



MEETING:	2nd Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Committee	 North Lincolnshire Clinical Commissioning Group COMMITTEE
MEETING DATE:	Thursday 12 July 2012	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Ian Reekie (<i>IR</i>)	Vice CCGC Chair/Locality Associate Non-Executive Director – <i>Vice Chair</i>	NHS North Lincolnshire
Allison Cooke (<i>AC</i>)	Accountable Officer/Chief Operating Officer	NHS North Lincolnshire
Therese Paskell (<i>TP</i>)	Chief Financial Officer	NHS North Lincolnshire
Caroline Briggs (<i>CB</i>)	Director of Strategy and Joint Commissioning	NHS North Lincolnshire
Frances Cunning (<i>FC</i>)	Joint Director of Public Health	NHS North Lincolnshire/ North Lincolnshire Council
Karen Rhodes (<i>KR</i>)	CCGC Nurse Member/Director of Quality and Clinical Commissioning	NHS North Lincolnshire
Helen Varey (<i>HV</i>)	Locality Chair	NHS North Lincolnshire
Dr Ajay Vora (<i>AV</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire
Dr Andrew Lee (<i>AL</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire
Dr Nick Stewart (<i>NS</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire
Dr James Mbugua (<i>JM</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire
Dr Fergus Macmillan (<i>FM</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire
Sue Rogerson (<i>SR</i>)	Sustainable Services Programme Director <i>Presenting Item 6.1</i>	North East Lincolnshire Care Trust Plus
Pauline Dumble (<i>PD</i>)	Acting Head of Children, Young People and Maternity <i>Presenting Item 6.2</i>	NHS North Lincolnshire
Susan Twemlow (<i>ST</i>)	Assistant Director CYPS - Localities & Partnerships <i>Presenting Item 6.2</i>	North Lincolnshire Council
John Pougher (<i>JP</i>)	Assistant Senior Officer, Quality and Assurance <i>Presenting Item 7.2</i>	NHS North Lincolnshire
Mike Rymer (<i>MR</i>)	Associate Director of Prescribing & Medicines Management <i>Presenting Item 7.6</i>	NHS North Lincolnshire

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCGC Chair/General Practitioner	NHS North Lincolnshire
Stuart Wilson (<i>SW</i>)	Representative from Who Cares	Who Cares
David Brown (<i>DB</i>)	Organisational Development Project Support	Independent Adviser

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES		
IR welcomed all attendees to the second meeting 'in public' of the Clinical Commissioning Group Committee (CCGC). Apologies were noted, as detailed above.	Decision: Noted	IR
2.0 DECLARATION OF INTERESTS		
IR invited those with any Declarations of Interest to make them known to the meeting. No declarations were received.	Decision: Noted	IR
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 10 MAY 2012		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	IR
4.0 ACTION LOG – ACTIONS UPDATE FROM 10 MAY 2012		
It was noted that all of the actions from the meeting held on the 10 May 2012 had been completed. Updates: <ul style="list-style-type: none"> • Item 3.3 - Individual Funding Requests Still an opportunity for GPs to become panel members. Panel consists of MS, FC and AL • Item 4.1.2 – Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) Quality Accounts It was queried whether a copy of the RDaSH Quality Accounts could be e-mailed to CCG Committee members, as the updated version had not been received, further to the last meeting • Item 5.0 – Mixed Sex Accommodation Breaches CB advised that she had shared the definitions regarding mixed sex accommodation, and passed on information regarding how the individual could take the issue forward, if required. To date nothing had been received. 	Decision: Noted Action: CS to ensure a copy is forwarded to CCG Committee members Decision: Noted	IR CS CB
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
Nothing discussed.		
6.0 CLINICAL COMMISSIONING		
6.1 Sustainable Services Update SR presented Item 6.1.  Microsoft PowerPoint 97-2003 Presentation Specific issues highlighted from the presentation were: - <ul style="list-style-type: none"> • Slide 2 – the slide referred to NEL and not NL • Slide 3 - Query regarding no Locality Non-Executive Directors/Lay Member membership/representation in the programme structure • Slide 3 - Clinical Stakeholder Group GP Membership was MS, JM and Dr Salim Modan • Slide 6 – Four areas added: - <ul style="list-style-type: none"> ○ Top quartile performance for primary care ○ Focus on acute medicine ○ More integrated collaborative working ○ Emergency care for adults and children • Slide 6 – Query regarding the 'retaining 2 hospitals but 1 system, reduced bed numbers in the two hospitals' bullet point 	Decision: Noted	SR

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> ○ Northern Lincolnshire & Goole Hospitals NHS Foundation Trust is made up of 3 hospitals ○ Goole should be part of the 'system' ● Discussion regarding Goole Hospital services ● Slide 7 – Three themes/work streams: - <ul style="list-style-type: none"> ○ Integration of Care ○ Home & Community Based Care ○ Alternative Care ● 'Reducing Duplication' has been removed as a separate theme as it is integral to all three themes ● The programme needs to deliver 4% savings each year for the next 3 years to meet the challenge i.e. £72 million ● Current plans in our work streams fall short of the target (approximately £24 million) ● Lengthy discussion regarding Sustainable Services. Specific areas highlighted: - <ul style="list-style-type: none"> ○ Speech by Sir David Nicholson at the NHS Confederation Annual Conference ○ Use of Estates <ul style="list-style-type: none"> ▪ Use of former NHS estates to address Health & Social Care needs ▪ Meeting group set up regarding the use of Estates ▪ Work underway by the Strategic Commissioning Board ▪ Working on a Housing Strategy ○ Reshaping Women and Children's Services ○ Query regarding whether lessons can be learnt from other areas? ○ Transforming Community Services ○ Communication routes with Overview & Scrutiny Panel and the local population ○ Need to develop criteria for making decisions ○ Focus on 'quality' 	<p>Action: TP and CB to liaise regarding current work by the two groups</p> <p>Action: KR to liaise with SR outside of the meeting</p>	<p>TP CB</p> <p>KR SR</p>
ITEMS FOR APPROVAL		
<p>6.2 CQC – Support for Families with Disabled Children</p> <p>PD and ST presented Item 6.2 and advised that in 2011 the Care Quality Commission (CQC) undertook a national special review of how the healthcare needs of disabled children and young people were met by commissioners and providers of healthcare and other services. The report was published in March 2012.</p> <p>Item 6.2 provided an overview of the findings of the review, including: -</p> <ul style="list-style-type: none"> ● Background to the review ● The overall findings of the review within a national and local context ● The relation of the report and its findings to the CCG Commissioning Strategy <p>Specific areas highlighted were: -</p> <ul style="list-style-type: none"> ● Wheelchair Services ● 'Child in a Chair in a Day' initiative (page 4) 	<p>Decision/Action: The CCG Committee</p> <ul style="list-style-type: none"> ● Received the report; ● Considered the issues raised, the recommendations, and any further actions required; ● Agreed to the distribution of the report across local partners; ● Requested updates to be presented to the CCG Engine Room regarding progress 	<p>PD</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> • Speech and Language Therapy • Community Occupational Therapy <p>It was noted that Disabled Children and Young People were a key local priority, and the CCG works in close partnership with North Lincolnshire Council in commissioning a range of services for this client group.</p> <p>6.3 Collaborative Commissioning/Partnership Arrangements with NLC Adult Services/Lead Commissioning</p> <p>CB presented Item 6.3, advising that the paper looked at one aspect of collaborative commissioning with North Lincolnshire Council in relation to adult services, and proposed future governance arrangements.</p> <p>Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> • The Section 75 partnership agreement under the National Health Services Act 2006, specifically to ensure the services for people with learning disabilities and mental health needs work together through integrated structures and pooled budgets. These were agreed by NHS North Lincolnshire Trust Board and North Lincolnshire Council Cabinet in March 2009 and have operated from April 2009 • The section 75 agreement specifically relates to Learning Disability and Mental Health Services and establishes lead commissioning and pooled budget arrangements. Under the agreement NHS North Lincolnshire is lead commissioner and pooled budget holder in relation to Mental Health services and North Lincolnshire Council is lead commissioner and pooled budget holder for Learning Disability services • The Well-being and Health Improvement Partnership (WHIP) hold responsibility for overseeing the section 75 agreement. This is supported along with broader partnership working across all client groups by an Executive Strategic Commissioning Board and five Citizen Specific Expert reference partnerships • In addition during 2010/11 a Section 256 agreement was entered into between the Local Authority and the PCT to allow the PCT to transfer resource to the Local Authority to be spent for the purpose outlined in the agreement. Additional resource was added to the agreement in 2011/12. This agreement gives responsibility to the ESCB to manage the section 256 agreement. <p>The proposed arrangements were: -</p> <ul style="list-style-type: none"> • The Health and Wellbeing Board to hold responsibility for the Section 75 and 256 agreements and to delegate management of both to the ESCB • ESCB to report to the HWB • Citizen Specific Partnerships to report to the HWB <p>The CCG Committee were asked to support:</p> <ul style="list-style-type: none"> • The continuation of partnership working in relation to 	<p>Decision/Action: The CCG Committee agreed in principle to the renewal of partnership arrangements with NLC re adult services; including the operation of pooled budgets for Mental Health and Learning Disabilities, subject to further discussion and information regarding finance and the need for robust governance arrangements that protect the interests of the CCG being reported back to the CCG Engine Room.</p>	<p>CB</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>adults and older people in North Lincolnshire</p> <ul style="list-style-type: none"> • The update of the Section 75 and 256 agreements to reflect changes in governance • The delegation to the HWB to oversee the section 75 and 256 agreements and advise both partners on commissioning priorities • Review of ESCB TOR to reflect revised reporting and review membership <p>The CCG Committee were asked to:</p> <ul style="list-style-type: none"> • Agree the renewal of partnership arrangements with NLC re adult services; including the operation of pooled budgets for Mental Health and Learning Disabilities <p>6.4 Carers Action Plan</p> <p>CB presented Item 6.4 on behalf of Ellie Gordon, Head of Commissioning NHS Continuing Healthcare. It was noted that the report had been discussed at the CCG Engine Room on 5 July 2012, and the suggested amendments had been made.</p> <p>The action plan addressed the four key areas that the Operating Framework stated must be evidenced in support of work with carers over the next year:</p> <ul style="list-style-type: none"> • Identify the financial contribution made to support carers by both local authorities and PCT clusters and that any transfer of funds from the NHS to local authorities is through a section 256 agreement; • Identify how much of the total is being spent on carers' breaks; • Identify an indicative number of breaks that should be available within that funding; and • Be published on the PCT or PCT cluster's website by 30 September 2012 at the latest <p>It was noted that the 2011/12 element of the action plan was agreed previously and had been implemented. Resources identified beyond 2012/13 were based on NHS North Lincolnshire's financial plan, and were indicative at this stage. The proposal was that a Section 256 agreement should be entered into with the Local Authority to transfer resources in 2012/13 and future years. For future years, this covered commitments from 2012/13 but any additional resource would be reviewed, subject to CCG allocations. This would be developed as an additional annex to the agreement currently in place with North Lincolnshire Council. The CCG would need to ensure that commissioning of carers services is fully supported within the Commissioning Support Service to ensure delivery against the action plan.</p>	<p>Decision: The CCG Committee commended the team and: -</p> <ul style="list-style-type: none"> • Noted the revised action plan • Agreed that the action plan reflected best use of public money in meeting the needs of carers • Agreed to the transfer of resources as indicated, to the Local Authority under Section 256 	<p>CB EG</p>
ITEMS FOR AWARENESS AND NOTING		
<p>6.5 Individual Funding Requests</p> <p>CB presented Item 6.5. It was noted that the report was for information only.</p>	<p>Decision: The CCG Committee noted the outcomes of the Individual Funding Requests in 2011/2012. The Committee would receive quarterly reports in relation to</p>	<p>CB</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
2012/2013		
7.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR DISCUSSION AND APPROVAL		
<p>7.1 Finance Report (Month 2) TP presented Item 7.1 and the report was taken as 'read'. The following headlines and key messages were noted:-</p> <ul style="list-style-type: none"> • No Major issues at month 2 • Not needed to use any contingency to date • SCG contract baselines being finalised, will need more budget from contingency <ul style="list-style-type: none"> ○ Still waiting to hear regarding new definitions for SCG and local impact • Latest QIPP forecast – no change <ul style="list-style-type: none"> ○ Need to ensure actions taken so 'amber' QIPP do not turn 'red', to achieve recurrent savings and surplus ○ Uncommitted QIPP • Since the report was written, Capital RL confirmed and allocation received <ul style="list-style-type: none"> ○ Had early discussions with IT and Estates ○ Discussion to take place regarding £50,000 capital grant for primary care ○ Proposals paper to be discussed at the CCG Engine Room on 16 August 2012 • Financial Strategy Development Paper to be discussed at the Clinical Commissioning Group Committee and the Council of Members in September 2012. To include: <ul style="list-style-type: none"> ○ Principles and approach ○ Interlinks with Sustainable Services Review ○ Risk Management and sharing ○ Spend of one-off resources ○ Process regarding allocations <p>Discussion took place regarding the use of 'best scenario', 'likely scenario' and 'worst scenario' information on page 3 of the report.</p> <p>7.2 Risk Register JP presented Item 7.2 and the report was taken as 'read'. It was noted that two new risks had been added EP033 and EP034 in relation to NHS111. It was noted that the Risk Register would be discussed in more detail at the workshop on 9 August 2012.</p>	<p>Decision: The CCG Committee received and noted the financial performance for the period up to 31 May 2012, and the full year forecast out-turn position for 2012/2013, including risks and mitigations</p> <p>Decision: The CCG Committee received and noted the risk register overview report</p>	<p>TP</p> <p>JP</p>
ITEMS FOR AWARENESS AND NOTING		
<p>7.3 Quality Group Notes – 17 April 2012 & 24 May 2012 JP presented Item 7.3 and the report was taken as 'read'.</p> <p>KR stated that the Care Quality Commission had published inspection reports into providers offering termination of pregnancy services. From the 249 inspections, the CQC identified clear evidence of pre-signing at 14 locations. The CQC did not find any evidence that any women had poor outcomes of care at any of these locations. Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Scunthorpe General Hospital)</p>	<p>Decision: Received and Noted</p>	<p>JP</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>had been identified as one of the 14 locations. It was noted that action had been taken and the hospital had released a press release. The CQC were reassured and the service had resumed. It was queried whether communication regarding the position had been forwarded to GPs.</p> <p>7.4 Draft Audit Group Minutes – 31 May 2012 TP presented Item 7.4, for information only. It was noted that a GP representative was still required for the Audit Group. AL agreed to continue to attend until a GP representative was found.</p> <p>A ‘thank you’ was noted for Mr Stan Shreeve, Locality Associate Non-Executive Director and Chair of the Audit Group. Mr Shreeve left the Trust on 31 May 2012.</p> <p>7.5 Audit Group Annual Report TP presented Item 7.5, for information only.</p> <p>7.6 Annual Prescribing Report MR presented Item 7.6 and informed CCG Committee members of the management of the prescribing budget for 2011/2012 and advised that the progress made a ‘positive change’ in prescribing patterns and the QIPP programme.</p> <p>It was reported that overall the year 2011/2012 was very successful. The QIPP target was significantly exceeded and positive changes were seen in prescribing practice by the majority of GPs.</p>	<p>Action: KR to check position regarding communication with GPs</p> <p>Decision: Received and Noted</p> <p>Decision: Received and Noted</p> <p>Decision: Received and Noted</p>	<p>KR</p> <p>TP</p> <p>TP</p> <p>MR</p>
8.0 PUBLIC QUESTION TIME		
No questions asked.	Decision: Noted	IR
9.0 ANY OTHER BUSINESS		
<p>9.1 Urgent Items by Prior Notice Nothing discussed.</p> <p>IR advised members of the public that two procurement papers were going to be discussed in ‘private’, due to the commercially sensitive nature of the documents. These related to: -</p> <ul style="list-style-type: none"> • NHS 111 Procurement • Equitable Access <p>The Summary Hospital Mortality Indicator (SHMI) would also be discussed in ‘private’, as work was underway to develop an action plan. It was proposed that an Executive Summary, together with the recommendations and action plan, would be published following the CCGC meeting in public in September 2012.</p>	Decision: Noted	IR
10.0 DATE AND TIME OF NEXT PUBLIC MEETING		
<p>Thursday 13 September 2012 13:30 Board Room, Health Place, Brigg</p>	Decision: Noted	IR

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
11.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
11.1 Yorkshire & Humber Specialised Commissioning Operational Group Minutes – 27 April 2012 & 25 May 2012	Decision: Noted, for information only	IR
11.2 North East Yorkshire and Humber Clinical Alliance Board Minutes – 21 March 2012		