**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP GOVERNING BODY**

**MINUTES OF THE MEETING HELD ON THURSDAY 10 JANUARY 2013 AT 2PM IN GREEN ROOM 1, TUKES CAFÉ, 3 BRIGHOWGATE, GRIMSBY DN32 0QE**

**PRESENT:**

Mark Webb NEL CCG Chair/Associate Non-Executive of the CTP

Dr Sudhakar Allamsetty GP Representative

Philip Bond Community Member (ACCORD)

Cllr Mick Burnett (part meeting) Portfolio Holder for Tourism and Culture – NELC

Dr Cate Carmichael Joint Director of Public Health

Dr Derek Hopper Vice Chair/Chair of Council of Members

Mr Perviz Iqbal (part meeting) Secondary Care Doctor

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon Deputy Chief Executive

Dr Peter Melton Chief Clinical Officer (designate)

Dr Arun Nayyar GP Representative

Dr Rakesh Pathak GP Representative

Zena Robertson Registered Nurse and Quality Assurance Lead

**IN ATTENDANCE:**

Sue Rogerson (part meeting) Sustainable Services Programme Director

Jeanette Harris Business Support Officer (Minutes Secretary)

**APOLOGIES:**

Jack Blackmore Strategic Director People and Communities – NELC

Mandy Coulbeck Locally Practising Nurse

Cllr Ros James Portfolio Holder for Housing and Well Being - NELC

Geoff Lake ASC Strategic Advisor

Sue Whitehouse Associate Non-Executive for Integrated Governance and Audit

1. **APOLOGIES**

Apologies were noted as above.

1. **CONFLICTS OF INTEREST**

Philip Bond declared his membership of the Board of Governors of the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust. No other conflicts of interested were raised.

1. **APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING – 8 November 2012**

The Minutes of the meeting held on 8 November 2012 were agreed to be a true and accurate record.

1. **MATTERS ARISING**

4.1 Equality and Diversity

 The Chair of Communities Together will be attending a future workshop meeting.

4.2 Integrated Assurance Report

The lack of a target for health inequalities has been addressed.

4.3 Retrospective Claims for Continuing Care

A meeting has been arranged with the local MPs to discuss this issue.

1. **TERMS OF REFERENCE FOR THE PARTNERSHIP BOARD**

The supporting paper for this item was taken as read. It was highlighted that the proposed TOR have been subject to legal scrutiny and comply with legal and statutory requirements, reflect the NEL CCG Constitution and enable NELC elected members to be members of the CCG’s governance arrangements.

**The Board approved the submitted Terms of Reference for the Partnership Board.**

**6. SUMMARY HOSPITAL LEVEL MORTALITY INDICATOR (SHMI) UPDATE AND COMMUNITY-**

 **WIDE ACTION PLAN**

This item has been brought to the Board to provide an update and information on the locality-wide action plan. The Northern Lincolnshire Healthy Community Mortality Action Group, whose membership is drawn from all stakeholders, is monitoring the implementation and delivery of the action plan. It was highlighted that the SHMI report is not hospital-centric and has implications for care across the whole of the community.

An in-depth piece of work is to be undertaken by the SHMI stakeholders on one particular cohort of the population ie frail elderly with complex support needs, as this sector is driving the excess mortality rate. It is possible that the outcome of this review may be a completely different model of care for this section of the population.

Regular updates will be brought to future meetings of the Partnership Board.

1. **STANDARDS FOR MEMBERS OF CLINICAL COMMISSIONING GROUP GOVERNING BODIES**

The supporting paper was taken as read but the importance of Governing Body members understanding their responsibilities in respect to the recently published Standards was stressed.

It was suggested that the Standards could be reviewed periodically at a Partnership Board workshop to challenge and ensure responsibilities and decisions were being dealt with as outlined within the guidance.

**It was agreed that the Standards for Members of Clinical Commissioning Group Governing Bodies should be included in development work being undertaken with the Triangles and should also be discussed by the Council of Members and at the Community Forum.**

**ACTION: C Kennedy**

1. **LIP Update**

Cathy Kennedy spoke to a presentation which covered the following:

* Everyone Counts: Planning for Patients 2013/14 Key Messages
* 5 Priorities/Domains of Focus
* Commissioning Quality and Innovation
* Quality Premium
* Local Priorities
* Future Service Shape – emerging key themes
* QIPP 2013/14
* QIPP Savings Table
* Timeframes for 2013/14 Plan

It was explained that whilst there are national domains of focus that must be met, local goals can also be set and work is being carried out with the Council of Members and Clinical Leads to decide what these should be prior to discussion at the March meeting of the Partnership Board.

The Quality Premium will be measured against national and local measures and CCG performance during the coming year will determine whether or not the premium is paid in the following year. The payment will be slightly less than £5 per person, based on a North East Lincolnshire population of 165,000 but the main driver is to improve service. The CCG will be responsible for identifying areas for improvement and setting a challenging but realistic improvement baseline. Views will be sought from Clinical Leads, Community Forum and the Council of Members in relation to this as well as the Health and Wellbeing Board.

There is a high correlation between the local and national focus on future service shape and the CCG is working closely with NELC to develop and provide better community support for local people.

It was noted that the QIPP slide detailed how the organisation is responding to the challenge of achieving the best quality of service and best value from money spent.

The GP members of the Partnership Board confirmed that the LIP reflected the work being undertaken by the Triangles but suggested that terminology such as planned and unplanned care should be discouraged as it did not reflect the overlap of the remit being covered.

It was raised that the national process for the LIP has been changing on an annual basis which impacts heavily on capacity for those closely involved in the process and frustration at having to revisit and rework areas already completed. However it was acknowledged that nationally some steps have already been taken to improve local flexibility and the CCGs will be actively pushing for this to grow in the future.

1. **future prescribing for children by health visitors**

The supporting paper was taken as read and it was noted that this item has come to the Board to seek agreement with the CCG regarding the future of Community Nurse Prescribing by Health Visitors, for children registered with North East Lincolnshire GPs. Formal endorsement is being sought for a practice that is already in place and that meets all necessary criteria.

*Mr Perviz Iqbal arrived.*

**The Board agreed Option 2 within the Recommendations of the supporting paper ie that the Health Visiting service continues to prescribe with agreement from the CCG, and agreement is given by practices for the health visiting service to obtain GP prescribing codes and also prescribing activity data from the CCG Medicines Management team.**

It was queried whether there was any possibility of conflict re control of GP prescribing budgets and it was agreed this will be raised at the next Council of Members meeting by Dr R Pathak.

**ACTION: R Pathak**

A query was raised as to whether the Board was the correct forum for items of this type or whether it should have been discussed at the Council of Members. It was noted that this particular issue had come to the Board as it needed to be endorsed as soon as possible but in the ordinary course of events it would have been considered by the Council of Members.

1. **corporate governance actions: minutes of sub-committees**

Zena Robertson told the meeting that one of the actions contained within a recent organisational audit report was the recommendation for the Governing Body/Partnership Board to consider the minutes received from its sub-committees at its meetings and agree how issues contained within those minutes are to be brought to the attention of the Board.

The view of the Board was also being sought over the appropriateness of receiving abridged minutes from its sub-committees when those minutes had content which was not suitable to place in the public domain, such as names of individuals.

It was stressed to members that they all have an individual responsibility to read the minutes of the Board sub-committees and to actively look for items they feel should be escalated or considered by the Board.

**It was agreed that the minutes of the Partnership Board sub-committees will form part of every Board agenda and that they will only be in an abridged format when absolutely necessary.**

**It was also agreed that all sub-committees of the Partnership Board will have a standing item at the end of their agendas for items to be escalated to the Partnership Board. If there are no items for escalation this is to be noted in the sub-committee minutes.**

**ACTION: Z Robertson**

1. **use of ctp seal in retrospect**

The use of the CTP seal as outlined within the supporting paper was approved.

**12. INTEGRATED ASSURANCE REPORT**

Zena Robertson told the meeting that the Delivery and Assurance meetings have been looking at ways to improve the format of the integrated assurance report to reflect the narrative that sits behind the RAG rating so that a fuller picture of improvement or slippage within a trajectory can be portrayed.

Red ratings are discussed at either the Partnership Board or the Council of Members.

The red rating on the risk dashboard for preventing avoidable harm relates predominantly to some screening issues and is being addressed; controls are in place and the expectation is that it will reduce in the near future.

*Councillor Burnett arrived.*

In relation to the red rating for preventing people from dying prematurely it was noted that EMAS performance was impacting on this rating and that it was not a member of the Northern Lincolnshire Healthy Community Mortality Action Group.

It was agreed that Dr Melton, as the Chair of the Group, should invite them to nominate a representative with the appropriate level of authority to join the membership.

**ACTION: Dr P Melton**

Because some of the data within the report is only available on an annual basis regular progress reports have been requested to provide a picture of what is happening in-year.

**13. FINANCE REPORT**

 The supporting paper was taken as read but attention was drawn to the wide variation in the best and worst scenarios outlined on the coversheet. It was unusual to have such a widely varying figure at this time of year but the cause has been a revision to the prescribing underspend forecast and uncertainties in continuing health care claims; however it is anticipated that the likely scenario will be the target that is delivered.

The assessment of retrospective continuing care costs is ongoing; the figures involved are very high but will be able to be met, if required, by the contingency funding in place.

The CCG has been allocated £201m funding for the next financial year but the detail behind the funding figure is still awaited.

An estimation process is in place to identify the amount of provider activity costs that the NHS Commissioning Board will be funding in their new specialised commissioning responsibilities and to compare that with the funding that has been removed from the CCG allocation. The figure is currently set at £13m but there are some questions over the accuracy of this figure; it is anticipated there will be a clearer picture by the end of January.

1. **discussion topic – COLLABORATIVE CONTRACTS AND FINANCIAL RISK SHARING**

*Sue Rogerson arrived.*

Cathy Kennedy explained that this item relates specifically to collaboration with other CCSs and is to be discussed by the Board to:

* Approve the criteria detailed upon which decisions to enter into collaborative arrangements are made
* Delegate authority to formally enter into collaborative arrangements with other CCGs to the Deputy Chief Executive (Helen Kenyon), as outlined in the attached paper
* To formally approve the External Financial Risk Sharing Policy, and delegate authority to the DCE/CFO (Cathy Kennedy) to implement the policy.

A brief summary of the supporting paper was provided together with a presentation which outlined the following:

* Commissioning collaboration
	+ Planning and shaping services
	+ Contraction negotiation and management
* Financial risk share collaboration proposal
* CCG contract collaboration criteria
* Financial risk share criteria
* Partnership Board decision

A query arose as to whether clinical input should be incorporated into the criteria for collaboration and it was agreed that the views of the Clinical Triangle Leads will be sought and that a further criteria added reflecting the need for clinical consensus.

**ACTION: C Kenyon**

It was also highlighted that being part of a collaborative partnership can provide extra strength and manoeuvrability for members as opposed to being in a stand-alone position which could limit the effectiveness of an organisation in the broader picture. It was further noted that the CCG will be able to leave the collaboration if it proves to be of no benefit.

**The Partnership Board approved the criteria detailed upon which decisions to enter into collaborative arrangements are made; delegated authority to formally enter into collaborative arrangements with other CCGs to the Deputy Chief Executive (Helen Kenyon) as outlined in the supporting paper and formally approved the External Financial Risk Sharing Policy for implementation by the DCE/CFO Cathy Kennedy.**

1. **STRATEGIC PLAN FOR SUSTAINABLE SERVICES**

Dr Peter Melton reminded the meeting that for the last 18 months a programme of work known as the sustainable services review has been on-going between North East Lincolnshire CCG, North Lincolnshire CCG, Local Authority and providers in the patch. The object of the review is to ensure that Northern Lincolnshire people have access to the highest quality of services possible within the finances available. All services will be affected but the focus has been on planned care, unplanned care and women and children’s care.

The CCG has an organisational priority to ensure the public have access to the highest quality services that it can provide. Currently the local mortality indicator for hospital admissions and 28 days after discharge from hospital is one of the worst in the country; recent guidelines from the Royal College of Obstetrics and Gynaecology state that maternity services of 2000 deliveries per year are only just safe and ideally individual units should be carrying out a minimum of 5000 deliveries per year. At the moment the two maternity units in Grimsby and Scunthorpe carry out between 2000 and 2700 deliveries each annually.

Dr Melton apologised for a recent radio interview he had given which had caused some concern amongst staff at NLaG and explained that the content of the interview reflected what was stated above but had not come across as intended.

Dr Melton acknowledged that challenging and difficult times were ahead for those delivering and receiving care but told the meeting a point in the process is now being reached where there is a need to have an open and frank discussion with staff and the general public about how we should consider and respond to the options beginning to come out of the review.

Sue Rogerson then gave a presentation to the meeting which covered:

* Sustainable services programme Northern Lincolnshire overview
* NEL CCG themes
* Financial summary 2012/13
* Plans for 2013/14 and 2014/15
* NEL CCG position 2013/14 and 2014/15
* Agreed process to move forward

It was clarified that providers are being given a 28 day consultation period to comment on the draft commissioner vision but that the full formal public and staff consultation alluded to above will be a future event spread over a much greater timeframe.

It was reiterated that it is of prime importance for the CCG to have clear and effective engagement and communication with the local community and that it needs to be timely, open and honest. It was flagged that the Comms Team have started work on developing a local engagement and communications strategy and it was agreed that the local sustainable services review and options should be included on the agenda for this group.

**ACTION: Z Robertson**

**16. UPDATES**

16.1 Community Forum Update

Philip Bond advised that Cllr Mick Burnett had attended the last Community Forum meeting and outlined the NELC Budget process. No items had been identified for escalation to the Partnership Board.

16.2 Council of Members Update

The last meeting of the Council of Members had concentrated on the work being undertaken by the Triangles and their implementation plans. No items had been identified for escalation to the Partnership Board.

1. **ITEMS FOR INFORMATION**

17.1 Minutes from the Integrated Governance and Audit Committee 7 September 2012

The Minutes from the Integrated Governance and Audit Committee meeting held on 7 September 2012 were noted by the Board.

17.2 Minutes from the Care Contracting Committee 31 October 2012

The Minutes from the Care Contracting Committee meeting held on 31 October 2012 were noted by the Board.

**18. QUESTIONS FROM THE PUBLIC**

The following questions and statements were received from members of the public in attendance.

Following a recent radio interview with Dr Melton staff at NLaG had gained the impression that the CCG intends to close one of the maternity units at Grimsby or Scunthorpe and to outsource some surgery. In light of this could the Board answer the following:

a) what plans does the CCG have over where and who for the outsourcing of surgery

b) what other NLaG services are being considered for closure or merging

c) are the any plans to close children’s wards on either site

d) 30% of GPs nationally have a vested interest in private companies – can the

 Board provide assurance that no-one in NEL CCG will be competing for these services

Dr Melton advised that he had been asked to do the radio interview in the context of the CCG authorisation process and how the new organisation will differ from the Care Trust Plus. In the interview he gave examples of the type of difficult decisions that will need to be faced in the future and outlined some key issues that will need to be opened up for dialogue with the public. Two examples that were given as areas of discussion were:

* recent guidelines from the Royal College of Obstetrics and Gynaecology state that maternity services of 2000 deliveries per year are only just safe and ideally individual units should be carrying out a minimum of 5000 deliveries per year. At the moment the two maternity units in Grimsby and Scunthorpe carry out between 2000 and 2700 deliveries each annually
* we may not always be able to guarantee a full range of elective services within the North East Lincolnshire locality

 However when the interview was aired it had been edited to show a strong focus on cost efficiencies when in fact it was the provision of high quality services that was of importance; in a number of cases savings efficiencies are not possible but the quality of the service can be improved.

In response to question a) it was stated that choice must and will be provided for patients in Northern Lincolnshire for these procedures and that NLaG will continue to carry them out but they may have to make a decision in the future as to whether or not they can provide the service on two separate sites.

In response to questions b and c) it was clarified that no decisions have been made and the CCG and NLaG have to comply with a range of national processes, including formal consultation with public and staff before any decision can be taken to close services. The work being undertaken at the moment is to develop of a range of proposals to provide high quality care for patients in North East Lincolnshire which will then be subjected to a full consultation process.

In response to question d) it was explained that whilst assurance could not be provided here and now the CCG holds a full declaration of interests register which is available to all members of the public through the web link <http://www.nelctp.nhs.uk/data/uploads/publications/amended-1-oct-2012-declaration-of-interest-nelccg-governing-body-members.pdf>. The CCG has a very strong policy in place to deal with any conflicts of interest and if such a situation arises the individual concerned is unable to participate in the decision making process for that issue.

Thanks were given to the Board for the steps taken to resolve a matter raised at a previous meeting relating to the support provided by the George Hardwick Centre for carers of individuals with mental health problems.

It was queried whether the CCG funding allocation of £201m for the next financial year is a headline figure or whether it reflected the removal of the cost efficiency gains. Cathy Kennedy advised that an assumption has been built into the figure that assumes the organisation will make the 4% nationally expected efficiency gains to manage within that figure.

The need for a comprehensive media strategy to raise the public profile of the CCG and to keep them informed of future plans, challenges and developments was highlighted. The Board acknowledged this comment and advised that plans were now well underway to ensure this was in place by 1 April 2013 when the CCG becomes a statutory organisation.

Confirmation was sought over whether all GPs in North East Lincolnshire were members of NEL CCG and it was confirmed that all NEL GPs are represented within the CCG.

A query was raised over the possible inappropriate prescription of a medication and it was agreed that the individual who raised this would discuss the issue further outside the meeting with Zena Robertson so that it could be investigated appropriately.

**ACTION: Z Robertson**

**19. DATE AND TIME OF NEXT MEETING**

Thursday 14 March 2013 from 1400 to 1600