

Item: 3

CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 28 SEPTEMBER 2018, 9.30 AM, THE BOARD ROOM, WILBERFORCE COURT

PRESENT:

Dr D Roper, NHS Hull CCG (Chair)
Dr A Oehring, NHS Hull CCG (GP Member)
Dr D Heseltine, NHS Hull CCG (Secondary Care Doctor)
Dr J Moutt, NHS Hull CCG (GP Member)
Dr R Raghunath, NHS Hull CCG (GP Member)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
E Latimer, NHS Hull CCG (Chief Officer)
E Sayner, NHS Hull CCG (Chief Finance Officer)
J Stamp, NHS Hull CCG (Lay Representative)
J Weldon, Hull City Council (Director of Public Health and Adult Social Care)
K Marshall, NHS Hull CCG (Lay Representative)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
M Whitaker, NHS Hull CCG (Practice Manager Representative)
S Lee, NHS Hull CCG, (Associate Director of Communications and Engagement)
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)

IN ATTENDANCE:

C Hyde, KPMG LLP (Manager) – *Item 7.2 Only*
C O'Neill, NHS Hull CCG (STP Programme Director)
E Jones, NHS Hull CCG (Business Support Manager) - *Minute Taker*
P Young, NHS Hull CCG (Clinical Commissioning Lead) – *Item 1 Only*

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting including the members of the public.

1. PERSONAL WHEELCHAIR BUDGETS

The Clinical Commissioning Lead presented the Personal Wheelchair Budgets video and the following key points were noted:

- Dylan was a young man living at home with his mum who was his full time carer.
- He was keen that when he went to university that he wanted to be the same as everyone else.
- Social Care were currently funding Dylan's carer, however, Dylan's preference was to utilise this resource to fund an enhanced wheelchair which would negate his need for a carer as well as afford him much greater independence.
- A personal wheelchair budget allowed the carer budget to be 'topped up' by various sources.
- The health and social care components of the wheelchair were reviewed to determine the funding elements.
- The health component of the cost was £3,000, which was an overall system saving of £13,000 was achieved.

- Great practice and integrated practice took place to achieve the best outcome for Dylan.
- Subsequently, the eligibility criteria for wheelchair users had subsequently been reviewed.
- There were amazing opportunities to be achieved by commissioning in the best way.
- NHS England (NHSE) were using Dylan's story to promote personal wheelchair budgets as a creative use of funding.

Discussion took place and the positive progress made, as highlighted by Dylan's experience, was noted. The goal remained the implementation of a seamless health and social care assessment and it was recognised that there remained further work in this regard.

Thanks were expressed to the Clinical Commissioning Lead for her work in this area.

Resolved

(a)	Board Members noted the video and verbal update provided.
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2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

Dr S Richardson, NHS Hull CCG (GP Member)
 E Daley, NHS Hull CCG (Director of Integrated Commissioning)
 P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 27 JULY 2018

The minutes of the meeting held on 27 July 2018 were submitted for approval subject to the following amendments:

1. HULL 2020 CHAMPIONS: THE VETERANS VILLAGE

Grammatical amendments.

6.6 CHIEF OFFICER'S UPDATE REPORT

The formal opening of the CCG's Integrated Care Centre (ICC) was opened by Jean Bishop, BEM, on 6 July 2018.

7.5 NHS CONSTITUTIONAL STANDARDS

- Significant impact had been seen with regard to Referral to **Treatment** (RTT) referrals and...

8.4 HULL CCG INDIVIDUAL FUNDING REQUEST ANNUAL REPORT (1ST APRIL 2017 – 31ST MARCH 2018)

Grammatical amendment.

Resolved

(a)	The minutes of 27 July 2018 were approved subject to the above amendments and would be signed by the Chair.
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4. **MATTERS ARISING / ACTION LIST FROM THE MINUTES**

The Action List from the meeting held on 27 July 2018 was provided for information and the following update as provided:

25 May 2018

7.1 **Integrated Care Centre Update**

Information to be presented at the next CCG Board Meeting.

Resolved

(a)	Board Members noted the action list.
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5. **NOTIFICATION OF ANY OTHER BUSINESS**

The Chair had received prior notification with regard to the following:

- Transforming Care Programme (TCP) – Delegation of Collaborative Commissioning Decision

This would be discussed under Item 12 on the Agenda.

Resolved

(a)	There was one item of Any Other Business to be discussed at this meeting and would be taken under Item 12.
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6. **GOVERNANCE**

6.1 **DECLARATIONS OF INTEREST**

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- any interests which were relevant or material to the CCG;
- any changes in interest previously declared; or
- 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:

- the name of the person declaring the interest;
- the agenda number to which the interest relates;
- the nature of the interest and the action taken;
- be declared under this section and at the top of the agenda item which it relates too;

Name	Agenda No	Nature of Interest / Action Taken
Dr Amy Oehring		Financial Interest – GP Partner at Sutton Manor Surgery and Practice Grouping
Dr James Moulton		Financial Interest – GP Partner at Faith House Surgery and Practice Grouping
Dr Ragu Raghunath		Financial Interest – GP Partner at James Alexander Family Practice and Practice Grouping

Name	Agenda No	Nature of Interest / Action Taken
Dr Scot Richardson		Financial Interest – GP Partner at James Alexander Practice and Practice Grouping
Dr Vincent Rawcliffe		Financial Interest – GP Partner at New Hall Surgery and Practice Grouping
Jason Stamp	7.2	Financial Interest - Chief Officer North Bank Forum, a local voluntary organisation sub contracted for the delivery of the social prescribing service. Member of Building Health Partnerships. Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG. Chief Officer North Bank Forum host organisation contracted to deliver Healthwatch Hull from September 2017

Resolved

(a)	That the above declarations of interest be noted.
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6.2 GIFTS AND HOSPITALITY DECLARATIONS

The Gifts and Hospitality Declarations made since the Board Meeting in July 2018 were noted for information.

Discussion took place and it was requested that a grammatical amendment be made to the description for Declaration 9 and that clarity/further information be provided with regard to the description for Declaration 11.

Resolved

(a)	Board Members noted the contents of the declarations of gifts and hospitality report.
(b)	It was requested that a grammatical amendment be made to the description for Declaration 9 and that clarity/further information be provided with regard to the description for Declaration 11.

6.3 DECLARATIONS OF INTERESTS

The Associate Director of Corporate Affairs updated Members of the Board on the Declarations of Interest for Board Members.

The Declarations were also available on the CCG Website and Members were reminded to discuss any changes in terms of declarations with the appropriate CCG staff.

Discussion took place and it was noted that members who held a professional registration would need to include this as part of their declaration, if the registration was a requirement for their role. The relevant Declaration of Interest proforma would be amended to emphasise this point.

Resolved

(a)	Board Members noted the Declarations of Interest for Board Members.
(b)	The Declaration of Interest proforma be amended with respect to professional registrations.

6.4 USE OF CORPORATE SEAL

Board Members noted that there had been no use of the Corporate Seal in the period since the last report in July 2018.

6.5 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the current corporate risk register and described the changes on the register in the interim period since previously reviewed by the Board in March 2018.

There were currently 26 risks on the CCG's risk register and 18 of these had a current risk rating of 'high' or 'extreme', with a small reduction of the 'extreme' rated risks on the register since March 2018, from three to two. Overall, there had been little movement with regard to the risk ratings.

It was noted that Integrated Audit and Governance Committee (IAGC) also reviewed and scrutinised the Risk Register.

Discussion took place and it was expressed that more effort was required with regard to Risk 839 Vulnerable People, especially in terms of assessing the impact of the additional investment and it was proposed and agreed that this be revisited. Comment was also made with regard to the lack of a timely update to this particular risk.

It was stated that the Risk Register was a collective effort and the time delay was recognised with regard to all risks.

With regard to Risk 902 Integrated Delivery, the rating had actually reduced and the extreme rating with regard to Risk 928 Delivery of Statutory Duties was correctly reflected.

It was suggested and agreed that an abbreviation list be produced for future reports.

A grammatical amendment was required to the 'Progress' column for Risk 919 'end of life'.

It was reported that the frequency of the updates was the responsibility of the risk owner and it was queried whether the process should be different in terms of updated information, especially with regard to 'high' and 'extreme' risks.

It was also suggested and agreed that the register be reviewed by the CCG's Senior Leadership Team (SLT) prior to submission to the IAGC and CCG Board so that each of the Executive Directors were sighted and informed.

Resolved

(a)	Board Members noted the updates provided to the corporate risk register.
(b)	Risk 839 Vulnerable People – a further assessment of this risk be

	undertaken in the light of the recent significant investment.
(c)	It was suggested and agreed that an abbreviation list be produced for future reports.
(d)	A grammatical amendment was required to the 'Progress' column for Risk 919 'end of life'.
(e)	It was also agreed that the register be reviewed by the CCG's Senior Leadership Team (SLT) prior to submission to the IAGC and CCG Board so that each of the Executive Directors were sighted and informed.

6.6 BOARD ASSURANCE FRAMEWORK

The Associate Director of Corporate Affairs provided the current Board Assurance Framework (BAF) for consideration.

The BAF comprised a total of 43 risks relating to the 12 strategic objectives of the CCG for 2018/19 as follows:

Risk Category	Number of risks
Extreme	7
High	33
Moderate	3

The contents reflected the output from the previous Board development workshop which considered the BAF. It was noted that the BAF continued to be reviewed in detail at each meeting of the Integrated Audit & Governance Committee.

Resolved

(a)	Board Members approved the BAF and noted the updates provided against each risk.
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6.6 CHIEF OFFICER'S UPDATE REPORT

The Chief Officer provided an update on local, regional and national issues along with a brief review of her commitments in the period since her previous report.

Personal thanks were conveyed by the Chief Officer to all those who had been involved in submitting her nomination to the Health Service Journal (HSJ) Chief Executive of the Year award. The Chief Officer had been humbled by the testimonials given and thanks were also conveyed to external partners, including the Chief Executive of Hull City Council, who had also voiced their support.

The Chief Officer and Chief Finance Officer would be attending the shortlisted judging panel event on 8 October 2018.

The Hull Place Board programme was gathering pace, and the partners were grateful to the project management support provided by KPMG. One of the projects was focussed on supporting some of the most vulnerable groups in the city; Children on the Edge of Care. In 2017, there were 700 children in the care system in Hull. One of the other key programmes of work was the Beverley Road project, which was looking at how public services could work more seamlessly together to better meet the needs of the local population. Community engagement was a key feature of this project.

The West Hull Health Hub was now progressing and the intention was for work to start on site in early 2019 to develop the facility which would become the new home to Springhead Medical Practice. The plan also included an on-site pharmacy.

The Integrated Care Centre (ICC) continued to go from strength to strength. Diana Johnson, MP for North Hull, had visited the centre the previous week and spoken to patients. She had been very complimentary about the centre.

The Rt. Hon Matt Hancock MP, Secretary of State for Health and Social Care had now set out his six point vision for a technology-driven NHS, including a push on how the NHS itself could lead in digital innovation

Resolved

(a)	Board Members noted the contents of the Chief Officers Update Report.
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7. STRATEGY

7.1 HUMBER COAST AND VALE SUSTAINABILITY TRANSFORMATION PARTNERSHIP (STP) UPDATE

The STP Programme Director provided an STP update, which detailed the current highlights as well as the next steps for the programme.

A Humber, Coast and Vale (HCV) Partnership Event that was held on 18 September 2018 with senior leaders (both executive and non-executive) who had agreed that the STP should work together to design, develop and establish a HCV Integrated Care System (ICS) underpinned by Integrated Care Partnerships (ICP) operating at sub-regional level. Additionally, there was consensus regarding the potential to develop an ICP that operated across the Hull and East Riding area, whilst enabling 'place based' work to continue in Hull and in parallel, in the East Riding.

There was recognition that the design and development of an ICS required a maturity of approach that focussed on systems and process rather than structures and organisational boundaries.

It was noted that the Cancer Alliance was the best resourced of all the STP programmes. A new Programme Director had recently been appointed and this provided the opportunity for a review of the programmes focus and priorities. The importance of the role of public health and the local authority in this programme of work was also noted.

There was recognition that a much stronger and wider estates group was needed. The local group would be relaunched and would provide opportunity for discussions regarding estate utilisation on a co-ordinated basis. It was noted that an estates strategy was in place in Hull which was also supported by Hull City Council (HCC).

It was noted that the Humber Acute Services Review work would become a regular feature of the update moving forward.

Resolved

(a)	Board Members noted the progress to date of the Humber, Coast and Vale
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7.2 HULL PLACE BASED PLAN BOARD UPDATE

The Lay Member for Patient and Public Involvement declared a financial interest in his capacity as the Chief Officer North Bank Forum, a local voluntary organisation sub-contracted for the delivery of the social prescribing service, as well as being a member of Building Health Partnerships Panel.

The declaration was noted and the Member remained in the meeting as the item was being received for information only, with no decisions being asked of the Board.

The KPMG Manager provided an update with regard to the Beverley Road Project – see attached slides.



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The following key points were noted:

- Beverley Road had a unique geography and contained a diverse mix of people.
- Large parts of the area were relatively deprived and a number of community organisations were situated in the area.
- The project had four sub-groups; Data, Community Engagement, Benefits Realisation and Organisational Development.
- The project had exceeded expectations of what was possible in terms of the data provided across all partner organisations in order for a data mapping dashboard to be produced.
- Substantial work was still required on data sharing however the substantial commitment of all parties to the data work was reflected in the progress made to date.
- Benefits Realisation and Organisational Development Sub Groups had not as yet met.
- Data mapping had been undertaken and this could be used in multiple ways.
- Project Management resource was required and operational work must demonstrate impact and in doing so the project would provide proof of concept.

Discussion took place and recognition given to the specialised programme management skills required for the next phase of work.

It was also noted that as the Hull and East Riding area developed the Integrated Care System (ICS) and Integrated Care Partnerships (ICP) there would need to be an associated evolution of data/intelligence sharing. The Chief Finance Officer was reviewing a business intelligence tool as part of this process

The merit of engaging with democratic representation in addition to the previous engagement work was discussed. It was confirmed that Councillor Gwen Lunn, Portfolio Holder for Adult Services and Public Health, was the elected member representation on the Project Board and discussions had also taken place with Councillor Hester Bridges, Health and Well Being Board Chair. There was no GP data currently included in the project and GP practices would be kept informed of developments via the Community Engagement project.

There was opportunity to work as agencies in a more integrated way. This would ultimately assist in building up community resilient and for there to be greater awareness of what already existed in terms of voluntary, community and self-help resources. A central asset map would greatly assist this.

Resolved

(a)	The Board noted the presentation provided.
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8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

The Chief Finance Officer and Director of Quality and Governance/Executive Nurse presented the Quality & Performance Report for the period ending August 2018, which provided a corporate summary of overall CCG performance and the current financial position.

Finance

The CCG were on track to achieve financial plan for the year (2018-2019) and had a clear understanding of where things were heading.

Performance and Contracting

A system-wide meeting had taken place on 26 September 2018 to review performance and the CCG's constitutional performance. The CCG were doing everything they could from a commissioning perspective.

It was noted that Pages, 4 and 5 of the report provided further detail on Value for Money (VfM) and granular level detail was provided on Pages 6 to 8.

The Joint Commissioning Forum (JCF) had made improvements and demonstrable impact was being achieved by the GP Groupings, although there was more to do, especially in terms of some of the workforce challenges.

Quality

From a quality perspective all Providers were on routine surveillance.

Discussion took place and it was acknowledged that the reduction in referrals into Hull & East Yorkshire Hospitals NHS Trust (HEYHT) had been sustained. It was recognised however that there were significant increases in referrals into the Trust from elsewhere.

Resolved

(a)	Board Members noted the Quality and Performance Report.
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8.2 COMMUNICATIONS AND ENGAGEMENT ANNUAL REPORT

The Associate Director of Communications and Engagement presented the Communications and Engagement Annual Report, which outlined the communications and engagement activity delivered between 1st April 2017 – 31st March 2018.

Work had taken place with regard to the Hull 2020 Champions (community groups and individuals who were supported to develop their ideas to improve health and wellbeing) and Working Voices, which was a programme targeting local employers to ensure their workforce has opportunities to provide their views.

The key engagement work was outlined within the report and it was noted that no formal consultations had taken place last year.

In terms of communications and engagement future focus during 2018/19, this would be around the delivery of the programmes described within the Hull Health and Care Place Plan, in particular the large scale community engagement work to support the Our People, Our Place project (Beverley Road Corridor).

Discussion took place and it was suggested and agreed that information from a communications and engagement perspective be included in the STP Bulletin in terms of telling the story of the work that the CCG was doing.

Reference was also made to the digital access and the 'reach' that this aspect of work was able to achieve; recognising the ability to target very specific demographics.

The communication and engagement benefits of hosting some public health officers part-time at the CCG were highlighted.

The complex challenges associated with the areas for future focus set out within the report were acknowledged.

Congratulations were conveyed by the Board to the Associate Director of Communications and Engagement and her team for all the work undertaken.

Resolved

(a)	Board Members noted the contents of the report.
(b)	It was suggested and agreed that information from a communications and engagement perspective be included in the STP Bulletin in terms of telling the story of the work that the CCG was doing.

8.3 CONTROLLED DRUGS ANNUAL REPORT 2017-18

The Director of Quality & Clinical Governance / Executive Nurse updated Board Members on the NHS England (NHSE) Single Operating Model for Controlled Drugs at a local level and highlighted any local issues or concerns.

The CCG's responsibilities and how they were compliant against the responsibilities were identified within the report. This, in turn, provided the necessary assurance the CCG would require.

With regard to the data for April 2017 to March 2018, it was noted that the CCG was the 4th highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP. Analgesia was a key therapeutic area which had been included in the CCG's Medicines Optimisation Work Plan for 2018/2019.

Discussion took place and it was noted that the total percentage growth cost within the schedules were incorrect and these needed to be reviewed and amended accordingly.

The pharmacists within practices were working with the medicines optimisation team to improve opiate prescribing in primary care as part of the enhanced service.

It was also noted that the focus on providers in terms of controlled drugs in 2018/19 was predominantly wastage.

Resolved

(a)	That NHS Hull CCG be assured that the responsibilities as outlined within the Memorandum of Understanding (MoU) were being delivered.
(b)	That the Board Members note the report relating to the prescribing of Controlled Drugs in NHS Hull CCG.
(c)	The total percentage growth cost within the schedules were incorrect and these needed to be reviewed and amended accordingly.

8.4 WORKFORCE AND ORGANISATIONAL DEVELOPMENT ANNUAL REPORT

The Director of Quality & Clinical Governance / Executive Nurse provided Board Members with a summary of progress over the last 12 months (April 2017 to March 2018).

The report focused on the three key themes of the current Organisational Development (OD) Strategy, a summary of progress, implementation of key projects and priority actions for the forthcoming year.

The key highlights to note were the Personal Development Review (PDR) process, which achieved a 100% completion rate in 2017/2018. The response rate for the staff survey was 73%, which was a slight improvement on the previous year's return. Staff had reported an overall satisfaction rate of 78.9%.

The former Staff Survey Action Group, now known as the Staff Health and Wellbeing Group, had taken an active and enthusiastic lead on engagement work with staff.

At the end of March 2018, the overall compliance with regard to statutory and mandatory training was 88%, which was a significant improvement.

The sickness average for 2017-2018 was 1.7%, which was under local trajectory. Whilst this was a positive result, it was equally noted that the CCQ supported a responsible culture and did not condone staff feeling under pressure to come into work should they not feel well enough to do so.

The imbalance of the gender composition for the Council of Members (CoM) was highlighted.

Resolved

(a)	Board Members noted the Workforce and OD Annual Report.
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9. STANDING ITEMS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 6 JULY 2018

The Chair of the Planning and Commissioning Committee provided the update reports for information.

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Report for 6 July 2018.
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9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 26 JUNE 2018

The Chair of the Quality and Performance Committee provided the update report for information.

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Report for 26 June 2018.
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 10 JULY 2018

The Chair of the Integrated Audit and Governance Committee (IAGC) provided the assurance report for information.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 10 July 2018.
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9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 29 JUNE 2018

The CCG Chair provided the update report for information.

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 29 June 2018.
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10. GENERAL

10.1 POLICIES

The Associate Director of Communications & Engagement and Director of Quality & Clinical Governance/Executive Nurse presented the following policies for approval:

- Patient, Carer And Public Involvement - Including Reimbursement of Expenses Policy July 2018
- Attendance Management Policy
- Reporting and Management Policy for Compliments, Comments, Concerns and Complaints (The 4c's)

Apologies were conveyed with regard to the Patient, Carer and Public Involvement Policy as a draft version had been circulated and it was requested that the correct version be distributed by email for ratification.

Discussion took place and it was agreed to remove reference to 'The 4cs' in the Reporting and Management Policy for Compliments, Comments, Concerns and Complaints. It was also suggested that the changes/amendments to Policies to be approved/ratified by the Board be provided on a sheet of paper rather than full policies being submitted. Also Equality Impact Assessments (EQIAs) needed to be completed for all policies and it was suggested and agreed that the EQIAs be submitted to the Board to review.

Resolved

(a)	Board Members ratified the policies.
(b)	Patient, Carer and Public Involvement Policy - the correct version would be distributed by email for ratification.
(c)	It was agreed to remove reference to 'The 4cs' in the Reporting and Management Policy for Compliments, Comments, Concerns and Complaints.
(d)	Equality Impact Assessments (EQIAs) needed to be completed for all policies and it was agreed that the EQIAs be submitted to the Board to review.

11. REPORTS FOR INFORMATION ONLY

11.1 NHS HULL CLINICAL COMMISSIONING BOARD CCG BOARD GOVERNANCE AND DEVELOPMENT PROGRAMME 2018- 2019

The Director of Quality & Clinical Governance updated the Board on the Board Governance and Development Programme 2018-19.

The change of time to the Board Development Sessions was noted.

Resolved

(a)	Board Members noted the Programme for the year.
(b)	Board Members noted the updated Programme schedule.

11.2 EQUALITY & DIVERSITY ACTION PLAN 2018/19 UPDATE

The Associate Director of Corporate Affairs provided Board Members with an update on the 2017/18 CCG Equality & Diversity Action Plan.

Positive progress was evidence against a number of the priorities however particular focus was now needed from a clinical policy perspective.

Resolved

(a)	Board Members noted the update provided.
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11.3 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES 6 JULY 2018

The CCG Chair on behalf of the Chair of the Planning and Commissioning Committee provided the minutes for information.

Resolved

(a)	Board Members noted the Planning and Commissioning Committee approved minutes for 6 July 2018.
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11.4 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 26 JUNE 2018

The Chair of the Quality and Performance Committee provided the minutes for 26 June 2018.

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 26 June 2018
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11.5 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 10 JULY 2018

The Chair of the Integrated Audit and Governance Committee provided the minutes for information.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee approved minutes for 10 July 2018.
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11.6 PRIMARY CARE COMMISSIONING COMMITTEE – 29 JUNE 2018

The Chair of the Primary Care Commissioning Committee provided the minutes for information.

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee approved minutes for 29 June 2018.
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12. ANY OTHER BUSINESS

12.1 TRANSFORMING CARE PROGRAMME (TCP) – DELEGATION OF COLLABORATIVE COMMISSIONING DECISION

The Deputy Director of Commissioning outlined the proposed governance framework recommended to progress the collaborative commissioning of the Yorkshire and Humber-Wide Enhanced Community Living Service Framework.

The TCP Programme was a programme of work which was enabling patients with Autism and learning disabilities with very challenging behaviour to be discharged from long term hospitals into appropriate community settings/

All CCGs across Yorkshire and Humber (Y&H) were struggling to put in place complex care packages for patients and the report proposed a set of governance arrangements that supported collaborative decision-making in a manner that was proportionate, robust, timely and inclusive to all partner organisations.

Legal advice had been obtained in terms of the partnerships that were to be included on the Multi-Provider Framework (20 CCGs and 15 Local Authorities (LAs)

and the overall risk was low as the decision themselves to not commit any CCG or LA to expenditure or volume. The Chief Officer of East Riding of Yorkshire CCG and Director of Adult Social Services, Hull City Council were to be the CCG's representatives on Framework.

Resolved

(a)	Board Members approved the delegation of decision making with regard to the proposed selection of providers to be included on the Yorkshire and Humber Wide TCP procurement framework to the Humber TCP lead Chief Officer. In the case of Humber TCP this would be Jane Hawkard, Chief Officer of East Riding of Yorkshire CCG and for the Humber TCP Local Authorities, Alison Barker, Hull City Council Adult Social Care Manager (Director of Adult Social Services).noted the contents of the report.
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13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 23 November 2018** at **9.30 am** in the **Boardroom at Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**

Signed: _____

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date: _____

Abbreviations

AIC	Aligned Incentive Contract
BAF	Board Assurance Framework
C&E	Communications and Engagement
CCG	Clinical Commissioning Group
CD	Controlled Drugs
CAMHS	Child and Adolescent Mental Health Services
CHCP	City Health Care Partnership
CiC	Committee in Common
CoMs	Council of Members
CQC	Care Quality Commission
CVS	Community Voluntary Service
DOIC	Director of Integrated Commissioning
E&D	Equality & Diversity
EQIA	Equality Impact Assessment
GDPR	General Data Protection Regulation
HCC	Hull City Council
HC&V	Humber Coast and Vale
HEYHT	Hull and East Yorkshire Hospitals
HHCFG	Healthier Hull Community Fund Grant
HSCB	Hull Safeguarding Children Board
HEYHT	Hull & East Yorkshire Hospitals NHS Trust
Humber FT	Humber Teaching NHS Foundation Trust
IAGC	Integrated Audit & Governance Committee
ICC	Integrated Care Centre

ICP	Integrated Care Partnerships
ICS	Integrated Care System
JCF	Joint Commissioning Forum
LA	Local Authority
LAC	Looked After Children
NHSE	NHS England
OD	Organisational Development
PCCC	Primary Care Commissioning Committee
P&CC	Planning & Commissioning Committee
PDR	Performance Development Review
PHE	Public Health England
Q&PC	Quality & Performance Committee
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership
TCP	Transforming Care Programme

DRAFT