


CCG Committee/Governing Body (10 January 2013) – Item 3.0

MEETING:	4 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Committee	 North Lincolnshire Clinical Commissioning Group COMMITTEE
MEETING DATE:	Thursday 8 November 2012	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCGC Chair/General Practitioner	NHS North Lincolnshire CCG
Allison Cooke (<i>AC</i>)	Chief Officer (Designate)	NHS North Lincolnshire CCG
Ian Reekie (<i>IR</i>)	CCG Lay Member, Patient & Public Involvement/Vice CCGC Chair	NHS North Lincolnshire CCG
Paul Evans (<i>PE</i>)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Caroline Briggs (<i>CB</i>)	Senior Officer, Commissioning Support & Service Change	NHS North Lincolnshire CCG
Karen Rhodes (<i>KR</i>)	Senior Officer, Quality & Assurance/CCGC Nurse Member	NHS North Lincolnshire CCG
Frances Cunning (<i>FC</i>)	Joint Director of Public Health	NHS North Lincolnshire/ North Lincolnshire Council
Dr Ajay Vora (<i>AV</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire CCG
Dr Nick Stewart (<i>NS</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire CCG
Dr Fergus Macmillan (<i>FM</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire CCG
Dr James Mbugua (<i>JM</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire CCG
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG
Bill Lovell (<i>BL</i>)	Assistant Senior Officer, Finance & Business Support (<i>representing Therese Paskell, Chief Finance Officer & Business Support</i>) <i>In attendance for all items</i>	NHS North Lincolnshire CCG
Deborah Pollard (<i>DP</i>)	Relationship Manager <i>In attendance for Item 8.2 only</i>	NHS North Lincolnshire CCG
Sue Rogerson (<i>SR</i>)	Sustainable Services Programme Director <i>In attendance for Item 9.1 only</i>	North East Lincolnshire Care Trust Plus


APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Therese Paskell (<i>TP</i>)	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Dr Andrew Lee (<i>AL</i>)	Member CCGC/General Practitioner	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES		
MS welcomed all attendees to the fourth meeting 'in public' of the Clinical Commissioning Group Committee (CCGC). Apologies were noted, as detailed above.	Decision: Noted	Chair
2.0 DECLARATION OF INTERESTS		
MS invited those with any Declarations of Interest to make them known to the meeting. No declarations were received.	Decision: Noted	Chair
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 13 SEPTEMBER 2012		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair

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CS was complimented on the consistent and accurate recording of the CCG Committee meetings.		
4.0 ACTION LOG – ACTIONS UPDATE FROM 13 SEPTEMBER 2012		
<p>It was noted that all of the actions from the meeting held on the 13 September 2012 had been completed.</p> <p>Updates:</p> <ul style="list-style-type: none"> • Item 4.0 – Communication with GPs in relation to Termination of Pregnancy Services MS advised that she had not sent a further e-mail to all GPs advising that the Termination of Pregnancy service at Scunthorpe General Hospital had resumed, as it was felt that all GPs were now aware • Item 6.2 – North & North East Lincolnshire Population Screening Programme Annual Report 2011 It was noted that the Annual Report would be discussed at a future CCG Committee workshop and the report would be shared with the Humber Cluster Board • Item 7.9 – Performance Report (June Position 2012/2013) Stroke Indicators and Data Accuracy CB confirmed that further discussion had taken place at the Stroke Group meeting 	Decision: Noted	Chair
5.0 MINUTES OF THE CCG COMMITTEE WORKSHOP HELD ON 11 OCTOBER 2012		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
6.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
Nothing discussed.		
7.0 CLINICAL COMMISSIONING		
ITEMS FOR APPROVAL		
<p>7.1 2013/14 Planning Process & Timeline</p> <p>CB presented Item 7.1 and advised that the CCG Committee approved a 5 year Commissioning Plan for 2012/13 to 2016/17 in March 2012; this had built on the previous PCT Strategic Plan. This had been used to guide activity in 2012/13 and provided a ‘clear and credible’ plan to support the authorisation process.</p> <p>Item 7.1 set out a suggested timeline for the production of plans for 2013/14 which was supported by the CCG Engine Room on 20 September 2012, and had begun to be worked to. It was noted that this would need to be kept under review should further guidance be published.</p> <p>It was queried whether stakeholder consultation had been factored into the planning process and timeline, as the timescales did not show a consultation period. CB confirmed that there needed to be ‘engagement’, rather than ‘consultation’. It was expected that draft proposals and plans would be available in early January 2013. Engagement with stakeholders (Overview & Scrutiny Committee, Practices and Patient Reference Groups etc.) would take place in January/February 2013.</p>	<p>Decision: The CCG Committee:</p> <ul style="list-style-type: none"> • Agreed the process and timelines proposed • Delegated to the CCG Engine Room, oversight of the process <p>Action:</p> <ul style="list-style-type: none"> • To receive an update at the January CCG Committee • Sign off the plan for 2013/14 at the March CCG Committee 	CB

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ITEMS FOR AWARENESS AND NOTING		
<p>7.2 Workforce Commissioning Framework</p> <p>CB presented Item 7.2 and the report was taken as 'read'. In January 2011, the PCT developed a Strategic Workforce Framework to apply in its commissioning, supported by an annual workforce plan. Its purpose was to ensure that workforce capacity is available within the local health economy to deliver services commissioned by the NHS.</p> <p>It was proposed that the Strategic Workforce Framework be reviewed, with support from the North Yorkshire and Humber Commissioning Support Unit, to ensure it meets the needs of the Clinical Commissioning Group as a commissioner going forward. The report provided an update against the agreed workplan.</p> <p>Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> • Transparency and the sharing of plans between the Commissioning Support Unit and the Clinical Commissioning Group • Document tries to give a 'heads-up' regarding future requirements • 'Making Every Contact Count' <ul style="list-style-type: none"> ○ Needed to be included in the framework 	<p>Decision: The CCG Committee:</p> <ul style="list-style-type: none"> • Received the update against the annual workforce plan • Supported the CSU in undertaking a review of the Strategic Workforce Framework to ensure it met the needs of the CCG and was integrated into their support to the commissioning cycle 	<p>CB</p>
<p>7.3 North of England Specialised Commissioning Group Annual Report 2011-2012</p> <p>CB presented Item 7.3, advising that the report was for information only. It had been agreed by the North of England Specialised Commissioning Board to be received by PCT Boards. The report would be received by the Humber Cluster Board in December 2012.</p> <p>It was highlighted that in the section entitled 'A report from Yorkshire and the Humber' (page 18), there was reference to one Ambulance Trust, this should be two.</p> <p>Discussion took place regarding the interaction between the Local Area Team and the Clinical Commissioning Groups. It was agreed that this would become clearer over the coming months.</p>	<p>Decision: The CCG Committee received the report for information only.</p> <p>Action: CB to flag the need to include reference to East Midlands Ambulance Service (EMAS) in future publications.</p>	<p>CB</p>
8.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>8.1 Finance Report (Month 6)</p> <p>BL presented Item 8.1 and the report was taken as 'read'. It was noted that the headlines and key messages relating to month 6 (page 5 of the report) were on track. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> • Continuing Care (<i>page 7</i>) <p>It was noted that based on previous experience, additional growth funding had been budgeted for continuing care in 2012/2013. At present funding appeared to be sufficient for the existing committed client cohort and demand growth, subject to the level of complexity of newly referred clients.</p>	<p>Decision: The CCG Committee received and noted the financial performance for the period up to the 30 September 2012, and the full year forecast out-turn position for 2012/2013 as well as the associated risks and mitigations.</p>	<p>BL</p>

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<p>Retrospective claims had increased up to the national deadline of the end of September, and a total of 178 claims (up from 97 claims last month) had been received. A piece of work was now underway to assess the financial risk relating to these claims and only a proportion of the claims were ultimately expected to be eligible for funding. Initial indications (based on prior experience) were that a maximum of 40% of the claims received may be successful at a gross cost of circa £3.2 million; the actual figure was expected to be even lower than this.</p> <p>A lengthy discussion took place to ensure that the CCG Committee members were assured in relation to the risks highlighted. It was noted that potential non recurrent investments had been put on hold pending the outcome of the review of the continuing care retrospective claims.</p> <ul style="list-style-type: none"> • Payment Policy (<i>page 5</i>) It was highlighted that the new service provider and the implementation of the electronic system may have slowed the process down. During the transition period, checkers and authorised signatories may have moved on. <p>8.2 Performance Report – August 2012 DP presented Item 8.2 and updated CCG Committee members of the performance of NHS North Lincolnshire against the Performance Indicators in the NHS Operational Plan and NHS Outcomes Framework 2012/2013. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> • Integrated Reporting Dashboard (<i>page 2</i>) It was noted that a fully integrated report would be available by 1 April 2013. This would enable members to click on the traffic lights and ‘drill down’ to exception reports/practice data • Hospital Acquired Infection Rates (MRSA) (<i>page 3</i>) <ul style="list-style-type: none"> ○ Will be ‘green’ in next report • Ambulance Quality – Cat A Response Times (<i>page 3</i>) <ul style="list-style-type: none"> ○ A report had been requested from the CSU Contracting Lead to update on actions to address the issue • A&E Quality – Time to Initial Assessment – 95th centile (<i>page 5</i>) • Stroke Indicators – Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit (<i>page 6</i>) <ul style="list-style-type: none"> ○ Link via the Stroke Group • Breastfeeding (<i>page 10</i>) <ul style="list-style-type: none"> ○ Working to establish robust data collation and data flows via the community providers • Mental Health Measures – IAPT (<i>page 12</i>) <ul style="list-style-type: none"> ○ Awaiting results of query • Health Visitor Numbers (<i>page 10</i>) 	<p>Decision: The CCG Committee received and noted the report and were assured that areas of underperformance were being addressed at a local level to meet agreed targets and commitments</p>	<p>DP</p>

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<ul style="list-style-type: none"> ○ Issue regarding ‘student’ health visitors <p>It was queried whether a key or glossary would aid in the understanding of the performance document.</p> <p>8.3 CCG Safeguarding Adults Policy KR presented Item 8.3 and the policy was taken as ‘read’. It was noted that other policies relating to ‘safeguarding’ had been approved at the CCG Committee workshop on 11 October 2012. The CCG Safeguarding Adults Policy had been highlighted as a requirement through the CCG Authorisation process.</p> <p>The policy was a transitional policy and had a review date of March 2013.</p>	<p>Decision: The CCG Committee approved the CCG Safeguarding Adults Policy</p>	<p>KR</p>
ITEMS FOR AWARENESS AND NOTING		
8.4 Quality Group Notes – 23 August 2012 & 27 September 2012	Decision: Received and Noted	KR
8.5 CCG Audit Group Minutes – 31 May 2012	Decision: Received and Noted	TP
9.0 SUSTAINABLE SERVICES		
<p>9.1 Sustainable Services Update SR presented Item 9.1.</p>  <p>Sustainable Services</p> <p>Specific areas highlighted: -</p> <ul style="list-style-type: none"> ● Current Position <ul style="list-style-type: none"> ○ Clinical View remains <ul style="list-style-type: none"> ▪ Unselected emergencies in Grimsby & Scunthorpe ▪ Managed care networks ▪ Integrated solutions ○ NLaGFT proposal for two site option for acute services ○ CCGs developing proposed view of the locality integrated care system ● Draft set of options by January 2013 ● Agree and work up the detailed models for delivery for the preferred option(s) supported by activity and contract modelling by March 2013 ● Models of Care discussed ● Needs to be a ‘collective agreement’ as to the way forward 	<p>Decision: Update Noted</p> <p>Action: To be discussed at the January CCG Committee meeting</p>	<p>SR</p> <p>Chair</p>
10.0PUBLIC QUESTION TIME		
No questions asked.	Decision: Noted	Chair
11.0ANY OTHER BUSINESS		
<p>11.1 Urgent Items by Prior Notice Nothing discussed.</p>	Decision: Noted	Chair
12.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 10 January 2013 14:30 Board Room, Health Place, Brigg	Decision: Noted	Chair

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13.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
13.1 Yorkshire & Humber Specialised Commissioning Operational Group Minutes – 28 September 2012	Decision: Noted, for information only	Chair
13.2 North of England Specialised Commissioning Group Minutes – 13 July 2012		