

Item: 3

CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 22 MARCH 2019, 9.30 AM, THE BOARD ROOM, WILBERFORCE COURT

PRESENT:

Dr D Roper, NHS Hull CCG (Chair)
Dr J Moulton, 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)
E Sayner, NHS Hull CCG (Chief Finance Officer)
J Stamp, NHS Hull CCG (Lay Representative)
K Marshall, NHS Hull CCG (Lay Representative)
M Whitaker, NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

C O'Neill, NHS Hull CCG (STP Programme Director)
J Crick, NHS Hull CCG (Consultant in Public Health Medicine and Associate Medical Director – *Item 7.4*)
J Weldon, Local Authority (Director of Public Health and Adults)
M Longden, NHS Hull CCG (Corporate Affairs Manager) - *Minute Taker*
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)

WELCOME AND INTRODUCTIONS

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

1. PATIENT STORY

Two videos were shown with regard to:

1. Teaming up for Health; this was a club led by Hull Kingston Rovers, the club was aimed at men aged over 35 year of age, whom may have dropped out of fitness activity and the club was looking to encourage them to get back into exercise.
2. Old Faithfull Dementia Project; part of the Team up for Health project run by Hull Kingston Rovers and Hull Football Club to tackle social isolation. The team go into care home settings and provide the opportunity for people to meet and talk.

Resolved

(a)	Board Members noted the videos and their content.
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2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

Dr A Oehring, NHS Hull CCG (GP Member)

Dr D Heseltine, NHS Hull CCG (Secondary Care Doctor)
Dr R Raghunath, NHS Hull CCG (GP Member)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)

The Chair advised of the leavers and new starters to the Clinical Commissioning Group (CCG) Board.

Dr Scot Richardson, GP Board Member was thanked for all of his hard work over the last couple of years on the Board and particularly in relation to extended access and the formation of groupings. Dr Richardson thanked the Board for their support in which he felt he had developed as a leader and could help further improve patient care.

Thanks were also conveyed to Dr Raghu Raghunath, GP Board Member, who was not present at the meeting but whom was one of the longest serving Board Members from the time of locality and shadow form of the CCG.

Erica Daley, the Director of Integrated Commissioning would be retiring from this role at the CCG and the Chair expressed his and the Board Members thanks for a fantastic job both from a professional and personal perspective.

It was noted that Dr Masood Balouch and Dr Bushra Ali would be joining the CCG as GP Board Members from 1 April 2019.

3. MINUTES OF THE PREVIOUS MEETING HELD ON 25 JANUARY 2019

The minutes of the meeting held on 25 January 2019 were approved, subject to the following addition:

APOLOGIES FOR ABSENCE

The addition of Julia Weldon, Director of Public Health and Adults

Resolved

(a)	The minutes of 25 January 2019 were approved subject to the above amendment and would be signed by the Chair.
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3.1 MINUTES OF THE EXTRAORDINARY BOARD MEETING HELD ON 22 FEBRUARY 2019

The minutes of the meeting held on 22 February 2019 were approved, subject to the following addition..

PRESENT:

The addition of J Weldon, Director of Public Health and Adults

Resolved

(a)	The minutes of 22 February 2019 were approved subject to the above amendment and would be signed by the Chair.
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4. **MATTERS ARISING / ACTION LIST FROM THE MINUTES**

The updates to the Action List from the meeting held on 25 January 2019 were provided for information.

- 7.5 New physical activity strategy towards an active Hull – Both actions had been completed and an initial meeting had taken place. The Status of Action was 'Completed'.
- 8.1 Quality and Performance Report - Two meetings had taken place and a report was due to be submitted to the Quality and Performance Committee on 26 March 2019. The Status of Action was 'In Progress'.
- 8.3 Safeguarding Adults Quarterly Update – The Status of Action was 'Completed'.

Resolved

(a)	That the action list and updates provided be noted.
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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.

Any approved items of Any Other Business to be discussed at item 13.

Resolved

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

- (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 and Action Taken
Dr S Richardson	8.3	Financial Interest as GP Partner at James Alexandra Family Practice that provided extended access. – The declaration was noted and the

Name	Agenda No	Nature of Interest and Action Taken
		Member would remain present on account of no decision being required on the item.

Resolved

(a)	The above declaration was to be noted.
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6.2 GIFTS AND HOSPITALITY DECLARATIONS

There had been no Gifts and Hospitality Declarations made since the Board Meeting in January 2019.

Resolved

(a)	Board Members noted that there had been no gifts and hospitality declarations since the Board Meeting in January 2019.
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6.3 USE OF CORPORATE SEAL

Board Members noted the use of the seal since the last report in January 2019.

The seal had been used for a contract for the use of Alexandra Wharf Car Park from 16 February 2019 – 15 February 2020; this had a value of £32,070.

The Associate Director of Corporate Affairs informed Board Members that this was a voluntary scheme and staff paid membership costs.

Resolved

(a)	Board Members noted the use of the Seal since January 2019.
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6.4 APPOINTMENT OF BOARD MEMBERS

The Corporate Director of Corporate Affairs updated Members of the Board that at the Council of Members (CoM) had duly ratified the following appointments to the Clinical Commissioning Group (CCG) Board at their meeting on 07 March 2019, the CoM Representatives.

Dr Dan Roper as GP Board Member and Chair of NHS Hull CCG.

Dr Bushra Ali, Dr Masood Balouch, Dr Amy Oehring, Dr James Moulton and Dr Vince Rawcliffe as GP Board Members and Karen Marshall and Jason Stamp as Lay Representatives.

The standard length of appointments was 2 years; however there may be an increase or decrease to the term to avoid all posts being renewed at the same time. It was advised that the Chair would be meeting with the relevant post holders to discuss this and their portfolios and areas of responsibilities.

Resolved

(a)	Board Members noted the update on the appointment of Board Members.
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6.5 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs introduced this item to Members.

In summary, there were currently 26 risks on the CCG risk register. Of these, 18 had a risk rating of high or extreme (that was a score of 8 or above) and were therefore included for Board consideration. The total number of risks had shown a net decrease of two over the previous twelve months. These were detailed within the report provided.

It was reported that the net movement of risk ratings on the register remained low; over the previous six months 81% had maintained their rating, 13% had increased their rating and 6% had reduced their rating. Updates to the risks could be seen within the progress column.

Board Member's attention was drawn to risk 839 – "*Waiting Times for Children and Young People Autism, Assessment and diagnosis exceeded the national 18 week target*". A progress update was detailed within the report and it was noted that this risk had been discussed at the Quality and Performance Committee (Q&PC) where it was agreed that there was a requirement to split the risk to have two distinctive elements and realign the risks to the relevant Committees if required.

It was highlighted that a Board to Board Meeting with Humber Teaching NHS Foundation Trust (Humber TFT) was due to take place on 27 March 2019 where this risk would be discussed. The Chief Officer advised that she had also made Humber TFT's Chief Executive aware of the CCG's concerns. It was advised that the risk register would be updated following the meeting.

The Chair of the Integrated Audit and Governance Committee (IAGC) said that it had been a good year in terms of risks which were being reviewed and updated on a regular basis.

With regard to risk 902 – "*CCG Practices unable to maintain a resilient primary care workforce*" – it was noted that strategies were being combined into an overall workforce strategy, which would focus on attracting people into the profession as well as looking at why people were leaving the profession.

It was reported that in relation to Risk 919 – "*the homecare market in Hull may be unable to deliver services to meet the needs of complex continuing healthcare (CHC) Service Users that there was a risk that the current lack of capacity in the homecare market may affect delayed transfers of care (DTOC) particularly over the winter months*". It was noted that this risk was regularly updated to reflect issues and work with home care providers was taking place to look at contractual arrangements and a different approach to operation and service hours. This would help plan for the future. There was also a recommissioning of the home care model and how this linked with primary care networks, which in turn should provide greater stability. It was felt that the risk rating was an accurate reflection on the position.

The Director of Public Health and Adults agreed to provide an update on this risk at a future Board Meeting.

Resolved

(a)	That risk 839 be updated as required following the meeting with Humber
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	Teaching NHS Foundation Trust.
(b)	Board Members note the updates provided to the risk register.

6.6 BOARD ASSURANCE FRAMEWORK

The Associate Director of Corporate Affairs presented the Board Assurance Framework (BAF) for approval.

The BAF was submitted to the Board on a bi annual basis and provides the updated position against the assessed risks to the strategic objectives.

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

The risk ratings within the BAF were broken down as follows:

Risk Category	Number of risks
Extreme	7
High	33
Moderate	3

All risks had maintained their initial risk rating, with the exception of Risk 11.3 which had slightly increased in year. The updates to risks had been highlighted in red within the report.

An update was provided an update in relation to risk 3.4 “*Attainment of NHS Constitution standards / Failure to secure sufficient diagnostic capacity and insufficient capacity within specialist teams*”. Capital bids were received and their impact would be assessed and reflected in the new BAF, as appropriate.

Board Members noted that some diagnostic work had been completed and the capital investment was part of the solution. The £88 million capital programme would support this work; this would be underpinned by 7-8 key components and several business cases. He continued to say that work was been completed in relation to diagnostics and a update would be brought to a future board meeting.

It was noted that the BAF was received at every meeting of the Integrated Audit and Governance Committee (IAGC), and whilst the strategic risks were reflected it was felt there were too many risks. Board Members agreed the BAF needed to be more focussed on managing the highest risks which related to the CCG’s 2019/20 strategic objectives.

The Associate Director of Corporate Affairs advised that this year initial objectives would be agreed with the Senior Leadership Team, followed by discussion with all Board Members at a Board Development Session to determine if there were any additional risks to be included.

Resolved

(a)	Board Members approved the Board Assurance Framework.
(b)	Initial Strategic risks were to be scoped with Senior Leadership Team.

(c)	Strategic Risks were to form part of a Development Session with Board Members.
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6.7 CHIEF OFFICER'S UPDATE REPORT

The Chief Officer provided a Chief Officers update for March 2019 featuring news and highlights from NHS Hull Clinical Commissioning Group (CCG).

The update included the following:

Jean Bishop Integrated Care Centre (ICC)

This was featured on NHS England's (NHSEs) website dedicated to the long term plan and the leading case study in the Ageing wall section and the touching film of how the ICC made a difference to Ray Eshelby.

CCG Board Changes

The Chief Officer advised that there would be various changes to CCG Board and some members would be leaving or joining shortly.

Thanks were conveyed to:

Dr Scot Richardson, GP Board Member who had provided some fantastic leadership. It was highlighted that he had made such a difference in many areas he had been involved in, juggling his different roles in local health care. He was a key clinical leader for the future and the CCG wanted to continue engaging him in other CCG work.

Dr Raghu Raghunath, GP Board Member who was one of the CCG's original GP Board Members, from the shadow Board in 2012. It had been a pleasure to work with over the last six years, providing invaluable input into the CCG and clinical programmes.

Erica Daley, Director of Integrated Commissioning retired from the role at the end of April 2019. Her enthusiasm and passion for improving services across health and social care was evident in the excellent work she had led around the Integrated Care Centre (ICC) and out of hospital strategy. The Chief Officer was very proud of what she had achieved and felt lucky to be able to retain her at the CCG in a different role.

The Chief Officer advised she was delighted that the Council of Member Representatives had confirmed the following re- appointments:

Dr Dan Roper as GP Board Member and Chair

Dr Amy Oehring, Dr James Moulton and Dr Vince Rawcliffe as GP Board Members

Karen Marshall and Jason Stamp as Lay Representatives

New appointments were Dr Bushra Ali and Dr Masood Balouch who would be welcomed to the Board as GP Board Members from 1 April 2019.

NHS Staff Survey 2018

The Chief Officer was delighted with the results of the NHS Staff Survey 2018. The response rate at NHS Hull CCG was 84%, which was the highest of the eight CCGs in the North Yorkshire and Humber area for the second year running. She expressed that staff were the biggest asset to the organisation and the Health and

Well-Being Group (H&WBG) continued their work to address the concerns raised within the survey.

Strategic Update

The size of the Humber Acute Services Review (HASR) Board had been reduced to enable more focus on the work that needed to happen at the five hospital sites to include meeting population health and ensuring services were sustainable. A more in depth update on this would be provided later in the meeting.

Israeli Health System Health Learning

Exploration of how the healthcare system in Hull could learn from the Israeli health system, specifically the largest health care provider “Clait” which was a primary care led system supporting 8.5 million people. This would be looked at further in a Board Development Session.

CCG Annual Report

In preparation for the Annual review the CCG had submitted their Quality of Leadership and Patient Involvement assessments. The CCG would receive the assessment rating from NHS England (NHSE) on 4 June 2019. It was reported that this year the assessment was more focussed around constitutional delivery. The Chief Officer thanked everyone involved for their contribution with putting together the documentation and evidence.

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 HEALTH AND CARE PARTNERSHIP UPDATE

The Programme Director provided a verbal update; this detailed the current highlights as well as the next steps for the programme.

An Executives meeting was held on 21 March 2019, which included an update on the Yorkshire and Humber (Y&H) care records which was a key enabler to shared access across the patch.

A presentation had also been provided at the above meeting, which regard to population and health management to help people understand the terminology used and the need for a standard approach.

Other updates included:

The strategic review for the Scarborough area was now public. A lot of work had gone into ensuring the format was acceptable to all stakeholders.

With regard to primary care, there had been a number of challenges around allocation and transformation funding and work continued in this regard.

Collaborative support and resource in relation to management and leadership was being developed on an incremental basis. This was being shared between organisations, on a fixed term basis and via secondment agreements. It had been

agreed staffing arrangements needed to be formalised so certainty could be provided at all levels and resources directed appropriately. It was agreed that an update on resource would be brought back to a future meeting.

The Director of Public Health and Adults advised that a she had seen a management presentation on population health that looked at Hull and East Riding (H&ER). It was suggested that this could form part of a future development session.

Resolved

(a)	Board Members noted the contents of the report.
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7.2 HULL PLACE BASED PLAN BOARD UPDATE

The Director of Integrated Commissioning provided a verbal update with regard to the work of the Hull Place Based Plan Board. This was in addition to the update provided at the previous Board Meeting.

The Hull Place Based Plan (HPBP) Strategic Partnership Board was now focussing on the Beverley Road Project. The project would include all public agencies such as Health, Humberside Fire and Rescue Service and Humberside Police working together to deliver services within the Beverley Road Area of Hull.

The analysis provided at the previous Board meeting was being used to look at how the Beverley Road Area would benefit from multi-agency working. The multi-agency working would include a focus on community, housing and environmental health. This had been taken to the Strategic Partnership Board and agreed and workshops had been planned to look at the four work streams identified these were as follows:

1. Benefits and Realisation
2. Data Intelligence
3. Workforce Data
4. Community Engagement

It was further reported that there were also 53 indicators across the partnership organisations; these were now been measured to see the impact from the project.

The likely site for co-locating services was expected to be the old Endeavour School site on Beverley Road.

It was highlighted that there was a real commitment to progressing this work.

A further update would be brought to a future meeting.

Resolved

(a)	The Board noted the verbal update provided.
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7.3 OPERATIONAL AND FINANCIAL PLAN

The Director of Integrated Commissioning and Chief Finance Officer provided a presentation on the Hull Clinical Commissioning Group (CCG) Operating Plan for 2019/20. See below:



Operational Plan

The presentation detailed how the CCG intended to deliver the key priorities and outcomes as outlined within the NHS Long Term Plan. Information regarding the financial plan, assumptions, timelines and key dates of submissions were included.

The following points were noted:

- The themes of the long term plan were provided and it was noted that conversations were taking place with providers on how collaboration could achieve better outcomes for patients.
- Strategic priorities these included early intervention and prevention, integrated commissioning and integrated delivery. These followed on from last year's operational plan. It was felt these were working well.
- The governance and contracting arrangements continued to embed.
- Highlights from 2018/19 were included; work had taken place to evaluate the ICC and frailty pathways in care homes and outreach. A 28% reduction in care homes could be seen. There had also been a 4% reduction in elective and non-elective demand. In addition to this increased activity could be seen across community integrated urgent care.
- The key delivery areas were Integration, Primary Care Networks, Urgent Care, Acute Care, Acute Care, Starting Well, Vulnerable People and Personalisation.
- Triple Integration was mentioned in the Long Term Plan (LTP) this included primary and specialist care, health with social care and physical and mental health services. These areas would form part of the model to deliver services. Clarification was sought as to whether Hull would have a Rapid Response Centre and it was confirmed that no centre would be located in Hull.
- There were 11 critical factors to success, this included development of a new workforce and optimisation of digital technology.

2019/20 Financial Plan

- The Healthcare Allocations for 2019/20 had been uplifted by 5.2% (£21 million) plus £2.4 million of growth for Primary Care. This was following the ten year plan which included significant changes and a rework of the plan for expenditure.
- Additional funding included transfer to CCGs of elements of Provider Support Funding. Teams were working with the Acute Trust to determine what this would look like.
- The overall position was detailed as shown below, this was slightly over target. This was the 2019/20 distance from target of -1.06% (2018/19 = + 2.31%). The movement was largely due to changes in methodology for calculating target.
- A separate allocation for running costs of £6.2m was available this was part of the Aligned Incentive Contract (AIC) for the hospitals. It was highlighted that if CCG's were within 5% over or under this was deemed as 'in tolerance'.
- Mental Health Services and Primary Care had received an increased investment.

- The business rules were highlighted.
- An overview of the CCG recurrent programme budgets, non-recurrent programme budgets and running costs budgets were provided. In addition to this the 2019/20 summary of budgets were discussed. This included a total allocation of £491.0 million, expenditure of £475.7 million and a surplus of £15.3 million.
- The Chief Finance Officer highlighted that there was a challenge to get best value for money from everything.
- An overview of key dates was provided this included the submission of the final 2019/20 Operating Plan for both Commissioners and Providers on 4 April 2019.
- The final Humber, Coast and Vale Partnership (HCVP) 2019/20 Operating Plan submission (system-aligned) on 11 April 2019.
- The Long-Term Plan Implementation Framework was due to be published in April 2019.

Resolved

(a)	That the presentation and updates on the Operational and Financial plan were noted.
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7.4 HEALTH RESEARCH, INNOVATION, EVALUATION AND IMPROVEMENT STRATEGY 2019 - 2022

The Director of Quality and Clinical Governance/ Executive Nurse and Consultant in Public Health Medicine / Associate Medical Director provided an overview with regard to the Partnership Strategy for Research, Innovation, Evaluation and Improvement.

The Strategy had been jointly developed by Hull Clinical Commissioning Group (CCG), Hull City Council (HCC) and Hull York Medical School (HYMS).

The vision set out was to support research, innovation, evaluation and improvement, as evidence-based interventions could measurably enhance health care and improve the perceptions of the experience of that care by patients, families, and staff in Hull.

The aim of the Strategy was to increase and grow staff awareness, skills and knowledge of using the principles and practice of research, innovation, evaluation, learning and improvement work. In addition to building on the capacity and capability to undertake research, innovation, evaluation and improvement work with a focus on out-of-hospital care, whatever the setting and increase the involvement by patients and people in Hull in the research cycle from ideas to practice.

Board Members were advised that the intention of the Strategy was to build on previous research and broaden and evaluate improvements to build these into the day to day commissioning cycle. It was further advised that a detailed action plan overseen by the Research and Development (R&D) Steering Group would support the Strategy.

Discussion took place and the CCG Chair conveyed that he would like to see more work with Hull York Medical School (HYMS) who were now an academy and relevant to practice both in primary and secondary care.

The Director of Public Health and Adults endorsed the policy on behalf of the Local Authority (LA) Public Health Team.

Resolved

(a)	The Board noted the contents and approved the Health Research, Innovation, Evaluation and Improvement Strategy 2019 – 2022.
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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 and Performance Report for February 2019. This provided a corporate summary of overall CCG performance and the current financial position.

Finance

The financial position for the year to date remained that statutory financial targets of the Clinical Commissioning Group (CCG) would be achieved and no issues were expected.

It was reported that the Integrated Audit and Governance Committee (IAGC) had started external scrutiny and the Auditors were working on site to oversee the external audit process.

Performance and Contracting

Since December 2018, the Accident and Emergency (A&E) 4 hour waiting time target had deteriorated significantly. It was noted that locally reported performance during January and February 2019 had seen further deterioration and variation on a daily basis, with no direct correlation between the number of attendances and the performance delivered.

Referral to Treatment (RTT) 18 weeks waiting times performance at Hull University Teaching Hospitals NHS Trust (HUTHT) had deteriorated slightly in December 2018, reporting 81.99%, failing to achieve the local improvement trajectory (82.50%).

62-day cancer waiting times continue to underperform against the national standard. The cancer commissioning lead met regularly with the HUTHT senior cancer team to review barriers to change and how progress could be made. Discussion took place and it was highlighted that the CCG were working with providers to facilitate and support them to improve performance, although it was highlighted that some areas were continually not meeting the required target.

Diagnostic test 6-week waiting times continued to breach target with a deterioration in performance reported from the previous month.

Quality

A summary of the quality and performance measures that had been presented through the Quality Forums, Contract Management Boards (CMBs) of each of the CCG providers and provided assurance to the Quality and Performance Committee (Q&PC) in relation to service quality (patient safety, service effectiveness and

patient experience) was provided. Areas of good practice were presented alongside those that required actions and improvement.

Currently no provider was on enhanced surveillance, bi-monthly returns were being reviewed by the Humber and North Yorkshire Quality and Surveillance Groups.

Key Issues for each provider were noted within the report:

The Director of Quality and Clinical Governance/Executive Nurse stated that performance against constitutional targets where patients were not receiving timely care and was a challenge to patients was continually being reviewed and assurance sought and details of any impact to patients obtained.

Resolved

(a)	Board Members noted the update along with the contents of the Quality and Performance Report.
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8.2 HUMBER ACUTE SERVICES REVIEW UPDATE

The Chief Officer provided a report of the Humber Coast and Vale Health and Care Partnership (HCVHCP) Humber Acute Services Review (HASR) Programme.

The report provided an update on the ongoing work of the Humber Acute Services Review (HASR) being carried out by the Humber, Coast and Vale Health and Care Partnership (HCVHCP).

Across the Humber area, local health and care organisations were working in partnership to improve services for local populations. Partner organisations were working together to carry out a review of how acute hospital services were provided in the Humber area across the five hospital sites:

The review would consider how to provide the best possible hospital services for the people of the Humber area within the resources available to partner organisations.

It was reported that the report reflected of the position with regard to the six specific specialties: Critical Care, Cardiology, Specialist Rehabilitation, Neurology, Oncology and Stroke.

The Chief Officer further advised that she was now the Chair of the HCV (HASR) and she had reviewed the membership of the Steering Group and subsequently reduced the number of attendees. Two meetings had taken place in which every speciality had been discussed to include what the issues were and the areas required attention.

Andy Rhodes had been appointed as a Clinical Chair and Sarah Lovell, Director of Collaborative Acute Commissioning, would be commencing in post in May 2019 working across the four CCG's in the Humber area, accountable to the CCG's Chief Officer.

This role would be primarily responsible for the delivery of the joint approach of commissioning acute services across the four Humber CCGs.

Patient and public involvement was key to the work and numerous focus groups had been held.

It was reported that there was a lot of work to do and a further update would be provided as things moved forwards.

Resolved

(a)	Board Members noted the contents of the report on the Humber Acute Services Review (HASR).
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8.3 EXTENDED ACCESS

Dr S Richardson declared a financial interest in relation to agenda no 8.3 that he was a GP Partner at James Alexandra Family Practice that provides extended access – The declaration was noted.

The Director of Integrated Commissioning provided an update with regards to extended access. It was advised that the Head of Commissioning – Integrated Delivery and Dr Scot Richardson, GP Board Member had led on this particular piece of work.

The service went live in October 2018, and was being delivered by City Health Care Partnerships (CHCP) and was operational in Bransholme Health Centre, East Park Practice and Wilberforce Health Centre. The service delivered 149.5 hours of clinical hours per week.

It was advised that a range of clinical appointments were available to include Physiotherapist, Clinician, Nurse Practitioner, Practice Nurses Health Care Assistants and Clinical Pharmacists these included face to face and telephone appointments.

It was reported that all of the GP practices across the city have now booked patients into the service and since January 2019 utilisation of appointments was consistently above 70%.

Discussion took place and it was advised that further consideration would take place in light of the new GP Framework and network Directed Enhanced Service (DES). This would focus on how work was implemented within primary care networks moving forwards.

The CCG Chair notified Board Members that they had been a presentation on extended access provided at the Council of Members (CoM) Meeting and it was felt that this was very interesting as this showed the rate of utilisation for practices. It was felt that a further breakdown of the utilisation rates would be beneficial.

Resolved

(a)	Board Members noted the updates provided in relation to extended access.
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8.4 DESIGNATION OF COMMISSIONER REQUESTED SERVICES (CRS)

The purpose of this report submitted by the Chief Finance Officer was to outline the approach undertaken by NHS Hull Clinical Commissioning Group (CCG), in

conjunction with NHS East Riding of Yorkshire CCG, to designate Commissioner Requested Services (CRS). This was a statutory requirement.

On 01 April 2016 all NHS services provided by NHS Foundation Trusts lost their automatic ('grandfathered') status as CRS. CRS designation worked to provide assurance to commissioners for the continuity of provision for 'hard to replace' services. Each CCG had a statutory duty to designate services as CRS in the event of provider failure and were obliged to provide financial information and assurance on their financial stability.

The report provided an overview of the CCG work undertaken to identify, review and re-designate CRS in line with NHS Improvement's (NHSI) designation framework. The report also detailed how the CCG would fulfil its statutory obligations with regard to ensuring continuity of healthcare services for the population of Hull, should a provider become significantly financially distressed.

Both CCG's reviewed all services commissioned across all providers and assessed whether they were to be designated commissioner requested services (CRS) through three processes, Phase 1 Prepare, Phase 2 Initiate and Phase 3 Assess.

The detailed outcome of the review was provided with the report as Appendix A.

It was proposed both CCG's continued to work collaboratively to engage with providers upon the outcomes of the review and designation process. Subject to the agreement with the provider, each contract would be varied to reflect the designation of services under CRS and it was proposed that this would be concluded as part of the renewed contract for 2019/20 onwards. This was discussed and Board Members approved this approach.

Resolved

(a)	The Board Members approved the approach to the review undertaken for the designation of Commissioner Requested Services.
(b)	The Board Members approved the outlined overall strategic direction and the next steps and timeline for full implementation to contracts from 01 April 2019 or as soon as deliverable thereafter.

9. INTEGRATED COMMISSIONING

There were no items to discuss.

10. STANDING ITEMS

10.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 4 JANUARY 2019 AND 1 FEBRUARY 2019

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 4 January 2019 and 1 February 2019.
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10.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 18 DECEMBER 2018 AND 22 JANUARY 2019

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 18 December 2018 and 22 January 2019.
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10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 15 JANUARY 2019

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 15 January 2019.
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10.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 14 DECEMBER 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 14 December 2018.
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11. GENERAL

11.1 POLICIES

The Director of Quality and Clinical Governance/Executive Nurse had provided the following policy for ratification.

- Starting Salaries and Reckonable Service

Resolved

(a)	Board Members ratified the Starting Salaries and Reckonable Service policy.
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11.2 EU EXIT OPERATIONAL READINESS GUIDANCE FOR THE HEALTH AND CARE SYSTEM

The Director of Integrated Commissioning provided a presentation on the NHS EU Exit and NHS operational Arrangements see below:



Item 11.1 - NHS EU Exit

It was reported that NHS funded organisations were expected to test existing business continuity and incident management plans against EU Exit risk

assessment scenarios to ensure that they were fit for purpose. Seven areas of activity had been identified by the Department of Health and Social Care, these were as follows:

1. Supply of medicines and vaccines;
2. Supply of medical devices and clinical consumables;
3. Supply of non-clinical consumables, good and services;
4. Workforce;
5. Reciprocal healthcare;
6. Research and clinical trials; and
7. Data sharing, processing and access.

A background of the arrangements in place through the Emergency Preparedness Resilience and Response (EPRR) was provided. It was reported that the Clinical Commissioning Group (CCG) were a Level 2 category responder which meant there was not a requirement to provide NHS England (NHSE) with assurance regarding arrangements. It was confirmed that Provider organisations had to provide assurance and situation reports (SitReps) straight to NHS England (NHSE).

Objectives had been set and these included the consideration to the potential impact on patient care post EU Exit for the first 6, 12 and 24 months later. This was to raise awareness of the NHS response arrangements during the EU Exit period and post EU Exit, to capture key learning. It was emphasised that the intention of all government planning was to avoid disruption of services to patients or supplies.

Resolved

(a)	Board Members note the contents of the presentation and verbal update provided.
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12. REPORTS FOR INFORMATION ONLY

12.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 4 JANUARY 2019 / 1 FEBRUARY 2019

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 4 January 2019 and 1 February 2019.
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12.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 18 DECEMBER 2018 / 22 JANUARY 2019

The Chair of the Quality and Performance Committee provided the minutes for 18 December 2018 and 22 January 2019.

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 18 December 2018 and 22 January 2019.
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12.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 15 JANUARY 2019

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 15 January 2019.
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12.4 PRIMARY CARE COMMISSIONING COMMITTEE – 14 DECEMBER 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 14 December 2018.
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13. ANY OTHER BUSINESS

There were no items of Any Other Business.

14. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 24 May 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

ADCA	Associate Director of Corporate Affairs
BAF	Board Assurance Framework
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
CMBs	Contract Management Boards
CoM	Council of Members
CRS	Commissioner Requested Services
CQC	Care Quality Commission
CRNs	Clinical Research Networks
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
DES	Directed Enhanced Service
DHRs	Domestic Homicide Reviews
DOIC	Director of Integrated Commissioning
EPRR	Emergency Preparedness Resilience and

	Response
HASR	Humber Acute Services Review
HCC	Hull City Council
HCVHCP	Humber Coast & Vale Health Care Partnership
H&WBG	Health and Well-Being Group
(HUTHT)	Hull University Teaching Hospitals NHS Trust
HYMS	Hull York Medical School
HPBP	Hull Place Based Plan
Humber FT	Humber Teaching NHS Foundation Trust
IAGC	Integrated Audit & Governance Committee
ICC	Integrated Care Centre
LA	Local Authority
LTP	Long Term Plan
NHSE	NHS England
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
Q&PC	Quality & Performance Committee
RTT	Referral to Treatment
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership
TCP	Transforming Care Programme