NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
Governing Body virtual meeting via Teams

ACTION NOTES OF THE MEETING HELD ON 12/05/2022 AT 15:00 – 17:00

MEMBERS PRESENT:

Mark Webb	NELCCG Chair
Tim Render	Lay Member Governance and Audit
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
Dr Peter Melton	Chief Clinical Officer
Dr Chris Hayes	Secondary Care Doctor
Dr Ekta Elston	Medical Director
Lydia Golby	Deputy Director of Quality and Nursing

ATTENDEES PRESENT:

Lezlie Treadgold	PA to Executive Office
Caroline Regan	PA to Executive Office

APOLOGIES:

Jan Haxby	Director of Quality and Nursing
Helen Kenyon	Deputy Chief Executive
Dr J Raghwani	GP representative
Lisa Hilder	Assistant Director for Strategic Planning

1 APOLOGIES RECEIVED
Noted above.

2 DECLARATIONS OF INTEREST
There were no declarations of interest recorded. It was noted that on-going declarations of interest stood for every (insert name of Committee) meeting and were publicised on the CCG's website.

3 APPROVAL OF PREVIOUS MINUTES
The minutes of the previous Governing Body meeting 17th February 2022 were agreed to be a true and accurate record with one exception. Under item 5 - There is a forecasted overspend in adult social care of £2 million. Should read underspend.

4 FINANCE REPORT
LW informed the Governing Body that the Audit Committee have gone through the report and accounts and pleased with the performance.

TR gave thanks to the audit staff.

LW explained adding the NHS organisations together with the 6 CCG's year end positions created the surplus.

5 QUALITY REPORT

LG presented on the Quality Report and highlighted the following:

Items of significance from the CCG metric quality indicators

- A positive position focussed on good hand hygiene cleaning and staying well
- Analysing performance alongside peers through an annual report to show what has impacted and take forward in terms of strategy
- Lincolnshire Public Health Protection Team, currently collaborating to understand what this means locally and to ensure we get the most learning for our place out of the pilot

Mixed sex accommodation (MSA) breaches declared

- To learn from the breaches and action plan

NEL Learning from Lives and Deaths - People with a Learning Disability and autistic people (LeDeR)

- Not meeting national guidance in allocating reviews to a dedicated independent resource

Is that due to availability of the resource?
There is no dedicate independent team as it is not the way we have resourced reviews. No previous national guidance to be independent and dedicated. Essentially this could have been bolted onto other peoples roles. Require further costs at place or going forward into the ICS with an independent reviewer element. Due to the position and pressures in the system and more deaths received it would be quite a challenge to be achieving the six month KPI target.

Increase of suicides

- 12 in the previous year with 12 this year from January to date and likely to see more reported within this particular year
- Looking at themes emerging and sharing learning with Public Health Team. Also working closely with Public Health and identifying key lines of enquiries to take further and look at in depth.
- Contagion meeting due to the cluster of 5 cases within 10 days

Funding streams with ICS to understand if funding can be accessed to put out positive health on signposting. Possibly beer mats to identify the best based on the learning from the case review. Assurance needed system wide across health and care if everyone is involved. The next stage will be providing assurance. Data has been challenged to take the reviews further with indications that the individual should/may have been open to services. Not clear from the data sets provided to real time surveillance. Further audit to seek health providers' input into that process.

System pressures workforce

- Challenge within hospital beds
- Bed closures outbreaks, not just COVID
- Sickness across care/nursing homes and workforce
- Long trolley waits
- Structures in place to manage and looking at the system to supply mutual aid where possible

NLaG waiting lists and times

- Improvement in performance against the diagnostic waiting time standard. Starting to see the output of the work done to improve across the patch.
- HUFT wait over 104 weeks

Support has been requested alongside system partners to create equilibrium in the system. Still more work to do after speaking with Commissioners this morning. Positive relationship with the hospital, trying to bring them out to engage with others, learn from others and get support.

Is there something we could/should be doing in terms of escalating this?
National reports operational experience dealing with patients lots in the system.

Question in terms of what else could/should be doing at a board level to highlight and escalate?
As a board, to support the need for mutual aid and shared system risk to create equilibrium and press eh need for services to have the open culture. LG asked for the board's support rather than a specific action.

How many patients from this area may be caught up in the backlog?
Data not to hand. Will have it in the breakdown of the patients.

MW highlighted not getting involved/not responding is not something to leave from a board point of view. There is a need to work collaboratively and ask HUFT what actions are being taken. Bearing in mind the next Governing Body meeting is the last, mark a recommendation for the follow up to the Joint Committee, so as not to lose the momentum.

ACTION: PM/EE send contact details of the Chair for HUFT.
ACTION: LG share paper/report.
ACTION: MW to liaise with LG over composing letter to HUFT.

PM noted it is helpful to capture all outstanding issues including HUFT which we consider to be a significant concern. Put forward recommendations in terms of next steps.
ACTION: Directors of each area to bring forward a document of what should be looked at and carried forward.

In relation to significant incidents, PM noted it would be useful to have more of an understanding. In terms of potential deaths, useful to understand the background information in greater detail for the next meeting.

Other highlighted areas:

- ED performance – 12 hour trolley breach
- Positive in initial Health Assessments for Children CLA

Vacant full time 8B post. Not successful in recruiting through a secondment opportunity. Moving forward seeking consultancy support from Cheryl Crookes two days a week until the end of September.

Discussion held on the difficulty of recruiting staff to this area. Question to escalate to ICB in terms of when the new discretionary money comes through for service initiatives. New appointments on a Humber Coast and Vale footprint level and have them working in areas of problems of recruiting. MW flagged this was worth checking in key clinical areas.

6 ESCALATION REPORT TO GB RE: PERFORMANCE

TR updated the Governing Body that last year was a difficult for the whole system. The report brings a bigger picture of all the issues that are being picked up and some responses that have been made to issues not being met. There is a need to be clear as Governing Body to be aware what has been done from a CCG's point of view to improve performance. Important to bring this forward and look where the priorities sit for next year with the ICB.

LW confirmed the position statement will link into planning.

It was agreed to produce a handover document combining everything that needs to be written for the ICB as a working document for the Joint Committee, relevant for both.

TR gave thanks to all the performance staff.

7 PROGRESS AND PLANS FOR TRANSITION TO NEW ARRANGEMENTS IN JULY 2022

RW updated the Governing Body that the Health and Care bill is now the Health and Care Act for the transition to the ICB from 1st July.

- The place-based model continues to be developed
- Proposed Joint Committee to be confirmed
- Bringing all providers together to continue to be supported by our system

It was noted there needs to be a clear handover when moving into the Joint Committee stage, making sure nothing falls through the gaps.

- The workforce model needs to be finalised
- Conversations being held over place-based working

In terms of work LW has done in relation to finance, this model is moving forward, engagement needed with the ICB and proposed ICP.

With various initiatives across the Humber, do you think there is something to be done at place to make sure they remain active?
Yes, it is important something should be done. There are sessions being held tomorrow around place-based working. A wider voice into the ICS/Westminster to work collaboratively.

MW added going forward the recommendation is if it is left without someone championing that particular course, it will create a disadvantage for NEL. Ensure the gap does not create a risk.

8 HCP DEVELOPMENTS

LW highlighted the following key points to the Governing Body.

All partner organisations have now signed their partnership agreements as part of three committees:
- HCP Board Chairs and Chief Executive of Partnership organisation
- Leadership Group Senior Officer
- Professional Forum, clinical and other professional reps from partner organisations

Staff group and community groups are still developing, to be in place for 1st July. The original partnership agreement signed up by three PCNs, from 1st April it is five PCNs. This is linked to Panacea splitting into three. Discussions ongoing with the two new PCNs, which has been met with a positive response.

Establishing various governance groups that feed and support groups already established.
Operational coordination group is bringing together workstreams from the priority areas with HCP members.

Focus understanding on moving forward on population health management workshop with partnership member.

Clear view to focus on children and young people as a priority area.

Work vision and strategy linking into planning work for 2022/23. Priorities set up for HCP community diagnostic therapies and wanting to continue with them into 2022/23 with a number of priorities added which align with the planning of ICB.

In terms of workforce, backlog, improving responses of urgent and emergency care pathways supporting mental health services for people with learning difficulties and autism.

Maturity matrix work on reassurance and being clear on the next step to be put in place and areas of focus.
It was noted health and inequalities is a subject across the ICB and ICP and on our agenda. A combination of population, health and health inequalities cutting across everything. Embedded in several workstreams as opposed to being a separate one. MW noted there is a need for this to be inherent, implemented, and explicit.

PM confirmed the HCP Leadership Ship met picking up the on the operating model building on the development session. Concept how to create an accountable team for communities of common interests. This may be people who live/registered with PCNs in more deprived areas.

Query on who are the accountable care for that population and how are they understanding their needs taking inequalities and levelling up agenda? Clear commitment needed in terms of how to articulate to middle managers and leads to take that forward. It was noted there is a clear commitment how to embed in the way we do business at NEL level. Link the approach to conversations around how to replace at Humber Coast and Vale level or North Yorkshire and Humber Level.

9 PLANNING FOR 2022/23

LW updated that the final plans have been submitted to the ICB with feedback resubmission within the next few weeks.
Key points to raise:

- Further actions to be taken
- Significant gap on plan around extra inflationary pressure
- Considerable amount of funding relating to elective recovery
- 104% activity level as opposed to pre-covid. If not achieved the 104% will have funding taken away being a financial consequence
- Elective activity 104% no waiting after 104 weeks in 22 23 expect to eliminate all 78 week waiters by April 23
- 52 week wait, eliminate all by the end of September 2022
- CCG in a better provision than other providers
- Concern with more than 62 day waiter
- Problems in acute services, now in a position where mutual aid can be given to others in the region

A risk being elective recovery. The position non the north bank having a lot of mutual aid being put in in place to support Hull Trusts. This may impact on the ability of NLaG to achieve their trajectories originally planned. Looking at how to manage capacity to its best including utilising St Hugh's.

10 COVID UPDATE

PM updated on the success of the vaccination programme. People are living with COVID but for the majority coping the consequences. Vaccination rates have doubled in NEL and continuing.

Is anything being promoted for the vaccine in younger age groups?
There is a drive for young people and families to have their vaccination for holiday and travel requirements. A lot of the messages going out in younger adults who have not been vaccinated is a motivating factor in the younger cohorts.

What is happening with the flu vaccine?
Hearing about vaccine companies looking trying to develop a more generic vaccine instead of vaccine on spike growth developing. Any future mutations to consistently give immunity. Optimistic at present but hoping there will be a vaccine in 12 to 18 months to give longer term immunity.

11 FOR INFORMATION
See papers listed below.

12. ANY OTHER BUSINESS
MW reminded all that the Governing Body's final meeting is 16th June. He asked all to be mindful to put through in terms of legacy what is needed in the final minutes. To be handed over to the ICB and Joint Committee in good order, with the opportunities and challenges that exist.

13. PUBLIC QUESTION TIME

No questions were raised.

NEXT MEETING: 16/06/2022 AT 15:00 - 17:00 virtual meeting via Teams

11a CCC Action Notes 220112
11b CCC Action Notes 220209