**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP PARTNERSHIP BOARD**

**MINUTES OF THE MEETING HELD ON THURSDAY 10 JULY 2014 AT 2PM**

**SOCIAL ENTERPRISE CENTRE, 84 WELLINGTON STREET, GRIMSBY**

**PRESENT:**

Mark Webb NEL CCG Chair

Geoff Barnes Acting Director of Public Health

Philip Bond Lay Member Public Involvement

Dr Derek Hopper Vice Chair/Chair of Council of Members

Mr Perviz Iqbal Secondary Care Doctor

Cathy Kennedy Chief Financial Officer/Deputy Chief Executive

Helen Kenyon Deputy Chief Executive

Dr Thomas Maliyil GP Representative/Vice Chair Council of Members

Dr Peter Melton Chief Clinical Officer

Dr Arun Nayyar GP Representative

Cllr Peter Wheatley Portfolio Holder for Health, Wellbeing & Adult Social Care - NELC

**IN ATTENDANCE:**

Jeanette Harris PA to Executive Office (Minutes Secretary)

Paul Kirton-Watson (part meeting) Strategic Lead – Quality and Experience

Julie Taylor-Clark Interim Director Nursing, Quality & Transformation

Laura Whitton Deputy Chief Finance Officer

**APOLOGIES:**

Cllr Mick Burnett Portfolio Holder for Tourism and Culture – NELC

Juliette Cosgrove Strategic Nurse

Mandy Coulbeck Locally Practising Nurse

Joanne Hewson Strategic Director People and Communities – NELC

Dr Rakesh Pathak GP Representative

Joe Warner Managing Director – Focus independent adult social care work

Sue Whitehouse Lay Member Governance and Audit

1. **APOLOGIES**

Apologies were noted as above and a welcome was extended to Julie Taylor-Clark.

1. **CONFLICTS OF INTEREST**

No conflicts of interest were declared.

1. **APPROVAL OF THE MINUTES OF PREVIOUS MEETINGS – 8 MAY & 26 JUNE 2014**

The minutes of the meetings held on 8 May 2014 and 26 June 2014 were both agreed to be a true and accurate record.

1. **MATTERS ARISING**

Attention was drawn to Items 14a) and 14b) which provide information for the Board about the outcome of the Care Homes quality framework assessment and background to the fall in teenage pregnancy figures discussed at the previous meeting.

4a) CCG Assurance Report Q3 – Nurse Leadership

An Assurance meeting with the Area Team undertaken earlier in the year highlighted the need to boost the senior management team in relation to the quality and nursing development agendas. The CCG itself had also noted that nursing input and quality assurance in the transformation of local services needed strengthening.

Julie Taylor-Clark has been seconded from her post at NHS England and commenced with the CCG on 1 July 2014 in the role of Interim Director of Nursing, Quality & Transformation. A warm welcome was extended to Julie by members of the Board.

**5. CHAIRMAN’S ACTION: RATIFICATION OF ANNUAL REPORT AND FINAL ACCOUNTS**

Under the CCG’s constitution the Partnership Board are required to ratify the annual reports and accounts prior to submission. However, due to the 6 June submission deadline it was necessary for a “Chairman’s Action” to be taken to ratify them on behalf of the Partnership Board and this was carried out on 4 June 2014. Prior to the Chairman’s Action being taken the annual reports and accounts were approved by the Integrated Audit and Governance Committee.

**6. NELC/CCG THREE YEAR BUSINESS PLAN**

The document before the Board is the annual refresh of the Partnership Business Plan and sets out the proposed areas of focus for the next three years. Much of the contents of the Plan are familiar to the Board from the previous year but attention was drawn to three key areas of change which will require strong collaborative working to achieve delivery.

* Implementation of the Care Bill which has been passed and is now an Act
* Better Care Fund
* An increased focus on general health and wellbeing

Appendix 1 of the supporting paper provides detail about the financial figures for the Adult Social Care Partnership.

The Three Year Business Plan is due to be submitted to the NELC Cabinet for their approval on 14 July 2014.

The governance arrangements between the CCG and NELC are also undergoing a review and refresh to ensure the required processes are in place to provide assurance to both organisations.

The close working arrangement between the CCG and NELC is starting to been seen as a good example of this type of collaboration in other areas of the country.

It was noted that progress has been made in developing and moving forward the collaborative arrangements for Children’s Services and that the role of the NELC Chief Commissioning Nurse dealing with children’s health provision is now a formal part of the partnership arrangements.

**The Partnership Board approved the NELC/CCG three year business plan for the period 2014-2017.**

**7.  TRIANGLE OBJECTIVES: REVIEW OF 2013/2014 AND OBJECTIVES FOR 2014/2015**

The supporting paper is a high level plan which outlines the work undertaken by the six Triangles over the past 12 months together with the priority areas they have targeted for the current year. It was noted that the Health and Wellbeing Triangle was disbanded earlier in the year as new arrangements have been instigated by NELC, however it was emphasised that the CCG remains heavily involved, in conjunction with NELC, with the health and wellbeing agenda.

It was raised that at the recently held first annual meeting of the Triangles some of the clinical leads had not been able to attend due to their clinical commitments. As the purpose of this meeting was to ensure that the Triangles are working effectively and not duplicating their undertakings it was queried whether the Board was assured that enough clinicians had been in attendance to provide the right level of input. In response it was put forward that this is a reflection on the number of calls being placed on the time clinical leads have available outside their patient commitments and that whilst the CCG will always look to ensure best possible use of clinical availability there is always going to be a tension in this area.

The Triangles form the heart of our model to provide clinical leadership with expert management and a strong community influence. Each of the Triangles requires differing types of support and sometimes it can be the community member with a time commitment difficulty rather than a clinician; however the important thing for the CCG is that the right support is provided as required.

The recent annual meeting is the first of its kind to be held and more planning will go into future ones to support GP participation.

*Paul Kirton-Watson arrived.*

Clarification was sought over the arrangements being made to base dermatology and ophthalmology in the community. In response it was explained that the acute Trust is struggling to provide ophthalmology services due to difficulties in attracting Consultants to work in this area; therefore plans are being made for suitably trained and accredited opticians to carry out glaucoma monitoring but it is anticipated that this will slowly be expanded into other suitable areas of ophthalmology. In relation to dermatology some services are already being provided by GPs who have been accredited through the Cancer Network and the CCG is seeking to build upon this for the delivery of other parts of the service.

An update on the progress of the Triangles towards the completion of their 2014/15 objectives will be brought to a future meeting in approximately 6 months.

**ACTION: H KENYON**

**8.  REVISED (CLINICAL) QUALITY COMMITTEE: REPORTING ARRANGEMENTS AND TERMS OF REFERENCE**

This item is coming to the Board to provide a briefing on the current arrangements in place for clinical quality and to obtain support from the Board to revise these arrangements to enable a clearer line of sight to Board members for quality issues.

Currently the Clinical Quality Committee reports quarterly to the Integrated Governance and Audit Committee which will then escalate any areas of concern to the Partnership Board. To ensure the Board receives greater assurance and more timely information on quality issues directly related to patient care and experience the following is being proposed:

1. The Clinical Quality Committee becomes a sub-committee of the Partnership Board
2. The Clinical Quality Committee is renamed the Quality Committee to avoid confusion with the CQC (Care Quality Committee)
3. To carry out a review of the existing Terms of Reference (TOR) with the Clinical Chair to encompass the organisation’s complete quality agenda, including Adult Social Care
4. To review the membership to include greater Board representation, particularly clinical colleagues within primary care
5. To bring the reviewed TOR and membership to the September meeting of the Partnership Board for ratification

**The Partnership Board endorsed the recommendation to allow the Quality Committee to become a sub-committee of the Partnership Board and agreed to receive the revised terms of reference and membership for this committee at the September 2014 Partnership Board meeting.**

**9. QUALITY ASSURANCE**

a)  Summary Hospital-Level Mortality Indicator Update (SHMI)

Paul Kirton-Watson declared an interest in this item as he is taking up a post with the Northern Lincolnshire and Goole Hospital Trust next month.

A brief synopsis of the SHMI data in the supporting paper was given then attention was drawn to the 7 day working action plan that has been developed by NLaG to drive improvement in the weekend mortality rates. Headline areas within this plan include:

1. Patient experience
2. Diagnostics
3. Interventional services
4. Mental health
5. Other – this includes access to consultants by GPs, transport availability and twice daily consultant visits to specific units

Within primary care the following steps have been taken:

1. Development of an end to end review process for reviewing all SHMI related deaths at Practice level
2. The newly formed Primary Care Mortality Group will have its first meeting in August
3. An education event for North Lincolnshire GPs has been arranged for August
4. The end to end review process will be rolled out to all Practices at the end of August

It was queried whether the ratio difference between week day/weekend and also in and out of hospital has remained the same and in response it was confirmed that this is still relatively similar. It was also confirmed that the work being undertaken within primary care is being carried out in tandem across both North and North East Lincolnshire.

It was queried why the in and out of hospital figures were still being used and it was clarified that that this data refers to the 30 days discharge from hospital. Work is being undertaken to try and determine what is causing the difference shown by these figures and this in turn should allow us to identify why the deaths have occurred which will then lead to remedial actions being taken as necessary.

**10. NORTHERN LINCOLNSHIRE HEALTHY LIVES – HEALTHY FUTURES UPDATE**

The public consultation document for hyper-acute stroke services and Ear Nose and Throat inpatient surgery in North and North East Lincolnshire was tabled for information.

A presentation entitled “Update on the consultation process” was given by Dr Melton and covered:

* The public consultation document
* How the public can get involved
* Pubic events
* Road shows
* Media interest
* Clinical engagement
* Further engagement

There has been a certain amount of media interest generated in relation to the options for children’s surgery services as discussed by the extra-ordinary Board meeting on 26 June which in turn has generated some activity and interest in the Healthy Lives Health Futures programme.

It was raised that the proposals being put forward for a reduction in the provision of local train services from Grimsby/Cleethorpes to Manchester and Sheffield will adversely impact on patients in this area if they need to travel to those cities for specialised medical treatment. **It was agreed that this issue needs to be raised formally by the Board with local MPs and the train transport review process.**

**ACTION: P MELTON**

Board members were asked to consider the schedule of road show consultation dates and to actively participate in these events where possible.

**ACTION: All**

**11. INTEGRATED ASSURANCE REPORT**

The supporting paper was taken as read but it was highlighted that to date the start of the year has been positive; it was also pointed out that the 3 red quadrants appearing under the positive experience segment on the wagon wheel are actually a single issue relating to the friends and family test.

The highlight performance for this month is the very satisfied rating that the CCG has given for all areas of service commissioned by it from the CSU.

The two exception reports, 18 week referral to treatment times and improving access to psychological therapies (IAPT) have been to the Board before and have come again this month to provide an update on the current position.

IAPT discussions are being held with NHS England and the CCG has a stated intention to have an improving picture by the end of the year.

At the recent year end assurance meeting held between the NHS England Area Team and the CCG, the CCG received an overall assessment of “assured” which means the CCG is performing as it should.

A query was raised over the level of deterioration in the 18 week referral rate and in response it was stated that whilst it has only dropped by a few percentage points there are concerns as this is exhibiting a downward trend. With regard to HEY, they have indicated that they are expecting the situation to turnaround by the end of the year which is later than previously expected; the main driver for their situation has been recruitment difficulties.

The national IAPT Intensive Support Team will be carrying out a site visit to investigate the issues outlined in the exception report but it was noted, as previously, that there are other options in place locally to deliver these services. Local work is currently being undertaken to establish whether or not there is a gap in our level of service provision; once this has been ascertained the CCG should be able to work towards a suitable resolution.

**12. FINANCE REPORT**

At this early stage of the new financial year there are no significant issues to report to the Board. Attention was drawn to the key performance indicators which have been amended to show their classification as either statutory or operational to provide more clarity.

On the detailed finance sheet (table 1) the annual budget figures shown are the provisional budgets prior to contracts being agreed and the Forecast Outturn figures represent the agreed contract values; budget, currently ring fenced in reserves, is available to cover the impact of the agreed contract values.

The level of assessed financial risk is covered by contingency funding and earmarked reserves. Risks will continue to be monitored closely throughout the year.

The recent comments made in the local Press relating to the CCG’s financial surplus as opposed to the Acute Trust’s deficit were raised. Cathy Kennedy confirmed that the CCG has no discretion in this area and it would be deemed that the CCG had failed in its statutory duty if the surplus was not achieved. The surplus will go back to the Centre this year and then be reallocated back to the CCG next year.

An explanation was sought over what made up the “other” category on Table 1 and it was clarified that this figure relates to a number of small, individual amounts, which relate mainly to acute care. However once they are totalled together it does become a large sum. **It was agreed that in future reports this figure will be split out further to show spend in community and secondary care.**

**ACTION: L Whitton**

**13. UPDATES**

a) Community Forum Update

The following items were covered at the recent meeting of the Community Forum:

* A demonstration of the dementia portal
* The annual action plan for the Community Forum (this forms part of the CCG governance arrangements)
* An update on the health lives healthy futures programme
* The relaunch of ACCORD at a recent event held at the Humber Royal Hotel
* The setting up of a steering group from the ACCORD membership to take the relaunched ACCORD forward

A public drop-in session was held in early July to enable members of the public to discuss items of interest or concern with some members of the Partnership Board. One of the topics raised at this session related to the Autism Partnership Board which draws its membership from a number of organisations, including the CCG. The Autism Partnership Board is seeking a Chair from the general public and has asked Community Forum members if they would be able to identify anyone with experience of or an interest in autism who may be suitable to be considered for this role. Members of the meeting today were also asked to consider if they knew of anyone who may be suitable and if so to forward the details to Jeanette Logan.

**ACTION: All**

b) Council of Members Update

The last meeting of CoM had been very constructive with representatives from NLaG in attendance. The waiting times in dermatology and ophthalmology had been discussed together with some options under consideration. The dermatology service will be moving in its entirety to the Cromwell Primary Care Centre in September.

**14. ITEMS FOR INFORMATION**

a) Outcome of Care Homes Quality Framework Assessment

This document was noted by the Board.

b) Briefing re Fall in Teenage Pregnancy Figures

The requested briefing update was noted by the Board.

c) Care Contracting Committee Minutes 14 May 2014

The Minutes from the Care Contracting Committee meeting were noted by the Board

d) CMM Action Notes 6 May and 13 June 2014

The Action Notes from the CMM meetings on 6 May and 13 June were noted.

e) Delivery Assurance Committee Minutes 30 April 2014

The Minutes from the Delivery Assurance Committee meeting held on 30 April 2014 were noted.

**15. QUESTIONS FROM THE PUBLIC**

It was suggested that references to mental health issues within the CCG should be referred to as an “illness” rather than a “problem” which occasionally occurs. This was accepted as a valid point and will be kept in mind for the future and the production of any future organisational materials.

It was raised that the CCG has six Triangles in place and each of these are comprised of a clinical lead, a service lead and a lay member and it was suggested that only six lay members did not represent engagement with the public. In response it was clarified that the Triangles were not set up to be an engagement vehicle for the CCG but are decision making bodies that have been deliberately arranged to ensure there is a clinical, management and public viewpoint involved in the decision making process. The lay members who sit on the Triangles have been drawn from elected members of ACCORD who sit on the Community Forum. It was noted that the role of the Triangles continued to need explanation with the general public, and that the approach the CCG is taking to engagement should become clearer through the relaunch of ACCORD and the CCG engagement strategy.

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

Thursday 11 September from 2pm to 4pm in the Fairway and Links Suite, Humber Royal Hotel, Littlecoates Road, Grimsby DN34 4LX