

## Item: 3

### CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 24 MAY 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 B Ali,	NHS Hull CCG (GP Member)
Dr D Heseltine,	NHS Hull CCG (Secondary Care Doctor)
Dr J Moulton,	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)
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)
E Jones,	NHS Hull CCG (Business Support Manager) - <i>Minute Taker</i>
J Weldon,	Local Authority (Director of Public Health and Adults)
R Roberts,	Local Authority (Head of Early Health) – <i>Item 9.1 Only</i>
S Lee,	NHS Hull CCG (Associate Director of Communications and Engagement)
S Smyth,	NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)

#### 1. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting including the members of the public and the newly appointed Director of Collaborative Acute Commissioning for the Humber Clinical Commissioning Groups (CCGs) who was observing the meeting.

Board Members acknowledged the very upsetting news with regard to Paul Jackson, Lay Member and Vice Chair of the NHS Hull CCG Board who had sadly passed away on 17 May 2019. Paul had joined Hull CCG when it was still in shadow form and his own senior professional career in both public and private sectors had brought much valued insight, particularly in relation to making strategic change work. His contribution to all the work he had undertaken on behalf of the CCG was recognised; in particular he was instrumental in the establishment of St Mary's Health and Social Care Academy which would be his proudest legacy in helping to create a healthier Hull along with his integrity, honesty and working always in the best interests of everyone.

It was reported that the Chair had been in contact with the Academy and a prestigious outstanding achievement student award was to be named in Paul's name.

Thanks were also conveyed by the Chair to the other CCG Lay Members for their support to the CCG during Paul's ill health.

The Chief Officer echoed the words of the Chair and said that Paul was a man of great integrity who put his heart and soul into the CCG and the work he had undertaken to support the students at St Mary's Health and Social Care Academy would indeed be his proudest legacy. His constant support to the CCG professionally and personally was appreciated.

The funeral would be held on Tuesday 4 June 2019, commencing at 10.30am at Chanterlands, Crematorium, Chanterlands Avenue, Hull, HU5 4EF.

The Director of Public Health and Adults also expressed condolences on behalf of the Local Authority (LA) for all the work Paul had undertaken.

The Associate Director of Communications and Engagement conveyed she had known Paul for 23 years and during this time he had always been a good leader and consistent in his delivery of the work of the CCG. His personal support over the years had also been extremely valued.

Thanks were also conveyed to the Associate Director of Corporate Affairs who had been in constant contact and had provided Paul with much support during his illness.

## **2. APOLOGIES FOR ABSENCE**

Apologies for absence were received and noted from:

Dr M Balouch, NHS Hull CCG (GP Member)

J Dodson, NHS Hull (Director of Integrated Commissioning)

M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)

## **3. MINUTES OF THE PREVIOUS MEETING HELD ON 22 MARCH 2019**

The minutes of the meeting held on 22 March 2019 were approved, subject to grammatical amendments in Items 7.3 and 8.3.

### **Resolved**

(a)	The minutes of 22 March 2019 were approved subject to the above amendments and would be signed by the Chair.
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## **3.1 MINUTES OF THE EXTRAORDINARY BOARD MEETING HELD ON 5 APRIL 2019**

The minutes of the meeting held on 5 April 2019 were approved as a correct record.

### **Resolved**

(a)	The minutes of 5 April 2019 were approved 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 22 March 2019 and 5 April 2019 were provided for information. No updates were required.

### **Resolved**

(a)	That the action list was 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
Jason Stamp	8.3	Indirect Interest - Partner works for Springfield Healthcare which is a Homecare Provider working in Hull. The declaration was noted.

### Resolved

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

The Gifts and Hospitality Declarations made since the Board Meeting in January 2019 were noted for information and the following amendment to the date (highlighted in bold) was made in relation to Declaration Number 24:

Dec Number	Recipients Name	Job Title	Date of receipt of offer of Gift/ Hospitality	Description of Gift/Hospitality (including date if applicable)	Individual/ Company giving or offering Gift/ Hospitality	Details of Previous Offers or Acceptance from this offeror/ supplier	Details of the Officer Reviewing and approving the declaration made and date	Reason for Gift/ Hospitality	Estimated Value	Action Taken/ Declined/ Accepted
24	James Moulit	GP Board Member	<b>17 December 2018</b>	To chair meeting on 14/02/19 relating to Direct Oral Anticoagulants	PFIZER	N/A	Mike Napier, Associate Director of Corporate Affairs 19.03.19	Offer in capacity as a GP	£190	Declined

## Resolved

(a)	Board Members noted that the gifts and hospitality declarations as at 13 May 2019.
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### 6.3 USE OF CORPORATE SEAL

Board Members noted that there had been no use of the seal since the last report in March 2019.

## Resolved

(a)	Board Members noted that there had been no use of the Seal since March 2019.
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### 6.4 CCG ANNUAL REPORT 2018-2019

The Associate Director of Communications and Engagement presented the CCG's Annual Report for 2018-2019 along with a presentation – see attached.



Item 6.4 - Annual Report - CCG Board 24

A copy of the final report had been provided to Board Members prior to the meeting and one large colour copy was available for Board Members to review.

The following key points were noted:

- The report reflected the NHS England (NHSE) template, which had a three part structure:
  - Part One: Performance Report
  - Part Two: Accountability Report
  - Part Three: Annual Accounts
- The performance report had a number of sections, which showed a snapshot of performance over the past year, including: an overview of CCG business and performance from the Chief Officer, the NHS Long Term Plan (LTP) and Ray's story being an LTP Case Study; how the CCG was discharging its statutory duty to involve local people and communities, and the CCG's actions to improve quality and reduce health inequalities.
- An overview was provided of the main progress within the Hull Health and Care Place Plan during 2018-19.
- The Jean Bishop Integrated Care Centre (ICC) was featured, as well as improving quality in terms of delivering safe, high quality services.
- The Staff Report section, contained information on inclusion, diversity, modern slavery, staff composition, policies and a snapshot of activities to improve staff wellbeing.
- The final report submission deadline to NHS England (NHSE) was 9.00am on Wednesday 29 May 2019 and the report would be published online on 14 June 2019.

Discussion took place and Board Members were requested to particularly note the Remuneration and Staff Report section on Pages, 69, 70, 71, 72 and 73 and to review in order to be assured that this was an accurate reflection.

It was noted that, with regard to Page 72, GP Member's pension related benefit details had been removed due to their practitioner membership of the NHS pension scheme.

The Annual Report, including the Annual Governance Statement, had been reviewed and discussed in detail at the Integrated Audit and Governance Committee (IAGC) on 23 May 2019. The Committee was content to provide assurance to the Board as to the accuracy of the report's contents.

Thanks were conveyed to the Communications & Engagement Team for the huge amount of work undertaken in producing the report, which provided an opportunity to share the CCG's story.

Board Members were requested to contact the Associate Director of Communications & Engagement directly should they require any amendments to be made

### **Resolved**

(a)	Board Members noted the contents of the Annual Report for 2018-2019.
(b)	Board Members were requested to contact the Associate Director of Communications & Engagement directly should they require any amendments to be made.

## **6.5 ANNUAL ACCOUNTS 2018-2019**

The Chief Finance Officer presented Board Members with the finalised version of the Annual Accounts for 2018-2019, (which had been distributed prior to the meeting as well as being tabled) following the completion of the external audit carried out by Mazars (appointed External Auditors).

The Annual Accounts were a financial summary of the CCG's performance during the year. It was a statutory requirement to produce the annual accounts and having strong financial governance and performance was vital in the CCG being able to deliver its statutory duties.

The draft annual accounts had been fully reviewed in detail by the Integrated Audit and Governance Committee (IAGC) at the Extraordinary meeting on 18 April 2019, following which the audited accounts had been reviewed at the Extraordinary IAGC meeting 23 May 2019.

The particular focus from the CCG's external auditors, Mazars, was to ensure that the accounts reflected a true position as well as ensuring value for money spent by the CCG.

The adopted Accounts for 2018-2019 would be submitted to NHS England (NHSE) on Tuesday 28 May 2019.

It was stated that this was the sixth year of the production of a clean set of CCG accounts and Board Members noted the accounts reflected another fantastic year of financial performance. Thanks were expressed to the CCG's Finance Team in terms of financial control and management with the production/contribution of the annual accounts. This sentiment was also conveyed by the IAGC Chair as well as the Chief Finance Officer.

It was noted that the CCGs Auditors had changed from KPMG to Mazars in April 2017. Discussion took place and it was proposed and agreed that the Annual Accounts would be shared with the Council of Members (CoM) for information.

**Resolved**

(a)	Board Members approved and adopted the Annual Accounts for 2018/2019.
(b)	It was agreed that the Annual Accounts be shared with Council of Members for information.

**6.6 AUDIT COMPLETION REPORT 2018-2019**

The Chief Finance Officer presented the Audit Completion Report for 2018-2019, (formerly known as the Annual Audit Letter. This had been distributed prior to the meeting to Members, as well as being tabled. The Report set out the findings from the audit undertaken by Mazars (External Auditors) of the CCG for the year ended 31 March 2019. The report summarised the audit conclusions and formed the basis for discussion at the Integrated Audit and Governance Committee (IAGC) Extraordinary meeting on 18 April 2019 and further at the Extraordinary IAGC meeting 23 May 2019.

A very risk based approach had been undertaken by Mazars who scrutinised the accounts in detail and the CCG had been issued with an unqualified opinion, with no matters to report.

Board Members were asked to note Page 9, Section 4, Summary of Misstatements and it was noted that for the CCG to have such a positive statement for the sixth year running was incredible and that only minor presentational / narrative amendments had been necessary.

Page 10, Section 5, Value for Money Conclusion stated that the audit work had confirmed there was evidence that the CCG acted in the public interest, demonstrating and applying the principles and values of sound governance.

It was also noted that that an explanatory note had been included to explain pension payments for GP Board Members, who had not been included in the 2018-2019 disclosures, in accordance with guidance issued. These changes were made following the McCloud case in December 2018.

**Resolved**

(a)	Board Members noted the contents and adopted the Audit Completion Report for 2018-2019.
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**6.7 FINAL ANNUAL GOVERNANCE STATEMENT 2018/2019**

The Chief Finance Officer presented the Annual Governance Statement (AGS) for 2018/19 for information and advised that it was a statutory requirement for the Accountable Officer (CCG Chief Officer) to sign the AGS on behalf of the Board as part of the formal year-end procedures. The AGS had been reviewed thoroughly by the Integrated Audit and Governance Committee (IAGC) and it had subsequently been subject to scrutiny by the CCG's External Auditors (Mazars).

It was conveyed that the CCG Board Agenda needed to reflect the accurate title of the report and this would be uploaded onto the CCG website.

An overview of the CCG's governance structure, process of delegation, along with Board Members attendance at meetings was outlined. It was noted that the Director of Public Health and Adults had attended the January Board Meeting and this would need to be reflected accordingly.

It was noted that the Associate Director of Corporate Affairs had received praise with how he managed risk within the organisation.

The areas of non-performance in relation to the CCG's constitutional targets, through the provider organisations that deliver these, had been summarised.

An important part of the governance process included 'sign off' by the Integrated Audit and Governance Committee (IAGC) and scrutiny by the CCG's External Auditors (Mazars).

Discussion took place and attendance at Council of Members (CoM) meeting was acknowledged and a communication had been issued asking for GP practices to advise the CCG should they have problems with attendance. Clarification was sought in terms of whether there was anything the CCG could implement to make it more of a priority for the CoM representatives to attend. It was noted that attendance had improved, although the option of a more direct appointment by GP practices may be an approach to consider. It was also noted that the number of GP practices had reduced, which would also impact on the attendance level and it was recognised that some GP practices do not have a desire to be involved, yet opinions may be sought in other ways.

It was conveyed that with the Primary Care Network (PCN) contact being introduced from 1 July 2019 as a Directed Enhanced Service (DES) it was acknowledged that GPs would be much more focused on their practices in terms of a provider of service. This would ensure general practice plays a leading role in every PCN and mean much closer working between networks and their Integrated Care System (ICS).

The emphasis of engaging with the Clinical Directors of the PCN's may be an opportunity to progress.

### **Resolved**

(a)	Board approved the Annual Governance Statement, noting that it had been scrutinised by the CCG's external auditors and assured by the Integrated Audit and Governance Committee (IAGC).
(b)	The CCG Board Agenda needed to reflect the accurate title of the report and this would be uploaded onto the CCG website.
(c)	The Director of Public Health and Adults had attended the January Board Meeting and this would need to be reflected accordingly.

## **6.8 BOARD CORPORATE WORKPLAN 2018-2019**

The Chair presented the Board Corporate Workplan for 2018-2019, which provided a breakdown of key areas of work that were to be completed to support the accomplishment of the organisational strategic objectives.

The workplan covered the 'must do's' in terms of the information submitted to the Board over the year. Discussion took place and it was noted that the Director of

Public Health Independent Report would be submitted to the Board Meeting in November 2019 and this would be added to the workplan.

### **Resolved**

(a)	Board Members noted the workplan for the year.
(b)	The Director of Public Health Independent Report would be submitted to the Board Meeting in November 2019 and this would be added to the workplan.

## **6.9 CHIEF OFFICER'S UPDATE REPORT**

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

The update included the following:

The CCG had held their Staff Annual General Meeting on 8 May 2019 and thanks were conveyed with regard to the content and effort made. A successful meeting had taken place and positive feedback from staff had been received.

Joy Dodson had been appointed to the post of Director of Integrated Commissioning on an interim basis.

The Humber Acute Services Review (HASR) was gathering pace and the newly appointed Director of Collaborative Acute Commissioning for the four Humber CCG's had commenced in post. She would provide leadership in conjunction with provider and Local Authority colleagues.

The Chief Officer and Programme Director had attended the Kings Fund Urgent and Emergency Care event on 13 May 2019 at which the impact of the Integrated Care Centre (ICC) was presented, which provided a better experience for patients and families.

The Veterans Village was the first of its kind in the country and the Chief Officer had recently attended the opening of the new Hull4Heroes Veterans shop in Hull. The CCG wanted to make sure Hull had world class health and wellbeing facilities for everybody, particularly those who suffer lifelong health and mental health issues as a result of serving in the armed forces.

It was understood that progress was being made in terms of the site identified for the Veterans Village in terms of planning. A partnership approach was being undertaken from a Local Authority (LA) perspective and an update would be provided at a future meeting.

### **Resolved**

(a)	Board Members noted the contents of the Chief Officers Update Report.
(b)	A Veterans Village update would be provided at a future meeting.

## **6.10 APPOINTMENT OF PRACTICE MANAGER REPRESENTATIVE**

The Chair informed Board Members that the Council of Member (CoM) Representatives duly ratified the re-appointment of Mark Whitaker as the Practice Manager Representative of NHS Hull CCG Board on 9 May 2019.



Congratulations were conveyed and the CCG looked forward to working with him.

## **Resolved**

(a)	Board Members noted the reappointment of the Practice Manager Representative to the CCG Board.
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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 overview was provided with regard to the work of the Executive Group and the Humber Coast and Vale Focus meeting with NHS England (NHSE) held on 13 May 2019.

The Regional Director for the North East and Yorkshire had agreed to provide support with regard to Integrated Care System (ICS) status. It was understood that with respect to the CCG Improvement and Assessment Framework (IAF) performance rating a different approach would be undertaken and for 2019-2020 an organisational rating for CCGs and providers would be given with regard to performance at a sub-regional / regional level.

It was acknowledged that the rating process does provide motivation to organisations however this new method could be disadvantageous in other aspects.

Discussion took place and concern was expressed in terms of the underperforming organisations and how this would be managed going forward. The expectation from the Regional Team was that peer support would be applied in terms of these organisations.

The helpful updates were noted and further information was requested with respect to the integration agenda with the Local Authorities (LAs) and the three sub systems (Hull and East Riding, York and Scarborough and North and North East Lincolnshire) and issues in terms of the trajectory of improvement going forward. Clarification was sought as to whether there was an intention to reflect this in the reports as well as what the longer term plans for the three sub systems as some of the pressures and issues needed to be reflected. It was confirmed that this information would be provided. Likewise, it was noted that the quality and patient experience perspective also needed to be considered in terms of performance as this was an integral part in terms of improvement.

A discussion paper was in the process of being drafted for June 2019 in terms of oversight and a definitive proposal was to be agreed at the July 2019 Health and Care Partnership Executive Group meeting.

In terms of the Longer Term Plan (LTP), this was to be submitted in October 2019 and robust governance arrangements needed to be in place which needed to be considered at a future Humber Coast and Vale Health and Care Partnership (HCVCP) meeting. It was acknowledged that there were opportunities with regard to the future governance arrangements of ICPs especially in terms of what the roles may be as well as shaping some of the Non-Executive roles and what these would

look like. Guidance would be issued with regard to this however, should Board Members have any specific views, these should be fed back accordingly.

## Resolved

(a)	Board Members noted the contents of the report.
(b)	A discussion paper was in the process of being drafted for June 2019 in terms of oversight and a definitive proposal was to be agreed at the July Health and Care Partnership Executive Group meeting.

### 7.2 HULL PLACE BASED PLAN BOARD UPDATE

It was noted that there was no update to be provided.

## 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 and Performance Report for May 2019. This provided a corporate summary of overall CCG performance and the current financial position.

It was noted that the author of the report had changed given the new appointment of the Director of Integrated Commissioning and this was now produced by the Deputy Chief Finance Officer.

#### Performance and Contracting

The CCG's costs in relation to the running cost allocation was acknowledged by Board Members and this would be reflected in future reports.

It was noted that the Chief Finance Officer and Chief Officer were being involved in a higher level of scrutiny with regard to performance overall. Concentrated effort was required as the system needed to understand what was happening on a day to day basis. On specific days there was huge variation in the Emergency Department (ED) at Hull University Teaching Hospital NHS Trust (HUTHT) and system wide focus was needed with regard to this especially with how this was managed going forward. Currently, there appeared to be no correlation between activity levels and performance.

Discussion took place and clarification was sought whether performance was reflective of staffing levels at the Trust as this intelligence would be really useful. It was understood that staffing levels were appropriate however; this would be looked at in more detail. The A&E Delivery Board meeting had taken place yesterday (23 May 2019) and support and appropriate challenge by the CCG had been provided.

#### Quality

It was reported that subsequent to the report being written, a Never Event had taken place at Hull University Teaching Hospital NHS Trust (HUTHT) with regard to a retained swab. This would be managed by the usual process.

Humber Teaching NHS Foundation Trust (Humber TFT) Care Quality Commission (CQC) report had been published and had received an overall 'good' rating, although a 'requires improvement' had been given for Safe.

## 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 an update with regard to the Humber Acute Services Review (HASR) Programme.

It was reported that the Director of Collaborative Acute Commissioning for the Humber CCGs (NHS Hull, East Riding, North Lincolnshire and North East Lincolnshire CCGs) had now commenced in post (20 May 2019) and would work with the four CCGs to enable the delivery of a collaborative approach to acute commissioning.

Clarification was needed in terms of what services were required at District General Hospital (DGH) level and what services needed to be provided at a Humber System level as well as the best most efficient models for these services.

The Boards of the two Acute Trusts: Hull University Teaching Hospital NHS Trust (HUTHT) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) have held discussions over recent weeks whereby they want to issue a joint statement with regard to collaborative working. This statement was yet to be received. It was acknowledged that there had been a change in attitude and ambition over recent months.

A narrative would be produced which identified what the HASR was trying to do and this would be reported into the Board. Much more formal reporting would be undertaken at Board level and Integrated Care System (ICS) level.

## Resolved

(a)	Board Members noted the verbal update provided.
(b)	A narrative would be produced which identified the aims of the HASR and this would be reported into the Board.

### 8.3 RESEARCH AND DEVELOPMENT UPDATE AND ANNUAL REPORT 2018-2019

The Director of Quality & Clinical Governance/ Executive Nurse presented the Research and Development (R&D) Annual Report. She reported on the full year R&D activity for 2018-2019 and the evidence that Hull CCG maintained and developed the mandate of 'promoting research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

Jason Stamp declared an indirect Interest in this item in terms of Social Prescribing as his partner works for Springfield Healthcare which was a Homecare Provider working in Hull. The declaration was noted and the Member remained present as the item was for noting purposes only.

The report had been discussed and approved by the Quality & Performance Committee (Q&PC). The areas to note were in relation to the evidence, in particular there had been an increase from 5% to 18% which meant that the number of GP practices in Hull who were taking part in National Institute of Nursing Research (NINR) had doubled.

With regard to the study undertaken, Appendix 2 'Co-creating Health Ageing in Hull', the recommendations would be submitted to the Planning & Commissioning Committee (P&CC) in terms of taking these forward.

Board Members noted that there was much happening with regard to R&D.

Discussion, took place and clarification was sought with regard to whether there could be some flexibility in terms of social prescribing in terms of research and development as currently this was very prescriptive.

It was expressed that consideration was needed with regard to what could be done, based on the community health and wellbeing programmes that were already in place.

Thanks were conveyed to the CCG with regard to the funding provided for R&D.

### **Resolved**

(a)	Board Members noted the contents of the Research and Development Annual Report 2018-19
(b)	Clarification was sought with regard to whether there could be some flexibility in terms of social prescribing in terms of research and development as currently this was very prescriptive.

## **9. INTEGRATED COMMISSIONING**

### **9.1 TARGETED EARLY HELP YOUTH PROVISION**

Rachel Roberts, Head of Early Health, Local Authority (LA) sought approval for the procurement approach and associated budget for the Targeted Early Help Youth Provision 2020-25.

The timetable was identified in the report and it was proposed for this to be divided into four Lots:

- Lot 1, Targeted youth provision in appropriate, open access venues/settings in the East of Hull
- Lot 2, Targeted youth provision in appropriate, open access venues/settings in the West of Hull
- Lot 3, Targeted youth provision in appropriate, open access venues/settings in the North of Hull
- Lot 4, City-wide Targeted Outreach programme for vulnerable young people, focused on: child sexual exploitation; homelessness; anti-social behaviour and youth nuisance; and substance misuse

This was a statutory responsibility for the Local Authority (LA) and youth work was an integral part of the city's approach to early help and safeguarding of young people.

Current contracts utilised various voluntary organisations across the City of Hull. The Joint Strategic Needs Assessment (JSNA) was utilised in terms of the development of services and an online survey with regard to emotional health and wellbeing across all secondary schools had been conducted.

There was a need to think differently as to how services were provided in a different way based on the feedback received. There had been a reduction in risk taking behaviours such as substance misuse, alcohol etc. and an increase in mental health and emotional wellbeing.

One of the risks to highlight was the capacity of the voluntary sector, which provided added value and a number of organisations had been quite pivotal in providing services and a programme of investment helped to support some of these risks.

Discussion took place with regard to the service specification and clarification was sought as to whether the CCG's GP Board Members would be involved. It was noted that a Working Group was in place which included representation from the CCG and Dr Oehring requested to be involved.

A traditional approach to contracting and procurement was being undertaken, however the need to reflect how organisations do business going forward was acknowledged. The CCG were currently reviewing how the more contentious investments were currently being assessed and the two processes needed to complement each other rather than prohibit. The Associate Director of Communications and Engagement and Consultant in Public Health Medicine / Associate Medical Director were undertaking the needs/outcome work with regard to the funding requests.

The age range with regard to the Lot 4 14-19/24 only was queried and it was acknowledged that emotional maturity needed to be reflected with regard to this.

There was opportunity within the specification to link the proposal to link Targeted Early Help Youth Provision to other things, for example Child and Adolescent Mental Health (CAMHS), Headstart (early help services).

It was confirmed that pre contract advice would be provided.

Concern was expressed with regard to the Invitation To Tender (ITT) timescale of one month and it was suggested that consideration be given with regard to extending this.

Reassurance was provided in terms of integration as this was one of the most integrated proposals. Regular quarterly network meetings were provided as well as youth networks to plan activities to avoid duplication.

Effort was applied with regard to keeping the ITT work as simple as possible within the restrictions of the process. This was a competitive process by negotiation which allowed more flexibility.

The Director of Public Health and Adults conveyed that in terms of innovation she agreed with what had been said, to provide flexibility for the future. At the recent Integrated Commissioning Officers Board (ICOB) it had been stipulated for this to be a 5 year contract as this provided longer term assurance to providers with contracts. Section 9 of the report identified that the JSNA highlighted the key strategy *Hull – Healthier Together 2014-2020* which demonstrated the importance to the best start in life and crucially promoting safe and independent lives.

The Chief Officer said that early help was one of the most important things that the CCG do in terms of the outcomes and was a key objective moving forward. She stated that this had to be one of the key priorities and there was a real opportunity to work differently as well as providing evidence in terms of what this meant in ten-years' time as well as learning from other areas. Longer term outcomes were about prevention and healthier population, which was difficult to quantify and schools needed to be part of this.

## Resolved

(a)	<p>Board Members approved the procurement approach for the Targeted Early Help Youth Provision for 2020-25 (subject to budget confirmation) as an EU tender using a Competitive Procedure with Negotiation (under the Light Touch Regime). The contract(s) would run for five years subject to annual budget setting processes:</p> <p>i) approved that the tender will be divided into 4 lots:</p> <ul style="list-style-type: none"> <li>• Lot 1, Targeted youth provision in appropriate, open access venues/settings in the East of Hull</li> <li>• Lot 2, Targeted youth provision in appropriate, open access venues/settings in the West of Hull</li> <li>• Lot 3, Targeted youth provision in appropriate, open access venues/settings in the North of Hull</li> <li>• Lot 4, City-wide Targeted Outreach programme for vulnerable young people, focused on: child sexual exploitation; homelessness; anti-social behaviour and youth nuisance; and substance misuse</li> </ul> <p>The Targeted Early Help Youth Provision service will be delivered in open access venues/settings and will be further sub-divided into delivery for 10-13 year olds and 14-19/24 year olds.</p> <p>ii) Approved the budget for Targeted Early Help Youth Provision to be set at £723,384 per annum for the duration of the contract term. The annual budget profile includes investment from the HCC CYPFS Core £228,384, Public Health Grant £327,000, CCG £115,000 and Office Police &amp; Crime Commissioner £53,000 subject to future budget setting.</p> <p>iii) Delegated the contract award to the Corporate Director (CYPFS) in consultation with the Portfolio Holder and Hull Children, Young People &amp; Families Board.</p> <p>iv) Noted the joint commissioning approach being taken to deliver this city wide, integrated programme and joint working between Children Services, Public Health, NHS Hull Clinical Commissioning Group (CCG) and the Office of the Police and Crime Commissioner (OPCC).</p>
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## 10. STANDING ITEMS

### 10.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 1 MARCH 2019 AND 5 APRIL 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 1 March 2019 and 5 April 2019.
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### 10.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 26 FEBRUARY 2019 / 26 MARCH 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 26 February 2019 / 26 March 2019.
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### 10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 19 MARCH 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 19 March 2019.
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### 10.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 22 FEBRUARY 2019

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

## Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 22 February 2019.
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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.

- Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy

The changes were identified within the report.

Clarification was sought as to whether fostering was included and the Director of Quality and Clinical Governance/Executive Nurse agreed to confirm this accordingly.

## Resolved

(a)	Board Members ratified the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy.
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(b)	Clarification was sought as to whether fostering was included and the Director of Quality and Clinical Governance/Executive Nurse agreed to confirm this accordingly.
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**11.2 EU EXIT OPERATIONAL READINESS GUIDANCE FOR THE HEALTH AND CARE SYSTEM**

No update was provided.

**12. REPORTS FOR INFORMATION ONLY**

**12.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 1 MARCH 2019 AND 5 APRIL 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 1 March 2019 and 5 April 2019.
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**12.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 26 FEBRUARY 2019 AND 26 MARCH 2019**

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

**Resolved**

(a)	Board Members noted the Quality and Performance Committee approved minutes for 26 February 2019 and 26 March 2019.
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**12.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 19 MARCH 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 19 March 2019.
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**12.4 PRIMARY CARE COMMISSIONING COMMITTEE – 22 FEBRUARY 2019**

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 22 February 2019.
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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 26 July 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
DGH	District General Hospital
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
ICOB	Integrated Commissioning Officers Board
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LTP	Long Term Plan
NHSE	NHS England
NINR	National Institute of Nursing Research
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
R&D	Research & Development
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership
TCP	Transforming Care Programme