

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

### **ACTION NOTES OF THE MEETING HELD ON 16/09/2021 AT 14:00-16:00**

#### **MEMBERS PRESENT:**

Mark Webb	NEL CCG Chair
Rob Walsh	Joint Chief Executive
Laura Whitton	Chief Financial Officer
Philip Bond	Lay Member Public Involvement
Dr J Raghwani	GP representative
Joe Warner	Managing Director – Focus independent adult social care work
Tim Render	Lay Member Governance and Audit
Helen Kenyon	Deputy Chief Executive
Dr Ekta Elston	Medical Director
Anne Hames	Chair of Community Forum
Jan Haxby	Director of Quality and Nursing
Dr Mathews	GP representative

#### **ATTENDEES PRESENT:**

Jean Cross	Community Forum Member
Lisa Hilder	Assistant Director for Strategic Planning
Helen Askham	PA to Executive Office (Minutes Secretary)

#### **APOLOGIES:**

Joanne Hewson	Deputy Chief Executive
Dr Peter Melton	Chief Clinical Officer
Dr Chris Hayes	Secondary Care Doctor

#### **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 Governing Body meeting and were publicised on the CCG's website.

#### **3 APPROVAL OF PREVIOUS MINUTES**

The minutes of the previous Governing Body meeting 17<sup>th</sup> June, 2021, were agreed to be a true and accurate record.

#### **4 AGM PRESENTATION**

MW welcomed all to the final North East Lincolnshire Clinical Commissioning Group AGM. A presentation was given which looked back over the previous year, noting the challenges faced in 2020/2021. The presentation outlined how the organisation and system responded to the challenges that Covid brought. Areas that worked well include the rapid rollout of digital solutions; working as an integrated system and embracing a digital 1st approach; and reducing the risk to people living in care homes or receiving support at home by supporting providers. Looking back, the CCG took a collective response to sourcing PPE; there was an early recognition of the mental health impact of Covid 19 on staff and the wider population and a helpline was established for all to access, where once identified other elements of services could be accessed; and a collective response was taken to staffing across the Health and Care System.

The CCG continued to be assessed by NHS England and have once again been rated “Good”. The CCG also received its third Green Star (the highest rating possible) this year for how it meets its duty to involve the public in health and care issues.

An update was provided regarding the status of the vaccination programme. EE noted that the success of the vaccination programme has been a testament to the working relationships across the system, of GP’s, pharmacies, volunteers, Public Health, Council, and lead employers across NEL.

Jean Cross (JC), a Community Forum representative, provided the Governing Body with an update on the Volunteer sector. JC talked about how the volunteers were people of all ages, backgrounds, and wanted to help and do something. JC talked about the work that people became involved with. JC would hope that in the new arrangements, that we carry across the lessons learnt and look for those volunteers who could do practical work, as not everyone wants to be on a committee. HK agreed with this statement, and that we need to ensure we continue to involve our communities. We need clinical and community voices coming together, supported by managerial staff, to make change happen locally, and we all strongly believe this is the right way to work in any system going forward. HK thanked the voluntary teams for all their hard work and ensuring the success of the vaccination programme.

Dr Elston discussed GP services; it has been a year of rapid changes, of practices turning around the way they worked to a remote way of working, in order to keep patients and staff safe. The recovery phase has seen challenges in the volumes of work, as services are seeing a higher demand than pre covid, and primary care has continued to offer online appointments to be able to see as many patients as possible. Other challenges have been the delays in other parts of the system, and workforce challenges. There has been a lowering of morale amongst staff, however, the success of the vaccination programme has lifted this. Patient feedback surveys have told us that patients are happy with the appointments available to them.

LW spoke of a challenging financial period, with the CCG operating under revised financial regime, with changes in guidance and funding allocations. The positive news is that the CCG continue to achieve its statutory duties and has achieved a balance financial position. JH provided an update regarding Quality, noting that Covid-19 has impacted upon the teams’ ability to achieve the new priorities during 2020/2021 whilst continuing to deliver our usual system quality assurances. JH identified future priorities as; Continue to address the consequences of Covid-19; Reinstatement of pre-Covid services as capacity will allow; Use learning from this experience to reflect how we work and deliver services; Develop the new arrangements of the ICS, with our partners, and work as a SYSTEM; Our focus continues to be our PLACE.

MW noted that this has not been an easy year for anyone, and the human cost of the pandemic has been huge and it feels relentless. MW thanked the front-line staff, and noted that every person across our region has gone above and beyond in responding to this pandemic, and he could not be prouder to be part of this organisation. MW noted that looking forward to whatever arrangements will be put in place, that he hopes the incredible people and their dedication, remain at the heart of any future arrangements for North East Lincolnshire. MW passed his thanks on to all.

**The Governing Body noted the AGM presentation.**

## **GOVERNING BODY MEETING – FOR ASSURANCE**

### **5. EPRR ASSURANCE REPORT**

A paper was presented to the Governing Body and taken as read. The CCG as to complete paperwork to ensure it is compliant and have the ability to respond to emergencies. This is an annual self-assurance exercise the CCG carry out each year, working alongside providers, the Local Authority and other organisations.

The NHS England Care Standards Self-Assessment process was not rolled out last year due to the unprecedented demand on the system, however this year it has returned with some of the previous mechanisms

to the process, but also acknowledging the previous 18 months and the changing landscape of the NHS. Due to the events of 2020, the Core Standards did not receive their tri-annual review and therefore not all standards reflect current best practice. NHS England have therefore removed a small number of standards to accommodate this year's assurance process until a full review can be undertaken.

The overall EPRR assurance rating for an organization is based on the percentage of core standards the organization assesses itself as being "fully compliant with" (see below). For the last 3 years, the CCG has been "substantially compliant" with the core standards.

The Governing Body were updated on the training exercises that have been carried out, including a Cyber threat training exercise; testing the Communications within the CCG; working with other CCG's to ensure emergency contact lists are kept up to date; as well as highlighting the issue of Reinforced autoclaved aerated concrete (RAAC) which is present in around 17 hospitals in the UK, and by way of its construction is far weaker than normal concrete.

The priorities for 2021/22, in terms of emergency planning, is to carry out training exercises for a black site; a potential flooding; vulnerable person protocol check. LCP noted that for an extra layer of resilience they are looking to change the auditing process. It is hard to comment on Winter risks, as we do not know the impact of the booster / flu vaccination programme, but we need to ensure we have a flu outbreak response.

HK thanked LCP and her team for their hard work in terms of managing the mountain of information that requires to be read, digested, and forwarded to the appropriate teams for action. TR noted the importance of carrying out exercises and learning from them.

**The Governing Body noted the EPRR Assurance Report update.**

## **6 COMMUNITY FORUM ASSURANCE**

A paper was presented to the Governing Body and taken as read. The Community Forum is part of the CCG's governance arrangements that exist to provide assurance to the CCG Governing Body that patients, service users, carers and the public are effectively engaged and involved in decisions made about health and social care services in North East Lincolnshire. This report details how the Forum has carried out this function over the last year. AH thanked the support team, and Claire Illingworth for providing administrative support. AH thanked the CCG for their continued support and encouragement over the last 10 years.

The Community Forum is made up of volunteers, many of whom are on separate committees, and it was noted that their commitment has remained in place during this difficult time. AH outlined what the Forum has achieved and the areas of focus for 2021/22, some of which are; Recovery from Covid19 – in particular: the impact of cancellation of elective surgery and delayed appointments, staff shortages and the suspension of some services; Mental health and the impact on people who are isolated and struggling families; Speed of change in how the NHS is delivered in future, how the Forum can engage with community and professionals and contribute to enabling understanding of such change. Another area of focus is on the NHS re-organisation and representing the North East Lincolnshire voice – in particular: Communicating to the public the changes which are happening within the NHS post Covid, and how community engagement will continue in the new model; Succession planning for Community Forum members who are reaching the end of their terms of office; facilitate a link between the Accord membership, it's Steering Group members; and the Community Forum; Communicating with Accord members and the wider community who do not have internet access and involving them in engagement opportunities; Equality and Diversity is everyone's responsibility to ensure that the needs of groups who share a protected characteristic, are considered in discussions around the planning, buying and delivery of services; Requesting speakers at the monthly meetings, to comment upon equality and diversity implications, and to provide any equalities analysis, will help ensure that the Public Sector Equality Duty is being met and the needs of all members of our local community are being considered; Service outcomes – in particular a focus on evidence and outcomes to demonstrate that positive change is taking place within services and have input from people with lived experience of services/policies.

The forum has been the voice of the community over the last 10 years, they have listened to proposals, given views and opinions. In the last year they have had input into how Covid is being dealt with and have fed back the thoughts of the community. AS asked with regards to the new arrangements, how is the new structure going to engage with the public like the CCG has done over the last 10 years? RW responded that as said at the Accord session yesterday, community voice and involvement in the new arrangements is key. We will be looking at how best to retain as much of the good as possible and indeed we are also looking at how to properly capture the community voice at the proposed Joint Committee with the ICS. We certainly don't want to go backwards and we are making those points in the wider ICS conversations at the moment.

**The Governing Body noted the Community Forum Assurance Report.**

## **7 EQUALITY AND DIVERSITY REPORT**

The Governing Body noted the presentation provided regarding the Equality and Diversity report. LH noted the key achievements; Excellent outcomes in relation to engagement despite the pandemic – supported by our approach to engaging with hard to reach groups; Equality Impact assessment continues to be undertaken through engagement with community members and the panel has been extended to include members from protected groups; Governance and oversight has been combined with the local authority to share best practice and optimise resourcing.

LH noted that from the data collected at our engagement events we know that we have good coverage of the local demographic and that we can potentially improve our engagement with: LBGT+ Community; Age groups 18-24 and 25-44; Religious groups such as: Hindu, Jewish, Muslim and Sikh; Ethnic groups attending our events. This information gives us a focus to reach out to these groups in the next year to extend our inclusion from protected groups in conversations about health and care. One piece of particular work is the rainbow badge scheme, which is an approach to creating safe spaces for LBGT+ people in NHS organisations and receiving services in the NHS. The CCG has been exploring this over the last year and will soon be putting on training for interested staff members to raise awareness of issues of sexuality and sexual orientation and to be able to provide a listening ear for colleagues struggling with or interested in these issues. LH outlined statutory compliance.

The key work plan for 2021-22 is: Continue to work collaboratively with local authority and local provider colleagues to maximise impact; Continue to monitor statutory compliance; Continue to encourage take up for primary care access to interpreting and translation; Deliver Rainbow badge scheme; Work with colleagues across the Humber Coast and Vale to establish arrangements for Equality and Inclusion within the new ICS. HK asked how we reach those hard to reach groups. LH noted that we need to maintain active dialogue with those groups, and working age groups, and offer engagement events which are outside of working hours so others can contribute.

**The Governing Body noted the Equality and Diversity Report.**

## **GOVERNING BODY MEETING – FOR DISCUSSION**

### **8 GOVERNING BODY WORKPLAN**

A paper was presented to the Governing Body and taken as read.

**The Governing Body agreed the changes suggested for the October 2021 to March 2022.**

### **9 FEEDBACK FROM THE IG&AC**

TR provided an update to the Governing Body regarding feedback from the IG&A Committee. The Committee kept meeting through the pandemic to fulfil statutory duties. The Committee intended to develop the way we deal with risk management, oversea production of annual report and accounts. TR noted the performance of CCG staff to produce the required work was excellent, as was the auditors, and some good quality work was produced.

The Committee planned to bring together financial, risks, and performance monitoring but there were huge difficulties in financial monitoring, due to the lack of information being received around budgets and financial arrangements in the second half of the year. The other complication remains to be the other arrangements. We are monitoring the transition to the ICS from a Governance and control perspective. It was noted at the last meeting that there are a number of large pieces of work underway; winter planning; flu vaccination roll out; structural change; and the Covid vaccination programme. The Committee have tried to focus on the current statutory responsibilities and at the last meeting looked at performance issues that have either been exacerbated during the pandemic and recovery period. The challenging areas are unplanned work; RTT; waiting times and we agreed that further work needs to be undertaken to report to the Governing Body to ensure we have a clear focus on what can be done in the remaining period we have commissioning responsibilities.

**The Governing Body noted the update regarding feedback from the IG&A Committee.**

## **10 COVID UPDATE**

The Governing Body noted that as updates have already been provided in earlier agenda items, HK provided a brief further update, in that there has been a slight decrease in numbers of infection rates, and that our region continues to see similar numbers at the hospital, however, there are less people in intensive care than in previous weeks. There remains a continued push for vaccinations, as well as implementing the booster programme and the flu vaccination programme. Across the system, Covid continues to cause significant pressure, and we continue to monitor the situation closely.

**The Governing Body noted the Covid update.**

## **11 SAFEGUARDING UPDATE**

JH provided a verbal update regarding Safeguarding. JH noted that the Safeguarding Boards, which include the Safeguarding Adults and Safeguarding Children's Board, have worked closely over this period, which has helped joint working and align agendas. The SAB has identified three priorities; Domestic abuse, neglect and exploitation, and brings together multi agencies to delivery strategy, and good outcomes are being achieved. The SAC has two outcomes; one that children are and feel safe, and that safeguarding arrangements are robust. The SAC has seen some improvements in the last year, with a lot of activity generated, however there are concerns of the limited capacity to support them.

JH noted that there have been a large number of reviews over the last 12 months, and the teams have looked at many cases, and what can be learnt from them. Improving communication between agencies is a lesson to be learnt from many of the reviews, and is being built into training in order to see improvements. The CCG must retain its culture of learning. The area of domestic abuse has seen improvements, a good strategy has been produced and funding has been secured, which is a real step forward as incidents remain high both locally and nationally. The CCG are developing training within Primary Care to improve its response to domestic abuse cases.

The number of referrals for the Prevent strategy remain low, which is an area to improve on. Modern slavery cases continue to be seen across the Humber, and teams are working with partners to support a local response. Suicide rates are higher than last year, and this is an area of national concern. The CCG also agreed with the PCN's to develop safeguarding posts within the PCN to improve safeguarding delivery. JH also noted the work being undertaken to remove barriers to working across the ICS, and teams have been working well together to align policies and working differently.

**The Governing Body noted the update on Safeguarding.**

## **12 FOR INFORMATION**

The following reports were noted.

12a. Q1 Finance Report

12b. Quarterly Performance Report

12c. Community Forum Meeting minutes 05.05.21

12d. Community Forum Meeting minutes 02.05.21

Please note: These minutes remain in draft form until the next meeting of the Governing Body on 28/10/2021

- 12e. Community Forum Meeting minutes 07.07.21
- 12f. PCCC Meeting minutes 08.06.21
- 12g. COM Meeting minutes 24.06.21
- 12h. Care Contracting Committee Meeting minutes 10.02.21
- 12i. Care Contracting Committee Meeting minutes 10.03.21
- 12j. Care Contracting Committee Meeting minutes 14.04.21
- 12k. Care Contracting Committee Meeting minutes 12.05.21
- 12l. Care Contracting Committee Meeting minutes 09.06.21
- 12m. Care Contracting Committee Meeting minutes 14.07.21
- 12n. Quality Governance Committee meeting minutes 13.05.21

### **13 AOB**

### **14 EXTENDED PUBLIC QUESTION TIME**

NEXT MEETING: 28/10/2021 AT 15:00-17:00