

NHS HULL CLINICAL COMMISSIONING GROUP COMMITTEE (CCGC)

Friday 22 March 2013

Present:

Chair:	Dr T Banerjee
Vice Chair:	Dr J Moulton
Chief Officer:	E Latimer
GP Members:	Dr J Blow Dr J Parker Dr R Raghunath Dr D Roper Dr L Witvliet
Chief Finance Officer:	E Sayner
Secondary Care Doctor:	Dr R Grunewald
Lay Representatives:	P Jackson J Stamp K Marshall
Practice Manager Representative:	R Thompson
Director of Commissioning and Partnerships	J Mizon
Registered Nurse	S Smyth
<u>In attendance:</u>	M Napier – Head of Corporate Governance M Hodgson – Executive Assistant

APOLOGIES – Apologies for absence were submitted on behalf of Dr M Follows.

Part 1
Public Session

301 MINUTES OF THE LAST MEETING

Resolved - That, subject to the amendments listed below, the minutes of the meeting of 25 January 2013 be taken as read and correctly recorded and duly

signed by the Chair as such.

- As from 1 April 2013, P Jackson be identified as Vice Chair.
- Interim/Designate can now be removed from job titles.
- The opening paragraph of the minutes, Emma Latimer has been confirmed in her role of 'Accountable Officer' not 'Chief Officer'.
- Minute 288:
Submit the word 'submissions' with 'priorities'.
Fourth bullet point at the bottom of the page, remove the word 'build' after MTFP.
Last bullet point should read ... £52m.
- Minute 290: End of paragraph remove ... 'the recent serious incidents' and replace with ... 'winter pressures'.
- Minute 291: Spelling error, last paragraph should read 'challenging'.

302 **MATTERS ARISING FROM THE MINUTES** – There were no matters arising from the minutes of 25 January 2013 .

303 **REPORTING OF EMERGENCY MOTIONS** – Members noted that, in accordance with Standing Order 3.2(3), no business was to be transacted at the meeting other than that specified on the Agenda, or Emergency Motions allowed under Standing Order 3.6

Resolved - That no emergency motions were identified.

304 **DECLARATIONS OF INTEREST** – Members were reminded of the need to declare (i) any interests which were relevant and material to the Humber Cluster Board; (ii) any changes in interests previously declared, and (iii) any pecuniary interest (direct or indirect) in items on the Agenda.

Resolved - (a) That no interests were declared.

(b) That Dr R Grunewald complete the Declarations of Interest paperwork and return to M Hodgson.

305 **GIFTS AND HOSPITALITY** – Members were reminded of the need to declare the offer and acceptance/refusal of any gifts and hospitality in the PCT's public register.

The following declarations had been submitted prior to the meeting:

(a) Dr J Moulton declared that he had declined an honorarium of £500 to attend an advisory board on anticoagulants for Bayer Healthcare.

(b) Dr J Moulton declared he had accepted £150 following an interview regarding research on topical pain relief for Field Scope International.

(c) Emma Latimer, Chief Officer, declared that she had declined the offer of attending dinner with Alan Johnson MP with regards to partnership

working. Value unknown.

- (d) Emma Latimer, Chief Officer, and Emma Sayner, Chief Finance Officer, declared that they had accepted an invite to attend the CCG Clinical Leaders' dinner at The Hilton Hotel Leeds. Value unknown.
- (e) Emma Latimer, Chief Officer, and Julia Mizon, Director of Commissioning and Partnerships, declared that they had accepted an invite to attend a HEYHT Conference/Dinner at the University of Hull on 26 April 2013. Value unknown.

The following declarations were made at the meeting:

- (f) Dr R Raghunath declared that he had declined an honorarium of £500 to attend an advisory board on anticoagulants for Bayer Healthcare.
- (g) Dr R Raghunath, Dr J Parker and Dr T Banerjee declared that they had accepted an invite to attend the CCG Clinical Leaders' dinner at The Hilton Hotel Leeds. Value unknown.

Resolved - (a) That all declarations made be noted.

- (b) That colleagues who made declarations at the meeting, complete and submit the relevant paperwork as soon as possible.

306 **(173) COMMITTEES' TERMS OF REFERENCE** – Report submitted by the Head of Corporate Governance presenting updated Terms of Reference for the committees of the CCGC for consideration and approval. The changes reflect the full authorisation of the CCG from 1 April 2013. The Committees in question are (i) Integrated Audit & Governance Committee; (ii) Quality & Performance Committee, and (iii) Planning & Commissioning Committee.

Post 1 April 2013, the 'sub groups' will become 'Committees', and the CCG 'Committee' will become a 'Board'.

Resolved - That Members approve the adoption of the updated Terms of Reference, noting that the changes become effective from 1 April 2013.

307 **(174) COMMITTEE ASSURANCE FRAMEWORK (CAF)** – Report submitted by the Head of Corporate Governance to present the updated CAF for consideration. The CAF provides an important source of assurance to enable the Chief Officer, as Accountable Officer, to issue the Annual Governance Statement. Updates on the CAF have been highlighted in red.

The following points were raised regarding the risks identified:

- (i) Risk 2 – nos 6, 7 and 8 under Positive Assurance belongs under Risk

3.

(ii) Risk 5 – has now been placed on the Assurance Framework as a result of Francis 2.

(iii) Risk 3 – still rated as a high risk of 12 – needs to be monitored.

- Resolved -**
- (a) That Members note the comments made.
 - (b) That Members note the actions undertaken by the CCG in relation to the CAF since the previous report.
 - (c) That Members note the risks and mitigated actions in relation to the CAF.

308 (175) JOINT HEALTH AND WELLBEING STRATEGY – Report submitted by the Director of Commissioning and Partnerships informing the CCGC of further developments regarding a Health and Wellbeing Strategy for Hull.

The paper was submitted for CCGC assurance and endorsement. The strategy submitted is version 14. The CCG is required to produce a strategy in collaboration with the Local Authority.

A discussion took place around community consultation around this strategy and Members were assured that prior consultation had taken place which had informed changes.

In order to distribute this within the local community it was suggested that the CCG engage with ambassadors. The Director of Commissioning and Partnerships confirmed that a Patient Prospectus is to be produced by the end of May 2013 which would provide a summary of the strategic aims and objectives for health in the Hull Community.

- Resolved -**
- (a) That the Health and Wellbeing Board Strategy was considered.
 - (b) That the CCG Members of the Health and Wellbeing Board approved the strategy for onward endorsement by the CCGC and the Hull City Council Cabinet at the February 2013 meeting.
 - (c) That the final draft strategy, as submitted, be endorsed.
 - (d) That the CCGC note the development of an associated action plan.

309 (176) NHS HULL SECURING SUSTAINABLE SERVICES PROGRAMME (SSSP) – HULL UPDATE March 2013 – Report submitted by the Director of Commissioning and Partnerships to update Members on the SSSP work

programme. The programme began under the management of the PCT Cluster Executive with the remit of ensuring that Health and Social Care partners worked together to secure sustainable services across the sectors and was able to ensure delivery of approximately £200m of savings over the next 4 to 5 years. The report submitted provides an update on the work within Hull that has been identified as part of the SSSP.

The 4 work streams covered in the report are:

- Dementia
- End of Life
- Long Term Conditions
- Unplanned Care

There are 2 further SSSP work streams, these are:

- Care Homes – integral to the four work streams mentioned above.
- Local Public Sector Efficiency Group (LPSEG) – specifically focussed on back office support transformation.

The Chief Finance Officer confirmed that where savings were being identified and a process is in place to make sure that they are not double counted across programme areas and, that where applicable, they are negotiated into opening contract values with healthcare providers.

The Chief Officer gave thanks for all the hard work that has gone in to delivering these projects.

- Resolved** - (a) That the CCGC note the content of the update paper in relation to the SSSP progress in Hull.
- (b) That the CCGC support the next steps for the SSSP.
- (c) That Members note all decisions with regard to the signing of business cases will need approval by the CCGC in due course.

310 **(177) MEDIUM TERM FINANCIAL PLAN** – Report submitted by the Chief Finance Officer. This is the first financial plan that is solely related to NHS Hull CCG. It has been developed through a combination of extracting relevant elements from the predecessor PCT (in line with the methodology used to determine CCG resource allocations) and encompassing the commissioning intentions of the CCG.

Members were assured that the CCG has a financial plan which is robust, credible and able to deliver all priorities for the new organisation.

Resolved - That the financial plan 2013/14 for NHS Hull CCG be approved.

311 **(178) OPERATING PLAN 2013/14 UPDATE** – Report submitted by the Director of Commissioning & Partnerships to update Members on the planning

requirements for 2013/14, the process and progress to date and outstanding actions.

The planning guidance 'Everyone Counts Planning for Patients 2013/14' was published on 18 December 2012. NHS Hull CCG has achieved the milestones in the NHS Commissioning Board (NHS CB) timetable and had completed additional local assurance processes in partnership with the NHS CB Area Team.

The CCG has agreed 3 local priorities, as identified within the report. These priorities were endorsed by the Health & Well Being Board in February 2012.

A detailed discussion followed around the use of non recurrent resources. It was noted that the CCG had developed a robust methodology and process for engagement when considering the prioritisation of the allocation of non-recurrent funds. The work undertaken was noted for its success and those involved were thanked for their contribution to this.

The CCG local priorities have been shared with providers. It was noted that a further piece of work in relation to workforce would be undertaken over the forthcoming year.

It was commented that a piece of work to inform primary care colleagues with regards to awareness of diagnostics as an alternative could prevent admissions to hospital. It was suggested this be addressed at a future Council of Members meeting.

- Resolved -**
- (a) That the content of the update report be noted.
 - (b) That the approach taken to date be endorsed.
 - (c) That the three local indicators, as NHS Hull CCG priorities, be approved.
 - (d) That 'Knowledge of Diagnostics' be addressed at a Council of Members meeting.

312 (179) COMMUNICATIONS AND ENGAGEMENT STRATEGY – ACTION PLAN REVIEW – Report presented by the Head of Corporate Governance to provide an update on the Communications and Engagement Strategy Action Plan. The paper highlighted some of the key elements of a large body of work that has been taking place in relation to communication and engagement. The progress made in a number of areas was noted.

Members noted that a press release at the time of notification of CCG authorisation, had been made informing the general public of the success and the changes taking place. It was agreed that the CCG needed to continue to raise its profile beyond authorisation.

A discussion took place around the hard to reach people that are much more difficult to engage with through traditional methods. It was suggested that the existing CCG Ambassadors could play an important part in engaging with these groups.

The continued work in relation to Practice Participation Groups (PPGs) was considered and the proposal to develop a City wide Patient Congress with a provisional date for the first event of Wednesday 24 June 2013 being noted.

Members recorded their particular thanks to Sue Lee, Patient Experience and Engagement Manager, and Christine Ebletoft, Engagement Support Officer, for all their hard work and progress with patient engagement.

J Stamp, Lay Member, highlighted that a recent presentation given by NHS Hull CCG, at a national PPI event, served to demonstrate that the CCG was at the forefront of work in this field. He added that Hull was fortunate to have a willing and vocal population and the CCG needed to maintain the pace of its engagement work to build on the progress already made.

Resolved - (a) That the content of the report be noted.

(b) That the progress made in the delivery of the previously agreed action plan be noted.

313 **(180) COMPLAINTS AND PATIENT ADVISORY LIAISON SERVICE (PALS POLICY)** - Report submitted by the Head of Corporate Governance to present updates to this policy for approval. For ease of reference, the small number of amendments to the previously approved policy were highlighted in red within the policy.

Members were reassured that should a complainant not be able to give consent in writing for someone to act on their behalf, that this consent can be given over the telephone via PALS. Also, as from the 1 April 2013 'Health Watch' are available to support people access and utilise PALS.

An equality impact assessment (EqIA) has been signed off for this paper and will be uploaded onto the CCG web.

Resolved - (a) That the amendments to the Complaints and PALS Policy be approved.

(b) That the Complaints and PALS Policy EqIA be uploaded onto the NHS Hull CCG Web page.

314 **(181) MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY REPORT** – Report submitted by the Director of Quality and Clinical Governance to inform Members of the release of the Mid Staffordshire NHS Foundation Trust Public Inquiry Report referred to within the paper and the larger health community as Francis 2.

The report advises colleagues of:

- Key issues and themes within the report.
- Activities undertaken to date.
- Planned activities including the establishment of a Programme Board.

The report detailed 290 recommendations of which organisations are required to commence work programmes prior to the formal action plan being released by the Department of Health (DoH). Members were informed that the CCG had been proactive and had already commenced a work programme prior to the report being released and, this work is consistent with the recommendations within the report. A development session has already taken place to start looking at the 290 recommendations made along with a draft action plan. On release of the formal DoH action plan, a programme board will be convened to deliver the Francis 2 recommendations along with Directors of Nursing across the patch.

The Committee was asked to take assurance that work had commenced in order to ensure that significant early work had been made in preparation to deliver the expectations of the Francis 2 report, and that the CCG will work via the Francis 2 Programme Board to continue to deliver the highest quality and safety of services for the population of Hull.

An indepth discussion followed around making the complaints process easier for people to access. Complaints and patient experience data should be linked to get a full picture of incidents.

The Chief Officer highlighted that although Francis 2 had not been in the press for more than 24 hours, it would hit headlines again. She went on to say that the local GPs were the eyes and ears of the CCG and it was important to continue to develop systems and processes that captured and acted upon their feedback. It was noted that the CCG was also exploring how to develop real time information systems with its providers.

A discussion followed in relation to 'whistleblowing'. It was noted that the CCG had a policy in place which encouraged staff to speak out and raise concerns that they may have. Mechanisms should be in place to ensure employees can report concerns without risk of intimidation.

- Resolved -**
- (a) That Members take assurance from the report and the activities undertaken to date.
 - (b) That the establishment of the Francis 2 Programme Board be established.
 - (c) That regular progress and assurance updates be submitted to the quality & Performance Group and also to the NHS Hull CCG.

315 (182) QUALITY & PERFORMANCE GROUP CHAIR'S UPDATE – 24 JANUARY AND 21 FEBRUARY 2013

Resolved - That the Chair's update for the Quality & Performance Group of 24 January and 21 February 2013 be noted.

316 (183) PLANNING & COMMISSIONING GROUP CHAIRS' UPDATE – 6 FEBRUARY 2013

Resolved - That the Chairs' update for the Planning & Commissioning Group of 6 February 2013 be noted.

317 INTEGRATED AUDIT & GOVERNANCE GROUP CHAIR'S UPDATE – 19 MARCH 2013

Resolved - That the Chair's update for the Integrated Audit & Governance Group be submitted to the next meeting.

318 (184) BUSINESS INTELLIGENCE REPORT – Report submitted by the Chief Finance Officer to:

- (i) Present the summary financial performance for the period 1 April 2012 to 28 February 2013 and forecasts achievement of the PCTs target surplus of £19.4m at 31 March 2013.
- (ii) Provide assurance around delivery of all financial targets including QIPP and the Investment Programme.
- (iii) Provide an update on performance against national and local indicators.

The report has already been considered by the Quality & Performance Group and the Integrated Audit & Governance Group with much discussion and debate taken place by colleagues at these meetings. It was reported that the CCG remained on track to achieve all of its financial targets. Members were reminded that this report was for the PCT and not just the CCG.

It was noted that mental health was well below target. Access to psychological therapies was highlighted in particular with many providers not recording their activity accurately. Action has been taken through the Planning & Commissioning Group with plans being put into place to ensure activity that is being undertaken and paid for gets recorded. Patients can, however, withdraw from treatment at an earlier stage than that which meets the national recovery level definition. As a consequence, these are not counted for activity purposes. Concern was expressed in this respect and it was agreed that further work would be undertaken in this regard.

It was agreed that a report relating to psychological therapies would be submitted to the next meeting.

- Resolved** - (a) That the emerging financial risks and mitigation be noted.
- (b) That the financial performance for the year to 28 February 2013 and the forecast for a planned surplus of £19.4m for the year end 31 March 2013 be noted.
- (c) That the planned delivery of all financial targets be noted.
- (d) That the CCGC be assured of the on-going action in relation to performance.
- (e) That a report relating to psychological therapies be submitted to the next meeting.

319 (185) USE OF SEAL

Resolved - That the use of the corporate seal for the period 19 January 2013 to 13 March 2013 be noted for information purposes only.

320 (186) PLANNING & COMMISSIONING GROUP APPROVED MINUTES OF 6 FEBRUARY 2013

Resolved - That the approved Planning & Commissioning Group minutes of 6 February 2013 be noted for information purposes only.

321 (187) QUALITY & PERFORMANCE GROUP APPROVED MINUTES OF 24 JANUARY 2013

Resolved - That the approved Quality & Performance Group minutes of 24 January 2013 be noted for information purposes only. (The unapproved minutes of the 21 February 2013 to be submitted to the next meeting.)

322 INTEGRATED AUDIT & GOVERNANCE GROUP APPROVED MINUTES OF 15 JANUARY 2013

Resolved - That as the minutes of the Integrated Audit & Governance Group meeting of 15 January 2013 had not yet been approved, therefore, would be submitted to the next meeting.

323 DATE AND TIME OF NEXT MEETING – Members noted that the next meeting will be held at 9.30am on Friday 31 May 2013 in the Boardroom at The Maltings.

324 EXCLUSION OF PRESS AND PUBLIC

Resolved - That, under section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960, representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be conducted, publicity upon which would be prejudicial to the public interest.

Signed: _____

Dr V Rawcliffe
Chair of the Clinical Commissioning Group Committee

Date: _____