

CLINICAL COMMISSIONING GROUP BOARD

**MINUTES OF THE MEETING HELD ON FRIDAY 27 NOVEMBER 2015
THE BOARDROOM, WILBERFORCE COURT**

PRESENT:

Dr D Roper, (Chair)
A Mason, (Registered Nurse Representative)
C Robinson, (Practice Manager Representative)
Dr D Heseltine, (Secondary Care Doctor)
Dr J Moulton, (GP Member)
Dr J Parker, (GP Member)
Dr R Raghunath, (GP Member)
Dr V Rawcliffe, (GP Member)
E Daley, (Director of Integrated Commissioning)
E Latimer, (Chief Officer)
E Sayner, (Chief Finance Officer)
J Stamp, (Lay Representative)
J Weldon, (Director of Public Health and Adults)
K Marshall, (Lay Representative)
M Napier, (Associate Director of Corporate Affairs)
P Jackson, (Vice Chair)
S Smyth, (Director of Quality and Clinical Governance/Executive Nurse)

IN ATTENDANCE:

M Longden, (Corporate Affairs Officer), Minute Taker
M Inglewoods, (Hull 2020 Community Champion), Item 1
J Gilbert, (Managing Director, Eskimo Soup), Item 1

The Chair welcomed everyone to the meeting and in particular E Daley as the new Board Member following her substantive appointment as the Director of Integrated Commissioning.

1. PRESENTATIONS

NOT IN OUR COMMUNITY

J Gilbert, Managing Director of Eskimo Soup provided members with a presentation titled "Not in Our Community - Protecting us and our friends against sexual exploitation". Members of the Board were also provided with a leaflet "Not in our community - One year on summary". The presentation covered the following key points:

- The campaign was aimed at raising awareness amongst young people of the risks of sexual exploitation. It was funded by the Clinical Commissioning Group (CCG) and was co-developed with young people and partner organisations.
- The project had been running for a year and given its target audience was led by social media such as Facebook, Twitter and You Tube.
- The campaign objectives were:

1. To keep exploitation prevention in the minds of young people and other key supporters.
 2. Progress from awareness of the issues towards positive behaviour change and exploration of specific issues.
 3. Ensure that the message and methods of delivery are developed alongside young people.
- Alongside CCG support, the project had also now received funding from Humberside's Police & Crime Commissioner and local authorities and would continue until March 2016. The campaign had won the best use of social media award and achieved 'highly commended' in the Best Partnership Category of the Association Health Care Communications and Marketing Awards 2015

The Chair thanked J Gilbert and everyone involved for their work.

HULL 2020 CHAMPIONS

J Gilbert gave a presentation on the Hull 2020 Champions project. The aim of the work was to help local people who want to improve life in their community to get started. The presentation covered the following key points:

- The project started as a trial in August 2014 and a 12 month contract commenced in June 2015.
- In 5 ½ months 38 Champion projects were supported (plus 10 legacy).
- The support provided to projects included research, planning, promotion, signposting and general mentoring support.
- M Inglewoods, Hull 2020 Community Champion attended the meeting and updated members on his own involvement with the programme and how it had helped him personally.

The Chair thanked J Gilbert and M Inglewoods for their presentation and the success they have achieved.

Resolved

(a)	That Board Members noted the above updates.
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2. APOLOGIES FOR ABSENCE

Dr L Chiddick, (GP Member)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 25 SEPTEMBER 2015

The minutes of the meeting held on 25 September 2015 were submitted for approval. The following amendments were requested.

- Page 7, Minute 7.6, Business Intelligence Report, 3rd bullet point to be removed. *There had been a lot of work and a series of meetings taking place to bring together primary care with secondary care provisions with regard to joint access.*

- Page 9, Minute 8.1 Hull 2020 Programme Update, 3rd bullet point to be reworded to an emerging strategy was to provide Wi-Fi in key health buildings within the city.
- Grammatical amendments.

Resolved

(a)	That Board Members approved the minutes of the meeting held on 25 September 2015 as a true and accurate record subject to the above amendments being made the minutes would be signed by the Chair.
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4. MATTERS ARISING FROM THE MINUTES

The Action List from the meeting held on 25 September 2015 was provided for information.

- Public Health Memorandum of Understanding – The Planning and Commissioning Committee had recommended that the document should be submitted to the Senior Leadership Team Meeting for comment prior to consideration by the Board. This item is to be brought back to the Board Meeting in January 2016.

Resolved

(a)	That the Action List be noted.
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5. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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6. GOVERNANCE

6.1 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- (i) any interests which were relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;

- (iii) the nature of the interest and the action taken;
- (iv) be declared under this section and at the top of the agenda item which it relates too;

Name	Agenda No	Nature of Interest / Action Taken
J Stamp	8.5	General Interest as employed as the Independent Chair of the Patient and Public Voice on the Assurance Group for specialised commissioning in NHS England. – The declaration was noted.
Dr D Roper	7.2	General Interest as the Practice where he is a partner undertakes research. – The declaration was noted.
Dr J Moulton	7.2	General Interest as the Practice where he is a partner undertakes research. – The declaration was noted.

Resolved

(a)	The above declarations were noted.
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6.2 GIFTS AND HOSPITALITY

The Gifts and Hospitality Declarations made since the Board Meeting in September 2015 were provided for information.

Resolved

(a)	Board Members noted the contents of the report.
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6.3 CHAIR AND CHIEF OFFICER ACTIVITY REPORTS SEPTEMBER AND OCTOBER 2015

Activity reports for the Chair and Chief Officer detailing attendance at meetings for the period of September and October 2015 were presented to show the range and depth of activities they were involved in.

Resolved

(a)	That Board Members noted the contents of the Chair and Chief Officer Activity Reports for September and October 2015.
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7. QUALITY AND PERFORMANCE

7.1 BUSINESS INTELLIGENCE REPORT (INCLUDING CONTRACTS, FINANCE, & PERFORMANCE)

The purpose of this report presented by the Chief Officer was to present a corporate summary of overall CCG performance and report on the current financial position. An overview of the report was provided and the key messages were as follows:

Financial

- Greater clarity of the financial position was emerging as the year progressed.
- The areas of cost pressure were off-set by an underspend in the continuing health care budget, confidence remained that the planned surplus of £7.771m would be achieved.
- It was noted by Members that the prescribing overspend of £2.25m was a concern. The costs and volume in a number of areas of prescribing was higher from that of previous years. It was highlighted that the cost of prescribing historically was subject to variation but would be closely monitored in year.
- The continuing healthcare underspends and forecast were discussed; Members noted that this year's budget had been set based on sustained and consistent annual cost pressures however actual spend was lower this year.
- Moving forwards there would be opportunities for the CCG to undertake some joint work with the Local Authority to explore consistent application of relevant guidelines.

Performance

- Data quality issues with Lorenzo relating to general data accuracy and specifically referral rates for planned care at Hull and East Yorkshire Hospitals NHS Trust (HEYHT) continue to be tackled. It was noted that the work required on the Lorenzo system was a key reason why a block contract arrangement was in place with the Trust for 2015/16.
- Work on the implementation of the Primary Care Blue Print Strategy continues following its approval at the Council of Members Meeting.
- The breast screening and cancer two week wait performances had dropped by 30%. Issues relating to access to diagnostics had been escalated and the CCG continued to work with the trust in this respect.
- There had been capacity issues due to loss of key members of staff and leave however extra clinics had been arranged to reduce waiting list times.
- The Chief Officer advised that as the Chair of the System Resilience Group (SRG) a conference call had taken place with the Trust Development Agency, NHS England and the Regional Director regarding the issues within HEYHT. The Emergency Care Intensive Support Team (ECIST) had recently visited the Trust. A report was produced which highlighted key issues beyond Emergency Department (ED) about assessment processes and flow within the hospital. Specific actions and performance targets had been agreed, including meeting 90% of four hour waits by the end of November 2015. Members noted that performance against this target was at, 80% this week.
- An internal Programme Board had been established within the Trust to deliver the actions set out within the ECIST report, however, it was recognised that there was further work to do in order to meet the winter demands.
- The Chair advised Members that he had met the Chair of HEYHT to articulate the concerns of the CCG.

Resolved

(a)	That the reports and updates be noted.
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7.2 RESEARCH AND DEVELOPMENT STATUS REPORT

Dr D Roper declared an interest in relation to agenda item 7.2 as the Practice where he is a partner undertakes research. – The declaration was noted.

Dr J Moulton declared an interest in relation to agenda item 7.2 as the Practice where he is a partner undertakes research. – The declaration was noted

The Director of Quality and Clinical Governance/Executive Nurse presented an update of the research activity and the development work that had taken place between March and September 2015. The following points were noted:

- Some historical research projects were still progressing from the time of NHS Hull Primary Care Trust as no specific timescales for the research to be completed had been given.
- Research which had been concluded within the period had reported back through the Planning and Commissioning Committee.
- The Research and Development Steering Group considered the prioritisation and allocation of available resource. It was noted that the Lay Member for Strategic Change attends this group.
- The lead in time for research projects outcomes to inform future commissioning planning can take a long time.
- The low number of GP Practices participating in research projects was highlighted as disappointing but it was recognised that operational pressures, funding, regulations and paperwork contribute towards this situation.

Resolved

(a)	That Members note the research and development update.
(b)	That Members note the role of the CCG in continuing to promote local research to inform the commissioning process.

7.3 SAFEGUARDING VULNERABLE PEOPLE IN THE NHS ACCOUNTABILITY AND ASSURANCE FRAMEWORK, NHS ENGLAND

The Designated Nurse for Safeguarding Children spoke to the report and updated Members on the evidence available to demonstrate CCG compliance with the framework. The Director of Quality and Clinical Governance/Executive Nurse advised that the framework now included adult components of safeguarding and measures setting out how the CCG are held to account. The majority of provider organisations were fully compliant, have an Executive Lead, appropriate governance arrangements and training in place.

A gap currently remained in the named GP provision; the post hosted by City Health Care Partnerships (CHCP) via a service level agreement had an advert out to recruit. It was also noted that in house Prevent Training had been provided with the majority of CCG staff having attended.

Resolved

(a)	That Board Members note the information provided within the report.
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8 STRATEGY

8.1 HULL 2020 PROGRAMME UPDATE FOR OCTOBER AND NOVEMBER 2015

The Chief Officer presented the Hull 2020 Programme report to update on the progress made within the programme in the months of October and November 2015. Member's attention was drawn to the following key points:

- The city had been a pilot for the One Estate Project sponsored by the Department of Communities and Local Government.
- The corporate estate had a target to reduce the public estate from 260 to 125 buildings. This could equate to around a £3.5m saving to running costs which could be reinvested into front line services.
- The Medical, Health and Social Care Academy was established as planned in September 2015 with its first cohort of students, the scheme had been oversubscribed and the viability of expanding capacity was being considered. The public sector spending review had been challenging and work was underway to assess the impact locally. The CCG had led on a multi-partner bid for a £5m transformation grant. The bid focussed on the innovative utilisation of technology to support diabetic care and had seen off stiff competition to be shortlisted. It was hoped that a decision would shortly be known.
- The Falls Pick Up Service, led by Humberside Fire and Rescue Service and the CCG, had formally launched in October 2015 and initial analysis indicated that 8% of patients who would otherwise have presented at the Emergency Department were able to be treated by the service. It was an excellent example how innovative partnership can achieve innovative solutions.
- The Child and Adolescent Mental Health (CAMHS) service had seen an improvement in access times however there was still some way to go to ensure all those accessing the service were seen within 18 weeks.
- The Hull 2020 programme now would look at the wider issues and work with the community to change things move out of hospital care and look at much more intervention with the Local Authority and Provider Organisations.

Resolved

(a)	That Board Members noted the update provided.
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8.2 HEALTH, SAFETY AND WELBEING STRATEGY ACTION PLAN UPDATE

This report was submitted by the Director of Quality and Clinical Governance/Executive Nurse to update Board Members on the progress against the strategy action plan.

The strategy set out how staff are appropriately supported and the CCG met its duties as a responsible employer. Work on the CCG values, behaviours and

policies had taken place and the next stage will be identifying development opportunities for the workforce. Expressions of Interest to undertake an MSc in Health and Social Care Integration had been sought and would be reviewed once received. It was also noted that all employees have had the opportunity to have a flu jab.

Resolved

(a)	That Members noted the progress against the strategy action plan.
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8.3 TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH AND WELLBEING

This report was submitted to update and share with the CCG Board the transformation plan for children and young people’s mental health and wellbeing (CAMHS). The six priorities within the transformation plan were highlighted, as follows:

1. Earlier help and intervention workforce
2. Improved access to effective support
3. Listening to young people and families
4. Enhance existing contact point
5. Eating disorders
6. Development of the CAHMS crisis team

The transformation plan with the required documents for assurance had been submitted on 15th October 2015, with further information subsequently provided at the request of NHS England. The plan would inform future commissioning priorities.

A joint approach was being taken for the development of eating disorders with East Riding CCG. It was noted that the Board would be kept informed as the plan developed further.

Resolved

(a)	That Board members reviewed the transformation plan.
(b)	That Board members support the priorities identified in the plan and the ongoing work required to improve the support children and young people need in relation to emotional and mental health issues.

8.4 HULL AND EAST RIDING OF YORKSHIRE PARTNERSHIP NURSING AND MIDWIFERY STRATEGY

The Director of Quality and Clinical Governance/Executive Nurse presented the Hull and East Riding of Yorkshire Partnership Nursing and Midwifery Strategy for Members consideration. The strategy had been developed in collaboration with local nurse leaders and key stakeholders.

The principles of the strategy had their origins from the enquiry work of Sir Robert Francis and the publication “Listening to Patients.”

The draft strategy had been widely consulted with provider organisations and front line staff. It had been considered and endorsed by all of the boards of the partner organisations.

The strategic objectives set out within the strategy were as follows:

1. Ensuring that we have the right staff, with the right skills and competencies, in the right place.
2. Developing effective nursing and midwifery leadership.
3. Promoting self-care independence and optimising health outcomes.
4. Delivering a positive experience of care and involving patients and service users in their care.
5. Delivering safe, effective and high quality care.

The CCG would develop its own local action plan which would be integrated into the refresh of the Commissioning for Quality Strategy. A public version of the document would be produced and a media launch would take place in the next couple of months. The strategy was also supported by the School of Nursing at the University of Hull.

Resolved

(a)	That Board members endorsed the strategy.
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8.5 SPECIALIST COMMISSIONING

J Stamp declared an interest in relation to agenda item 8.5 that he is employed as the Patient and Public Voice on the Assurance Group for specialised commissioning in NHS England. The declaration was noted.

The Director of Integrated Governance updated Members on the plans for the delegation of commissioning responsibility from NHS England to the CCG for key service groups that are currently delivered through the regional specialised commissioning team.

The key points highlighted were as follows:

- There would be a financial impact nationally of approximately £14b; the local proportion of this impact would be factored into CCG financial plans.
- Funding transfer would be linked to the activity transferring to the CCG.
- The specialist commissioning repatriation programme would occur over the next 2-3 years.
- The North Yorkshire & Humber CCG Collaborative are meeting in early December 2015 to agree and plan a joint way forward across the North Yorkshire and Humber region to ensure co-ordination of services.
- The collaborative would work closely with the Assistant Director for Specialist Commissioning at NHS England.
- Programme arrangements to manage the transition of services were being developed together with a risk and impact assessment for current local provision. A report of this work would be received by the Board in the New Year.

It was highlighted there would be challenges reassuring patients as to continuity of care during the transition of services.

Resolved

(a)	That the current position and plans to devolve and delegate specialist commissioning responsibility to CCG' be noted.
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9. STANDING ITEMS

9.1 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 28 JULY AND 24 SETEMBER 2015

The Chair of the Quality and Performance Committee provided the Quality and Performance Committee update reports for information.

Resolved

(a)	That the Quality and Performance Committee Chairs Update Report for 28 July and 24 September 2015 be noted.
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9.2 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 02 SEPTEMBER AND 07 OCTOBER 2015

The Chair of the Planning and Commissioning Committee provided the Planning and Commissioning Committee update reports for information.

Resolved

(a)	That the Planning and Commissioning Committee Chairs Update Reports 02 September and 07 October 2015 be noted.
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 8 SEPTEMBER 2015

The Chair of the Integrated Audit and Governance Committee provided the Integrated Audit and Governance Committee update report for information.

Resolved

(a)	That the Integrated Audit and Governance Committee Chairs Update Report for 8 September 2015 be noted.
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9.4 PRIMARY CARE JOINT COMMISSIONING COMMITTEE UPDATE REPORT – 26 JUNE 2015

The Chair of the Primary Care Joint Commissioning Committee provided the Primary Care Joint Commissioning Committee update report for information.

Resolved

(a)	That the Primary Care Joint Commissioning Committee Update Report for
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26 June 2015 be noted.

10. REPORTS FOR INFORMATION ONLY

10.1 PATIENT EXPERIENCE/ANNUAL REPORT (INCLUDING COMPLAINTS)

The Head of Communications and Engagement submitted the annual report for 2014/15 for information.

Resolved

(a)	That the annual report be noted.
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10.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 28 JULY AND 24 SEPTEMBER 2015

The Chair of the Quality and Performance Committee provided the minutes for information.

Resolved

(a)	That the Quality and Performance Committee approved minutes for 25 June 2015 be noted.
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10.3 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 1 JULY AND 5 AUGUST 2015

The Chair of the Planning and Commissioning Committee provided the minutes for information.

Resolved

(a)	That the Planning and Commissioning Committee approved minutes for 1 July and 5 August 2015 be noted.
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10.4 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE APPROVED MINUTES – 8 SEPTEMBER 2015

The Chair of the Integrated Audit and Governance Committee provided the minutes for information.

Resolved

(a)	That the Integrated Audit and Governance Committee approved minutes for 8 September be noted.
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10.5 PRIMARY CARE JOINT COMMISSIONING COMMITTEE APPROVED MINUTES – 25 SEPTEMBER 2015

The Chair of the Primary Care Joint Commissioning Committee provided the minutes for information.

Resolved

(a)	That the Primary Care Joint Commissioning Committee approved minutes for 25 September 2015 be noted.
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11. GENERAL

11.1 ANY OTHER BUSINESS

There were no items of Any Other Business.

11.2 DATE AND TIME OF NEXT MEETING

The next meeting shall be held on Friday 29 January 2016 at 9.30 am in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.

Signed:

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date:

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Abbreviations

CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
CAMHS	Child and Adolescent Mental Health
ED	Emergency Department
ECIST	The Emergency Care Intensive Support Team
HEYHT	Hull and East Yorkshire Hospitals
SRG	System Resilience Group

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