

**Item: 3.1**

**CLINICAL COMMISSIONING GROUP BOARD  
MINUTES OF THE EXTRAORDINARY MEETING HELD ON FRIDAY 5 APRIL 2019,  
12.00 NOON, THE BOARD ROOM, WILBERFORCE COURT**

**PRESENT:**

Dr D Roper, NHS Hull CCG (Chair)  
Dr A Oehring, NHS Hull CCG (GP Member)  
Dr B Ali, NHS Hull CCG (GP Member)  
Dr M Balouch, NHS Hull CCG (GP Member)  
E Sayner, NHS Hull CCG (Chief Finance Officer)  
J Stamp, NHS Hull CCG (Lay Representative)  
K Marshall, NHS Hull CCG (Lay Representative)  
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)

**IN ATTENDANCE:**

C O'Neill, NHS Hull CCG (STP Programme Director)  
E Jones, NHS Hull CCG (Business Support Manager) - *Minute Taker*  
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)  
S Lee, NHS Hull CCG, (Associate Director of Communications and Engagement)  
C Denman, NHS Hull CCG, (Head of NHS Funded Care) – *Item 4.1 Only*

**WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and, in particular, Dr Ali and Dr Balouch who had commenced as GP Board Members on 1 April 2019.

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received and noted from:

D V Rawcliffe, NHS Hull CCG (GP Member)  
Dr D Heseltine, NHS Hull CCG (Secondary Care Doctor)  
Dr J Moulton, NHS Hull CCG (GP Member)  
E Daley, NHS Hull CCG (Director of Integrated Commissioning)  
E Latimer, NHS Hull CCG (Chief Officer)  
M Whitaker, NHS Hull CCG (Practice Manager Representative)  
P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)

**2. 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 5.

**Resolved**

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

#### 3.1 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

#### Resolved

(a)	There were no declaration of interests noted.
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### 4. INTEGRATED COMMISSIONING

#### 4.1 NHS FUNDED CARE / NHS CONTINUING HEALTHCARE

The Head of NHS Funded Care was welcomed to the meeting and introduced this item. He advised that the report set out the details of the proposal for increased resource required to address patient safety concerns and cross organisation reputational risks in relation to the delivery of the Continuing Healthcare (CHC) process.

Hull Clinical Commissioning Group (CCG) currently budgeted £362,339.00 for this service.

The proposal before Members was seeking approval for an additional £253,746.00 to fund CHC adult social care capacity at Hull City Council (HCC) and a further £108,593.00 to provide additional capacity at City Health Care Partnership (CHCP). The latter would be achieved through a variation to CHCP's contract to fund ongoing activity at a safe level until a full review of the process and pathway can be completed and an agreed Standard Operating Procedure (SOP) implemented.

The report was due to be submitted to the Committees in Common (CiC) on 17 April 2019 for approval.

It was noted that all reports that required submission to the CiC would be submitted through the CCG Board beforehand. Additionally, it was noted that the proposal for application of the additional resource had also previously been discussed and

supported by the CCG's Prioritisation Panel and Planning & Commissioning Committee (P&CC).

It was reported that there had been local and national policy change and CCGs were mandated to ensure that NHS Funded Care complied with these new arrangements. The specification had therefore been reviewed and updated in the light of this, with the additional resources identified to ensure successful delivery of the service.

It was acknowledged that there were challenges with regard to workforce and recurring resource was required to ensure that the service worked at its optimum.

Discussion took place and concern was expressed with regard to the scale of what was being requested as well as the additional workforce required. It was expressed that dedicated, consistent and robust support for Continuing Health Care (CHC) was needed to manage the issues.

Clarification was sought as to the measures the CCG would use to be assured that the funding was being utilised for the purpose intended. It was confirmed that mechanisms across all the spectrums of joint work would be put in place to manage the Continuing Healthcare (CHC) process and this would be tracked in a very transparent way.

Consequently, the Chair of the Integrated Audit and Governance Committee (IAGC) recommended that the caveat be made that, subject to approval being given, the additional funding only be provided when the workforce was put in place. This proposal was supported by Members.

It was confirmed that the CCG had funded, on a non-recurrent basis, additional capacity into the service for a number of years and the proposals addressed this situation on a longer term basis. The team would provide longer term case knowledge, which in turn would provide greater continuity to the decision-making process.

An operational monthly meeting had been established to monitor the work that was taking place. In addition quarterly meetings would also take place.

Clarification was also sought with regard to the potential risk for care packages increasing over the years although it was noted that there was no evidence to show that packages of care had not been adequately funded over the years.

It was acknowledged that there was always going to be a risk, although the CCG now more fully understood the process that was in place. The total resource required was £362,000.

Additionally, it was queried as to whether CHC had the capacity to deal with potential demand. It was acknowledged that there would need to be some recruitment to get the system resource that was needed in place and this would be reviewed in October 2019.

It was again stated that clear parameters were needed to ensure that people were in place prior to funding being provided.

(a)	Board Members agreed to apply the available funds to provide additional recurrent financial resource to deliver the management of Continuing Healthcare, of which £253,746.00 to be applied fund CHC adult social care capacity at Hull City Council (HCC) and £108,593.00 to provide capacity at City Health Care partnership (CHCP) – subject to the resource being released when confirmation that the additional capacity was successfully recruited and in post.
(b)	Board Members supported the proposed application of the additional resource as set out in the attached report; and supported the next steps in improving the local NHS funded care pathway.
(c)	Board Members agreed funding would be invested in administration of the pathway including Case management, Brokerage, invoicing and payments.

## 5. ANY OTHER BUSINESS

There were no items of Any Other Business.

## 6. 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

AGM	Annual General Meeting
BAF	Board Assurance Framework
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CHCP	City Health Care Partnership
CiC	Committees 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
HCC	Hull City Council
HCVHCP	Humber Coast & Vale Health Care Partnership
HEYHT	Hull and East Yorkshire Hospitals
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
LA	Local Authority

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
SOP	Standard Operating Procedure
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership
TCP	Transforming Care Programme

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