

**CLINICAL COMMISSIONING GROUP BOARD**

**MINUTES OF THE MEETING HELD ON FRIDAY 25 SEPTEMBER 2020, 9.30 AM,  
Via Zoom**

**Part 1**

**PRESENT:**

|                |  |
|----------------|--|
| Dr D Roper     | NHS Hull CCG (Chair)   |
| E Latimer      | NHS Hull CCG (Accountable Officer)   |
| Dr B Ali       | NHS Hull CCG (GP Member)   |
| Dr M Balouch   | NHS Hull CCG (GP Member)   |
| E Daley        | NHS Hull (Interim Chief Operating Officer)   |
| 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 J Moulton   | NHS Hull CCG (GP Member)   |
| 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 Weldon       | Hull City Council (Director of Public Health and Adult Services)                         |
| M Whitaker     | NHS Hull CCG (Practice Manager Representative)   |

**IN ATTENDANCE:**

|             |  |
|-------------|--|
| J Adams     | NHS Hull CCG (Personal Assistant) - <i>Minute Taker</i>            |
| S Lee       | NHS Hull CCG (Associate Director of Communications and Engagement) |
| D Lowe      | Deputy Director of Quality and Clinical Governance/ Lead Nurse     |
| M Napier    | NHS Hull CCG (Associate Director of Corporate Affairs)             |
| A MacNamara | Hull City Council  |

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received and noted from:

C Linley NHS Hull CCG (Interim Director of Nursing and Quality)

**2. PATIENT STORY:**

The homeless health project video shows the rapid response of a range of public organisations to protect one of the cities most vulnerable populations during the COVID-19 crisis. The project brought together doctors, nurses, drug and alcohol specialists, mental health specialists, housing and a range of other key services under one roof to provide Hull's homeless population with appropriate care and support. This unique way of working was recognised as best practice by NHS England.

The Chair thanked everyone involved in the production of the video which gave a brief flavour of the breadth and range of activities that Voluntary Sector Champions had been involved in.

### 3. MINUTES OF THE PREVIOUS MEETING HELD ON 24 JULY 2020

The minutes of the CCG Board meeting held on 24 July 2020 were submitted for approval. It was agreed that these were a true and accurate record of the meeting and were approved.

#### Resolved

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| (a) | CCG Board members approved the minutes of the meeting held on 24 July 2020, these would be signed by the Chair. |
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### 4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The Action List from the meeting held on 24 July 2020 was presented for information, and the following update was provided:

- |                       |   |
|-----------------------|---|
| <b>24.01.20 – 7.1</b> | <b>Humber Coast and Vale Health and Care Partnership Update</b><br>This action would be kept open the financial regime had been suspended so still outstanding.       |
| <b>24.07.20 – 7.1</b> | <b>Workforce and Organisational Development Annual Report</b><br>This action was marked as complete   |
| <b>24.07.20 7.1</b>   | <b>Workforce and Organisational Development Annual Report</b><br>This action timescale would be moved to November 2020  |
| <b>24.07.20 8.5</b>   | <b>Hull CCG Research and Development Annual Report 2019/20</b><br>This action would be removed from the action list and would be picked up for the next annual report |

#### Resolved

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| (a) | The Action List from the meeting held on 24 July 2020 and the update provided 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.

#### Resolved

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| (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 relates to;

| Name | Agenda No | Nature of Interest and Action Taken |
|------|-----------|-------------------------------------|
|      |           |                                     |

**Resolved**

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

There had been no declarations of gifts and hospitality made since the last report to the Board Meeting on 24 July 2020.

**Resolved**

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| (a) | Board Members noted that there had been no declarations of gifts and hospitality made since the Board Meeting on 24 July 2020. |
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**6.3 USE OF CORPORATE SEAL**

Board Members were advised that there had been no use of the seal since the last report in July 2020.

**Resolved**

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| (a) | Board Members noted that there had been no use of the Corporate Seal since July 2020. |
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**6.4 DECLARATIONS OF INTEREST FOR BOARD**

The Associate Director of Corporate Affairs presented the Declarations of Interest for Board Members to note.

The purpose of the report was to update Members of the Board on the Declarations of Interest for Board Members.

The Clinical Commissioning Groups (CCG) Standards of Business Conduct as set out in the CCG's Constitution details the requirements for managing conflicts of interest.

Declarations are managed, as appropriate, in accordance with the CCG Conflict of Interest Policy and require a register of board members interests to be maintained, periodically reviewed and available for public scrutiny.

- All returns have been received against a total count of 18.
- 16 declarations of interest and 2 nil returns have been received.

## Resolved

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| (a) | Board Members noted the Declarations of Interest for the Board. |
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### 6.5 ANNUAL GENERAL MEETING

The Associate Director of Communications and Engagement verbally gave an update regarding the Hull CCG Annual General Meeting. The meeting will take place on the 30 September 2020, going live on Facebook and Youtube for a virtual meeting to take place. There will be three presenters Dr Roper, Chair who will open the meeting and his overview of the CCG's position, Erica Daley who will give highlights of the CCG's activity over the previous 12 months and Emma Sayner who will present the Annual Accounts. The questions and answer section this year will be chaired by J Stamp, Lay Member and CCG Vice-Chair, with the opportunity for members of the public to submit questions in advance of the meeting.

## Resolved

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| (a) | Board Members noted the verbal update of the Annual General Meeting. |
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### 6.6 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Chief Finance Officer presented her Update Report which provided a summary of local, regional and national issues, along with a brief review of matters that she had been involved with since the previous meeting.

The following summary of the key areas was provided:

The CCG's annual assessment ratings were expected to be announced later this month. This was the final year that NHS Hull CCG will be rated individually, and, whatever the outcome was, the Accountable Officer wanted to acknowledge that everyone had worked tirelessly to deliver the best possible outcomes for our population and this was really appreciated by her.

#### **Humber Partnership Board update**

The Humber Partnership Board, Clinical and Professional Leaders Board and Humber Advisory Board had continued to meet regularly. Although it is early days their commitment towards improving and 'levelling-up' health and care across the Humber was notable. The diverse and experienced mix of people coming forward brought new ideas and thinking and can only add value to the work.

#### **Humber Acute Services Review update**

The CC's Regional Review meeting with Richard Barker (North East and Yorkshire Regional Director) and Stephen Eames (Independent Chair of the HCV Partnership) last month involved a wide range of stakeholders including medical directors, chairs and local authority representatives.

Over the next few months, clinical, public and other expert groups will be using the information that has been gathered so far to evaluate the different ways of organising hospital services to develop detailed proposals for the future of services. By Christmas it is anticipated to be able to share more in terms of short, medium and long term options.

### **West Hull Hub moves closer**

An important step in the transformation of primary care services for people in the west of the city has been reached with the financial sign off of the new West Hull Hub, planned for Calvert Lane. The challenge of finding a suitable relocation for Springhead Medical Practice has been longstanding for many years and the practice's staff and patients will soon benefit from care being provided in a safe, spacious working environment that will allow them to expand the range of services they are able to provide. This has taken a great deal of hard work by CCG colleagues, its development partners Citycare and the Modality Partnership to get the new build across the line.

### **Resolved**

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| (a) | Board Members noted the Accountable Officers Update Report. |
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## **6.7 WORKFORCE RACE EQUALITY STANDARD REPORT 2020**

The Associate Director of Corporate Affairs presented the Workforce Race Equality Standard Report 2020 to endorse.

The Equality Report provided an update to Members on the CCG's progress with regards to the Workforce Race Equality Standard (WRES) as defined by NHS England.

The standard forms part of the CCG's Equality & Diversity Action Plan, which includes objectives that reflect the duties of the CCG as both an employer and as the commissioner of healthcare services for the population of Hull.

The full WRES comprises nine indicators and is mandated by NHS England (NHSE). In the light of the Coronavirus pandemic however NHSE reduced the number of 2019/20 indicators required to five. The indicators are intended to highlight and reflect:

- The overall representation of black, asian or minority ethnic (BAME) staff in the CCG, across the pay structure.
- The relative likelihood of BAME candidates being shortlisted and appointed.
- BAME staff entering the formal disciplinary process.
- Uptake of non-mandatory training, and
- Board representation.

The summary findings for the CCG are as follows:

- According to Electronic Staff Record (ESR) data for the CCG, fewer than 5% of the CCG's workforce is identified as BAME. The BAME population of Hull (as defined above) is 6%. Specific staff numbers for the CCG are not listed as they are so small as to potentially enable the identification of individuals.
- According to CCG 2019/20 recruitment information, white candidates (when expressed as a ratio of applications to shortlisting) have a higher chance of being appointed when compared to BAME (16.7% and 12.5% respectively). The relative likelihood of white staff being appointed from shortlisting when compared with

BAME is 1.33. That said, caution must be used in interpretation of this data as the very low numbers reported in some categories would challenge statistical validity.

- 7% of the declared CCG Board profile is BAME.

The Board was updated that the Associate Director of Communications and Engagement would now be taking the lead for Equality and Diversity going forward.

### **Resolved**

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| (a) | Board Members noted the Workforce Race Equality Standard Report 2020. |
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## **6.8 BOARD COMMITTEE'S TERMS OF REFERENCE UPDATES**

The Associate Director of Corporate Affairs presented the Board Committee's Terms of Reference update report.

The terms of reference (ToR's) for the committees of the Clinical Commissioning Group (CCG) Board are subject to annual review. This is undertaken by the individual committees with the subsequent revised ToRs submitted to the Integrated Audit and Governance Committee (IAGC) for consideration. Any recommendations from the IAGC Committee have been incorporated into the ToRs.

The purpose of this report is to update the Board Members on the suggested changes to the terms of reference (ToR) for the following Committees.

- Planning and Commissioning Committee
- Remuneration Committee
- Primary Care Commissioning Committee
- Quality and Performance Committee
- Integrated Audit and Governance Committee
- Integrated Commissioning Committee - (Committees in Common)

The Board Members approved the Terms of Reference for all of the Committee Meetings with no further amendments to be made. It was also noted that these would now be submitted to the Council of Members and NHS England, as appropriate, for approval.

### **Resolved**

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| (a) | Board Members approved the Board Committee's Terms of Reference Updates. |
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## **6.9 RISK REGISTER**

The Associate Director of Corporate Affairs presented the Corporate Risk Register to consider. The report defined the changes on the register in the period since previously reviewed by the Board.

Members were advised that the Corporate Risk Register had been thoroughly considered and challenged via the Integrated Audit and Governance Committee.

There are currently 38 risks on the CCG risk register. Of these, 20 have a current risk rating of high or extreme (that is 8 or above) and are therefore included for Board consideration.

The Board members noted the updates provided within the Corporate Risk Register.

**Resolved**

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| (a) | Board Members considered the Risk Register. |
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**6.10 BOARD ASSURANCE FRAMEWORK 2020/21**

The Associate Director of Corporate Affairs presented the Board Assurance Framework (BAF) 2020/21 for approval.

The CCG has maintained an assurance framework as an essential part of its governance arrangements to ensure that the principal threats to achievement of the organisation's strategic aims and objectives are clearly identified, mitigated and monitored. In-year review allows the CCG Board and Integrated Audit and Governance Committee (IAGC) to maintain an appropriate focus on risks to the delivery of key objectives.

The BAF comprises a total of 31 risks relating to the 9 strategic objectives of the CCG.

The risk ratings within the BAF are broken down as follows:

| <b>Risk Category</b> | <b>Number of risks</b> |
|----------------------|------------------------|
| Extreme              | 6                      |
| High                 | 24                     |
| Moderate             | 1                      |

Discussions took place around the Board's appetite for risk tolerance. The Interim Chief Operating Officer would have a discussion around risk alignment at the Humber CCGs Strategic Oversight Group (SOG).

**Resolved:**

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| (a) | Board Members reviewed and approved the re-cast BAF for 2020/2021, subject to the points of discussion raised in the meeting.         |
| (b) | The Interim Chief Operating Officer would have a discussion around risk alignment at the Humber CCGs Strategic Oversight Group (SOG). |

**7. STRATEGY**

**7.1 HUMBER, COAST AND VALE ICS HUMBER PARTNERSHIP UPDATE**

The Chief Finance Officer gave an update regarding the Humber, Coast and Vale Integrated Cate System (ICS).

The Humber Partnership was in the process of forming 2 meetings and establishing the Terms of Reference and Memorandum of Understanding to underpin these. All commissioners and providers would be included within the meetings. The meetings will focus on the phase 3 planning and the collective system response to the many current challenges.

In terms of the wider ICS, the Chief Finance Officer had been providing senior financial oversight to this work.

The Board discussed the relationship between the ICS and place-based arrangements and the importance of continued primacy of place.

**Resolved:**

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| (a) | Board Members noted the Humber, Coast and Vale ICS Humber Partnership Update for information. |
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**8. QUALITY AND PERFORMANCE**

**8.1 QUALITY AND PERFORMANCE REPORT**

The Chief Finance Officer presented the Quality and Performance report to consider. This provided a corporate summary of latest CCG performance and current financial position.

**Performance**

The themes relevant to the phase 3 recovery plan were highlighted, with particular emphasis on the work being undertaken with regard to access times and elective activity. The provider Trust started from a very challenged position with its waiting lists pre covid-19 and this position has worsened significantly during the pandemic. Assurance was given that patients who are waiting the longest over 52 weeks continue to receive a particular focus and work continues to gauge clinical risks for these patients as well as actions to mitigate such risks.

Members were concerned to hear that the 52 week waiting lists at Hull University Teaching Hospitals NHS Trust (HUTHT) accounts for 50% of the entire waiting list for the region and 10% of the entire country. The Trust remains under scrutiny in order to understand the profile of their waiting lists and actions to address them.

**Finance**

Members were reminded that as of 1st April 2020 the CCG moved to a different finance regime of paying NHS providers through a block contract arrangement. In the light of the national pandemic and the level 4 incident declared by NHS England, all NHS invoicing to ceased between the months April '20 to July '20. The Department of Health and Social Care and Her Majesty's Treasury were still to produce final confirmation of the financial arrangements for the remainder of the financial year however it was anticipated that further guidance would be received in due course.

In terms of the second half of the year, Members were advised that a system financial envelope had been indicated to the CCG's. For the Humber area, this has been set at just over £835 million, £36 million of covid-19 funding, growth funding of £5 million and a level of top up £40 million for providers.

The vast majority of money will flow through individual CCG's, but the covid-19 fund, growth money and the top up will flow through Hull CCG on behalf of the Humber area. The challenges associated with this financial settlement were noted

**Resolved:**

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| (a) | Board Members noted the Quality and Performance Report. |
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11.50am Julia Weldon left the meeting.

## 8.2 COMMUNICATIONS AND ENGAGEMENT ANNUAL REPORT

The Associate Director of Communications and Engagement presented the Communications and Engagement Annual Report for the period April 2019 – March 2020 to approve.

Highlighted within the report was.

NHS Hull Clinical Commissioning Group (CCG) continues to build on its strong record of engagement and partnership working, with pride taken in the CCG's approach to engaging with, and working alongside, patients, carers and the public. Its ongoing engagement programmes, such as Hull Champions and Working Voices, continue to flourish and new networks such as the Equality and Diversity Forum are building momentum.

The CCG aspires to keep patients and local residents at the heart of everything it does, which goes way beyond statutory obligations to consult and engage with its population as set out in 14Z2 of the Health and Social Care Act 2012,

As part of NHS England's NHS Oversight Framework 'Patient and Community Engagement Indicator', the CCG achieved green star status (the highest rating) in 2019-20 - demonstrating that patient and public involvement is firmly embedded in the commissioning and development of local health services.

The CCG's Communications and Engagement Strategy was refreshed and approved in early 2019 our objectives as defined in that strategy are to:

- Deliver effective communication and engagement
- Promote and enhance our reputation.
- Empower local people and communities
- Facilitate public involvement in commissioning

Some established engagement programmes were highlighted to Members, as follows:

**Hull Champions:** Over 130 local groups who deliver grass roots projects to improve health and wellbeing in Hull are part of the Hull Champions programme. Bi-monthly meetings (held remotely since March 2020) are facilitated to enable the champions to meet together, share ideas, resources and support.

The Hull Champions programme has been active during 2019–20 with involvement in a number of projects and training sessions including:

- The Hull Champions are part of the 550-strong Cancer Champion programme to ensure that more people who have cancer in our region are diagnosed at an earlier stage by improving general awareness and uptake of screening – with particular reference to raising public awareness of the Targeted Lung Health Check programme.
- 133 champions were trained in adult safeguarding, cybercrime and online scam training, modern slavery and criminal exploitation training.

- The champions also supported Hull City Council, in partnership with Forum, to offer a community response across Hull to alleviate the impact of COVID 19 for the most vulnerable and isolated people in the city.

**Working Voices:** The CCG works with 37 local businesses and reach around 22,300 local employees enabling their views to be heard on local services. New members this year included Yorkshire Bank, the Office of the Police and Crime Commissioner and Jackson's (local bakery goods producer). Up-to-date information is shared with all Working Voices partners keeping them informed about opportunities and health information. Mental health remains a key area of interest and information is shared about training to support workplaces.

In this last year the CCG has developed a Workforce Health & Wellbeing Forum, bringing local external partner organisations together with a shared interest in workforce health. The CCG continues to support workplaces with the offer of a health and wellbeing questionnaire which is provided free for businesses. Jacksons were also supported to hold an MSK Market Place awareness session and Hull University Students Union to hold a general health and wellbeing market place for staff. Working Voices partners have been proactive in supporting our engagement and consultation areas of work by hosting focus groups in the workplace e.g. Lung Health Checks.

**Independent Advisory Group:** actively participation in this partnership of twenty organisations supporting the city's diverse communities.

#### **A partnership approach to engagement for the Health and Wellbeing Board**

In October 2019 a new member of the CCG team was recruited into a shared Health and Wellbeing Engagement Manager post with Hull City Council's Public Health Team, with a remit around engagement to support the priorities of the Health and Wellbeing Board and specifically helping shape the new Joint Health and Wellbeing Strategy for Hull. The Health and Wellbeing Board made a commitment to making sure the public voice is heard in the new strategy and that the priorities are shaped through a comprehensive engagement process. From October 2019 to March 2020 plans and processes were put in place for the engagement to be rolled out across the city, with an original timeframe to deliver the strategy by October 2020.

A launch event 'Meet up at the Market' was held within Trinity Market Space in Hull city centre in March 2020 and this event was an opportunity to engage differently with the public via a World Café and market place type approach. The creation of a large mural on the day by a local artist was based on the feedback of the public and many conversations they had with senior board members and officers.

The CCG has also been supporting two other priority areas identified by the Health and Wellbeing Board; establishing a Fairness Commission for Hull and a campaign to promote Period Dignity across the city. The co-ordination of activity regarding Period Dignity has occurred in direct collaboration with the CCG, from gathering data through surveys, direct public engagement and ongoing communications support.

During 2019 the CCG developed an Engagement and Formal Consultation Assurance Framework for the CCG which is based on consultation best practice,

encompassing the Gunning principles and the UK government's consultation principles.

### **Parkinson's Pathway (May 2019)**

Phase II of the Jean Bishop Integrated Care Centre (ICC) included the development of a hub for Parkinson's Disease. A focus group took place on 31 May 2019 with patients and carers and in partnership with Parkinson's UK, at the ICC in Hull. The goal of the focus group was to use the experience and views of patients and carers, to review the plans for the future and identify any gaps or areas for development.

### **Ongoing engagement and co-production**

#### **Children's Neuro-disability service**

75 people from Hull and the East Riding of Yorkshire attended the engagement event, Let's Talk ... Children's Neuro Stuff, to agree a shared vision for the future of the children and young peoples' neuro-disability service. These included GPs, voluntary groups, hospital and community health care staff, carers and parents.

#### **Special Educational Needs and Disability Service (SEND)**

In October 2019 Ofsted and the Care Quality Commission (CQC) undertook a revisit of the SEND Local Area Inspection. The revisit recognised the work and improvements that had taken place since the original inspection of October 2017 but it also highlighted that further work was required in joint commissioning and co-production.

The CCG has embarked on jointly lead programme of work with Hull City Council in conjunction with the Council for Disabled Children, KIDS and Genuine Partnerships, to work with parents/carers, children and young people and other key partners to develop shared understanding of co-production and how that will be delivered and monitored.

The Board gave thanks to the Communication and Engagement team for their continued hard work especially with the Covid-19 response. Volunteering work that took place over the Covid-19 period wouldn't have happened so quickly without the strong engagement the Team have across the City.

### **Resolved**

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|-----|---|
| (a) | Board members noted and approved the Communications and Engagement Annual Report. |
|-----|---|

### **8.3 HUMBER ACUTE SERVICES REVIEW UPDATE**

No further update was provided.

### **8.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIRS ANNUAL REPORT**

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

### **Resolved**

|     |   |
|-----|---|
| (a) | Board Members approved the contents of the Primary Care Commissioning Committee Chairs Annual Report. |
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**8.5 PLANNING AND COMMISSIONING COMMITTEE CHAIRS ANNUAL REPORT**

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

**Resolved**

|     |   |
|-----|---|
| (a) | Board Members approved the Planning and Commissioning Committee Chairs Annual Report. |
|-----|---|

**8.6 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIRS ANNUAL REPORT 2019/20**

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

**Resolved**

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| (a) | Board Members approved the Integrated Audit and Governance Committee Chairs Annual Report. |
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**8.7 INTEGRATED COMMISSIONING COMMITTEE (COMMITTEES IN COMMON) CHAIRS ANNUAL REPORT**

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

**Resolved**

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|-----|---|
| (a) | Board Members approved the Integrated Commissioning Committee (Committee in Common) Chairs Annual Report. |
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**8.8 QUALITY AND PERFORMANCE COMMITTEE MEETING CHAIRS ANNUAL REPORT**

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

**Resolved**

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|-----|--|
| (a) | Board Members approved the Quality and Performance Committee Chairs Annual Report. |
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**8.9 RAPID HEALTH NEEDS ASSESSMENT – HULL**

The Public Health Speciality Registrar at Hull City Council presented the Rapid Health Needs Assessment – Hull to note.

The presentation presented had been received previously by the Senior Leadership Team and the Health and Wellbeing Board. The purpose of this item was to ensure that the Board were aware of and sighted on the intelligence work that was being undertaken to support the recovery from and response to the COVID-19 pandemic.

The Public Health Speciality Registrar talked through the report and highlighted the impact and recommendations.

The health impact of COVID-19 can be considered using the four waves model:

**Wave 1:** Includes the direct impacts of COVID-19 on the population, such as the immediate effects on morbidity and mortality.

**Wave 2:** Considers the immediate impacts on the health of the population, such as those arising from resource restriction and changes to service provision

**Wave 3:** Describes the impact on chronic conditions, including the prevention, incidence and treatment of these conditions

**Wave 4:** Consideration of the wider long term impacts on the population, including the effects of lockdown and the economic impact of the pandemic

Based on the findings from using the four waves Model, the following recommendations were made.

### **Recommendations**

- 1) Minimise the infection risk
- 2) Support access to healthcare
- 3) Prevention of chronic health conditions
- 4) Mental health awareness, support and engagement
- 5) Learning lessons
- 6) Understanding the longer term impact on inequalities

The Health Needs assessment was seen as a starting point of further work to be done around the long terms effects of Covid-19.

The Dr J Moulton highlighted the wave of additional pressures that primary care were seeing and was concerned that some patients may still be struggling to access appropriate services due to covid-19. He wondered whether this was something that could be considered in greater detail. The specialty registrar felt this was a particularly valid observation and agreed to pass on the suggestion for further review.

K Marshall asked whether any work had been undertaken with regards to excess suicide rates during to COVID-19? It was confirmed that the local authority had been monitoring closely the suicide rates in Hull and looking at current data the did not appear to be an increase in rates. Evidence was being seen however of an increase in people with more serious mental health issues.

The Associate Director of Communications and Engagement updated Members of the recent national Heads of Communications meeting where information was shared around the national winter campaign. This will be in three phases, including information regarding patient access to services and addressing barriers. National insight work had found the main barriers were fear of catching the virus and protecting the NHS, with not wishing to be a burden to the NHS. The findings will be addressed and specific work will take place around cancer, maternity and elective work. The campaign will start the beginning of October and will be in phases throughout until February 2021.

Further specific work will be taking place and will feed into the health and inequalities Meeting.

## Resolved

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|-----|---|
| (a) | Board Members noted the Rapid Health Needs Assessment Report –Hull. |
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### 8.10 LEARNING DISABILITY MORTALITY REVIEWS (LEDER) ANNUAL REPORT 2019/20

The Deputy Director of Nursing and Quality/ Lead Nurse presented the Learning Disability Mortality Review (LeDeR) Annual Report 2019/20 to approve and be published on the Hull CCG website.

The purpose of this report was to:

- a) Provide assurance with regards to the process and functions NHS Hull CCG has in place to manage the LeDeR programme.
- b) Demonstrate how NHS Hull CCG is fulfilling its statutory safeguarding responsibilities in relation to the Care Act 2014 and Children's Act 1989/2004.
- c) Provide details of the key learning points identified following the completion of reviews and the actions being implemented to address these.

Assurance was given NHS Hull CCG has developed a robust process for the management of LeDeR, with the establishment of monthly LeDeR panel meetings. The process also has a dedicated administrative support.

There were currently ten members of staff who are trained within the CCG to undertake LeDeR reviews. In addition, the CCG is also supported by four reviewers from the Local Authority that have also completed the training. Providers also have their own staff trained and support the overall process. A Buddying system was put in place recently for the reviewers for support with dealing with the subject area.

For Hull CCG, it was reported that there had been 34 deaths reported to the LeDeR system from 2016 through to March 2019, these being for Hull residents with learning disabilities.

The CCG had representation on the local Profound and Multiple Learning Disability group and fed back on the process and learning from LeDeR reviews within Hull. The local LeDeR steering group welcomed the involvement of one of the local carers within the year, with a nominated member from the carer community attending the meeting.

The CCG, Hull University Teaching Hospitals NHS Trust and CHCP presented at an event for both services users and carers facilitated by Inclusion North. The event was well attended and focussed upon sharing group practice and learning from the experience of others.

During 2019/20 NHS Hull CCG was notified of 18 deaths requiring reviews. Of these;

- A total of 11 male and 7 female deaths were notified
- Ethnicity for all reported deaths were white British

- A total of 10 deaths were reporting as having occurred in hospital, 8 were within the home or residential care.
- Of these 3 patients had annual health checks in place at the time of their death with a further 10 remain yet to be confirmed following completion of their LeDeR review. However; 5 were confirmed as not having annual health checks in place.

In terms of priorities going forward the team was looking at increasing the number of annual health checks that take place as a priority, with the aim of ensuring carers and patients understand the difference of an annual health check and a general visit to their doctor.

The Dr B Ali made referred to page 7 and sought confirmation that the CCG was confident that all learning disability deaths reported were white British. The Deputy Director of Nursing and Quality/ Lead Nurse noted that further work was needed to ensure accurate data recording of patients registered as having a learning disability with their GP to ensure no one was being missed and a full picture was gained.

Further clarity was asked with regards to the decision to suspend LeDeR reviews during Covid-19? The Deputy Director of Nursing and Quality stated this was due to the nurses that undertake the reviews being placed back on the front line duties as part of the pandemic response however assurance was given that there was currently no backlog for reviews.

Dr J Moulton commented that an upskilling for GP's was needed as to how to best support this particular cohort of patients. The Deputy Director of Nursing and Quality advised that a consultant post existing to support this aspect.

### Resolved

|     |  |
|-----|--|
| (a) | Board Members approved the Planning and Commissioning Committee Chairs Annual Report.          |
| (b) | The LeDeR Annual Report would be uploaded onto the Hull CCG website as a National requirement. |

## 9. STANDING REPORTS

### 9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORTS – 03 JULY 2020

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

### Resolved

|     |  |
|-----|--|
| (a) | Board Members noted the Planning and Commissioning Committee Chair's Update Report for 03 July 2020. |
|-----|--|

### 9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORTS – 23 JUNE 2020

The Chair of the Quality and Performance Committee provided the above update report for information.

**Resolved**

|     |   |
|-----|---|
| (a) | Board Members noted the Quality and Performance Committee Chair's Update Report for 23 June 2020. |
|-----|---|

**9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 07 JULY 2020**

The Chair of the Integrated Audit and Governance Committee provided the above assurance report for information.

**Resolved**

|     |  |
|-----|--|
| (a) | Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 07 July 2020. |
|-----|--|

**9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 26 JUNE 2020**

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

**Resolved**

|     |   |
|-----|---|
| (a) | Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 26 June 2020 |
|-----|---|

**10. POLICIES**

No items had been received for this section.

**11. REPORTS FOR INFORMATION ONLY**

**11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 03 JULY 2020**

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 03 July 2020. |
|-----|---|

**11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 23 JUNE 2020**

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 June 2020. |
|-----|--|

**11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 07 JULY 2020**



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 07 July 2020. |
|-----|--|

**12. ANY OTHER BUSINESS**

There was no any other business discussed.

**Resolved**

|     |  |
|-----|--|
| (a) | There were no items of Any Other Business to be discussed at this meeting. |
|-----|--|

**13. DATE AND TIME OF NEXT MEETING**

The next meeting will be held on Friday 27 November 2020 at 9.30am



Signed:

Dr Dan Roper  
Chair of NHS Hull Clinical Commissioning Group

Date: 27.11.20

## **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         |