

Item: 3

CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 22 NOVEMBER 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)
E Latimer,	NHS Hull CCG (Chief Officer)
E Sayner,	NHS Hull CCG (Chief Finance Officer)
I Goode,	NHS Hull CCG (Lay Member - Strategic Change)
J Stamp,	NHS Hull CCG (Lay Representative – Patient and Public Involvement and CCG Vice-Chair)
J Weldon,	Hull City Council (Director of Public Health and Adults)
K Marshall,	NHS Hull CCG (Lay Representative - Audit, Remuneration and Conflict of Interest Matters)
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>
J Dodson,	NHS Hull (Interim Director of Integrated Commissioning)
M Napier,	NHS Hull CCG (Associate Director of Corporate Affairs)
R Bell,	Ageing Hull – <i>Item 1 Only</i>
S Lee,	NHS Hull CCG (Associate Director of Communications and Engagement)

WELCOME AND INTRODUCTIONS

The Chair welcomed Ian Goode to his first meeting as the newly appointed Lay Member for Strategic Change.

1. PATIENT STORY: AGEING HULL

R Bell presented information with regard to Ageing Hull – see attached slides.

The following key points were noted:

- Students from the Health and Social Care Academy were undertaking further work with residential homes.
- A Memory Bank Hull pack has been produced together with a photo book (trigger story telling), which was tabled at the meeting.
- The documents were catalysts for learning for the students.
- The CCG had invested £7,000 into the programme.
- Numerous workshops had taken place along with presentations at schools.

- The learning from the workshops held had identified that there would be benefit for the students to visit the residential homes.
- Safeguarding issues at some of the residential homes was a concern but steps had been taken to rectify this at the specific location.
- Sessions with families and carers had taken place.
- The History Troupe had been produced, which was a package of short films to be used in residential homes.
- All of the sixth form colleges across the city were interested in undertaking the workshop.
- Voxpox available on the website.
- The project could become a volunteering campaign.

Support was requested with regard to the project in relation to the history of health in Hull and it was noted that exhibitions had been undertaken locally. The Chief Officer and Chair thanked R Bell on behalf of all Board Members for the inspiring and important work the programme was undertaking.

Resolved

(a)	Board Members noted the presentation provided.
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2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

Dr V Rawcliffe, NHS Hull CCG (GP Member)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 27 SEPTEMBER 2019

The minutes of the meeting held on 27 September 2019 were approved, subject to the following amendments:

4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

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 **good enough** in NHS facilities.

8.1 QUALITY AND PERFORMANCE REPORT

The major theme was with regard to prescribing in **East Riding of Yorkshire CCG**.

Replace 3rd paragraph with:

Discussion took place and K Marshall sought assurance that the frail/elderly population would not be disadvantaged by the development particularly those dependent on the NOMAD system and those with dementia and inability to use technology.

Resolved

(a)	The minutes of 27 September 2019 were approved subject to the above amendments 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 27 September 2019 were provided for information and updates were provided as follows:

27 SEPTEMBER 2019

1. PATIENT STORY: PERSONAL WHEELCHAIR BUDGETS

Clarification with regard to the funding available for part time staff would be followed up. The Status of Action was 'In Progress'.

The promotion of the programme had been taken forward by the Communications and Engagement Team. The Status of Action was 'Completed'.

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

The sanitation standards were discussed in the Quality meetings and benchmarking was undertaken to ensure sanitation standards aligned. The Status of Action was 'Completed'.

8.1 QUALITY AND PERFORMANCE REPORT

Extended access was discussed at the CCG's Primary Care Quality and Performance Sub Committee meeting and would be discussed at the next Primary Care Commissioning Committee (PCCC) meeting. The Status of Action was 'Completed'.

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
Dr Bushra Ali	8.1	Indirect Interest - Spouse is a Trainee in the Radiology department at Hull University Teaching Hospitals Trust The declaration was noted and the Member would remain and participate in the item owing to the nature of the interest declared.
Dr James Moult	4.1	Financial Interest - General Practitioner partner at New Hall Surgery (Modality Hull) The declaration was noted and the Member would remain and participate in the item owing to the nature of the interest declared.
Dr James Moult	8.1	Non-Financial Professional Interest - Honouree Contract with Hull University Teaching Hospital NHS Trust Cardiology Team (non remunerated) The declaration was noted and the Member would remain and participate in the item owing to the nature of the interest declared.

Resolved

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

There had been no Gifts and Hospitality Declarations made since the Board Meeting on 27 September 2019.

Resolved

(a)	Board Members noted that there had been no gifts and hospitality declarations since the Board Meeting on 27 September 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 Corporate Seal since March 2019.
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6.4 CHIEF OFFICER'S UPDATE REPORT

The Chief Officer presented her update to Members, which was taken as read. Reference was however made, and congratulations were conveyed, with regard to the Health Service Journal (HSJ) award for the Jean Bishop Integrated Care Centre

(ICC). Lots of positive comments had been received as well as a formal letter from the Regional Director, NHS England/Improvement (NHSE/I) and Professor Don Berwick had referenced the ICC at a recent event. It was noted that Paul Jackson, former CCG Vice Chair and Lay Member had been a huge inspiration with regard to this work and a plaque had been produced in his memory.

Humber Teaching NHS Foundation Trust (Humber FT) had also been recognised with the HSJ's Mental Health Provider of the Year award and NHS North Lincolnshire CCG and partners had also been finalists in the Connecting Services and Information category.

The CCG's Chief Officer had now received confirmation of her appointment as Interim Accountable Officer at East Riding of Yorkshire CCG and the recruitment of two Managing Director (MD) / Chief Operating Officer (CCO) posts for Hull and East Riding had now gone live.

Good progress was being made with regard to the Humber Acute Services Review (HASR) and a meeting with the Regional Director, NHS England/Improvement (NHSE/I) had taken place to go through the progress made and the challenges and risks had been acknowledged.

Information with regard to the Beverley Road Project had been presented earlier in the week and positive feedback had been received especially in terms of what could be done at street level.

The Chief Executive of Public Health England (PHE), Duncan Selbie, had also undertaken a successful visit to the city in December 2019 and positive feedback had been received about the strength of the partnership between the CCG and the Local Authority in terms of the integrated work taking place in Hull.

The Inspiring Women event had taken place on 4 October 2019 and there had been lots of good ideas generated from local businesses, public and voluntary organisations.

Thanks were conveyed to Dr Lucy Chiddick, GP Lead for Vulnerable People, with regard to the Homeless Discharge Services and for all the tireless work that she does for the health, wellbeing and safety of Hull's homeless people, who have significantly poorer health than those with a fixed abode.

Thanks for were also expressed to the Director of Quality & Clinical Governance/Executive Nurse (Sarah Smyth) who had been successful in securing a new role at Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and would be leaving the CCG at the end of December 2019.

The CCG were gearing up for a significant increase in demand on health services during the colder weather, daily winter reporting had commenced and system plans were in place. The CCG were supporting the national Help Us to Help You winter campaign which promoted the appropriate use of urgent healthcare services www.staywellthiswinter.co.uk

The Chief Officer also conveyed how proud she was of all the staff at the CCG who had nominated a charity and raised funds with festive activities for the Butterflies Memory Loss Group www.butterflies.org.uk

Mr Goode reported that he had attended the Humber, Coast and Vale Health and Care Partnership Executive Group Integrated Care System Accelerator Programme workshop on 13 November 2019 and Hull CCG were seen as the generator of forward thinking and it was acknowledged that Hull try to do as much as they could to change the outcomes.

Resolved

(a)	Board Members noted the contents of the Chief Officers Update Report.
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6.5 BOARD GOVERNANCE AND DEVELOPMENT PROGRAMME 2020-21

The Deputy Director of Quality and Clinical Governance / Lead Nurse provided the Board Governance and Development Programme for 2020-21.

The programme identified a breakdown of key areas of work that were to be completed to support the accomplishment of the overall strategic objectives.

The sessions would take place on a bi-monthly basis prior to the Primary Care Commissioning Committee (PCCC) and identified themes would cover a range of areas including topics that supported current CCG priorities. Professional Board development requirements and team and leadership learning needs.

Board Members were asked to advise the Director of Quality and Clinical Governance /Lead Nurse or the Corporate Services Manager of any topics/areas to be included.

Discussion took place in terms of what was actually required by the Board, especially in relation to some of the strategic areas, regarding their views.

It was proposed that a session on the Fairness Commission be undertaken by the Board as Hull City Council (HCC) were planning to have this up and running by April 2020. It was noted that HCC were also developing their approach with regard to engagement and it was suggested having a joint development session with members of the Cabinet and to bring back ideas to the next Development Session in February 2020.

(a)	Board Members noted the contents of the programme and proposed further topics for the 2020/21 development programme.
(c)	It was agreed to bring back ideas to the next Development Session in February 2020.

7. STRATEGY

7.1 HUMBER COAST AND VALE HEALTH AND CARE PARTNERSHIP UPDATE

The Chair updated Board Members on the work of the Humber, Coast and Vale (HCV) Health and Care Partnership and tabled for information the latest progress.

It was noted that the CCG were part of the Accelerator Programme, there were four key areas of development:

- Partnership Working
- System Operating Arrangements
- Stakeholder Engagement

- Population Health Management

The Chief Officer had attended the meeting on 20 November 2019 and discussions had taken place with regard to the governance arrangements for Integrated Care Partnerships (ICPs).

Discussion took place and J Stamp expressed his frustration with regard to the pace of progress in the future operating arrangements, particularly in relation to the ICP. The strong partnership arrangements that were already established with regard to the Hull 'Place' were noted and the Chief Officer had spoken with NHS England/Improvement (NHSE/I) with regard to assurance and streamlining some of the wider governance arrangements.

I Goode confirmed that he had also attended the meeting on 20 November 2019 and he reported that it was noticeable how many system partners referred to Hull as a model of good practice.

Resolved

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

Dr Moulton declared a financial interest as General Practitioner partner at New Hall Surgery (Modality Hull).

The declaration was noted and owing to the nature of the interest he remained in the room and participated in the discussion.

The Programme Director for Integration presented an update with regard to the work of the Hull Place Based Plan Board (HPBPB) – see attached slides.



Item 7.2 - Beverley
Road Our People Our I

The following key points were noted:

- The four project workstreams in place with regard to Our People, Our Place were:
 - Community and Engagement
 - Workforce and Organisational Development
 - Benefits Realisation
 - Data and Analysis
- There was continued focus on a population health approach and how the data available could be utilised for maximum benefit.
- A high level outcomes framework for Hull had been developed.
- The Year 1 implementation was outlined and a soft launch had taken place.
- Appropriate structures were in place to ensure that everything was being managed and monitored.
- The data was now being managed by the Local Authority (LA) and the data helped to identify some of the 'hot spot' areas.
- There were three focus areas identified, which were:
 - North Side
 - Waterloo Street/Woodbine Street and Cave Street/Beverley Road

- Sculcoates Lane

Localised themes had been identified from within each of the communities.

- Work was taking place with the Hull University in terms of the theoretical mechanism.
- Proof of concept and the common tasking framework was to be used going forward especially in terms of vulnerable families.
- A Timeout session was planned on 18 December 2019 and canvassing priority areas from each partner organisation would be obtained.
- The work undertaken was done in context and in conjunction with the Health and Wellbeing Board (H&WBB).

Discussion took place in terms of the engagement of the programme with primary care providers in the locality and it was confirmed that this was being undertaken. This engagement extended to Primary Care Network level as well.

An action plan had been developed for the three areas and the sustainability with regard to the community engagement was being discussed with regard to how this could be maintained.

In terms of the outcomes in 12 months' time, there would be learning from the evaluation and robust framework and the impact of the work undertaken and the programme would be rolled out to other areas.

With regard to elderly people, information was being identified through the population data and appropriate interventions developed accordingly. It was recognised that primary care focused more on those registered patients who attended their practice rather than those residents who do not and it was suggested that further focus may be needed on those less proactive with their own care.

Door to door work had been led by the police, with further support from City of Culture. The sharing of soft intelligence was taking place between partner.

Resolved

(a)	Board Members noted the contents of the presentation provided.
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8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

Dr Ali declared an Indirect Interest in this item on account of her spouse was a Trainee in the Radiology Department at Hull University Teaching Hospitals Trust. Dr Moulton declared a Non-Financial Professional Interest on account of his Honouree Contract with Hull University Teaching Hospitals NHS Trust's Cardiology Team (non- remunerated).

The declarations were noted and both Members remained and participated in the item given the nature of the interests declared.

The Chief Finance Officer and Deputy Director of Quality and Clinical Governance / Lead Nurse presented the Quality and Performance Report for November 2019. This provided a corporate summary of overall CCG performance and the current financial position as at Month 7 (October 2019).

Finance

As to be expected, the financial position was becoming clearer as the year progressed and the CCG remained on track to deliver financial balance and achieve its statutory financial duties.

Board Members noted the prescribing forecast underspend of £2 million was based on month 5 data and reflected the success of the local programme of work in this area.

The Chief Finance Officer advised Members that while the CCG was showing a £27.7 million excess of liability over assets at the end of October 2019, this would be expected for an NHS commissioning organisation and the figure was in line with the previous financial year.

It was reported that discussions would take place at the CCG's Prioritisation Panel to ensure that the investments being made were having the desired impact.

Performance and Contracting

It was reported to Members that innovative schemes and plans had been implemented across a range of challenging target areas although this had not yet had a positive impact to performance.

With regard to the Accident & Emergency (A&E) Department performance target, the CCG and the out of hospital health and social care providers had taken a number of steps to increase capacity. The A&E Delivery Board continued to focus their attention on the patient 'flow' within Hull University Teaching Hospitals NHS Trust (HUTHT).

K Marshall commented that the data suggested that patient attendances at the A&E Department appeared to be being kept at a consistent and predictable level asked whether there was recognition of this within the system. It was confirmed that this was the case across the Humber patch. I

Resolved

(a)	Board Members noted the update along with the contents of the Quality and Performance Report.
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8.1.1 CCG CONSTITUTIONAL EXCEPTIONS – SEPTEMBER 2019

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

Resolved

(a)	Board Members noted the contents of the report.
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8.2 HUMBER ACUTE SERVICES REVIEW UPDATE

The Chief Officer advised that she had referred to this item as part of her Chief Officer's update.

It was noted that the Director of Collaborative Acute Commissioning had attended the Council of Members (CoMs) meeting on 14 November 2019 to provide an

update and the long list of options identified from the review would be submitted for consideration by the CCG Governing Bodies / Trust Boards in February / March 2020. A collaborative approach was being adopted by the four Health and Social Well-Being Overview and Scrutiny Committees/Commission (OSCs) and they would advise whether the proposals submitted to them represented significant service change and therefore would require formal consultation.

The Chief Finance Officer said the impact of the review across all four areas within the Humber should not be underestimated. Operational challenges existed on all five hospital sites within the Humber area. The implementation of the changes would take 3-4 years and the capital investment needed was also acknowledged.

Resolved

(a)	Board Members noted the update provided.
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9. INTEGRATED COMMISSIONING

9.1 HUMBER JOINT COMMISSIONING COMMITTEE UPDATE

The Chief Officer reported that a Humber Joint Commissioning Committee (JCC) development session was scheduled to take place in the New Year (29 January 2020). It was reaffirmed that the working arrangements of three CCGs (Hull, North Lincolnshire and East Riding of Yorkshire) plus North East Lincolnshire CCG continued to be the working model and work in relation to solutions for operational and capacity gaps within the three CCGs in would be undertaken in the New Year.

It was acknowledged that the JCC would need to become a decision-making formal committee in the future and appropriate governance arrangements, including appropriate delegation of authority, would be required.

Resolved

(a)	Board Members noted the contents of the report.
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10. STANDING ITEMS

10.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 6 SEPTEMBER 2019 / 4 OCTOBER 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 6 September and 4 October 2019.
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10.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 23 JULY 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 23 July 2019.
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10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 10 SEPTEMBER 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 10 September 2019.
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10.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 28 JUNE 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 28 June 2019.
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11. GENERAL

11.1 POLICIES

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

- Induction and Probationary Period Policy
- Change Management Policy

The changes were identified within the policies.

The policies applied to everyone that was employed by the CCG.

Resolved

(a)	Board Members approved the Induction and Probationary Period and Change Management Policies.
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11.2 EU EXIT FOR THE HEALTH AND CARE SYSTEM

No update was provided for this item.

12. REPORTS FOR INFORMATION ONLY

12.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 6 SEPTEMBER AND 4 OCTOBER 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 6 September 2019 and 4 October 2019.
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12.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 23 JULY 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 23 July 2019.
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12.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 10 SEPTEMBER 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 10 September 2019.
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12.4 PRIMARY CARE COMMISSIONING COMMITTEE APPROVED MINUTES – 28 JUNE 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 28 June 2019.
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12.5 INTEGRATED COMMITTEES IN COMMON APPROVED MINUTES – 27 FEBRUARY 2019 / 17 APRIL 2019

The Chair provided the minutes for information.

Resolved

(a)	Board Members noted the Integrated Committees in Common approved minutes for 27 February 2019 and 17 April 2019.
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12.6 NHS HULL CLINICAL COMMISSIONING GROUP BOARD MEETING DATES 2020-2021

The Chair provided the Board Meeting Dates for 2020-2021.

Resolved

(a)	Board Members noted the Board Meeting dates for 2020-2021.
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13. ANY OTHER BUSINESS

There were no items of Any Other Business.

14. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 24 January 2020** 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
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
CoM	Council of Members
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
ED	Emergency Department
IDOIC	Director of Integrated Commissioning
HASR	Humber Acute Services Review
HCC	Hull City Council
HCVHCP	Humber Coast & Vale Health Care Partnership
HSJ	Health Service Journal
HUTHT	Hull University Teaching Hospitals NHS Trust
HPBP	Hull Place Based Plan
Humber FT	Humber Teaching NHS Foundation Trust
H&WBB	Health and Wellbeing Board
IAGC	Integrated Audit & Governance Committee
ICC	Integrated Care Centre
ICS	Integrated Care System
ICP	Integrated Care Partnership
JCC	Joint Commissioning Committee
LA	Local Authority
LTP	Long Term Plan
MD	Managing Director
NHSE/I	NHS England/Improvement
OSC	Overview and Scrutiny Commission
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCNs	Primary Care Networks
PCQ&PC	Primary Care Quality and Performance Committee
PHE	Public Health England
Q&PC	Quality & Performance Committee
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership