


MEETING:	1st Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Committee	 North Lincolnshire Clinical Commissioning Group COMMITTEE
MEETING DATE:	Thursday 10 May 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
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
Helen Varey (<i>HV</i>)	Locality Chair	NHS North Lincolnshire
Ian Reekie (<i>IR</i>)	Vice CCGC Chair/Locality Associate Non-Executive Director	NHS North Lincolnshire
Stan Shreeve (<i>SS</i>)	Locality Associate Non-Executive Director	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
Stuart Wilson (<i>SW</i>)	Representative from Who Cares	Who Cares
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire
Pauline Dumble (<i>PD</i>)	Acting Head of Children, Young People and Maternity <i>Presenting Item 3.2</i>	NHS North Lincolnshire
John Pougher (<i>JP</i>)	Deputy Director of Quality & Standards <i>Presenting Item 4.1</i>	NHS North Lincolnshire
Kathryn Helley (<i>KH</i>)	Head of Quality <i>Presenting Item 4.1.1</i>	Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLaGFT)
Karen Cvijetic (<i>KC</i>)	Head of Performance Improvement <i>Presenting Item 4.1.2</i>	Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)
Deborah Pollard (<i>DP</i>)	Head of Performance Improvement <i>Presenting Item 4.3</i>	NHS North Lincolnshire
Jeremy Baskett (<i>JB</i>)	Relationship Manager (South) <i>Presenting Item 4.5</i>	Commissioning Support Services (CSS)
Christine Bromley (<i>CB</i>)	Community Engagement & Involvement Co-ordinator <i>Presenting Item 4.5</i>	Commissioning Support Services (CSS)

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Karen Rhodes (<i>KR</i>)	CCGC Nurse Member/Director of Quality and Clinical Commissioning	NHS North Lincolnshire
Mike Briggs (<i>MB</i>)	Director of Adult Social Services	North Lincolnshire Council
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		
MS welcomed all attendees to the first meeting 'in public' of the Clinical Commissioning Group Committee (CCGC). Dr James Mbugua was welcomed to his first meeting as a member of the CCGC. Apologies were noted, as detailed above.	Decision: Noted	MS
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	MS
3.0 CLINICAL COMMISSIONING		
ITEMS FOR APPROVAL		
<p>3.1 Palliative Care Strategy</p> <p>CB presented Item 3.1 on behalf of Dr Ann Morris, Medical Director, Lindsey Lodge Hospice. It was noted that the strategy had been discussed previously at the CCG Engine Room and the Council of Members meetings.</p> <p>CB advised that the strategy should be read in conjunction with the NHS North Lincolnshire Strategy for End of Life Care, the Dementia Strategy, Long Term Conditions and Community Services amongst others. It was highlighted that there was no specific timeline for implementation, and that the strategy had been developed through national guidance, rather than with public engagement. It was noted that specific issues had been raised at the Council of Members meeting regarding parity of access, these issues were being addressed.</p> <p>CCGC were asked to approve the Palliative Care Strategy and supporting action plan.</p>	Decision: Approved	CB
<p>3.2 Corporate Parenting Pledge for North Lincolnshire Looked After Children</p> <p>PD presented Item 3.2 and advised that the purpose of the paper was to inform CCGC of the North Lincolnshire Local Authority Corporate Parenting Pledge and to propose that NHS North Lincolnshire support the Corporate Parenting Pledge and the 'Health Promise'. The pledge was in relation to Looked After Children and Care Leavers.</p> <p>Lengthy discussion took place regarding 'outcomes' and 'feedback'. It was agreed that strong corporate parenting arrangements were central to improving services for children and young people in care.</p> <p>It was noted that the NHS contribution to promoting the health of looked after children, is made in 4 ways:</p>	Decision/Action: Subject to the additions/amendments discussed, CCGC approved the adoption of the overarching Corporate Parenting pledge, and approved the adoption of a health specific promise and to ask key partners, GP, Dentists, NLaG and RDaSH to adopt the 'Health Promise'	PD

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<ul style="list-style-type: none"> • Undertaking a corporate parent role • Commissioning effective services • Delivery through provider organisations • Individual practitioners providing co-ordinated care for each child or young person <p>The 'Health Promise' was discussed in particular <i>'we will enable all relevant staff to have an understanding of how they can contribute to making positive changes in a child, young person's life'</i></p> <p>It was agreed that the sentiment was there but that the wording was not quite correct. After discussion, it was agreed that the above would be amended to read <i>'we will enable all relevant staff through contracts and employment practices to have an understanding of how they can promote positive changes in a child, young person's life'</i></p> <p>It was suggested that this could be picked up within contracts of employment.</p> <p>The first paragraph of the Health Promise <i>'As part of the extended corporate parenting family for North Lincolnshire we understand and accept that being a corporate parent brings responsibilities: We believe that undertaking this role involves more than our statutory duties'</i>. After discussion it was agreed to add <i>'how'</i> we would undertake this role. PD to expand this paragraph.</p> <p>3.3 Individual Funding Requests</p> <p>CB presented Item 3.3 and advised that the Secretary of State's Directions to Primary Care Trusts and NHS Trusts concerning decisions about drugs and other treatments 2009, set out requirements on PCT's. Following the issue of the directions PCT's in Yorkshire and the Humber agreed to collaborate on developing a process and policy to ensure all PCT's were compliant with the Directions.</p> <p>The subsequent policy was adopted by the NHS North Lincolnshire Board. The policy that had been circulated had been amended to reflect the delegation of responsibility to the CCG. The Terms of Reference for the Individual Funding Requests Panel had also been reviewed. The CCGC were asked to adopt the policy for Individual Funding Requests and agree the Terms of Reference for the Individual Funding Requests Panel and Appeals Panel.</p> <p>Specific issues raised were: -</p> <ul style="list-style-type: none"> • Role and Purpose (Point 2 in the Terms of Reference) <ul style="list-style-type: none"> ○ The Individual Funding Request Panel will be a confidential forum comprising 4 GP members of the CCG, and a senior member of the Public Health Department. The Individual Funding Request Panel will have a nominated Panel Chair. The Panel will consider funding requests 	<p>Decision/Action: Subject to the amendments and suggestions made (as detailed in the summary), the CCGC adopted the policy for Individual Funding Requests and agreed the Terms of Reference for the Individual Funding Requests Panel and Appeals Panel.</p>	<p>CB</p>

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<p>from NHS clinicians in respect of health care interventions for individuals where NHS North Lincolnshire's general policy is not to fund that intervention or where there is no specific policy/national guidance</p> <ul style="list-style-type: none"> ○ The Panel will be quorate if 1 GP is able to respond to any funding request <p>It was agreed that further GPs were required to join the group. Concern was highlighted with only having 1 GP quoracy. A suggestion was made to adopt in the interim, and confirm the GPs in due course. It was noted that the panel could work 'virtually'.</p> <ul style="list-style-type: none"> ● Composition of the Individual Funding Request Panel Clarity was sought regarding 4.1 of the Terms of Reference. It was confirmed that in the event that a GP member had a conflict of interest with an individual request, they would take no part on that decision to ensure that a robust process was maintained. ● Triage Service It was noted that the Triage service: - <ul style="list-style-type: none"> ○ Receives and acknowledges individual funding requests from providers ○ Assesses requests against existing policies and for completeness ○ Requests for interventions where there is a policy to not fund are returned to the provider unless explicit evidence of exceptionality is provided ○ New treatments requiring policy development are referred for consideration as part of the CCG planning process ○ Further information is requested from the provider, if necessary, for requests to be referred to the IFR panel ○ Provider and patient are informed of timescales for CCG decision ● Appealing against a decision not to fund (Paragraph 11.6.1) Paragraph 11.6.1 was discussed at length. <ul style="list-style-type: none"> ○ Such review will include: <ul style="list-style-type: none"> ● Was due process followed? Did the CCG follow its own policies and procedures? ● Did the IFR panel take in to account all of the relevant information available at the time? ● Was the decision reasonable and in line with the evidence <p>It was agreed that all 3 points have always been used for</p>		

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<p>a review. After discussion it was agreed to amend the third bullet point to read <i>'Was the decision in line with current clinical evidence'</i></p> <ul style="list-style-type: none"> • Remit (Paragraph 3.3) It was confirmed that the financial limit per case would be a maximum of £250,000. Requests for treatment over this limit would be referred to the Clinical Commissioning Group Committee. <p>Summary:</p> <ul style="list-style-type: none"> • Further GPs required to join the group. If no response, Dr A Lee to join • Adopt as recommended in the interim • 11.6.1 to be amended, as detailed above • 2.2 to be amended to read <i>'The Panel will be quorate if 1 GP is able to respond to any funding request if part of current commissioning arrangements but a minimum of 2 GPs required if outside of current commissioning arrangements'</i>. 		
4.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR DISCUSSION AND APPROVAL		
4.1 Presentation – Quality Accounts		
JP advised that Northern Lincolnshire & Goole Hospitals NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Foundation Trust were attending to present their 'draft' Quality Accounts.		
<p>4.1.1 Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLaGFT)</p> <p>KH presented Item 4.1.1, the 'draft' fourth Quality Account from NLaGFT covering the period April 2011 to March 2012, demonstrating the areas that had been developed over the year. It was noted that the report was due to be submitted to 'Monitor' by 31 May 2012, and the Department of Health in June 2012.</p> <p>Specific areas highlighted/discussed were:-</p> <ul style="list-style-type: none"> • Page 23 – priorities for 2012/2013 • Risk Assessments regarding Quality Assurance – KH agreed to add in to the report • Rationale regarding targets – why not benchmark against peers, rather than last year's performance? KH confirmed that 'internal surveys' were more valid. 	<p>Action: CCGC members were asked to forward any queries/points for clarification to KH.</p> <p>Any comments to be forwarded to JP by close of play on Wednesday 16 May 2012.</p> <p>KH to attend a future meeting to discuss further, if required</p>	JP
<p>4.1.2 Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)</p> <p>KC presented Item 4.1.2, the 'draft' Quality Account from RDaSH covering the period 2011/2012 and gave a presentation. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> • Page 22 – Progress against business division quality 	<p>Action: CCGC members were asked to forward any queries/points for clarification to KC.</p> <p>An updated report to be e-mailed to members by JP.</p> <p>Any comments to be forwarded</p>	JP

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<p>markers 2011/2012</p> <ul style="list-style-type: none"> • Page 37 – Priorities for quality improvement for 2012/13 • Accessing Services <p>4.2 Finance Report – Month 12</p> <p>TP presented Item 4.2 and the report was taken as ‘read’. The following ‘Headlines and Key Messages’ were noted (page 4 of the report): -</p> <ul style="list-style-type: none"> • Revenue Target (£2.0m surplus) - achieved • Revenue Target (Spend 2% of Allocation on one-off items) - achieved • Resource Limited - achieved • QIPP Delivery (In-year QIPP savings target) - achieved • Recurrent QIPP shortfall has been managed • Revenue risks outside QIPP – fully managed • Cash Management (Cash Balances) – achieved • Cash Management (Payment Policy) – partially achieved. Issues being addressed • Capital (Integrated Health & Social Care Centre) – achieved • Governance – improvement on previous years Health Authority Single Assessment Process rated green for Finance <p>MS congratulated TP and the Finance team on the month 12 position.</p>	<p>to JP by close of play on Wednesday 16 May 2012. KC to attend a future meeting to discuss further, if required</p> <p>Decision: CCGC noted the full year out-turn, which is subject to audit</p>	<p>TP</p>
<p>4.3 Performance Report</p> <p>DP presented Item 4.3 and the report was taken as ‘read’. It was noted that there was no cluster report attached. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> • Hospital Acquired Infection Rates (MRSA) <ul style="list-style-type: none"> ○ Rated Green • Hospital Acquired Infection Rates (Clostridium Difficile) <ul style="list-style-type: none"> ○ Did not attain target of 23, actual 39. Action Plan in place • Ambulance Response Times – Cat A 19 minute response <ul style="list-style-type: none"> ○ Did not attain target of 95%, actuals EMAS 92.3% and NHSNL 92.8%. Efforts will now be made to ensure that this target can be sustainably achieved for 2012/13 • Mixed Sex Accommodation Breaches <ul style="list-style-type: none"> ○ Reached target of 0 • A&E Quality Measures – Time to Initial Assessment <ul style="list-style-type: none"> ○ Did not attain target of <15 minutes, actual 52 minutes. Action Plan has been received and is being implemented by NLG • Stroke Indicators <ul style="list-style-type: none"> ○ Just missed quarter 4 target. Significant improvement throughout quarter 3 and 4, should be more confident for delivery in quarter 1 	<p>Decision: CCGC noted/reviewed 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"> • Smoking in Pregnancy <ul style="list-style-type: none"> ○ Target 17.5%, Actual 19%. Considerable improvement and specific initiatives in place ○ It was agreed that further work was needed at a practice level in order to take the initiatives forward (as detailed on page 12) • Smoking Quits <ul style="list-style-type: none"> ○ It was noted that a pharmacy service level agreement was now in place, which should increase the number of quits going forward and will offer improved access to intermediate stop smoking services • Mental Health Measures – CPA <ul style="list-style-type: none"> ○ Showing as ‘red’ on page 7, now green at year end • Referrals <ul style="list-style-type: none"> ○ Referrals discussed at length (detailed on page 13) • Maternity 12 Weeks <ul style="list-style-type: none"> ○ This has been placed for discussion on the next Contracts Board Meeting • Teenage Pregnancy <ul style="list-style-type: none"> ○ It was confirmed that the targets are set nationally ○ More work to be done (as detailed on page 18) <p>4.4 Item deliberately omitted</p> <p>4.5 Communications and Engagement Plan for the CCGC for 2012/2013 JB and CBr presented Item 4.5 and the plan was taken as ‘read’. It was noted that from April 2013, the newly formed Clinical Commissioning Group would be the local leader of the NHS. A key part of the development would be to not only keep the public and clinical community informed of the process, but to engage them in it and allow them the opportunity to be involved. Specific areas discussed/highlighted were: -</p> <ul style="list-style-type: none"> • Section 4 (1. Effectively engage and communicate with staff in member practices) <ul style="list-style-type: none"> ○ MS agreed to speak to JB outside of the meeting to advise further regarding the roles of the Council of Members and GP Wide Meetings, as the GP Wide meeting would be clinical/educational • Section 4 (2. Ensure our partners and other key interested parties are kept informed) <ul style="list-style-type: none"> ○ It was noted that the Local Partnership does not exist. It was suggested that this should be amended to read ‘Relevant Partnership Groups’ • Section 4 (5. Have a community that is well informed and interested in its own health) <ul style="list-style-type: none"> ○ Patient Participation Groups (PPG) were discussed at length <ul style="list-style-type: none"> ▪ PPG Events to promote them 	<p>Decision: Subject to amendments and suggestions CCGC noted and accepted the Communications and Engagement Plan for the CCGC for 2012/13</p>	<p>JB</p>

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<ul style="list-style-type: none"> ○ Membership <ul style="list-style-type: none"> ▪ Form a public membership database of people in North Lincolnshire who want to be involved in shaping health services ▪ Suggestion to use a network of practice groups ○ Involvement of young people, encouragement to come forward with ideas through social networking sites such as Twitter and Facebook ○ A 'Directory of Services' was suggested which could be available on the intranet to review services ● Section 5 (Our Communications and Engagement Focus) <ul style="list-style-type: none"> ○ It was suggested that the list should be reviewed ● Section 6 (Measuring Our Success) <ul style="list-style-type: none"> ○ It was noted that the GP Survey had highlighted that 70% felt that the CCGC made were making a difference 		
5.0 PUBLIC QUESTION TIME		
<ul style="list-style-type: none"> ● Mixed Sex Accommodation Breaches A member of the public queried the Mixed Sex Accommodation Breaches figure of '0' within Item 4.3 (Performance Report), as they were aware personally of a breach. It was agreed to obtain details outside of the meeting and investigate further. ● Children's Services – Crosby and Park Ward, Scunthorpe It was noted that work undertaken within the above area of Scunthorpe was exemplary. 	<p>Action: CB to discuss further outside of the meeting</p> <p>Decision: Noted</p>	CB
6.0 ANY OTHER BUSINESS		
<p>6.1 Urgent Items by Prior Notice Nothing discussed.</p>	<p>Decision: Noted</p>	
7.0 DATE AND TIME OF NEXT PUBLIC MEETING		
<p>Thursday 12 July 2012 13:30 Board Room, Health Place, Brigg</p> <p>It was agreed that IR would chair the meeting as MS would be on annual leave.</p>	<p>Decision: Noted</p>	
8.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
<p>8.1 Yorkshire & Humber Specialised Operating Group</p>	<p>Decision: Noted</p>	