

Please note: These minutes remain in draft form until the next meeting of the North East Lincolnshire Clinical Commissioning Group Governing Body meeting on March 2019

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PARTNERSHIP BOARD  
MINUTES OF THE PART A MEETING HELD ON 8 NOVEMBER 2018 AT 3.00PM  
SOCIAL ENTERPRISE CENTRE, GRIMSBY**

**PRESENT:**

Mark Webb	NEL CCG Chair
Tim Render	Lay Member Governance and Audit
Rob Walsh	Joint Chief Executive
Dr Rakesh Pathak	GP Representative
Philip Bond	Lay Member Public Involvement
Jan Haxby	Director of Quality and Nursing
Dr Thomas Maliyil	GP Representative/ Chair Council of Members
Councillor Wheatley	NELC Portfolio Holder
Laura Whitton	Chief Financial Officer
Stephen Pintus	Director of Public Health, NELC

**APOLOGIES:**

Joanne Hewson	NELC Deputy Chief Executive (Communities)
Councillor Hyldon-King	NLEC Portfolio Holder
Dr Peter Melton	Chief Clinical Officer
Dr Arun Nayyar	GP Representative
Helen Kenyon	Deputy Chief Executive
Joe Warner	Managing Director – Focus independent adult social care work
Dr Ekta Elston	Medical Director

**IN ATTENDANCE:**

Helen Askham	PA to Executive Office (Minutes Secretary)
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**1. APOLOGIES**

Apologies were noted as above.

**2. CONFLICTS OF INTEREST**

Dr Thomas registered a conflict of interest in agenda item 11.

**3. APPROVAL OF MINUTES**

The minutes of the Partnership Board meeting held 13 Sep 2018 were agreed to be a true and accurate record.

**4. CQC INSPECTION PAPER**

The Board were provided with a paper regarding the recent CQC inspection at NLaG, in May 2018. The following items were highlighted to the Board.

The overall judgment was that NLaG have been awarded an overall rating of requires improvement. Improvements from previous visits had been noted, but concerns were noted regarding leadership, and safe care. The “Well led” domain showed improvements; a slight improvement on the DPOW site, however the SGH site has deteriorated from good to requires improvement.

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Concerns regarding Maternity Services have been reported at previous Board meetings. The CQC noted improvements in these services, along with A&E, and Children and young people's services. The CQC noted that there had been a deterioration in Outcare patients and Community Services.

The Board noted the must do actions outlined by the CQC. The CQC identified issues with the Trust's leadership. These issues include the lack of talent management strategy, lack of leadership strategy, challenges in relation to accountability and effective clinical leadership throughout the organisation and concerns regarding the flow of information and escalation of risks from ward to board level. The Board also noted that the report stated that the DPOW site did not always have appropriate numbers of staff to ensure patients received safe care and treatment.

The CQC also reported that there are instances of good practice and staff working together, and that staff morale appears to be improving. However, the results of the staff survey appear to suggest that this is not the case.

The CCG assured the Board that they have oversight of improvement and transformation plans. CCG Board members are also included in the Clinical Harm review meeting. The challenge facing NL&G is not to be underestimated, and the CCG continue to raise concerns.

The Board discussed the Council of Governors, and asked if the Governors were holding the Board to account. Some of the GP's noted improvements regarding relationships, and interaction with colleagues. The new leadership was praised, however, culture change takes time to take effect. The Board also noted that if services provided are not able to feed the capacity, you cannot change on what you deliver. As commissioners, the CCG's job is to support and challenge, and continue the discussion. The number of SI's has increased but the CCG consider this to be a positive, as the CCG are much more confident that the Trust are recognising their risks and challenges, and are taking action as required.

The Chair asked that Jan Haxby pull together a number of key indicators, that can be reported to the Board, to provide assurance on a regular basis that the Trust are tackling the concerns that continue to be raised.

**Action: Key indicators to be reported on a regular basis to the Governing Body.**

**The Board noted the contents of the report; considered and discussed the issues raised; and supported the exceptional actions required.**

## **5. HUMBERSIDE JOINT COMMISSIONING COMMITTEE**

The Board were provided with a paper regarding the work to date in relation to the formation of a Humber Joint Commissioning Committee. The paper was taken as read with the following items highlighted to the Board.

The committee have been meeting for the last six months to understand the potential benefits of the four CCG's working together. The Board were assured that current meetings are chaired by the Deputy Chief Executive of NELCCG, and decisions will be brought back to the Governing Body for approval.

An outline of how the CCG's could work together, and those services that could be delivered at scale, was provided to the Board. Currently the JCCC are working on building trust and improving communication between the CCG's.

The Board asked how assurance is provided and if there are audit procedures in place. All noted the need for clear focus and direction, and the importance of ensuring that the Union, ICP, JCC, STP connect appropriately so that it is clear what should be provided at scale, and what should be provided locally.

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Board members agreed that at this time, they could not agree the terms of reference and the commissioning principles of the Humber Joint Commissioning Committee, and felt that they are unclear as to how this work fits in with local activities. All agreed that a clearer understanding of the arrangements being proposed is required.

**The Board noted the contents of the report.**

Caroline Briggs left the meeting.

## **6. INTEGRATED ASSURANCE & QUALITY REPORT**

The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

The Board discussed NELCCG's performance for March 2018 against the latest performance on those key measures identified as a particular challenge in 2017/18 for NELCCG along with those key measures as likely to be a particular challenge in 2018/19.

The Board noted that the Trust remains in Special Measures for quality and finance. The CCG is working closely with the Trust to implement agreed backlog guidance to oversee RTT breaches of 52 weeks waiting and 62 day cancer breaches. This process was agreed at the Planned Care Board and will report to the Quality Review meeting.

The CCG continue to progress actions to improve the IFR processes in North East Lincolnshire, working with colleagues across the Humber, Coast and Vale continues, in order to align the systems.

**The Board noted the judgements made against the domains of the dashboards; further feedback on ways to improve the report; and information on the NELCCG Quarter 2 Assurance meeting.**

## **7. COMMISSIONING AND CONTRACTING REPORT**

The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

The procurement for the 111 service is nearly complete, and the Board will be updated when the process has been completed.

The CCG have been working with the Trust for a number of years to address the significant backlog and quality issues with the service. The contract awarded to Newmedica has worked well in addressing the backlog. Following a recent Council of Members meeting it was agreed that alternative providers would continue to be sourced in order to give NLAG more time to improve its services and capacity. The CCG will work with North Lincolnshire on procurement for this service, which will also include Age Related Macular Degeneration.

The CCG is working with NLAG to address issues of capacity and demand alongside a significant risk within the health system.

The CCG purchased support for the Medicines Management and Individual Funding Request service as part of the changes to Commissioning Support arrangements in 2016. Working with partners in the STP it has been agreed to take advantage of the two year contract extension in the original procurement and extend the contract to April of 2021.

An update was provided regarding residential and home care.

**The Board noted the information shared in the report.**

## **8. FINANCE REPORT**

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The Board were provided with a paper, which was taken as read, with the following highlighted to the Board.

The NEL CCG reported that they were on track to achieve both its planned operating position and its NHSE mandated Surplus. However, this is dependent on a number of risks and pressures being effectively managed in the remainder of the year.

The Board were updated that the year to date position, based on activity information received to date from the Trust, shows an overtrade of £1m, relating to non-elective activity due to an increase in activity levels and unit most of the activity. Work is ongoing to understand the drivers behind both these increases. The forecast reflects the impact of the CCG's QIPP schemes that are planned to come into effect in the latter half of this year.

The Board noted that Navigo and Care Plus Group have submitted applications to access funding, following the recent pay rises of Agenda for Change staff. It was noted that they are not looking to the CCG for additional funding.

*Steve Pintus left the meeting.*

**The Board noted the financial position as of September 2018; the latest position with regard to QIPP; and the financial risks that need to be managed in the remainder of the year and the actions being taken to mitigate them.**

## **9. UPDATES:**

### **a) STRATEGIC ISSUES UPDATE**

The Board noted the results from the recent Assurance performance results, which is in recognition of the focus on delivering services at Place. The ICP continues to develop, as does the Union, the Chief Executive congratulated all staff involved.

### **b) COMMUNITY FORUM**

The Community Forum were recently updated with regards to the approved interim engagement policy, as well as updates regarding Primary Care and a wellbeing app.

### **c) COUNCIL OF MEMBERS**

The Council of Members recently discussed; the CCG constitution, and the new criteria regarding voting rights; Children Services and how to take the services forward; and the Primary Care Strategy.

## **10. ITEMS FOR INFORMATION**

### **a) Adult Services Review**

The Adult Services Review was noted.

### **b) HCV Partnership Update**

The HCV Partnership Update was noted.

### **c) Primary Care Commissioning Committee meeting minutes 20 Mar 2018**

The minutes of the Primary Care Commissioning Committee meeting held on 20 Mar 2018 were noted.

### **d) Primary Care Commissioning Committee meeting minutes 29 May 2018**

The minutes of the Primary Care Commissioning Committee meeting held on 29 May 2018 were noted.

## **11. QUESTIONS FROM THE PUBLIC**

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Dr Thomas registered a conflict of interest as his practice provides a GP service. Dr Thomas did not comment on the question raised.

A member of the public asked why the Urgent Treatment Centre, which is operating successfully at the Scunthorpe hospital site, has a reported lack of GP availability at the Grimsby site; and given the shortage of GP's in North East Lincolnshire, what are the priorities of the CCG; to maximise GP sessions, commission sufficient GP's to meet extended hours requirements, or ensure efficient GP Practices to reduce a GP demand. NEL CCG responded that all three are priorities and are being addressed by a number of activities, from refreshing the Primary Care strategy; focusing on joint working with partners in the ICP; utilising skills of Nurse Practitioners; using technology to free up GP time; as well as bringing in extra GP capacity. The GP Federations are also helping in co-ordinate a collective response to the issues raised and the Chair noted that NELCCG are in a better place than ever to address this problem.

A member of the public reflected on the CQC report, and questioned the monitoring of that report, and if the Governing Body of NLAG are being held to account. The Board noted that Healthwatch are engaging with the regional QSG meeting which shares intelligence and progress.

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

The date of the next Governing Body meeting will take place in March 2019.