connected to the domestic abuse strategy will soon cease, and recognising that domestic abuse is

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one of the main drivers behind safeguarding children within NEL, it was agreed that the three statutory partners would create a report over the next few weeks to summarise the concerns and escalate awareness.

The draft Annual Research and Development Annual Report was received by the sub-group.

The Quarter Two CCG Infection Prevention and Control report is reporting a better picture which we will monitor to ensure this is sustained. This is due to the hard work of staff and focused efforts.

The Annual Health and Social Care Complaints report has been received and reviewed at the Clinical Governance Committee. The report shows a decrease in complaints last year, but information from this year is that complaints are increasing. The team are investigating why this is occurring, recognising that the CCG has made attempts in the last year to raise awareness with the public about the process for complaining.

The Friends and Family Test will be changing from the 1<sup>st</sup> April 2020 in an attempt to make it more an effective tool.

The Governing Body noted that CCG Provider Quality Profiles are being produced and are now available. They have been designed to act as early warning tools for areas of concern, where this is a deficit or an improvement in quality, which might then need a focused analysis to understand the position.

Action: CCG Provider profiles to be circulated and discussed at the next meeting.

Actions: To consider reviewing work undertaken to improve SHMI.

**The Governing Body reviewed and deliberated the content of the report.**

## **9. PATIENT JOURNEY PROFILE**

The Patient Journey Profile was noted.

## **10. COMMISSIONING, CONTRACTING AND INTEGRATED ASSURANCE REPORT**

A report was presented to the Governing Body and taken as read. The following was highlighted to members. The report provides a high level summary undertaken within the 4 communities, Care Contracting; Clinical Governance; Primary Care Co-Commissioning; and Delivery Assurance.

The Governing Body noted the significant delays to the operation of the Urgent Treatment Centre. NL&G has been appointed as lead provider who are responsible for the delivery of the Urgent Treatment Centre. A meeting will be held within the next week to discuss ongoing issues, and how teams can work together as some GP's have expressed concerns regarding the way the UTC is currently operating and the treatment of staff. The Governing Body noted that an SI had been raised to understand what the issues are so they can be investigated thoroughly.

Concerns have been raised with EMAS regarding handover issues. Procedures have been put in place with local SPA's to try to support crews to avoid conveyance. This is being monitored across Northern Lincolnshire.

Activity at St Hugh's has continued to increase above plan; additional capacity from New Medica created in September to deal with NLAG transferred work, was not utilised by the Trust, so the extra capacity was used to treat patients faster. It was noted that this activity incurs extra costs.

The Governing Body noted two recent procurements of the Support at Home service, and the Voluntary and Community Sector Infrastructure Support service.

**The Governing Body noted the update in relation to its key providers performance and the service development work taking place.**

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## **11. FINANCE REPORT**

The Governing Body were presented with a paper which provides an update of the financial position as at September 2019 and the financial risks that need to be managed in the remainder of the year. The paper was taken as read, with the following highlighted to the Governing Body members.

The CCG continues to see higher than planned activity across a number of acute providers, alongside the lower than planned spend in CHC. £1m of the £2.125m earmarked reserves have been released to offset the net overspend, leaving £885k “uncommitted”. The Governing Body noted the allocations that the CCG have received since month 5. These allocations are ring-fenced and committed for those services outlined in the report.

A reduction in the level of risk since month 4 was noted due to a reduction in CHC risk due to the activity having been consistently reducing. The CCG’s total risk at month 6 is £3.97m for Health and £1.00m for Adult Social Care. The key risks that the CCG need to manage in the remainder of the year are managing demand, in particular Acute activity being higher than planned; and delivery of the planned savings. It was noted that there is not enough contingency to cover the risks, so the CCG are looking at how they can work smarter. It was noted that this is a very challenging situation.

All noted that all organisations within the Northern Lincolnshire System are forecasting to achieve their planned position. NL&G have £20m savings to deliver, they are on track to deliver these savings, but there are challenges facing them such as the pressures on the staffing side.

*Eddie McCabe left the meeting.*

The Chair noted that views are going to have to be taken on how we manage acute care, and the system as a whole.

**The Governing Body noted the financial position as at September 2019, including the QIPP position; and noted the financial risks that need to be managed in the remainder of the year and the actions being taken to mitigate them.**

## **12. UPDATES**

### **STRATEGIC ISSUES UPDATE**

RW has been involved in the Accelerator Programme, part of the ICS, with the Humber, Coast and Vale partnership.

### **COMMUNITY FORUM**

The Community Forum members have been significantly involved in the engagement strategy. Member have also reviewed the clinical action plan. The Forum also discussed two roles within the CF that are going out for advert.

### **COUNCIL OF MEMBERS**

The Council of Member recently discussed the CCG’s Commissioning Intentions.

### **JCC / ICP / STP UPDATE**

No further update provided.

## **13. ITEMS FOR INFORMATION**

### a) EPRR Paper

The EPRR Paper was noted.

### b) HCV Partnership Update

The HCV Partnership Update was noted.

### c) Community Forum meeting minutes 070819

The Community Forum meeting minutes 070819 were noted.

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d) Community Forum meeting minutes 040919

The Community Forum meeting minutes 040919 were noted.

e) Community Forum meeting minutes 021019

The Community Forum meeting minutes 021019 were noted.

f) Primary Care Commissioning Committee meeting minutes 300719

The Primary Care Commissioning Committee meeting minutes 300719 were noted.

g) Union Board meeting minutes 100919

The Union Board meeting minutes 100919 were noted.

h) Delivery Assurance Committee meeting minutes 260619

The Delivery Assurance Committee meeting minutes 260619 were noted.

i) Care Contracting Committee meeting minutes 120619

The Care Contracting Committee meeting minutes 120619 were noted.

j) Care Contracting Committee meeting minutes 100719

The Care Contracting Committee meeting minutes 100719 were noted.

k) Care Contracting Committee meeting minutes 200819

The Care Contracting Committee meeting minutes 200819 were noted.

l) Care Contracting Committee meeting minutes 110919

The Care Contracting Committee meeting minutes 110919 were noted.

m) Clinical Governance Committee meeting minutes 010819

The Clinical Governance Committee meeting minutes 010819 were noted.

#### **14. QUESTIONS FROM THE PUBLIC**

The following question was raised *“During the last round of Humber Acute Services Review public engagement events it became apparent that there is growing support, particularly among secondary care clinicians, for the establishment of a single centre for all planned surgery in Northern Lincolnshire. Any such centre would in all probability need to be in based in Scunthorpe to ensure that that system financial sustainability is not put at risk by the westward leakage of elective activity. Should this emerge as the preferred option, would the CCG be comfortable in attempting to sell the concept to North East Lincolnshire residents during public consultation providing extensive community outreach by surgical consultants and continuing availability of diagnostics in Grimsby were to be guaranteed.”*

The CCG responded that; The Humber acute services review is still at the stage of reviewing the long list of options that have been identified as part of the clinical and public engagement. No discussions regarding specific sites have taken place as part of the development of that long list, and the outputs from the sessions will be published as part of the review process.

Clearly, decisions will need to be made in the coming future. There are many options available, but the Chair re-iterated that the Governing Body’s focus remains to be the people of North East Lincolnshire and what is best for our community.

#### **15. DATE AND TIME OF NEXT MEETING**

Thursday 13<sup>th</sup> February, 2019, at the Town Hall, Grimsby