

**CLINICAL COMMISSIONING GROUP BOARD
MINUTES OF THE MEETING HELD ON FRIDAY 24 JANUARY 2020, 9.30 AM,
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

Dr D Roper,	NHS Hull CCG (Chair)
Dr M Balouch,	NHS Hull CCG (GP Member)
I Goode,	NHS Hull CCG (Lay Member - Strategic Change)
Dr D Heseltine,	NHS Hull CCG (Secondary Care Doctor)
K Marshall,	NHS Hull CCG (Lay Representative - Audit, Remuneration and Conflict of Interest Matters)
Dr A Oehring,	NHS Hull CCG (GP Member)
Dr V Rawcliffe,	NHS Hull CCG (GP Member)
E Sayner,	NHS Hull CCG (Chief Finance Officer)
J Stamp,	NHS Hull CCG (Lay Representative – Patient and Public Involvement and CCG Vice-Chair)
J Dodson,	NHS Hull (Interim Director of Integrated Commissioning)

IN ATTENDANCE:

E Daley,	NHS Hull (Programme Director Integration)
P Heaford,	NHS Hull CCG (Personal Assistant) - <i>Minute Taker</i>
S Lee,	NHS Hull CCG (Associate Director of Communications and Engagement)
D Lowe,	NHS Hull CCG (Deputy Director of Quality and Clinical Governance/Lead Nurse)
T Meyerhoff,	Hull City Council (Head of Social Care and Health Integration) (<i>attending for Julia Weldon</i>)
A Rawling,	NHS Hull CCG (Designated Nurse for Safeguarding Children) - <i>attending for item 8.2</i>

1. PATIENT STORY: LEARNING DISABILITY ANNUAL HEALTH CHECKS

The Interim Director of Integrated Commissioning introduced this item which was in relation to promoting the awareness, and increasing the uptake, of annual health checks for people with a learning disability.

A video was played which showed Suzanne Nichols, the Learning Disability Primary Care Liaison Nurse at City Health Care Partnership CIC (CHCP), and her colleague Colleen, talking about Learning Disability Annual Health Checks. Anyone from the age of 14 on a GP practice learning disability register should be invited in for an annual health check. In Hull, Health Check Books are given out to support individuals in preparing for an annual health check and provide an opportunity to write down how staff can communicate effectively, along with any reasonable adjustments needed when attending the GP practice. Patient Communication Boards had also been developed which were available within GP practices to

support people preparing to go to a GP surgery or whilst in the surgery to support in communicating and reduce any anxiety around annual health checks.

The booklet is a best practice example and the service has carried out a lot of work to engage with practitioners during its development. Work is on-going to raise the profile of annual health checks for people with a learning disability but to date the take up rate was still low at only 30%; however some practices have shown improvement.

Discussion took place around how to communicate this further with a view to reaching more patients and increasing the take up rate of learning disability annual health checks. It was noted that a Protected Time for Learning session had been held on this subject and some practices had offered additional training.

Karen Marshall suggested that communication work be carried out with the local media in order to raise public awareness. The Associate Director of Communications and Engagement advised that a communications plan was being developed and work with GPs would be taking place to raise awareness. Dr Oehring advised that at her practice, partly due to high DNA rates, GPs were now going out and visiting identified patients in their homes to carry out these health checks. This learning would be shared and it was acknowledged that, as Primary Care Networks (PCNs) develop, it should become more manageable to communicate with families and the public and going forward, for PCNs to appoint someone to co-ordinate this process.

(a)	Board Members noted the update provided in relation to learning disability annual health checks
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2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

Dr B Ali,	NHS Hull CCG (GP Member)
E Latimer,	NHS Hull CCG (Accountable Officer)
Dr J Moulton,	NHS Hull CCG (GP Member)
M Napier,	NHS Hull CCG (Associate Director of Corporate Affairs)
J Weldon,	Hull City Council (Director of Public Health and Adult Services)
M Whitaker,	NHS Hull CCG (Practice Manager Representative)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 22 NOVEMBER 2019

The minutes of the meeting held on 22 November 2019 were approved, subject to the following amendments:

1. PATIENT STORY: AGEING HULL

Page 2, bullet point 6 should read: **Vox pop** was available on the website

6.4 CHIEF OFFICER'S UPDATE REPORT

Page 5, paragraph 3 should read: ... Chief Operating Officer (**COO**) posts...,

8.1 QUALITY AND PERFORMANCE REPORT

Page 8, line 1 should read: ...on account of her spouse **being** a.....

Page 9, Performance and Contracting section, last line of 3rd paragraph final "I" to be removed

Resolved

(a)	The minutes of 22 November 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 following update on the Action List from the meeting held on 22 November 2019 was provided for information:

27 SEPTEMBER 2019

1. PATIENT STORY: PERSONAL WHEELCHAIR BUDGETS

With regard to the Government's Access to Work (AtW) Programme which supported disabled people being able to take up, or remain in work through funding appropriate adjustments in the workplace, and the query raised in relation to the extent of funding available for part-time staff - the Deputy Director of Quality and Clinical Governance/Lead Nurse confirmed that everyone was equally eligible for support which was individually needs led.

The Status of Action was 'Completed'.

Resolved

(a)	The update on 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

Resolved

(a)	There were no declarations of interest made.
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6.2 GIFTS AND HOSPITALITY DECLARATIONS

Board Members were provided with details of the Gifts and Hospitality Declarations made since the Board Meeting on 22 November 2019.

Resolved

(a)	Board Members noted the declarations of gifts and hospitality made since the Board Meeting on 22 November 2019.
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6.3 USE OF CORPORATE SEAL

Board Members were advised that there had been no use of the Corporate Seal since the last report to the Board on 22 March 2019.

Resolved

(a)	Board Members noted that there had been no use of the Corporate Seal since the last report to the Board on 22 March 2019.
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6.4 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Accountable Officer's Update Report which provided the Board with an update on local, regional and national issues, along with a brief review of the Accountable Officers activities, was taken as read.

In the Accountable Officer's absence, the Chair made reference to the following areas of the report:

Chief Operating Officers – Hull & East Riding

Expressions of Interest had been invited for 2 x 12 month fixed term internal secondments for Chief Operating Officers for Hull CCG and East Riding of Yorkshire CCG. The process was on-going and interviews would be taking place shortly.

Lung Health Checks in Hull

Board Members were advised that the NHSE Targeted Lung Health Check Programme – Hull was being formally launched today (24 January 2020). Hull would be one of ten sites to be able to offer this new service. Hull has one of the highest mortality rates from lung cancer in England and the new programme is aimed at detecting lung cancer and other conditions at a much earlier stage.

Acute Services Review

The Accountable Officer continued to Chair the Acute Services Review. The programme had been clinically led with significant patient engagement and had come a long way. Good progress had been made to date with this large programme of work but there was still a long way to go.

Year of the Nurse and Midwife

2020 was the first ever global Year of the Nurse and Midwife. The Deputy Director of Quality and Clinical Governance/Lead Nurse advised that there was a timetable of national and regional events taking place, along with recruitment drives and future career events taking place in schools. Karen Marshall stated that retention also needed to be part of the focus and was advised that a retention programme was being looked at.

The Interim Director of Integrated Commissioning advised that events such as Health Expo and a Day in the Life of the NHS helped to promote a range of careers in the health sector.

The Chair advised that there needed to be proper academies in each of the 6 CCG areas and this would be launched at a conference on 1 May 2020 with a view to obtaining buy-in from Humber Coast and Vale.

The removal of NHS bursaries had had a negative impact on applications for nursing degrees, but there were opportunities to maintain interest and also to work more flexibly to capture a wealth of experience.

The Associate Director of Communications and Engagement stated that there was a wider piece of work beyond careers in the NHS; for example The Children's University, Inspiring Leaders, Aspiring to Careers and a broader wrap around piece around aspiration which the CCG were supporting.

Dr Heseltine stated that offering training, support and development to people in the care industry was equally important – staff in this area often had low self-esteem and received low levels of pay. Wider workforce conversations would need to be encouraged with regard to opportunities within the healthcare profession.

Marking 30 years in the NHS

The Accountable Officer had recently celebrated 30 years working in the NHS and celebrated her achievement with Dave Blain, Adult Safeguarding Lead, who had worked for the NHS for 40 years.

The Associate Director of Communications and Engagement left the meeting

Resolved

(a)	Board Members noted the contents of the Accountable Officer's Update Report.
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7. STRATEGY

7.1 HUMBER COAST AND VALE HEALTH AND CARE PARTNERSHIP UPDATE

Board Members were provided with an update report on the work of the Humber, Coast and Vale (HCV) Health and Care Partnership.

For future reports, the Chief Finance Officer requested that reference no longer be made to the Sustainability Transformation Partnership (STP) which was now the HCV Health and Care Partnership.

In relation to Partnership Transformation Funding, the Chief Finance Officer advised that these were small amounts of reserve funding that had been made available and would not lead to the design and development of sustainable areas of focus

It was noted that the plan was to achieve ICS status by April this year.

The Chief Finance Officer provided feedback that there was a desire nationally to move to 1 CCG per ICS and there was a debate about what that would mean for differing geographies. It was confirmed that there would continue to be a focus on Place.

In relation to Transformation Funding, Board Members requested to be sighted on more detail in order to understand the numbers of the lead commissioners. Chris O'Neill would be asked to provide a more detailed report in future updates.

Resolved

(a)	Board Members noted the contents of the HCV Health Care Partnership update report, and
(b)	The Programme Director would be asked to provide a more detailed report on Transformation Funding for future updates.

7.2 LONG TERM PLAN AND OUT OF HOSPITAL CARE UPDATE

The Programme Director Integration gave a presentation on the above for information and the following areas were highlighted:

Long Term Plan Headlines:

- Workforce
- Starting Well
- Digital Transformation
- Primary Care
- Personalised Care
- Ageing Well
- Learning Disability and Autism
- Mental Health
- Cancer

There would be programmes of work to address each area within CCGs or System Arrangements.

Key themes:

Strong theme around continuity
Earlier intervention
Stronger integration
Delivery through triple engagement

Progress:

- Fully embedded integrated commissioning with Local Authority – integrated delivery strong position work at Place.
- Areas of good practice to build upon – Beverley Road Corridor
- Progressive Primary Care Networks with strong clinical leadership

- A provider Alliance across the Hull & East Riding System with new governance to take forward new models of care and integrated delivery – cut down on contract arrangements with providers – move away from constraints and work better together
- An emerging out of hospital strategy developed with partners to inform a 3-5 year plan for a new model of out of hospital care - early discussions with KPMG had taken place to understand what needed to be delivered at scale
- Next Steps towards New Service Model – recognition that there needs to be an investment in primary and community care

In Summary:

- Balance between national prescription and local autonomy
- Continuity rather than change
- Transformation not competition
- Clinical priorities, including mental health and Learning disability, cancer and long term conditions
- Delivered by primary and community services
- Focus on delivery and implementation
- Accelerate progress towards integrated care.

The Programme Director Integration stated that the role of the CCG would be transformation and leadership, with partnership being key.

The Chief Finance Officer stated that there would be an opportunity to influence and, with the experience and level of maturity in the system, to provide guidance in order to help flex and provide confidence in the local system.

The Programme Director Integration commented that the CCG could demonstrate that things we have delivered do work with proven outcomes.



Hull CCG LTP Update

Resolved

(a)	Board Members noted the contents of the update provided on the Long Term Plan and Out of Hospital Care.
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7.3 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE

The Interim Director of Integrated Commissioning presented a report to inform Board Members of the outcome of the revisit by Ofsted and Care Quality Commission (CQC) in respect of arrangements for children and young people with Special Educational Needs and Disabilities (SEND) in Hull.

In October 2017, Ofsted and CQC had conducted a joint inspection to judge the effectiveness of the work Hull City Council and NHS Hull CCG had undertaken to implement the SEND reforms of September 2014. On this occasion the inspectors had highlighted four key areas for improvement, namely:

1. Poor strategic leadership and governance of the SEND reforms in Hull;
2. Too little involvement of families in decision-making about the services and support they need and insufficient awareness of the resources available to them in the local area;

3. Poor self-evaluation of service quality and impact and insufficiently focused improvement planning to facilitate better provision and outcomes in the local area for CYP who have SEN and/or disabilities;
4. The lack of an effective strategy for jointly commissioning service across education health and social care.

Between 15 and 17 October 2019, Ofsted and the Care Quality Commission (CQC) had revisited Hull to decide whether sufficient progress had been made in addressing these areas. The findings of the re-visit were that sufficient progress had been made in areas 1 and 4; however it was deemed that insufficient progress had been made in addressing areas 2 and 3.

The Interim Director of Integrated Commissioning advised that, since the inspection, a lot of work had been carried out which had included listening to the experience of parents and families in order to ensure their needs were being identified.

The next stage was for the Accountable Officer and Interim Director of Integrated Commissioning to attend the Department for Education with a draft workplan.

A revised and focused improvement plan was being developed and would be monitored locally by the SEND Strategic Board and externally by the Department for Education.

Resolved

(a)	Board Members noted the contents of the update provided on Special Education Needs and Disability (SEND)
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8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

The Chief Finance Officer and Deputy Director of Quality and Clinical Governance / Lead Nurse presented the Quality and Performance Report for January 2020. This provided a corporate summary of overall CCG performance and the current financial position as at Month 9 (December 2019).

Finance

It was noted that the Finance Report had been considered in detail by the Integrated Audit and Governance Committee at its meeting on 14 January 2020. The Chief Finance Officer stated that it was nearing the crucial part of the financial year and confirmed that the CCG remained on track to deliver its statutory financial duties; variances that existed were outweighed by the prescribing savings.

Performance

The Type 1 A&E 4 hour waiting time performance had deteriorated further in November compared to the previous month.

The Interim Director of Integrated Commissioning and her team were working to support the A&E Delivery Board and Unplanned Care to look at options for system improvement and impact on patients.

The Deputy Director of Quality and Clinical Governance/Lead Nurse advised that A&E performance was reviewed and monitored within the Quality and Performance

Committee. It was noted that there had been an impact of Norovirus with wards and bays being closed over the reporting period.

Members were advised that a Serious Incident (SI) had been declared in relation to ambulance wait times. This was a result of volume of patients and flow – any risk to patient harm and how this could be better managed would be looked at and where harm is found for individual patients this would be declared as a separate SI.

Resolved

(a)	Board Members noted the update along with the contents of the Quality and Performance Report.
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Angie Rawling, Designated Nurse for Safeguarding Children joined the meeting

8.2 SAFEGUARDING SUPERVISION AND SUPPORT POLICY

The Designated Nurse for Safeguarding Children presented the Safeguarding Supervision and Support Policy for consideration and approval.

The purpose of this policy was to promote and develop a culture that valued and engaged in regular safeguarding supervision in order to provide high quality services, advocating best practice and safe service development and one which supported professionals to reflect on their working practices, supported decision making and considered the impact that decision making had on outcomes for children and families and adults in need of care and support.

The Deputy Director of Quality and Clinical Governance/Lead Nurse thanked the Designated Nurse for Safeguarding Children for presenting the policy and reinforce the role of all safeguarding,

Board Members approved the policy in relation to safeguarding supervision and support.

Resolved

(a)	Board Members approved the Safeguarding Supervision and Support Policy
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Angie Rawling, Designated Nurse for Safeguarding Children left the meeting

9. INTEGRATED COMMISSIONING

No items had been received for this area.

10. STANDING ITEMS

10.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 1 NOVEMBER 2019 / 6 DECEMBER 2019

The Chair of the Planning and Commissioning Committee provided the update reports for information.

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Reports for 1 November and 6 December 2019.
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10.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 24 SEPTEMBER AND 23 OCTOBER 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 24 September and 23 October 2019.
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10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 12 NOVEMBER 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 12 November 2019.
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10.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 25 OCTOBER AND 22 NOVEMBER 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 25 October and 22 November 2019.
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11. GENERAL

11.1 POLICIES

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

- **Retirement and Gifts**
- **Relocation Assistance**
- **Pay Progression Policy**

The changes had been identified within the policies.

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

Resolved

(a)	Board Members approved the Retirement and Gifts, Relocation Assistance and Pay Progression Policies.
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11.2 EU EXIT FOR THE HEALTH AND CARE SYSTEM

It was noted that the Bill had been passed and the EU Exit Plan had been stood down.

12. REPORTS FOR INFORMATION ONLY

12.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 1 NOVEMBER AND 6 DECEMBER 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 1 November and 6 December 2019.
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12.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 17 SEPTEMBER AND 23 OCTOBER 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 17 September and 23 October 2019.
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12.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 12 NOVEMBER 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 12 November 2019.
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12.4 PRIMARY CARE COMMISSIONING COMMITTEE APPROVED MINUTES – 25 OCTOBER AND 22 NOVEMBER 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 25 October and 22 November 2019.
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12.5 INTEGRATED COMMITTEES IN COMMON APPROVED MINUTES – 26 JUNE 2019

The Chair provided the minutes for information.

Resolved

(a)	Board Members noted the Integrated Committees in Common approved minutes for 26 June 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 27 March 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