

Item: 3**CLINICAL COMMISSIONING GROUP BOARD
MINUTES OF THE MEETING HELD ON FRIDAY 27 SEPTEMBER 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 M Balouch,	NHS Hull CCG (GP Member)
Dr V Rawcliffe,	NHS Hull CCG (GP Member)
E Sayner,	NHS Hull CCG (Chief Finance Officer)
J Dodson,	NHS Hull (Interim Director of Integrated Commissioning)
J Stamp,	NHS Hull CCG (Lay Representative)
J Weldon,	Hull City Council (Director of Public Health and Adults)
K Marshall,	NHS Hull CCG (Lay Representative)
M Whitaker,	NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

D Lowe,	NHS Hull CCG (Deputy Director of Quality and Clinical Governance/Lead Nurse)
E Jones,	NHS Hull CCG (Business Support Manager) - <i>Minute Taker</i>
S Lee,	NHS Hull CCG (Associate Director of Communications and Engagement)
M Napier,	NHS Hull CCG (Associate Director of Corporate Affairs)
S Cutts,	NHS Hull CCG (NHS Funded Care Commissioner) – <i>Item 1 Only</i>

WELCOME AND INTRODUCTIONS

The Chair welcomed Ian Goode to the meeting and advised Members that Mr Goode had recently been appointed as the CCG's Lay Member for Strategic Change. The formal appointment date was still to be confirmed and so Mr Goode was attending the Board Meeting as an observer today. Formal introductions would be made upon formal appointment however Members welcomed him to the meeting.

1.

The NHS Funded Care Commissioner presented the above video with regard to Luma's Story.

The following key points were noted:

- The Government's Access to Work (AtW) Programme supported disabled people being able to take up or remain in work through funding appropriate adjustments to the workplace.
- Luma lived independently and used a powered wheelchair but was unable to use this whilst at work.
- Luma's home chair was not able to be transported to her work place so she had previously been very restricted and needed support from colleagues to be able to do certain things e.g. access to lunch area, washrooms etc

- AtW had undertaken an assessment of Luma's work place and identified relatively simple adjustments that would enable Luma to be independent at work -, three pieces of equipment in total.
- This had transformed Luma's experience of the workplace and assisted her productivity.

Discussion took place and the Chair sought clarification as to the extent of similar unmet need.

Dr Moulton commented on the self-funding aspects. Given that AtW only fund 5 days a week this implied that two sevenths of the overall cost would need to be self-funded. It was confirmed that the AtW programme focused specifically on the workplace environment.

Dr Balouch sought clarification with regard to the ratio of funding available for part-time staff and it was agreed that this would be looked into and information provided outside of the meeting.

Discussion took place regarding the level of employers' awareness to the AtW programme. J Stamp said that it remained the employer's responsibility to be aware of the services that were available however he felt that the innovative and creative way in which the CCG had supported use of the funds should be shared more widely.

Dr Heseltine said that the wider adoption of personal health budgets was important as they clearly empowered individual patients to take greater control of their care. The Chair commented that it would be useful for the Board to receive a more detailed report about personal health budgets at a future Meeting.

The Chief Finance Officer suggested that it would be helpful for the CCG to capture the wider economic benefit for individuals from both a health and wider well-being perspective.

The Associate Director of Communications and Engagement enquired whether the CCG could promote the programme with local social enterprises and it was agreed that she would discuss this further with Clinical Commissioning Lead and NHS Funded Care Commissioner.

Resolved

(a)	Board Members noted the presentation provided.
(b)	Clarification be given with regard to the extent of funding available for part-time staff.
(c)	It would be useful for the Board to receive a more detailed report about personal health budgets at a future Board Meeting. A detailed report on personal health budgets to be received at a future meeting.
(d)	The Associate Director of Communications and Engagement to discuss promotion of the programme with Clinical Commissioning Lead and NHS Funded Care Commissioner.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

E Latimer, NHS Hull CCG, (Chief Officer)
J Weldon, Local Authority, (Director of Public Health and Adults)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 26 JULY 2019

The minutes of the meeting held on 26 July 2019 were approved, subject to the following amendments:

1. HULL CITY COUNCIL
Remove paragraph five.

8.1 QUALITY AND PERFORMANCE REPORT

Performance and Contracting

Revised wording would be provided with regard to this section by the Chief Finance Officer.

Resolved

(a)	The minutes of the meeting held on 26 July 2019 were approved subject to the above amendments and would be signed by the Chair.
-----	---

4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The Action List from the previous meeting held on 26 July 2019 was noted and the following updates provided:

24 May 2019

6.9 CHIEF OFFICER'S UPDATE REPORT

An update on the Veterans Village would be provided at the next Board Meeting. The Status of Action was 'Completed'.

26 July 2019

8.5 HULL AND ERY CCGS INFECTION PREVENTION & CONTROL ANNUAL REPORT APRIL 2018 – MARCH 2019

Clarification was sought as to whether the sanitation standards were correct in NHS facilities. An update would be provided to Board Members by email. The Status of Action was 'Completed'.

Resolved

(a)	That the action list was noted.
(b)	An update on the Veterans Village would be provided at the next Board Meeting.
(c)	Clarification was sought as to whether the sanitation standards were correct in NHS facilities. An update would be provided to Board Members by email.

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.
-----	---

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 J Moulton	6.4	Non-Financial Professional Interest - Honouree Contract with Hull University Teaching Hospitals NHS Trust Cardiology Team (non-remunerated). The Member to remain present during the discussion.
	8.1	Financial interest - General Practitioner partner at Newhall Surgery (Modality Hull). The Member to remain during item.
J Stamp	8.3	Financial interest - Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England. Public appointment via the Department of Health. Oversight of specialised services some of which may be delivered locally or co-commissioned by the Clinical Commissioning Group Member to remain during discussion.
Dr B Ali	8.1.1	Indirect Interest - Spouse is a Trainee in the Radiology department at Hull University Teaching Hospitals NHS Trust. Member to remain during discussion.

Resolved

(a)	The above declarations and actions were noted.
-----	--

6.2 GIFTS AND HOSPITALITY DECLARATIONS

The Gifts and Hospitality Declarations made since the Board Meeting in May 2019 were noted.

Resolved

(a)	Board Members noted that the gifts and hospitality declarations as at 11 September 2019.
-----	--

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 Corporate Seal since March 2019.
-----	--

6.4 DECLARATIONS OF INTEREST FOR BOARD MEMBERS

Dr Moulton declared a Non-Financial Professional Interest - Honouree Contract with Hull University Teaching Hospitals NHS Trust - Cardiology Team (non-remunerated).

The Associate Director of Corporate Affairs provided an update on the Declarations of Interest for Board Members and Standing Attendees.

It was noted that the CCG manage all declarations of interests in accordance with national guidance and the declarations were published on the CCG's website. Assurance had been provided from Internal Audit to the CCG as to the robustness of the policy and procedures in place.

It was confirmed that GP Board Members and other clinicians would be required to provide their professional registration details as part of their declarations, as these were an integral pre-requisite for the roles they carried out at the CCG.

Discussion took place with regard to the level of personal and professional information that could be expected to be publicly available. The Associate Director of Corporate Affairs advised that it was a reasonably regular occurrence that Freedom of Information requests were submitted to the CCG seeking information in relation to senior clinical and officer members. These generally related to professional rather than personal interests however for the latter reliance would be placed on the individual's declaration of interests. .

More generally, it was confirmed that the Data Protection Act 2018 and General Data Protection Regulation 2016 provide for controls as to how personal information can be used by organisations and ensures that it is processed fairly, lawfully and transparently.

It was confirmed that should a level of detail be requested beyond that which is routinely available then the balance public interest in either disclosing or withholding, in accordance with the principles of the Freedom of Information Act 2000, would be taken into account.

Resolved

(a)	Board Members noted the Declarations of Interest for Board Members.
(b)	It was requested that the GP Board and other clinical Members provide their professional registration numbers directly to the Corporate Affairs Manager.

6.5 INTEGRATED COMMISSIONING COMMITTEE - (COMMITTEES IN COMMON) TERMS OF REFERENCE

The Associate Director of Corporate Affairs provided the updated Terms of Reference for the Integrated Commissioning Committee – (Committees in Common).

It was noted that a small number of housekeeping amendments had been made, as well as the inclusion of a defined formal exit arrangement for the CCG, should it be required.

Dr Roper sought clarification with regard to Membership and whether this allowed provision for deputies. It was noted that named individuals had been identified as continuity was required.

Resolved

(a)	Board Members noted the contents and approved the updated Terms of Reference for the Integrated Commissioning Committee – (Committees in Common).
-----	---

6.6 CHIEF OFFICER’S UPDATE REPORT

The Chair presented the Chief Officer’s update to Members, which was taken as read. Reference was made with regard to ‘Inspiring a Generation’ event, which was taking place on 4 October 2019, and an invitation was extended to any female Members who may wish to attend.

Dr Rawcliffe suggested holding an event for men and J Stamp conveyed that consideration by the CCG needed to be given to leadership in general and opportunities for individuals to be mentored/shadowed as wider learning could be gained from this. It was also noted that a very successful men’s health event had been held previously. It was confirmed that the Inspiring a Generation event was not about addressing women leaders but more about aspirations.

Resolved

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

6.7 EQUALITY STANDARDS REPORT, 2019: WORKFORCE RACE EQUALITY STANDARD (WRES), WORKFORCE DISABILITY EQUALITY STANDARD (WDES), EQUALITY DELIVERY SYSTEM (EDS)

The Associate Director of Corporate Affairs provided an update on the CCG’s progress with regard to NHS England’s (NHSEs) equality standards:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Equality Delivery Systems (EDS)

It was reported that this had been discussed previously at Board Meetings therefore the paper would be taken as read.

It was noted that in terms of WRES and WDES this information provided a relative indication as to how the CCG benchmarked for these indicators in relation to staff.

The Associate Director of Corporate Affairs urged a degree of caution in drawing conclusions in relation to the data as the numbers from which the analysis was drawn were small. In particular, specific reference was made to Section 3.6, Black and Minority Ethnic (BME), as the CCG's numbers were very small (under 5%) they were not identified explicitly in order to protect the confidentiality of individuals.

The high proportion of staff who do not declare information was notable and there was agreement that staff should be encouraged to do so whilst respecting their choice should they not wish to.

J Stamp reflected on the progress the CCG had made and that it would be interesting and useful for provider data to be shared to identify wider issues in the city and explore this further collectively. He agreed that the CCG numbers were small but equally noted that the CCG met its duties with regards to the data return.

The Chair reiterated that it remained an individuals' right not to declare although it would be helpful to understand the reasons for not doing so. It was agreed that this would be explored further through the CCGs Health and Wellbeing Group, as a peer to peer discussion could have more impact.

It was acknowledged that the CCG were creating the right culture and environment for staff to feel comfortable to disclose information and that the data obtained would be kept confidential.

J Stamp, confirmed that the environment allowed for people to disclose should they want to and this was often a problem with a small organisation and the reason for collecting the data.

Dr Heseltine expressed caution in terms of unintended consequences of the use of this data. The CCG needed to be seen as an organisation that was fair and how this was communicated and shared within the organisation needed to be considered carefully.

With regard to Page 7 of the report it was agreed to take the percentage out with regard to the BME figures as this could be misleading.

Resolved

(a)	Board Members endorsed the CCG Workforce Race Equality Standard (WRES) report.
(b)	Endorsed the CCG's approach to the Workforce Disability Equality Standard (WDES).
(c)	Noted the CCG's WRES findings.

(d)	Approved the proposed CCG approach to the Equality Delivery System (EDS).
-----	---

7. STRATEGY

7.1 HUMBER COAST AND VALE HEALTH AND CARE PARTNERSHIP UPDATE

The Chair provided a verbal update and detailed the current highlights as well as the next steps for the programme.

The governance arrangements had been strengthened with regard to the Partnership Executive Group and there would be an Executive Oversight Group as well as an Executive Partnership Group.

It was the Partnership's ambition to achieve Integrated Care System (ICS) status by April 2020 and the ICS Accelerator programme (intensive programme of hands-on support structured around core components of system development) was going to be launched at the next Executive Group meeting.

Additionally, stakeholder engagement events had taken place across the local area with regard to the different work streams in place, which had involved a huge amount of engagement from the public. The Local Authorities (LAs) and voluntary sector were particularly engaged which was really useful and were keen to be part of the developing ICS.

It was stated that the method of primary care was changing and this was acknowledged by the public as they were part of this on the ground.

The Chief Finance Officer reported that finance was part of the Accelerator Programme. In terms of commissioning arrangements, there was a real determination to encourage areas to work more at scale, whilst from a HCV partnership stance there was no mandate for mergers as place and meeting the population needs of each constituent area was the priority. At the same time, it was recognised that there were opportunities across the Humber area for efficiency or working and sharing of specialist resource.

It was reported that the Chief Officer of East Riding of Yorkshire (ERY) CCG had taken the role of Chief Finance Officer at the new North Yorkshire CCG, which had been created through the merger of NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG and NHS Scarborough and Ryedale CCG. The Chief Officer of Hull CCG had been asked to take on the responsibilities of the Accountable Officer for ERY on an interim basis from 1 November 2019. A review of the operational business model for the three CCGs would be undertaken and the ways of working and finance prioritisation would be discussed at the October Board Development session.

The Chair reported that he was now a representative on the Partnership Clinical Advisory Group and certain mergers had taken place in the North East area.

The final version of Partnership's Long Term Plan, which would set out the commitments to achieve the aims and ambitions of the NHS Long Term Plan in the HCV area, would also be shared with Board Members.

Discussion took place and the K Marshall said that it was really positive that the Chief Officer would be interim Chief Officer at ERY CCG and recognition was also given to the Chief Finance Officer's role at Hull and North Lincolnshire CCG.

It was recognised that in terms of the ICS Accelerator Programme, the CCG's senior team was heavily involved and concern was expressed about the management input required to this process and for this not to detract from operational day to day business.

The Chief Finance Officer reported that it was hugely challenging undertaking two roles in two organisations, although they were obliged as individuals to operate and work differently.

J Stamp, expressed that there was a real sense of pace behind this work and a great deal of material was being issued by NHS England in relation to the Long Term Plan (LTP) and the challenge of retaining focus on 'place' as part of wider ICS was emphasised.

Resolved

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

7.2 HULL PLACE BASED PLAN BOARD UPDATE

The Interim Director of Integrated Commissioning reported that the Strategic Partnership Board had met at the beginning of the month (4 September 2019) and the Beverley Road project had now been handed over.

The next meeting would be a Development Session/Workshop.

The Chief Finance Officer suggested that a presentation update be provided at the next Board Meeting (22 November 2019) and this was agreed.

Resolved

(a)	Board Members noted the verbal update provided.
(b)	A presentation update be provided at the next Board Meeting (22 November 2019).

8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

Dr Moulton declared a financial interest - General Practitioner partner at Newhall Surgery (Modality Hull).

The Chief Finance Officer and the Head of Nursing and Quality presented the Quality and Performance Report for September 2019. This provided a corporate summary of overall CCG performance and the current financial position as at Month 4 (July 2019).

Finance

This was still on track and an ever increasing push to look at system financial management and performance which was not that well defined. A Hull and East Riding sub system of a HCV partnership was being looked into.

It was noted that at Month 5, the Hull and East Riding system had reported significantly increased risks to the delivery of financial plans and control totals for Hull University Hospitals NHS Trust (HUTHT) and East Riding of Yorkshire CCG (ERYCCG). This was approximately £12-15 million and was a serious concern to NHS England/Improvement (NHSE/I). A System Recovery Plan was required to be submitted by 3 October 2019 which identified actions and decisions to deliver individual and collective system control total positions and the Chief Finance Officer was working with colleagues to complete this.

The major theme was with regard to prescribing.

Discussion took place and K Marshall, conveyed that the CCG needed to recognise the system wide problem and focus needed to be maintained with regard to what was best for the population in terms of mitigating circumstances and, as responsible members of the wider system, certain considerations needed to be given in terms of the population.

Performance and Contracting

It was noted that prescribing was a concern as there may be a higher than expected impact of Category M price movements and the CCG were working closely with the Medicines Management Team with regard to this.

The Referral to Treatment (RTT) 18 week waiting time performance had deteriorated slightly in July, failing to achieve the local improvement trajectory (79.60%) and work was coming out from the Humber Acute Services Review (HASR) and Humber Coast and Vale (HCV) Partnership as well as work coming from Deloitte who were undertaking work on behalf of the HASR,

Quality

A more focused narrative report was now being produced, especially with regard to quality indicator exceptions in terms of the providers.

It was reported that Hull University Teaching Hospitals NHS Trust (HUTHT) had appointed an Executive Chief Nurse in March 2019 and robust processes were now in place regarding the management of Serious Incidents (SIs) and a number of Never Events had subsequently been reported.

With regard to Humber NHS Foundation Trust (HumberFT) lots of work was taking place with regard to the published Care Quality Commission (CQC) report in May 2019 and good progress was being made.

The CCG were looking at the Quality Meetings in place in terms of triangulating information to improve performance to give more depth to discussions.

A new Friends and Family Test (FFT) had recently been revised and published and this had been circulated on 26 September 2019 to providers and commissioners.

The CCG were still awaiting information on trajectories for incidences of healthcare associated infection (HCAI) and steady progress was being made with regard to C.difficile.

Discussion took place and J Stamp, reported that quality performance was discussed with rigour at the Quality & Performance Committee (Q&PC) meeting and capacity and workforce issues were recognised in terms of some of the issues, although the CCG were seeing some small progress and ability to sustain this with increasing demand. Accurate assessment was needed as to what it felt like as a patient in the city. Considerable concern was expressed with regard to cancer services and the impact that the Humber Coast and Vale (HCV) Cancer Alliance have had on figures as these had not improved.

Clarification was also sought with regard to Extended Access in terms of Hull's position and the impact of this.

Resolved

(a)	Board Members noted the update along with the contents of the Quality and Performance Report.
(b)	Clarification was sought with regard to Extended Access in terms of Hull's position and the impact of this.

8.1.1 QUALITY & PERFORMANCE REPORT – JULY 2019 CONSTITUTIONAL EXCEPTIONS

Dr Ali, declared an indirect interest - Spouse is a Trainee in the Radiology Department at Hull University Teaching Hospitals NHS Trust

The Chief Finance Officer presented July's position for the CCG constitutional performance exceptions, an update to the position reported in Item 8.1 – Quality Performance Report – Part I (June 2019).

Resolved

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

8.2 HUMBER ACUTE SERVICES REVIEW UPDATE

The Chief Finance Officer asked Board Members to refer back to the Chief Officer's report which provided an overview of the work taking place and this continued to progress according to plan with regard to the review.

The three identified work streams were:

1. Urgent & emergency care, acute assessment, inpatient treatment and critical care
2. Planned care
3. Maternity and paediatric services

Resolved

(a)	Board Members noted the update provided.
-----	--

8.3 INDIVIDUAL FUNDING REQUEST (IFR) ANNUAL REPORT 2018/19

J Stamp declared a financial interest - Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England. Public appointment via the Department of Health. Oversight of specialised services some

of which may be delivered locally or co-commissioned by the Clinical Commissioning Group.

The Interim Director of Integrated Commissioning presented the annual report relating to the Individual Funding Requests (IFR) that were received by the CCG and managed via the CCG's Individual Funding Request service.

The report had been prepared by the North of England Commissioning Support (NECS) who provided the IFR Service on behalf of the CCG.

The report would be taken as read as this was self-explanatory.

Discussion took place K Marshall, reported that the IFR Annual Report had been discussed at an IFR Panel Meeting and a decision had been made as to the content of the report in future which would be produced by the CCG going forward.

The Chair conveyed that in terms of the introduction of the Value Based Commissioning (VBC) checker, views had been sought and from an IFR Panel perspective the number of cases had drastically reduced and this was helpful from a Panel Members' perspective. The GPs had found this web based system tool useful.

It was noted that a six monthly IFR report would be produced to update Board Members. Also, the majority of complaints were in relation to minor surgery and due process was followed very closely with regard to this.

J Stamp stated that IFR was one of the most difficult areas of work that the CCG undertakes as this had a direct impact on patients. Concern was expressed that the report was not useful as the complaints element in relation to IFR was not reflected in this. A more useful report was able to be produced.

The Chair suggested that it would be interesting to undertake an end to end review of what it was like to go through the IFR process.

The Associate Director of Corporate Affairs conveyed that IFR was a very emotive topic and noted the rigour with which the panel undertook its duties.

Resolved

(a)	Board Members noted the contents and ratified the report noting the areas of concern.
(b)	A six monthly IFR report would be produced to update Board Members.

8.4 COMMUNICATIONS AND ENGAGEMENT ANNUAL REPORT 2018-2019

The Associate Director of Communications and Engagement presented the Communications and Engagement Annual Report, which outlined the communications and engagement activity delivered within the period 1st April 2018 – 31st March 2019.

It was reported that information in the report had been submitted as evidence for the CCG's Improvement and Assessment Framework (IAF) rating and a 'green star' rating had been achieved for patient and public involvement, the highest rating the

CCG could receive. Summary information had also been provided in the CCGs Annual Report for 2018-2019.

Established engagement programmes were in place, which reflected the CCG's inclusive approach to community involvement and two which were unique which were the Hull 2020 Champions and Working Voices. There were 112 projects and 35 local businesses were now signed up with Working Voices, which had a reach of approximately 22,000 people in city.

The role of the Patient Participation Groups (PPGs) was increasing, especially in terms of Primary Care Networks (PCNs) and much work had taken place with Healthwatch and the CCG continued to support practices.

The CCG was working with diverse communities and good relationships were in place and the CCG was also an active member of the local Independent Advisory Group made up of representatives from the various communities. Robust mechanisms were in place in Hull and work took place collectively with regard to improving the Equality Impact Assessment process in terms of using the right methods and needs as part of engagement.

During 2018-2019, the CCG had not undertaken any formal statutory consultations, although engagement had taken place with thousands of local residents, patients, clinicians and professionals and information could be read in full on the CCG's website.

Other areas that the Communications and Engagement Team had contributed significant work to was in relation to Special Educational Needs and Disabilities (SEND) services as well as specific projects and work had taken place with the Humber Coast and Vale (HCV) Partnership with supporting our local communities to start well, live well and age well.

Board Members noted the other patient and public involvement activities and events during 2018-2019, e.g. Are you alright mate? which was held in November 2018 and encouraged men to talk openly about their mental health.

The CCG's Communications and Engagement Team had also continued to support primary care development in a number of ways and the campaigns and social media approach had gone from strength to strength and continued to be an effective platform for communication.

It was worth noting the shift in traditional media and good news platforms that were in place. Hull City Council (HCC) had also introduced an online news channel. There was a definite push towards digital story-telling and the CCG worked hard to grow their own social media platforms and for others to grow theirs.

It was acknowledged that there was a place still for traditional press releases, although balance was needed in terms of producing these as they were very time consuming.

The Chair conveyed what a fantastic job the Communications and Engagement Team do and were an exemplar for the system. A hard working and dedicated team was in place and gratitude was expressed.

There was much going on and individuals were able to support the Communications and Engagement with doing things. As demand and need for engagement increased this reduced the team's time to do certain things and it was important that other staff members do this.

J Stamp conveyed that the CCG had a legal duty to undertake communications and engagement and the CCG go beyond the bare minimum of what was required to be undertaken. A talented and skilled team were in place and engagement was a key part of the procurement cycle and how this influenced what specifications looked like as well as impact equality assessments. This had a huge impact on the number of areas that the CCG's commissioned services.

Dr Moulton commended the report and made reference to the Keep A&E for #seriousstuff campaign especially in terms of the things patients should do before accessing A&E and this needed to be communicated widely.

The Interim Director of Integrated Commissioning conveyed that the CCG were dedicated to delivering and commissioning services in a different way by working much more closely with the communications and engagement team in terms, particularly when understanding certain issues.

Resolved

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

8.5 CONTROLLED DRUGS ANNUAL REPORT 2018-2019

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

It was noted that the CCG had the second highest growth out of the six Humber Coast and Vale (HCV) CCGs for controlled drugs.

Discussion took place and GP Member, Dr Moulton, conveyed that consideration be given to providing information on a Primary Care Network (PCN) basis as well as using the Campaign to Reduce Opioid Prescribing (CROP) information in future reports.

Resolved

(a)	Board Members were assured that the responsibilities as outlined within the Memorandum of Understanding were being delivered.
(b)	Board Members noted the report relating to the prescribing of Controlled Drugs in NHS Hull CCG.

8.6 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S ANNUAL REPORT 2018-2019

The Primary Care Commissioning Committee Vice-Chair updated Board Members with the progress of the work of the Primary Care Commissioning Committee for the period April 2018 - March 2019.

Resolved

(a)	Board Members noted the contents and ratified the Chair's Annual Report for 2018-2019.
(b)	Board Members were assured that the Primary Care Commissioning Committee had fulfilled its functions as set out in the terms of reference for the Committee.

8.7 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S ANNUAL REPORT 2018-2019

The Chair of the Planning and Commissioning Committee presented the annual report of the Chair of the Planning and Commissioning Committee, outlining the work programmes and achievements of the Planning and Commissioning Committee in line with its Terms of Reference.

Resolved

(a)	Board Members ratified the annual report of the Chair of the Planning and Commissioning Committee.
-----	--

8.8 INTEGRATED AUDIT & GOVERNANCE COMMITTEE CHAIR'S ANNUAL REPORT 2018-2019

The Chair of the Integrated Audit and Governance Committee (IAGC) provided the IAGC Chair's Annual Report 2018-2019 for information.

The same members attended the meeting regularly and if further information was required about particular issues this would be discussed and individuals were invited to attend.

In order to fulfil its role, the Committee relied on the assistance of Internal Auditors (Audit One) and the External Auditors (Mazars) throughout the review year.

The next IAGC meeting would be held in September 2019.

Resolved

(a)	Board Members noted the contents and ratified the Chair's Annual Report of the Integrated Commissioning Committee for 2018-2019.
-----	--

9.1 HUMBER JOINT COMMISSIONING COMMITTEE UPDATE

The Chief Finance Officer reported that a Humber Joint Commissioning Committee was in place, which was an executive working group where the CCG's could discuss approaches and reach consensus to enable them to speak with one voice on those areas that needed to be coordinated across the four CCG's.

The membership comprised of the four Humber CCGs, NHS Hull, NHS East Riding, NHS North Lincolnshire and NHS North East Lincolnshire.

Resolved

(a)	Board Members noted the verbal update provided.
-----	---

10. STANDING ITEMS

10.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 5 JULY 2019 AND 2 AUGUST 2019

The Interim 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 5 July 2019 and 2 August 2019.
-----	--

10.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 25 JUNE 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 25 June 2019.
-----	---

10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 8 JULY 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 8 July 2019.
-----	---

10.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 28 JUNE 2019

This report was not available due to the August 2019 Primary Care Commissioning Committee meeting being cancelled.

11. GENERAL

11.1 POLICIES

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

- Annual Leave Policy

The changes were identified within the report.

The report applied to all employees of the CCG and excluded non-officer Members of the Board.

Resolved

(a)	Board Members ratified the Annual Leave Policy.
-----	---

11.2 EU EXIT FOR THE HEALTH AND CARE SYSTEM

The Interim Director of Integrated Commissioning advised Members that the NHS was in full contingency planning mode in the event that the UK exited the European union without a deal.

Daily reporting was taking place and Operation Wellington and Yellow Hammer were now in the public domain and health elements of these plans were being worked through.

A Director on call rota had been put in place.

Professor Keith Willet, EU Exit Strategic Commander and Medical Director for Acute Care and Emergency Preparedness would be visiting Immingham Docks shortly. In terms of pharmaceutical supplies the planning and contingency arrangements were being led by NHS England.

Contingency plans were being put in place by local providers especially regarding transport and workforce.

Locally, the CCG had received reports of pharmacies advising patients that they could not obtain their medication due to Brexit. It was noted that a six week supply of medications was being held centrally and prescribing over this time period would be monitored closely to ensure that over prescribing or stock piling was not occurring. It was business as usual.

Resolved

(a)	Board Members noted the verbal update provided.
-----	---

11.3 EMERGENCY PREPAREDNESS, RESILIENCE, AND RESPONSE 2018/19

The Interim Director of Integrated Commissioning advised Board Members that ratification was sought following the Planning and Commissioning Committee's (P&CCs) approval of the self-assessment of CCG Compliance with the national Emergency Preparedness, Response and Resilience/Business Continuity Management core standards.

The self-assessment identified that substantial compliance was demonstrated against the Core Standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2019/20 including business continuity management (BCM) and the deep dive topic of Severe Weather and Climate Change. In addition, an action plan had been put in place to address the gaps identified which was also presented.

It was noted that there had been a national shortage of training provision with regard to this and alternative arrangements had been put in place.

The CCG has few loggists due to staffing changes, but do have access to loggists from partner CCGs if required.

Every year the CCG had to review itself to ascertain it met the minimum core standards relating to EPRR and BCM and to assess itself against a deep dive into a specific aspect of the core standards. For 2019/20 the deep dive was into Severe Weather and Climate Change and there were areas of partial compliance and further work was needed regarding this.

It was noted that a live incident had taken place in July 2019 due to an IT issue, which fulfilled this Major Incident Response and a national template was used with regard to this. As an organisation the CCG had a Risk Register in place and its own internal system to monitor this.

Resolved

(a)	Board Members considered and ratified the self-assessed level of compliance identifying that substantial compliance was demonstrated against the core standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2019/20.
(b)	Noted the Business Continuity / Emergency Preparedness, Response Annual Report 2018/19.

12. REPORTS FOR INFORMATION ONLY

12.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 5 JULY 2019 AND 2 AUGUST 2019

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 5 July 2019 and 2 August 2019.
-----	--

12.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 25 JUNE 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 25 June 2019.
-----	--

12.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 8 JULY 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 8 July 2019.
-----	---

12.4 PRIMARY CARE COMMISSIONING COMMITTEE – 28 JUNE 2019

The minutes of the meeting from 28 June 2019 meeting were not available due to the Primary Care Commissioning Committee meeting in August being cancelled.

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 22 November 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
AtW	Access to Work
BCM	Business Continuity Management
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
CoM	Council of Members
CROP	Campaign to Reduce Opioid Prescribing
CRS	Commissioner Requested Services
CQC	Care Quality Commission
CRNs	Clinical Research Networks
DOIC	Director of Integrated Commissioning
EDS	Equality Delivery System
EPRR	Emergency Preparedness Resilience and Response
HASR	Humber Acute Services Review
HCC	Hull City Council
HCVCA	Humber, Coast and Vale Cancer Alliance
HCVHCP	Humber Coast & Vale Health Care Partnership
HUTHT	Hull University Teaching Hospitals NHS Trust
HYMS	Hull York Medical School
HPBP	Hull Place Based Plan
Humber FT	Humber Teaching NHS Foundation Trust
IAF	Improvement and Assessment Framework
IAGC	Integrated Audit & Governance Committee
ICC	Integrated Care Centre
ICS	Integrated Care System
IFR	Individual Funding Requests
LA	Local Authority
LTP	Long Term Plan
NHSE/I	NHS England/Improvement
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCQ&PC	Primary Care Quality and Performance Committee
Q&PC	Quality & Performance Committee
RTT	Referral to Treatment
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard