Creating a healthier Hull

NHS Hull Clinical Commissioning Group

Item: 3

CLINICAL COMMISSIONING GROUP BOARD
MINUTES OF THE MEETING HELD ON FRIDAY 25 JANUARY 2019, 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 Moult, NHS Hull CCG (GP Member)
Dr R Raghunath, NHS Hull CCG (GP Member)
Dr S Richardson, NHS Hull CCG (GP Member)
E Daley, NHS Hull CCG (Director of Integrated Commissioning)
E Latimer, NHS Hull CCG (Chief Officer)
J Stamp, NHS Hull CCG (Lay Representative)
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 O'Neill, NHS Hull CCG (STP Programme Director) – *Left after Item 7.1*
E Jones, NHS Hull CCG (Business Support Manager) - *Minute Taker*
J Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery

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

1. SUICIDE PREVENTION

A video was shown with regard to suicide and mental health.

A campaign was to be launched next week (w/c 28 January 2019) across the Humber Coast & Vale (HCV) partnership which would include an on line training programme.

Discussion took place and concerns were expressed with regard to the long waits that had been incurred at times by individuals accessing mental health services and it was suggested that the pathway be reviewed to ensure that a more timely response was provided.

A whole range of complex therapies needed to be available, coupled with effective and appropriate signposting. Members discussed the particularly high risk age groups with respect to mental health presentations in general practice and further means to gauge risk as well as tailoring support to these particular groups.

It was recognised that there was a delay from hospital discharge to accessing community services, particularly crisis services.

Resolved

(a)	Board Members noted the points raised during the discussion of the item.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

E Sayner, NHS Hull CCG (Chief Finance Officer)
P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)
Dr V Rawcliffe, NHS Hull CCG (GP Member)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 23 NOVEMBER 2018

The minutes of the meeting held on 23 November 2018 were submitted for approval subject to the following amendments:

Resolved

(a)	The minutes of 23 November 2018 were approved subject to the above amendments and would be signed by the Chair.

4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The Action List from the meeting held on 23 November 2018 was provided for information.

Resolved

(a)	Board Members noted the action list.

5. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Resolved

(a)	There were no items of Any Other Business to be taken at the meeting.

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:

(i) any interests which were relevant or material to the CCG;
(ii) any changes in interest previously declared; or
(iii) 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:

(i) the name of the person declaring the interest;
(ii) the agenda number to which the interest relates;
(iii) the nature of the interest and the action taken;

(iv) be declared under this section and at the top of the agenda item which it related to;

Name	Agenda No	Nature of Interest / Action Taken
Dr Amy Oehring	7.4	Financial Interest – GP Partner at Sutton Manor Surgery and Practice Grouping The declaration was noted – no further action was considered necessary
Dr James Moult	7.4	Financial Interest – GP Partner at Faith House Surgery and Practice Grouping The declaration was noted – no further action was considered necessary
Dr Ragu Raghunath	7.4	Financial Interest – GP Partner at James Alexander Family Practice and Practice Grouping The declaration was noted – no further action was considered necessary
Dr Scot Richardson	7.4	Financial Interest – GP Partner at James Alexander Practice and Practice Grouping The declaration was noted – no further action was considered necessary

Resolved

(a)	That the above declarations of interest be noted.

6.2 GIFTS AND HOSPITALITY DECLARATIONS

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

Resolved

(a)	Board Members noted the contents of the declarations of gifts and hospitality report.

6.3 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 November 2018.

6.4 CHIEF OFFICER'S UPDATE REPORT

The Chief Officer welcomed everyone to the first update of the year with regard to local, regional and national issues along with a brief review of her commitments in the period since her previous report.

An overview and summary was provided with regard to the NHS Long Term Plan (www.longtermplan.nhs.uk/online-version/overview-and-summary/). The Long Term Plan had a huge focus on mental health services, both for adults and children as well as clinical priorities, which included cancer, cardiovascular disease, maternity and neonatal health, stroke, diabetes and respiratory care. There was also a strong focus on children and young people's health as well as the need for the CCG to work increasingly collaboratively with providers, other statutory and voluntary agencies particularly with regard to workforce, which was identified in the Plan as one of the biggest challenges facing the health service. Some of the solutions could only be commissioned at scale and this required innovative pathway/models

to be implemented. The impact of austerity measures with regard to social care on the wider health and care system was acknowledged and this placed even more importance on the close working relationship with Hull City Council.

Andrew Burnell, the Chief Executive of City Health Care Partnership, had been appointed as the Interim Lead for the Humber Coast and Vale (HCV) Health and Care Partnership. Following the retirement of Moira Dumma from NHS England, the CCG's Chief Officer had been asked to chair the Humber Acute Services Review and she was working closely with Andrew Burnell with regards to system-wide planning. The Remuneration Committee had approved the appointment of Director of Collaborative Acute Commissioning.

Reference was made to the 20% running cost reduction required of CCGs. It was noted that whilst the Humber CCGs were operating below their current running costs, further efficiencies would need to be found and the opportunities for further collaborative working were being explored.

Given the current GP board members' terms of office coming to an end, the vacancies were currently out for expressions of interest through a Local Medical Committee (LMC) facilitated process. The timetable had been planned to enable the new appointments to be in place by the beginning of April.

The Jean Bishop Integrated Care Centre (ICC) had been awarded 'Best NHS Collaboration Award' at the National Health Business Awards in December 2018, which was the third award the ICC had picked up in as many months.

The CCG were working closely with Hull City Council to progress plans to tackle local health inequalities.

The Chief Officer had this week signed '*Jo's Cervical Cancer Trust Time to Pledge'*, which promised that CCG staff would be able to attend these really important appointments within work time. The pledge applied equally to other types of screening appointments.

The Chief Officer concluded by advising that the forthcoming year would be one of change for the CCG with lots of guidance emerging from the NHS Long Term Plan. It would be a very challenging year but the Chief Officer was confident that the CCG would continue to lead and influence change within the local health can care economy.

Resolved

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

7. STRATEGY

7.1 HUMBER COAST AND VALE HEALTH AND CARE PARTNERSHIP UPDATE

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

In the period since the last board meeting, confirmation had been received that the first of two capital bids had succeeded, giving and additional £88.5 million across the partnership. The successful bid had included £19.3 million for Hull and East

Yorkshire Hospitals NHS Trust (HEYHT), which would support improvements to urgent and emergency care facilities at Hull Royal Infirmary (HRI). The investment would also support reconfiguration of the ground floor of the tower block at HRI. This would provide increased bed capacity within the medical assessment unit and create space for provision of additional MRI and CT scanning co-located with the emergency department to enable rapid access to diagnostics. Plans were also included for the relocation of two paediatric wards from the main hospital tower block to the adjacent Women's and Children's Hospital, which in-turn would increase adult medical and surgical capacity.

A key meeting had taken place on 20 November 2018 across the partnership with a positive response from the regional team of NHS England (NHSE) and NHS Improvement (NHSI). There remained a focus on developing an Integrated Care System (ICS) for the Humber, Coast and Vale area but a whole series of commitments now needed to be delivered in order to achieve this.

Further progress was needed with regard to the Humber Acute Services Review (HASR) as well as future service planning for the Scarborough area.

A partnership event had been held on 24 January 2019 where system leaders (both executive and non-executive) discussed emerging plans for developing Integrated Care Partnerships (ICPs) at a local level in Hull and East Riding; North Lincolnshire; North East Lincolnshire and York/Scarborough. The crucial role of primary care in the future integration of services was widely acknowledged. A Clinical Advisory Group (CAG) workshop session had also taken place, which had been positive and the four representatives from the CCG's Board who had attended were urged to review the feedback information to make sure this accurately reflected the discussions held.

Discussion took place in terms of the scale of what needed to be delivered as a health and care partnership and assurance was required that all areas would progress at the same pace.

It was acknowledged that there was real positivity in the work that was taking place although clarification was sought with regard to the impact thus far of the cancer workstream, particularly in relation to Hull. A new Programme Director for the HCV Cancer Alliance had recently been appointed who would hopefully deliver the programmes priority areas.

It was conveyed that the CAG workshop had been really useful although had highlighted how little primary care had been involved in the work of the HCV and engagement needed to take place in order to drive the delivery of care forward. This was consistent with a general lack of awareness of the programme of work amongst front line primary care staff.

The need to provide support to develop primary care system leaders, in order to have parity with the other provider system leaders, was recognised. The long term plan set out the ambition to facilitate closer collaboration between general practices to form primary care networks. The plan also committed to developing 'fully integrated community-based health care', which would involve developing multidisciplinary teams (MDTs), including GPs, pharmacists, district nurses, and Allied Health Professionals (AHPs) working across primary care and hospital sites.

It was reported that every CCG had to develop a Primary Care Strategy but there was also a need for a HCV Primary Care Strategy. It was recognised that in Hull there were really good opportunities to progress the development of Primary Care Networks (groupings) and there were support offers that the Partnership could facilitate.

Discussion took place as to the role of the emerging primary care groupings within the health and care partnership. It was also acknowledged that whilst engagement with the Partnership was generally good, further work was required with the local authorities.

Resolved

(a)	Board Members noted the noted the contents of the report.

7.2 HULL PLACE BASED PLAN BOARD UPDATE

The Director of Integrated Commissioning provided an update with regard to the work of the Hull Place Based Plan Strategic Partnership Group.

It was reported that a Beverley Road Project Workshop had taken place on 13 December 2019, which included all public agencies delivering services within the Beverley Road area. The workshop sought to agree a clear vision for all partners to subscribe to, what services currently worked well and where the gaps were. The outputs from this would inform the practical next steps for 2019.

The membership of the Beverley Road Corridor project had been extended to include the voluntary sector.

Some of the workshop session feedback from each of the table groups would assist in structuring an option appraisal in terms of co-locating services, e.g. partners and a report would be submitted for consideration along with an implementation plan to the Hull Place Based Plan Strategic Partnership Board (HPBPSPB) Meeting on 20 February 2019, which oversaw the work of the project.

Resolved

(a)	The Board noted the verbal update provided.

7.3 ORGANISATIONAL DEVELOPMENT STRATEGY REFRESH

The Head of People presented the revised Organisational Development (OD) Strategy for 2019 – 2022, which included the proposed OD programmes to be implemented along with the recommended timescales.

The CCG’s OD strategy would aim to support the CCG to build on existing foundations and enable staff to anticipate and effectively meet and negotiate the challenges of the changes to come. A review of the current OD strategy had been carried out and it was felt that the existing strategic requirements of the CCG were still in the main applicable and relevant.

The current strategy outlined key themes and methodologies relating to OD practice and was structured around five key areas of organisational performance; namely strategy, structure, process, people and culture. The particular challenge was

ensuring that staff were equipped and empowered to manage the changes, especially in view of the NHS Long Term Plan.

The Strategy was underpinned by the six strategic aims, which were identified in the Strategy.

With regard to staff engagement, health and wellbeing and staff survey results, the aim of the CCG was to plan for the current and future needs in relation to key roles in the organisation and action planning would take place with regard to this.

With regard to talent, succession and retention planning, there was a need to make sure that development plans were in place and to build on these going forward. As the current landscape changed there was likely to be a need to attract talent from outside of the organisation and the development of an early careers programme would be highly beneficial.

The CCG had received the second consecutive outstanding rating from NHS England and this reflected the high performing team culture and the success over the past year within the CCG. Reward and recognition were an important element to consider when reviewing an OD strategy. It was proposed that a programme of additional recognition 'rewards' was considered and that this piece of work be initially carried out by the CCG's Health and Wellbeing Group.

Additionally, an external provider, Investors in Excellence (IiE) had submitted a proposal which they felt would support the CCG through a 'Journey to Excellence' which entailed being measured against a recognised standard of eight levels of performance.

Board Members also noted the OD Action Plan, which included the priority actions and incorporated the existing and relevant Health and Wellbeing and Equality and Diversity actions.

Members were advised of the intention to bring the CCG's HR and OD service back in-house from 1 April 2019.

Feedback was sought with regard to the overall proposals in the OD Strategy for 2019 – 2022 and it was suggested utilising the Health and Wellbeing Group with regard to obtaining staff feedback.

Discussion took place and the large numbers of actions set out within the plan to very tight timescales were commented upon, with a question raised about the deliverability of these. It was noted that this was something that had subsequently been reviewed, especially with regard to some of the bigger pieces of work. It was acknowledged however that it remained an ambitious plan reflecting the high performing nature of the CCG.

The incentives with regard to a reward scheme were acknowledged and supported as well as the really positive work that had been undertaken with regard to the equality agenda.

The CCG's staff Annual General Meeting (AGM) was to be held on 8 May 2019 and consideration would be given at this meeting as to what the CCG wanted to be known for.

It was noted that the CCG had achieved a very positive 86% response rate with regard to the staff survey.

It was also noted that the ongoing CCG staff health and wellbeing week recognised the wider aspects of health and wellbeing to a committed and high-performing workforce.

It was noted that an Equality Impact Assessment (EQIA) had been completed for the strategy, however further work was required in this regard.

Resolved

(a)	The Board noted the contents and approved the strategy subject to the EQIA being finalised.

7.4 PRIMARY CARE STRATEGY

Dr Oehring, Dr Moult, Dr Raghunath and Dr Richardson declared a potential interest financial interest with regard to this item. The declaration was noted – no further action was considered necessary given that the item was for information only and members were not being asked for a decision.

The CCG Chair reported that the CCG were in the very early stages of developing a Primary Care Strategy with a view to having this completed by 1st April 2019.

It was reported that it was three years since the CCG originally set out its vision for Primary Care in Hull in the Strategic Commissioning Plan for Primary Care (Hull Primary Care "Blueprint").. The Blueprint recognised the unsustainability of the historical model of delivery for Primary Care in Hull and it set out plans to support local GP practices to work in partnership in order to increase the efficiency of the entire system, including mechanisms to provide financial protection and better workload management. The Blueprint set out a three-phased development of primary care in Hull, as follows:

Phase 1: Stabilisation - Stabilisation of existing primary care services to support delivery of core primary medical care

Phase 2: Consolidation - Consolidation of existing primary care services through a single contract with a provider on a geographical basis

Phase 3: Wider development of primary care services - An opportunity to deliver a new model of primary care which will support the wider ambitions of the *Five Year Forward View*

The NHS Long Term Plan published January 2019 set out the changes that need to be made to redesign patient care to future proof the NHS for the next 10 years.

The NHS Long Term Plan mirrored much of the work that had already been taking place in Hull and continued to extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff by:

- Stabilising of the Groupings;
- Develop and strengthen clinical leadership; and

- Integration (Long Term Plan).

A refresh of the Blueprint was required as the strategy should build on what has already been achieved within primary care. Consideration was needed with regard to how the CCG could utilise the funding with regard to developing Primary Care Networks.

Discussion took place with regard to grouping list size (30,000 – 50,000 patient threshold) and whether this would continue. It was noted that national guidance would be issued with regard to this and it was suggested that further discussions take place at a future board development session.

It was stated that reducing variation and improving quality of services should be the focus going forward and the philosophy, vision and values of practices was important and for there to be an awareness of this as there was variation with the groupings currently.

Additionally, the quality agenda with regard to primary care also needed to be taken forward. This was informed by patient experience and Patient Participation Groups (PPGs) could be better utilised in order to obtain feedback.

Resolved

(a)	Board Members noted the verbal update provided.

7.5 NEW PHYSICAL ACTIVITY STRATEGY 'TOWARDS AN ACTIVE HULL'

The Associate Director of Communications and Engagement presented the new Physical Activity Strategy which had been developed by the Local Authority's (LAs) Public Health team in conjunction with Hull Culture and Leisure and the County Sports Partnership; Active Humber.

The Strategy recognised that the CCG was a key partner who could influence an improvement in physical health in the city. Increasing physical activity was a key component of improving health and wellbeing and the rationale to have a physical activity strategy was to provide strategic direction to raising activity levels across the city and bring together resources.

The draft strategy had been discussed and endorsed by the CCG's Planning and Commissioning Committee (P&CC) on 7 December 2019. The Strategy had also been endorsed by Hull City Council (HCC) and the Health and Wellbeing Board (H&WBB).

The intention was that the new Physical Activity Strategy would be a strategic city plan, endorsed by key agencies including:

- Hull City Council (HCC);
- Health & Wellbeing Board (H&WBB);
- Hull Clinical Commissioning Group (CCG);
- Hull Culture & Leisure Ltd (HC&L);
- Humber Coast & Vale Health and Care Partnership (HCVP); and,
- Active Humber County Sports Partnership (AHCSP).

The strategy would be monitored by a strategic partnership group, which would meet regularly and develop a clear monitoring framework to evaluate impact and identify critical projects that would impact on increasing participation in physical activity. It was suggested and agreed that the Associate Director of Communications and Engagement join the group.

A Strategic Framework for Action had also been developed to incorporate the four following themes, which would be the key focus points:

- **Active Travel** – Finding more active ways to get from A to B
- **Active Recreation** – Choose to be active in your own time
- **Active Design** – Ensuring the environment encourages and facilities activity
- **Sport and Volunteering** – Get involved in your community

The Strategy also supported Hull's Health and Wellbeing Strategy (H&WB) and Cultural Strategy delivery.

Discussion took place and concern was expressed with regard to safer roads for cycling and the need to ensure that these were adequately reflected in plans.

Resolved

(a)	The Board endorsed the new physical Activity Strategy 'Towards an Active Hull 2018 – 2028.
(b)	The Board agreed that the monitoring of the new Physical Activity Strategy 'Towards an Active Hull 2018 – 2028' would be the responsibility of the Health and Wellbeing Board.
(c)	It was suggested and agreed that the Associate Director of Communications and Engagement joins the Strategic Partnership Group.

8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

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

<u>Finance</u>
The CCG was currently forecasting to achieve a balanced position against the in-year allocation.

<u>Performance and Contracting</u>
Since November 2018, A&E 4 hour waiting time target had deteriorated significantly and it was noted that locally performance during December had seen further deterioration and variation on a daily basis. This had continued into January 2019.

Referral to Treatment (RTT) 18 weeks waiting times performance at Hull & East Yorkshire Hospitals NHS Trust (HEYHT) had remained stable in November 2018, maintaining compliance with the local improvement trajectory.

62-day cancer waiting times continued to underperform against the national standard.

Diagnostics had improved slightly and additional scanners were to be put in place in the Emergency Department (ED).

Based on the National Indicators in terms of local data for 'Access and outcomes in relation to 'Improving Access to Psychological Therapies (IAPT)' the 7 day assessment target was at 78%, which was a significant improvement, against 46% in November 2018. This increase was mainly due to the implementation of a revised access policy.

Quality

Hull & East Yorkshire Hospitals NHS Trust (HEYHT) performance had been discussed at length at the Quality & Performance Committee (Q&PC) on 22 January 2019 and would be discussed further in Part 2 of the meeting as A&E performance had deteriorated significantly.

Discussion took place and it was acknowledged that discussions often took place in terms of what more could be done to make the improvements required and it was anticipated that the development of Primary Care Networks (Groupings) would help and it was suggested as to whether the level of detail provided at the Board should be shared more widely with the other local providers. It was however stated and noted that the Trust's performance should not stop GPs from referring patients that required further treatment.

By sharing the performance information and practice grouping level information, it would assist GPs in making better decisions for patients as well as also providing alternative options.

The GPs were aware of exactly what was wrong and it was acknowledged that this was a whole system problem and the right solutions to issues needed to be supported, especially in the community and the need to work 'smarter' was expressed. A cultural thinking change was required to make the change and improvements needed.

It was also acknowledged that the CCG were doing everything they could within their statutory duties to support the necessary changes. It was proposed and agreed to establish a small working group to discuss the three key performance concerns (A&E 4 hour waiting time, RTT 52 weeks, and 62-day cancer waiting times).

Resolved

(a)	Board Members noted the Quality and Performance Report.
(b)	It was agreed to establish a small working group to discuss the three main areas (A&E 4 hour waiting time, RTT 52 weeks, and 62-day cancer waiting times).

8.2 HUMBER JOINT COMMISSIONING COMMITTEE UPDATE

The Chief Officer reported that the Committee had not met since the last meeting.

8.3 SAFEGUARDING ADULTS QUARTERLY UPDATE (Q2) 2018-19

The Director of Quality & Clinical Governance / Executive Nurse provided a quarterly update to the CCG Board with regard to safeguarding adults' arrangements across the Hull area. The report set out how the CCG and commissioned providers were fulfilling legislative duties in relation to safeguarding adults in accordance with the Health and Social Care Act 2012 and the Care Act 2014.

It was proposed and agreed that six monthly reports be submitted to the Board in future.

The CCG had continued to fulfil its statutory requirements as outlined in the NHS England (NHSE) Accountability and Assurance Framework 2015.

Discussions had commenced with current providers around commissioning intentions for 2019/20 and the expectations for further development of training needs analysis and future reporting that incorporated the new guidance.

With regard to training compliance at Spire, there had been an improvement with Prevent WRAP training based on latest figures.

The three Domestic Homicide Reviews (DHRs) in Hull had all involved numerous GP practices across the city and an update report had been delivered to the CCG Primary Care Quality and Performance Committee (PCQ&PC) in September 2018. A future primary care Protected Time for Learning (PTL) event would be based on this subject and the findings of the reviews. Additionally, further domestic abuse/violence awareness raising work was also required with local pharmacies as one of the reviews highlighted almost daily contact with the victim in one of the cases and this had been shared with NHS England (NHSE) as to how this was taken forward.

Resolved

(a)	Board Members noted the contents of the report in relation to safeguarding adult's activity and the responsibilities and actions of the NHS Hull CCG and providers.
(b)	It was agreed that six monthly reports be submitted to the Board going forward.

8.4 SAFEGUARDING CHILDREN QUARTERLY UPDATE (Q2) 2018-2019

The Director of Quality & Clinical Governance / Executive Nurse provided an update with regards to safeguarding children arrangements across the Hull area. The report set out how the CCG and commissioned providers were fulfilling legislative duties in relation to safeguarding children in accordance with the NHS England (NHSE) Accountability and Assurance Framework 2015 and Working Together 2015. It was suggested that six monthly reports be submitted going forward.

The CCG were working closely with the Local Authority (LA) and Police with regard to implementing the 2017 Children and Social Work Act before the end of March 2019 and the strong leadership of the CCG would be important to the success of future arrangements.

It was reported that Ofsted (Office for Standards in Education, Children's Services and Skills) were currently at the LA and from initial feedback there were concerns with regard to Child and Adolescent Mental Health Services (CAMHS).

Resolved

(a)	Board Members noted this report in relation to safeguarding children activity and the responsibilities and actions of the NHS Hull Clinical Commissioning Group and providers.

9. STANDING ITEMS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 2 NOVEMBER 2018 / 7 DECEMBER 2018

The Director of Integrated Commissioning provided the update reports for information.

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Reports for 2 November 2018 and 7 December 2018.

9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 23 OCTOBER 2018 / 27 NOVEMBER 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 23 October 2018 and 27 November 2018.

9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 13 NOVEMBER 2018

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

It was noted that from the three recent internal audits with regard to systems and control that had been undertaken there had been no recommendations and concerns were expressed with regard to this.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 13 November 2018.

9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 26 OCTOBER 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 26 October 2018.

10. GENERAL

10.1 POLICIES

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

- Disciplinary Policy

There were no significant changes.

Resolved

(a)	Board Members ratified the policies.

10.2 EU EXIT OPERATIONAL READINESS GUIDANCE FOR THE HEALTH AND CARE SYSTEM

The Director of Integrated Commissioning provided Board Members with the latest letter and guidance with regard to the above. It was noted that Page 25/26 of the guidance 'Card 2 – Action Card for Commissioners' set out the CCG's responsibilities. It was also noted that the Director of Integrated Commissioning was engaged with the A&E Delivery Board who had been updated with regard to the guidance yesterday (24 January 2019).

Further guidance was awaited and assurance was provided that the CCG were engaged with all the calls that were taking place and would be involved in any command/control procedures which may be planned. It was also acknowledged that the Communications & Engagement Team were having regular calls and the frequency of these would increase nearer the time.

The CCG Board had a responsibility to be assured that local health providers, as Category 1 responders under the Civil Contingencies Act 2004, had prepared appropriately for any potential impacts.

It was agreed that the Board would continue to be updated regularly on this matter.

Resolved

(a)	Board Members note the verbal update provided.

11. REPORTS FOR INFORMATION ONLY

11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 2 NOVEMBER 2018 / 7 DECEMBER 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 2 November 2018 and 7 December 2018.

11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 23 OCTOBER 2018 / 27 NOVEMBER 2018

The Chair of the Quality and Performance Committee provided the minutes for 23 October 2018 and 27 November 2018.

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 24 July 2018 and 25 September 2018.

11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 13 NOVEMBER 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 13 November 2018.

11.4 PRIMARY CARE COMMISSIONING COMMITTEE – 26 OCTOBER 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 26 October 2018.

12. ANY OTHER BUSINESS

There were no items of Any Other Business.

13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 22 March 2019** 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

AGM	Annual General Meeting
AHCSP	Active Humber County Sports Partnership
AHPs	Allied Health Professionals
AIC	Aligned Incentive Contract
BAF	Board Assurance Framework
C&E	Communications and Engagement
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CD	Controlled Drugs
CHCP	City Health Care Partnership
CiC	Committee in Common
CoMs	Council of Members
CQC	Care Quality Commission
CRNs	Clinical Research Networks
CVS	Community Voluntary Service
DHRs	Domestic Homicide Reviews
DOIC	Director of Integrated Commissioning
E&D	Equality & Diversity
ED	Emergency Department
EPRR	Emergency Preparedness, Response and Resilience
EQIA	Equality Impact Assessment
FFT	Friends and Family Test
GDPR	General Data Protection Regulation
HC&L	Hull Culture & Leisure Ltd
HC&V	Humber Coast and Vale
HCC	Hull City Council
HCVHCP	Humber Coast & Vale Health Care Partnership
HEYHT	Hull and East Yorkshire Hospitals
HEYHT	Hull & East Yorkshire Hospitals NHS Trust
HHCFG	Healthier Hull Community Fund Grant
HPBPSPB	Hull Place Based Plan Strategic Partnership Board
HSCB	Hull Safeguarding Children Board
Humber FT	Humber Teaching NHS Foundation Trust
HYMS	Hull York Medical School
IAGC	Integrated Audit & Governance Committee
IAPT	Improving Access to Psychological Therapies
ICC	Integrated Care Centre
ICP	Integrated Care Partnerships
ICS	Integrated Care System
(IiE)	Investors in Excellence
JCF	Joint Commissioning Forum
LA	Local Authority
LAC	Looked After Children
NHSE	NHS England
OD	Organisational Development
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCQ&PC	Primary Care Quality and Performance Committee
PDR	Performance Development Review

PHE	Public Health England
PPGs	Patient Participation Groups
PTL	Protected Time for Learning
Q&PC	Quality & Performance Committee
RfPB	Research for Patient Benefit
RTT	Referral to Treatment
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership
TCP	Transforming Care Programme