


MEETING:	The 41st Meeting, in Public, of the NHS North Lincolnshire Clinical Commissioning Group Governing Body.	 <p>GOVERNING BODY PUBLIC MEETING</p>
MEETING DATE:	Thursday 11 October 2018	
VENUE:	Boardroom, Health Place, Wrawby Road, Brigg. DN20 8GS	
TIME:	13:30 – 4.00 pm	

MINUTES OF THE MEETING

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Faisal Baig	NLCCG Chair	NHS North Lincolnshire CCG
Erika Stoddart	NLCCG Vice Chair Lay Member Governance	NHS North Lincolnshire CCG
Emma Latimer	Chief Officer	NHS North Lincolnshire CCG
Emma Sayner	Chief Finance Officer	NHS North Lincolnshire CCG
Julie Warren	Interim Chief Operating Officer/Director of Commissioning	NHS North Lincolnshire CCG
Dr Satpal Shekhawat	Associate Medical Director	NHS North Lincolnshire CCG
Clare Linley	Director of Nursing and Quality	NHS North Lincolnshire CCG
Dr Neveen Samuel	NL CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Salim Modan	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Gary Armstrong	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Richard Shenderay	Secondary Care Doctor	NHS North Lincolnshire CCG
Heather McSharry	NLCCG Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Janice Keilthy	NLCCG Lay Member Patient & Public Involvement	NHS North Lincolnshire CCG
Cheryl George	Consultant in Public Health	North Lincolnshire Council
IN ATTENDANCE:		
Alex Seale	Chief Operating Officer - Designate	NHS North Lincolnshire CCG
Dr Pratik Basu	NLCCG Member/General Practitioner - Designate	NHS North Lincolnshire CCG
John Pougher	Head of Governance	NHS North Lincolnshire CCG
Mike Napier	Associate Director of Corporate Affairs	Hull CCG
Mark Williams Item 2.0	Head of Communications & Engagement	NHS North Lincolnshire CCG
Chris O'Neil Item 10.2	Programme Director	Humber Coast & Vale Health and Care Partnership
Sally Andrews	Project Officer/PA To record the minutes of the meeting	NHS North Lincolnshire CCG
APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Geoff Day	Director of Primary Care	NHS North Lincolnshire CCG
Penny Spring	Director of Public Health	North Lincolnshire Council
Dr Hardik Gandhi	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG

1.0 WELCOME, ANOUNCEMENTS, APOLOGIES AND QUORACY

1.1 WELCOME

The Chair opened the meeting and welcomed members and attendees to the 41st meeting, “in public” of the North Lincolnshire Clinical Commissioning Group Governing Body.

1.2 ANNOUNCEMENTS

The Chair informed the meeting that this was the last Governing Body meeting for Julie Warren, Interim Chief Operating Officer (ICOO)/Director of Commissioning; Julie is returning to NHS England (NHSE) now that her secondment has finished. The Chair thanked Julie for her immense efforts on behalf of the CCG and stated that it had been a pleasure to work with Julie and she will be missed. The Chief Officer commended Julie’s contribution to the CCG and her support to her. In response, Julie thanked the Chair and said that she had enjoyed the past year supporting the CCG. It had been a nice place to work with good, committed people and she wished the CCG continued success in the future.

On behalf of the CCG, the Chair presented Julie with a bouquet of flowers and led a round of applause.

The Chair introduced Alex Seale, Chief Operating Officer – Designate who will join the CCG on 5 November 2018; and Dr Pratik Basu, NLCCG Member/General Practitioner – Designate who was elected to the Governing Body by the Council of Members.

1.3 APOLOGIES FOR ABSENCE

Apologies for absence were received, approved and noted from:

Geoff Day – Director of Primary Care
Dr Hardik Gandhi – NL CCG Member/General Practitioner
Penny Spring – Director of Public Health

1.4 QUORACY

The Chair confirmed that the meeting was quorate to proceed.

2.0 SOCIAL ENGAGEMENT UPDATE

The Head of Communications and Engagement, the Communications Manager and the Engagement Manager introduced a presentation detailing the position of Communications and Engagement, two months after the appointment of the team.

Communications progress so far:

Social Media Progress to date: - NL CCG now has a Facebook page with over 500 likes. NL CCG Twitter now has the largest following in the Humber, Coast and Vale health region, with 9,012 followers.

An Instagram account has been launched, to better communicate with the younger generation, this now has almost 100 followers.

The team has been innovative, a new monthly staff news bulletin, Snapshot – your news your views, has been launched; Practice Dispatches has been rebranded and relaunched as Spotlight and widened to other partners. The first quarterly patient

magazine – “Your Health” has been launched. A successful Extended Access Integrated multimedia campaign was launched to support the initiative.

The Head of Communications and Engagement explained that they are in the process of relaunching NL CCG’s identity and aim to build a new website which both staff and residents can be proud of. It is planned to change the strapline of the CCG to “*Helping you build a healthy future*” if Governing Body has no objections.

Media relations - There have been 20 positive articles across local news websites, newspapers and on the radio.

For the first time NL CCG has secured an invitation to the Lincolnshire Health Awards.

Engagement progress so far:

Staff engagement has been a key and early focus as it cannot be expected for the public to engage if staff are not engaged.

Staff activity and charity days such as a Row-a-thon in aid of the Samaritans, Jeans for Genes and a Macmillan coffee morning, proved very successful and boosted team morale.

The Communications and Engagement Team has refocused the aims of several groups, including the CCG’s Patient and Community Assurance Group and the Patients and Participation Group Chairs’ Forum. There has been rebranded marketing in the form of new banners for engagement and realigned communications and engagement.

The engagement progress so far has involved the relaunch of public membership - Embrace with the strapline “Real people real opinions.” Initially 200 members were inherited and the aim is to reach the thousands – with a fair representation of the North Lincolnshire population.

Social Engagement, i.e. public involvement is vitally important as the public is at the heart of everything the CCG does. North Lincolnshire consists of 170,000 residents and despite ambitious vision it is difficult to get out to everyone and hear their voice. In an attempt to combat this, the Communications and Engagement Team have increased the number of ways in which the public can ask the CCG questions and receive more thorough answers. This will be by i) calling the Communications and Engagement Team on 01652 251067, the team will take the query to the relevant lead in the CCG and provide a response to the query as soon as possible or; ii) by email to nlccg.contactus@nhs.net.

The public can ask questions by writing to the Communications and Engagement Team at Health Place, Wrawby Road, Brigg; by sending a message via Facebook, Twitter or Instagram, either publicly or privately; by joining the CCG’s Embrace membership; anyone is entitled to submit a Freedom of Information (FOI) Request by post or email nlccg.foi@nhs.net; for media enquiries, journalists are requested to ring 01652 251067/251047. It has been felt that the question time at the Governing Body meetings was subject to time constraints and hence answers were not always given in detail. The Governing Body made a decision not to continue with this.

Anyone who approaches the team via the above routes will be asked to join the CCG’s Embrace “Real people, real opinions” membership, boosting engagement activity further. Questions can be escalated to the Patient Participation Group (PPG)

Chairs' Forum, which both the Head of Communications and the Engagement Manager are members of.

Moving forward it is intended to hold more and more public engagement events as well as attending stakeholder events. These events are the "eyes and ears on the ground", where patient experience and feedback is vital. These events will be widely publicised through the ever growing communication channels, the NL CCG website; through social media channels, Facebook, Twitter and Instagram; through the local media; in the quarterly patient magazine, "Your Health" and at engagement events across North Lincolnshire.

In conclusion, the Communications and Engagement Team shares a vision of a CCG with a new identity, one that is renowned in the community, boasts thousands of Embrace members, with diverse backgrounds, who can all contribute to shaping the NHS of tomorrow', tens of thousands of social media followers and multiple positive media reports every month. Communications and Engagement should help the CCG in achieving its targets.

The Consultant in Public Health commended the recent edition of Spotlight and felt it would be a useful vehicle to publicise a calendar of forthcoming events such as screening programmes. The Head of Communications and Engagement confirmed that the team will be involved in taking forward proposals and initiatives such as the Urgent Treatment Centre (UTC) and Winter Planning.

The Chief Officer thanked the team for their impressive work and achievements over the past 2 months and the range of opportunities planned to move the CCG forward.

The Chair thanked the Communications and Engagement Team for their informative presentation.

3.0 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members are reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) Any changes in interest previously declared; or
- (iii) Any financial 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 item number to which the interest relates;
- (iii) The nature of the interest;

Agreed outcome:

(a)	Safecare and Core Care Links are providing GP Extended Access services in North Lincolnshire, and Governing Body GP Member Registers are being updated to reflect this new declaration.
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4.0 GIFTS AND HOSPITALITY DECLARATIONS

Members were asked to state any Gifts and/or Hospitality received since the last Governing Body Meeting held on 9 August 2018.

Agreed Outcome:

(a)	There were no gifts or hospitality declarations reported by members of the NL CCG Governing Body.
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5.0 MINUTES OF THE NL CCG GOVERNING BODY MEETING HELD ON 9 AUGUST 2019.

The minutes of the NL CCG Governing Body meeting held on 9 August 2018 were submitted for approval:

Agreed outcomes:

(a)	The minutes of the meeting held on 9 August 2018 were received and approved as an accurate record of proceedings.
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6.0 ACTION LOG – ACTIONS UPDATE FROM 9 August 2018

Acute Services Review
12 April 2018 – Minute 8.2

Agreed outcome:

(a)	Chris O’Neil is attending today’s meeting to deliver a presentation about the Acute Services Review (agenda item 10.2). Close and remove from the action log.
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Integrated Quality, Finance and Performance Report
The inclusion of bowel screening data in the report
21 June 2018 – Minute 9.2

Agreed outcome:

(a)	The ICOO has spoken to the DoPC. Action: Close and remove from the log.
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MoU between NHSE and Public Health regarding bowel screening data and is it possible for the CCG to use the data for comparative purposes.

Agreed outcome:

(a)	Action: The DoPH to provide an update at the next meeting.
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Strategic Transitional Risk Register
9 August 2018 - Minute 8.3

Agreed outcome:

(a)	The Head of Governance (HoG) confirmed Transitional Tab, Risk ID 4; Gaps in Assurance column had been amended. Action: Close and remove from the log.
(b)	The HoG confirmed Risk ID 3 will remain on the Transitional Risk Register with quarterly reports to the Governing Body. Action: Close and remove from the log.

Community Services – Out of Hospital Delivery Group

9 August 2018 – Minute 8.4

Agreed outcome:

(a)	The ICOO confirmed that meetings for the various Out of Hospital Task & Finish Groups have been arranged. There will be a full report to the Governing body in December. Action: Close and remove from the log.
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Amendments to GP membership of Committees

9 August 2018 – Minute 8.5

Agreed outcome:

(a)	The Head of Governance confirmed the relevant Committees Terms of References had been amended to reflect the revised GP representation. Action: Close and remove from the log.
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Integrated Quality, Performance and Finance report

9 August 2018 - Minute 9.0

Agreed outcomes:

(a)	The ICOO confirmed that the Chief Executive of EMAS will attend the Governing Body workshop on 8 November 2018. Action: Close and remove from the log.
(b)	The ICOO and DoN&Q to discuss, GP OOH National Quality Requirements performance to be included in future reports. Action: Close and remove from the log.
(c)	Local dementia rated to be included in future reports. Close and remove from the log.

Strategy – Minute 10.0

10.1 Improvement Assessment Framework (IAF)

Agreed outcomes:

(a)	The HoG confirmed that the IAF will be presented to the Council of Members at the 22 November 2018 meeting. Action: Close and remove from the log.
(b)	Comparative data from similar CCGs to be obtained and included in the report to Council of Members. Action: Close and remove from the log.
(c)	The Consultant in Public Health confirmed that the Public Health dashboard information was completed. Action: Close and remove from the log.

10.2 Draft Commissioning Strategy

Agreed outcome:

(a)	Action: The ICOO advised that the actions be deferred and looked at following the release of the NHS plan in Autumn.
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10.3 Acute Services Review

Agreed outcome:

(a)	Agenda item at today's meeting. Action: Close and remove from the log.
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10.4 Governance Quarterly review

Agreed outcome:

(a)	The ICOO confirmed that RY's details have been removed from the plan. Action: Close and remove from the log.
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(b)	The ICOO confirmed the Governance Review Quarterly Action Plan will next be brought before the Governing Body in December 2018. Action: Close and remove from the log.
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7.0 MATTERS ARISING FROM THE MINUTES OF THE NL CCG GOVERNING BODY MEETING OF 9 August 2018 (NOT COVERED ON THE AGENDA)

Agreed outcome:

(a)	There were no matters arising from the minutes of the NL CCG Governing Body Meeting of 9 August 2018, not already covered by the agenda.
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8.0 GOVERNANCE & ASSURANCE

8.1 USE OF CORPORATE SEAL

Agreed outcome:

(a)	The Chair reported there had been no use of the Corporate Seal since the last NL CCG Governing Body meeting held on 9 August 2018.
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8.2 CHIEF OFFICER'S UPDATE REPORT – August/September 2018

Extended hours rolled out in North Lincolnshire

The Chief Officer reported that extended hours access to GPs' services has been successfully rolled out in the area. Implementation has been no mean feat and the Chief Officer thanked the practice members for coming together to work as one to make it possible. Extended hours access will give patients more flexibility when booking a GP or practice nurse appointment as there is now access for patients into the evenings and weekends. This is a positive stride forward for North Lincolnshire.

Lincolnshire Health Awards 2018

The Chief Officer was delighted reported that NL CCG has been invited into the Lincolnshire Health Awards. The closing date for nominations has passed but there were almost 200 nominations, many from North Lincolnshire. The ceremony will take place on 20 November in Lincoln, for those not shortlisted there will be an opportunity to buy tickets and it is hoped that a large contingency from NL CCG will attend. The Chief Officer has been selected to be on the judging panel in Lincoln on 30 October.

Staff Survey 2018

Members were informed that the annual staff survey was launched on October 8 and several responses have been returned. (The deadline for completed surveys is November 30).

The Chief Officer stated that Staff engagement is incredibly important and she genuinely values the feedback. The aim is for North Lincolnshire CCG to be a great place to work and the survey is an important part of getting to where the CCG wants to be and staffs thoughts and suggestions on how to improve things is an important part of that process.

Online Consultations

The Chief Officer reported that more than 70,000 patients across North Lincolnshire can now access online consultations with their GP practice.

Online consultations are an alternative way for patients to access support from their GP or other practice-based health professionals via the internet, rather than waiting for the next available appointment to attend in person.

Using a smartphone, tablet or computer, patients can contact a practice through their website about a new problem or an ongoing issue. The practice then reviews the information and contacts the patient to direct them to the most appropriate point of care. This might mean a telephone call, or face-to-face appointment with a GP or practice nurse.

NHS North Lincolnshire CCG has introduced the technology in six GP practices across the region to bring choice to patients who want to consult online, in many cases avoiding the need to make a visit to the practice altogether.

The launch follows a successful trial with three North Lincolnshire practices which have been using the technology for the past six months.

Money raised by staff for Scunthorpe Samaritans

The Chief Officer and the Chair joined with staff on September 6 to row a total of 100 kilometres for Scunthorpe Samaritans, the event raised £175.

HSJ CEO of the year

The Chief Officer reported that she has been shortlisted as HSJ CEO of the year. Unbeknown to her, team members at Hull CCG submitted the nomination and she was both surprised and humbled to have been shortlisted. She thanked colleagues at NL CCG for their kind messages of support. During her short time here she has continually received support from the team it was nice to feel valued. The decision will be announced on 21 November.

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Chief Officer's Update for August/September 2018.
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9.0 QUALITY, PERFORMANCE AND FINANCE

9.1 INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT – OCTOBER 2018

Finance (as at 31 August 2018)

YTD Performance

The Chief Finance Officer reported that at Month 5 the CCG has reported a Year to Date overspend of £1.267m which is in line with plan. The main areas driving this overspend are Acute Services, offset by under spends in Prescribing and Running Costs.

The Year to Date QIPP achievement at Month 5 was £2,145k against a target of £2,499k.

Forecast Position

At Month 5 the CCG is forecasting a £3.6m over-spend by 31 March 2019 which is in line with plan.

Slippage on QIPP schemes at Month 5 is expected to be fully recovered by year end and therefore the CCG continues to forecast full achievement of its annual QIPP plan.

The Chief Finance Officer will work with The Chief Operating Officer when she starts to look at the non- elective data set information.

The Chief Finance Officer reported that the Better Care Fund (BCF) 2018/19 has now been agreed between NLC and NL CCG and the agreement is compliant with NHS requirements.

Performance and Contracting (as at 31st July 2018)

Referral to Treatment times at Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull and East Yorkshire Hospitals NHS Trust (HEY) continued to fall below required standards in July 2018, and NLaG continues to report a significant number of breaches against the 52 weeks waiting time standard.

NLaG continues to progress the recovery plan to support improvements in referral to treatment performance during 2018/19, focusing on areas of priority including ENT, Colorectal Surgery, Gastroenterology and Ophthalmology.

Improvement actions include the reconfiguration of acute clinics, further development of primary care services, increased activity in community services and review of patient follow-up appointments. The 2018/2019 recovery plan is in place to ensure that the waiting list does not continue to grow and to reduce those waiting over 52 weeks by at least 50%, ideally to eliminate this altogether.

The CCG did not achieve the Accident & Emergency (A&E) 4 Hour waiting time standard in July 2018, with further deterioration in performance reported at Scunthorpe Hospital (91.4% in June 18 to 85.6% in July 18).

Performance against the Cancer 2 week waiting time standard remains strong in NLaG and HEY, but there has been a reduction in performance against both the Cancer 31 Day and Cancer 62 Day waiting time pathways.

Work against the cancer improvement trajectory is progressing well, and the CCG continues to work closely with NLaG and HEY to improve this position via the contract management process, with on-going support provided by the Cancer Network.

Members discussed finances, NLaG is down, other providers are up. The Chief Finance Officer explained that the team is working closely around data quality and activity monitoring. It would appear that the Trust is struggling, to retain information and with their coding teams. It is a risk operating with limited data. The overspend on other contracts is around emergency data sets and overtrade on electives.

Quality

The CQC published their outcome report on 12 September 2018 from their inspection of Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) undertaken between 8 and 23 May 2018. The Care Quality Commission (CQC) awarded the Trust an overall rating of requires improvement; this is an improvement on the previous report where they were deemed inadequate. Further details on the findings from the inspection are provided in the separate briefing report submitted to this meeting.

During the month of September the CCG was notified of six new serious incidents (SIs) relating to North Lincolnshire patients. Three of these were reported by Rotherham Doncaster and South Humber NHS Foundation Trust and three were

reported by Northern Lincolnshire and Goole NHS Foundation Trust. These will follow the CCG's SI management process.

Key challenges identified since the August report include a further increase in waiting times for some outpatient appointments at NLaG, an increase in the number of patients waiting over 52 weeks for an appointment at NLaG (specifically in ENT and colorectal services) and remaining concern in relation to mortality rates at NLaG. In addition to these challenges there are also increasing concerns in relation to Crisis Mental Health services in North Lincolnshire provided by Rotherham Doncaster and South Humber NHS Trust (RDaSH). The Quality dashboard provides an overview of the latest position in relation to these areas and includes details of the latest performance trend and RAG rating.

Within NLaG, the medical & dental vacancy position has seen a positive improvement since the previous report identifying a decrease to 18.67% from 25.66% (as at August 2017). This is against the target of <15%. This improving position is the result of targeted recruitment activity and improved fill rates of trainee doctor positions.

The CCG has identified improvements in emergency ambulance response times (Category 1 calls) provided by East Midlands Ambulance Service NHS Trust (EMAS) and improvements in the transfer of patients from ambulances to emergency services at Scunthorpe General Hospital.

The re-procurement of patient transport services in North Lincolnshire is now complete. The procurement assessment process incorporated all necessary quality, performance and governance standards. The new service will commence from April 2019.

It was confirmed that the Winter Plan identifies contingency plans with NLaG. The ICOO confirmed that the 52 week recovery plan is being monitored by NHSI. The DoN&Q confirmed that Reports relating to 52 week breaches were previously considered by the Clinical Harm Group, moving forward, they will be considered by the Planned Care Board.

Mixed sex accommodation – page 14 members queried whether the plan was ratified at the Divisional Performance meeting in September? The DoN&Q informed the meeting that there was a detailed discussion at the Serious Incident Board (SIB) patient safety group. The DoN&Q has been invited to provide support reviewing the Trusts' policies; she visited the Coronary Care Unit (CCU) on 20 September and provided recommendations to SIB regarding future reporting. There will be a further planned visit on 15 October to Surgical and Respiratory high observation at SGH.

Agreed outcomes:

(a)	Action: The DoN&Q will provide an update on mixed sex accommodation at the next meeting.
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Crisis Mental Health Services

In response to increasing concerns raised by RDaSH in relation to capacity within its crisis mental health services, the Trust undertook a comprehensive capacity and demand review to further understand recent changes in demand for local mental health services, review current staffing levels and consider whether current provision is sufficient to meet increasing demand.

In addition to this work, the CCG is working closely with RDaSH to undertake a Quality Risk Profile (QRP) of emergency mental health services provided in the local area. The QRP will support the CCG and RDaSH in identifying areas of improvement and potential areas of risk in relation to crisis services. The learning from this profiling work will be used to inform the development of crisis service specifications.

The outcome from the review and the Quality Risk Profile will be considered by the CCG and RDaSH via the contract management process. Further detail on the impact of these areas of work will be provided in due course.

The ICOO informed the meeting that the Mental Health Strategy is under review.

2.25 pm Dr S Shekhawat arrived

9.2 VULNERABLE PEOPLE AND CONTINUING HEALTH CARE UPDATE

The ICOO, NHS North Lincolnshire CCG embarked upon a QIPP programme this year to reduce unnecessary expenditure, reduce variation and achieve parity with relevant policy. For Vulnerable People Commissioning the opportunities identified included achieving the NHS England defined performance measures for Continuing Healthcare (against the National Framework for Continuing Healthcare) where historically, North Lincolnshire CCG had not had sufficient capacity and secondly, addressing some of the service gaps in North Lincolnshire against the Five Year Forward View for Mental Health.

Within Continuing Healthcare, the lack of capacity had two significant consequences for NHS North Lincolnshire CCG:-

1. Initial assessments, and annual reviews were falling behind plan
2. Because of the above, financial impact was beyond expected growth

Following some initial investment in some additional capacity (2.0 Whole Time Equivalent Nurses) and redesign of the current Business Administration Team, the progress has been positive up to the most recent of Month 5:

- The number of people waiting more than 28 days for their Continuing Healthcare Assessment has fallen from 30 to 15
- The number of people waiting less than 28 days remains to plan, with full compliance expected by the end the calendar year as the additional resource impact occurs (Quarter 1 position was 46% and on plan)
- The expenditure to date reflects a more accurate picture of activity and has resulted in an efficiency of £1.6m full year effect to date against a target of £1.9m. Year-end forecast currently suggests that despite some seasonal variation, it is likely that the full year achievement of £1.9m will be secured.
- Direct Payments underspend has been identified as over £120k and as of Month 5, 65% has been returned to NHS North Lincolnshire
- Revisions to the payment schedule for Direct Payments have released £118.5k in year as a non-recurrent saving.

Whilst there is additional work to do in achieving a fully sustainable system within NHS North Lincolnshire CCG, there is good progress to date against the opportunities that have been identified.

In addition, NHS North Lincolnshire has been working to secure a partnering agreement with North Lincolnshire Local Authority to ensure a single market approach to Domiciliary Care which, once completed, is expected to improve quality, individual experience and will have an agreed tariff; a helpful approach when the supply chain is 95% shared between Health and Social Care.

Within Vulnerable People commissioning, the opportunities included:

1. To review the service specifications within the contract
2. Review the case management arrangements and revenue consequence
3. Address the service gaps, starting with Liaison Psychiatry

Following a programme of review agreed through the contract mechanisms with Rotherham Doncaster and South Humber NHS Foundation Trust, all service specifications will have been reviewed by the end of this business year. This review seeks to ensure that services are fit for purpose and that service specifications underpinning the contract reflect the needs of the local population and the provision of services which has changed in recent years.

One notable gap in provision has been the provision of Liaison Psychiatry within North Lincolnshire. Previously, only temporary services have been made available as a result of winter pressure system allocated resources. For the first time this year, NHS North Lincolnshire has been able to make the investment necessary to commission these services ahead of winter pressures and has identified sufficient recurrent efficiencies to sustain these services within the locality. The service aims to commence implementation during November 2018 and is currently recruiting to the staff team.

The commissioners have included a review of individual placements and have been evaluating the outsourcing of case management (currently provided by Rotherham Doncaster and South Humber NHS Foundation Trust). At the end of 2017/8 NHS North Lincolnshire had reduced individual placements by 25% for specialist needs, resulting in reducing revenue consequence whilst ensuring people are receiving care as close to home as possible.

As a result of the above, NHS North Lincolnshire CCG has:

- Released efficiencies within the Vulnerable People commissioning programme at Month 5 forecasting an end year position of reduction in revenue consequence (full year effect) of £900k for individual placements
- A full review of commissioned services has been implemented in partnership with Rotherham Doncaster and South Humber NHS Foundation Trust and new service specifications developed to reflect current services
- Liaison Psychiatry has been commissioned to assist with winter pressures across the system as a result of efficiencies released ensuring NHS North Lincolnshire CCG is compliant with the current policy direction
- Successful public engagement on the relocation of services to the Ironstone Centre
- Following successful challenge of a Responsible Commissioner case, NHS North Lincolnshire CCG is seeking reimbursement of £1.6m relating to payments already made

9.3 NLaG CQC Report

The DoN&Q introduced the presentation NLaG CQC Report 2018. A comprehensive CQC Inspection took place between 8 and 23 May 2018 and covered all Acute and Community Services and all sites. The report was published on 12 September 2018. Overall the Trust rating has improved from Inadequate to Requires Improvement, six requirement notices have been issued, there are 136 must do and 67 should do actions.

The rating for DPoW remains static at Requires Improvement; The rating for SGH has improved from Inadequate to Requires Improvement and the rating for GDH has deteriorated from Good to Requires Improvement.

The Trust safe domain improved from Inadequate to Requires Improvement with the remaining four domains remaining unchanged.

Maternity and Services for Children and Young People improved to be rated Good overall on both main sites.

Outpatients rated Inadequate on all three sites.

Community Services rating deteriorated now rated Inadequate overall.

The DoN&Q drew members' attention to identified areas of outstanding practice:- FEAST and Saturday clinics for COPD at SGH.

Areas of improvement identified are:- A&E maternity services; identification of patients at risk of sepsis; compliance with WHO surgical checklist; increased compliance with nutrition and hydration standards.

Areas of concern identified across the Trust are: - Scale and spread of required improvements; Leadership; Lack of organisational vision, strategy and plans; Performance, patient flow; Staffing; Management of complaint and concerns; Insufficient senior clinical oversight to manage risk; and insufficient progress and improvement since last inspection.

Looking forward, the DoN&Q informed members there will be briefings and the sharing of findings and required actions; Work across CCG teams and functions; Focused improvement support and work with NLAG; Robust assurance on the delivery of improvement plan through Quality Review Meeting (QRM) and Joint work with NELCCG and other system partners to support improvement.

The full report can be accessed through the following link: –

<https://www.cqc.org.uk/provider/RJL/reports>

The Chair thanked the DoN&Q for the informative and useful report. The Chief Officer commended the DoN&Q for the high quality and output of the work she has undertaken since her appointment one month ago.

Agreed outcomes:

(a)	The NL CCG Governing Body noted the NLaG CQC Report.
(b)	Action: The DoN&Q to provide regular progress reports to the Governing Body.
(c)	Action: The DoN&Q to provide details of the next Inspection date.

9.4 FINANCIAL RECOVERY PLAN

The Chief Finance Officer introduced the financial recovery Plan 2018/19 presentation. The Financial Recovery Plan has been produced on behalf of the Governing Body of North Lincolnshire CCG. The Governing Body and Council of Members has and continues to take a full leadership role in the production and ongoing delivery of the recovery plan; the expertise on these forums is diverse and multi-disciplinary in nature all of whom have brought their own dimension to its formulation. The plan has been structured to provide external assurance and responses to the legal directions issued by NHS England. There are a variety of aspects covered within the document including the strategic approach to recovery; as well as how the ownership of the plan is a golden thread throughout all aspects of the CCGs business including its governance arrangements as outlined in Section 6. The proposals within this plan specifically respond to the recommendations of the external reviews undertaken during 2017 around financial recovery and governance. The areas of focus for financial recovery have come directly from clinical and non-financial professionals supporting the CCG e.g. the Medicines Optimisation Team

and the Commissioning Lead for Vulnerable People. A Programme Delivery Board has been established to oversee individual as well as overall programme level delivery; this meets monthly and focuses specifically on the areas identified for QIPP as well as providing quality impact assessment for plans as they are developed. The Plan includes a trajectory to deliver the 2018/19 Control Total and return to In-Year 1% surplus delivery. This is a prudent profile and the leadership team are planning to present proposals to the Governing Body for a more ambitious trajectory for recovery as 2018/19 progresses. The clinical and management leadership team within the CCG are committed to the plan and ensuring the actions described within it are consistently delivered.

In a very short space of time the financial position of the CCG has been stabilised, the levels of QIPP have been made significantly more achievable whilst ensuring sufficient resources are available for the needs of the population in North Lincolnshire.

The Chief Finance Officer talked through the historical financial performance – the underlying position and the QIPP. The September Governing Body workshop set key ground rules regarding prioritisation; red lines; focus on sustainable recovery and the requirement to evaluate clinical impact. The Governing Body Workshop also set the context to inform in year and medium term recovery plans. Key principles set to underpin such plans included the need for the CCG to: only “pay for the service provided” Ensure new referrals are managed but not stopped; Share or out-source “lower” priority services if desirable/possible/helpful; Sustain short term disruption/challenge; Develop medium term invest to gain (commissioning focused schemes); Maintaining efforts to build local capability (via the ACP, Primary Care & Community offer); Focus on the “Three” big things as a priority – 1) The prevention of patient harm, 2) The pursuit of value (VFM) and 3) The wisdom to ask for help/support in appropriate areas.

The Chair thanked the Chief Finance Officer for the Financial Recovery Update Report 2018/2019.

Agreed outcome:

(a)	The Governing Body noted the financial recovery update 2018/2019.
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10.0 STRATEGY

10.1 EPRR ANNUAL PLANS AND COMPLIANCE STATEMENT

The ICOO explained that under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned provider services are well prepared to respond effectively to major incidents/emergencies, so that they can mitigate the risk to public and patients and maintain a functioning health service. The report is to inform the Governing Body on the current position of North Lincolnshire CCG in relation to an assessment against core standards in emergency preparedness, resilience and response (EPRR) as part of the national EPRR assurance process for 2018/19. Following assessment, the organisation has been self-assessed as demonstrating substantial compliance level against the core standards.

Areas requiring on-going action throughout 2018/19 are highlighted in the associated action plan/ core standards improvement plan; this document will be reviewed in line with the organisation’s EPRR governance arrangements. In 2018 the following actions have been implemented / occurred:

A Band 7 Lead is now in place and took the lead for EPRR therefore strengthening the focus and increasing the resource of the CCG on the EPRR action plan. A Non-Executive Director has been appointed to provide oversight and a link into the Governing body to strengthen the CCG's delivery of EPRR requirements.

There is now an EPRR forum where the current arrangements and preparedness plans will be reviewed and monitored.

Agreed outcomes:

(a)	The Governing Body received and noted the EPRR annual plan and compliance statement.
(b)	The Governing Body are assured that sufficient plans are in order to meet the statutory requirements of the CCG as a Category 2 Responder.
(c)	The Governing Body approve the core standards improvement plan.

10.2 STP UPDATE

CHRIS O'NEIL, HUMBER COAST & VALE PROGRAMME DIRECTOR

The Chair welcomed Chris O'Neil, Programme Director (PD), Humber Coast and Vale Health and Care Partnership to the meeting and invited him to address the meeting.

The PD introduced the presentation, Humber Coast and Vale Health and Care Partnership update report and next steps. He informed the meeting that the Partnership priorities are:- Helping people to stay well, Integrating and improving 'out of hospital' care, Creating the best hospital care, Improving services in priority areas including cancer and mental health, Deploying resources effectively – workforce, IT, buildings and equipment and making the most of every penny to deliver good quality local services within the funding available. The presentation covered the place based and wider collaboration across East Riding, Hull, North Lincs, North East Lincs, Scarborough and York. System resources, Estates strategy - objectives, wave 4 capital bids, digital capital funding, 2018/19 HSLI funding allocation and workforce. Clinical priorities covered mental health progress and priorities, urgent and emergency care – progress and priorities, cancer, elective care, waiting time performance for A&E, cancer, 18 week RTT. Integrated care systems and partnerships, system arrangements, approach to system design, the ICS transition plan. Members discussed the best approach for North Lincolnshire and agreed things could be done more effectively.

The Chair thanked Chris for his presentation.

10.3 2018/19 SYSTEM WINTER PLAN

The ICOO referred members to the Northern Lincolnshire A&E Delivery Board 2018/19 System Winter Plan which sets out the system approach to maintaining effective delivery of services, mitigating the impact of additional increased activity and pressures during winter, and keeping people safe throughout the winter period. The plan includes a number of schemes which have been identified as priority areas to support the full unplanned pathway pre-hospital, in hospital and for discharge and onward care. The 2018/19 System Winter Plan and appendices have been signed off by the A&E Delivery Board, but with an acknowledgement that they would remain live documents and would be updated to reflect service provision as the schemes detailed come online. This is particularly true of the escalation framework. The plan was costed and partner organisations asked to confirm whether identified funding requirements had budgets available and committed. For the majority of the plan schemes this has been confirmed and there are further conversations ongoing to

confirm funding for the plan in its entirety. NL CCG Executive Team approved part of the resilience budget to support delivery of winter. NHSE require the final winter plan to be submitted by 12 October 2018.

Agreed outcome:

(a)	The Governing Body approve the content of the North Lincolnshire A&EDB 2018/19 System Winter Plan
(b)	Action: A progress report on how the North Lincolnshire A&EDB 2018/19 System Winter Plan is operating to be brought back to the Governing Body.

10.4 DELEGATED RESPONSIBILITY FOR THE COMMISSIONING OF PRIMARY MEDICAL SERVICES

The ICOO presented the report to members the purpose of which is to:-

- i) Inform the Council of Members regarding communication from NHS England inviting CCGs operating under joint or the “greater involvement” co-commissioning models to apply for Delegated Commissioning;
- ii) Consider the option of applying for Delegated Commissioning arrangements from 1st April 2019.
- iii) Give the opportunity for members to ask questions and seek clarification prior to a vote taking place.

Background: In May 2014 CCGs were invited to submit Expressions of Interest to take on an increased role in the commissioning of primary care services through co-commissioning with the aim of primary care co-commissioning being to harness the energy of CCGs to create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations. In response NHS Hull CCG submitted an Expression of Interest.

Subsequently NHS England Guidance in November 2014 invited CCGs to submit formal proposals to develop co-commissioning arrangements at one of three levels:

- Level 1: Greater involvement in primary care decision-making
- Level 2: Joint commissioning arrangements
- Level 3: Delegated Commissioning arrangements

A proposal to develop Level 2: *joint commissioning* arrangements was subsequently agreed and Terms of reference agreed by the Governing Body in February 2015. The CCG had been formally working at Level 2 since April 2015.

NHS England Policy: NHS England’s Board has committed to support the majority of CCGs, who currently operate under joint commissioning or greater involvement arrangements, to assume full delegated responsibilities for the commissioning of primary medical care from April 2019. CCGs having more control over primary medical services is part of a wider strategy to support the development of place-based commissioning and a key enabler of the development of new care models.

As of April 2018, 178 CCGs have delegated commission responsibility. NHS England has invited those remaining CCGs who do not currently have delegated arrangements for the commissioning of primary medical services, to apply for delegated responsibility (to operate from April 2019) with applications required by 1st November 2018.

NHS England believes the delegated commissioning model is delivering a number of benefits for CCG local populations. It is seen as critical to local sustainability and transformation planning, supporting the development of more coherent

commissioning plans for healthcare systems and giving CCGs greater ability to transform primary care services. CCGs have also reported that delegated commissioning is giving them greater insight into practice performance issues, greater opportunities to develop a more sustainable primary care workforce and is helping to strengthen relationships between CCGs and practices.

CCG Requirements for delegated commissioning from April 2019: NHS England has developed a delegated commissioning checklist and finance template for delegated budgets for submission nationally. The checklist is required to be completed jointly by the CCG and NHS England Director of Commissioning Operations. The checklist is set out in Appendix 1 for reference.

Following submission of the checklist the application will be reviewed by NHS England as part of a short approvals process and CCGs will be informed of the outcome by early January 2019.

The item will be considered at the Council of Members meeting on 25 October 2018.

Agreed outcome:

(a)	NL CCG Governing Body noted the content of the report.
(b)	Action: NL CCG Governing Body approve that the final decision be delegated to the CCG Chair and Accountable Officer following the Council of Members meeting on 25 October 2018.

10.5 HUMBER JOINT COMMISSIONING COMMITTEE REPORT

The ICOO referred members to the report which provides an update to the Governing Body of the work to date in relation to the formation of a Humber Joint Commissioning Committee (JCC). The report will be considered by each of the four Humber CCG's Governing Bodies, (North Lincolnshire, North East Lincolnshire, East Riding of Yorkshire and Hull). NL CCG Governing Body is the first to consider the report. The ICOO talked through the Terms of Reference, Humber JCC Commissioning Principles, (Appendix 2), Forward plan, (Appendix 3) and the document Humber JCC Commissioning together (Appendix 4). It was confirmed that the Humber JCC cannot override the NL CCG Governing Body and any decisions made by the committee will be referred back to the NL CCG Governing Body.

Agreed outcomes:

(a)	The NL CCG Governing Body note the formation of the Humber Joint Commissioning Committee and agree the Terms of Reference for the Humber Joint Commissioning Committee.
(b)	The NL CCG Governing Body support the commissioning principles (Appendix 2) which will be used in how the CCG's work together and ensure that the CCG's commissioning supports their achievement.
(c)	The NL CCG notes the forward plan (Appendix 3).
(d)	The NL CCG support the commissioning position "Commissioning together (Appendix 4)
(e)	The NL CCG support the proposed approach to decision making in relation to the Humber Acute Services Review.

11.0 GENERAL

Nothing presented for consideration under this category.

12.0 REPORTS FOR INFORMATION ONLY

12.1 NL CCG QUALITY, PERFORMANCE AND FINANCE COMMITTEE SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Quality, Performance and Finance Chair's Summary Report.
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12.2 NL CCG INTEGRATED AUDIT & GOVERNANCE COMMITTEE SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Integrated Audit & Governance Committee Chair's Summary Report.
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12.3 NL CCG PLANNING & COMMISSIONING COMMITTEE SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Planning & Commissioning Committee Chair's Summary Report.
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12.4 NL CCG JOINT PRIMARY CARE COMMISSIONING COMMITTEE SUMMARY REPORT

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the NL CCG Joint Primary Care Commissioning Committee Chair's Summary Report.
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13.0 ANY OTHER BUSINESS

13.1 GOVERNING BODY WORK PLAN 2018/2019

Members considered the Governing Body Workplan, 2018/2019.

Agreed outcomes:

(a)	Although Risk Register is on the workplan to be presented twice per year. The Register to also be presented when a new risk occurs.
(b)	Action: ICS to be added to the Workplan.
(c)	Action: The HoG to update the Workplan to reflect amendments to officers' portfolio's as they occur.
(d)	The NL CCG Governing Body approve the Governing Body Workplan 2018/2019.

14.0 DATE AND TIME OF NEXT MEETING

Agreed outcome:

(a)	The 42nd Meeting of the North Lincolnshire Clinical Commissioning Governing Body, <u>Public and Private</u>, will be held on:- Thursday 13 December 2018 13:30 – 17:00 Board Room, Health Place, Wrawby Road, Brigg
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ABBREVIATIONS

A&E	Accident & Emergency
A&E DB	Accident & Emergency Delivery Board
ACP	Accountable Care Partnership
BCF	Better Care Fund
CCU	Coronary Care Unit
CEO	Chief Executive Officer
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
DoN&Q	Director of Nursing & Quality
DoPH	Director of Public Health
DPoW	Diana Princess of Wales Hospital
EMAS	East Midlands Ambulance Service
ENT	Ear, Nose and Throat
EPRR	Emergency Preparedness, Resilience & Response
FEAST	Frail, Elderly Assessment Support Team
FOI	Freedom of Information
GDH	Goole District Hospital
GP OOH	General Practitioner Out of Hours
HEY	Hull and East Yorkshire Hospitals NHS Trust
HoG	Head of Governance
HSJ	Health Service Journal
HSLI	Health System Led Investment
IAF	Improvement Assessment Framework
ICOO	Interim Chief Operating Officer
ICS	Integrated Care System
JCC	Joint Commissioning Committee
MOU	Memorandum of Understanding
NLaG	Northern Lincolnshire and Goole Foundation Trust
NHSE	National Health Service England
NHSI	National Health Service Improvement
PD	Programme Director
PPG	Patient Participation Group
QIPP	Quality, Improvement, Productivity and Prevention
QRM	Quality Review Meeting
QRP	Quality Risk Profile
RAG	Red, Amber, Green
RDaSH	Rotherham, Doncaster and South Humber
RTT	Referral to Treatment
SGH	Scunthorpe General Hospital
SI	Serious Incident
SIB	Serious Incident Board
UTC	Urgent Treatment Centre
VFM	Value For Money
WHO	World Health Organisation