

CLINICAL COMMISSIONING GROUP BOARD

**MINUTES OF THE MEETING HELD ON FRIDAY 26 MARCH 2021, 9.30 AM,
Via MS Teams**

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)
M Whitaker	NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

S Lee	NHS Hull CCG (Associate Director of Communications and Engagement)
D Lowe	NHS Hull CCG (Deputy Director of Nursing and Quality)
M Napier	NHS Hull CCG (Associate Director of Corporate Affairs)
P Heaford	NHS Hull CCG (Personal Assistant) - <i>Minute Taker</i>
Gill Poole	Matthew's Hub (<i>for item 1</i>)

1. PATIENT STORY – MATTHEW'S HUB COVID-19 JOURNEY MARCH 2020-2021

Gill Poole from Matthew's Hub was welcomed to the meeting.

She gave a presentation for Members' information on the work that Matthew's Hub had done with people with autism during the pandemic in terms of adapting to deliver services.

Matthew's Hub supported autistic people without a learning disability, from the age of 13 throughout their life and their oldest member was now 73.

The challenges faced since March 2020 had included:

- Responding to increased need and demands

- Supporting members who missed face to face interactions
- Communicating neurodiverse friendly COVID – 19 related messages
- Providing peer support to autistic and neurodiverse people remotely
- Supporting neurodiverse staff remotely
- Providing sufficient supervision remotely
- Remote team meetings and wellbeing sessions

75% of the autistic people they supported were very likely to also have ADHD which posed particular issues around managing their anxiety and suicidal thoughts.

The staff group were neurodiverse and included some members who were autistic, had ADHD or were dyslexic.

Most of the referrals into Matthew's Hub were either self-referrals or from parents, although they also received a wider range of referrals from GPs, Mental Health staff, Social Workers and Probation Teams.

CPD accredited training had been delivered to a number of different groups which had been written, developed and presented by their autistic staff and they had also attended a wide range of awareness raising sessions in Adult Social Care and Probation Teams.

The following areas of support had been provided to individuals:

- Employability peer mentorship
- Pre and post autism diagnosis support
- Peer mentorship support to young people
- Peer mentorship to understand impact of being autistic
- Housing related support to 80 autistic people
- Supporting 13 prison leavers
- On-line weekly group activities

Positive outcomes had included:

- More autistic members and staff
- Engaging with a wider age range and also more women
- Joint working with existing and new partners
- Everyone had stayed well

Dr Moulton queried how the pre-diagnostic stage worked for people in terms of referrals and numbers of people being seen. Gill advised that referrals were received from both Humber FT or via direct referrals. They provided two levels of help: pre and post diagnostic support which was through the contract, and also support with mentoring and the journey onto the pathway and providing support with managing peoples' expectations.

Dr Ali asked if they had seen a significant increase in the number of people self-referring as more people were seeking a diagnosis from GPs. Gill reported that they had seen a 50-60% increase in referrals and advised that Matthew's Hub would be happy to provide support with any referrals.

Jason Stamp expressed concern at the 50% increase in referrals as people were increasingly using Voluntary Sector support services due to issues with waiting lists elsewhere, which was really significant. He commented that this was a really

powerful example of what had been achieved through Covid but he questioned the sustainability.

The Chair thanked Gill, on behalf of the Board, for sharing Matthew's Hub Covid story.

Gill Poole, Matthew's Hub, left the meeting.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

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

The Chair wished to acknowledge that this was Dr Heseltine's last Board meeting and expressed his thanks, both personally and on behalf of the Board, for his commitment and contribution to both the Board and Quality and Performance Committee and the advice and support provided, along with the rich insight of working for many years in another local system which had been both helpful and appreciated.

3. MINUTES OF THE PREVIOUS MEETING HELD ON 22 JANUARY 2021

The minutes of the CCG Board meeting held on 22 January 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting, subject to the following minor amendments:

Page 3 – final paragraph, line 5, to read "front-line staff"

Page 5 – 2nd paragraph, line 5, "Accountable Officer" to be removed

Page 6 – 3rd paragraph, final line "and" to be removed

Page 7 – 2nd paragraph, line 5 "in line with actual expenditure." to be added

Resolved

(a)	CCG Board members approved the minutes of the meeting held on 22 January 2021, subject to the above minor amendments, and 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 22 January 2021 was presented for information, and the following updates were provided:

22.1.21 **NEXT STEPS FOR INTEGRATED CARE SYSTEMS**

6.2 Work had commenced around how to begin to move things forward, to include the future of Committees and Place and how to retain the skills and expertise both in relation to PCNs and Board Members. This work was on-going and would be progressed at a further Board Development Session to be held at the end of April 2021.

22.1.21 **Q&P REPORT - Support for Young People with long term** **7.1 conditions and complex needs in the last year of life**

Jason Stamp advised that this linked to a piece of work discussed at the Q&PC, with regard to carrying out a Deep Dive across the P&CC and Q&PC into End of Life Care. The Deputy Director of Nursing and Quality advised that this piece of work was currently being scoped prior to coming back to the QP&C for review and would be shared with the Board in due course.

The Chair advised that, at the last Morbidity and Mortality meeting at the Trust, there had been discussion around the use of Respect forms and stated that there may be some connection between the two areas. The Chair would pick this matter up with the Deputy Director of Nursing and Quality and Dr Moulton outside of the meeting.

Resolved

(a)	The Action List from the meeting held on 22 January 2021, and the updates provided, were 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

(a)	There were no items of Any Other Business to be discussed at this 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
Dr Bushra Ali		Declared a General Interest as her spouse worked at HUTHT. The declaration was noted and no further action was required to be taken.
Dr James Moulton		Declared a General Interest in relation to his honorary contract for Cardiology at HUTHT. The declaration was noted and no further action was required to be taken.
Jason Stamp	7.2	Declared an Interest in this item in relation to his role as Chief Officer, North Bank Forum for Voluntary Organisations. The declaration was noted and, as no decision was required to be made at this meeting, no further action was required to be taken.

Resolved

(a)	The above declarations of interest were noted and no further action was required to be taken.
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6.2 DECLARATIONS OF GIFTS AND HOSPITALITY

There had been one declaration of gifts and hospitality made since the last report to the Board on 22 January 2021. The item had been accepted and donated as a charity raffle prize as in line with CCG policy

Resolved

(a)	Board Members noted the declaration of gifts and hospitality and the subsequent action taken in relation to this.
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6.3 USE OF CORPORATE SEAL

The Associate Director of Corporate Affairs informed Members that there had been one use of the Corporate Seal since the last report to the Board on 22 January 2021.

The Corporate Seal had been used on 8 March 2021 on the contract for the use of Alexandria Wharf car park for the period 16 February 2021 to 31 March 2022 for the value of £10,743.33 + VAT.

The Associate Director of Corporate Affairs advised that the voluntary staff car park contract had been due for renewal and, in the light of the changing working arrangements and the future change in circumstances for the organisation, CCG staff had been consulted as to whether they wished to remain in the car parking scheme. A number of staff had wished to continue to participate in the scheme but it was noted that the numbers had been significantly reduced and this would be kept under review.

Resolved

(a)	Board Members noted the use of the Corporate Seal on the contract for the use of Alexandria Wharf car park for the period 16 February 2021 – 31 March 2022.
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6.4 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Accountable 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 key areas were highlighted:

Vaccine programme and recovery

The Accountable Officer expressed her thanks to everyone for their continued hard work on the vaccine programme and reported that we were the highest performing region in terms of delivering the vaccines which was down to primary care, the people delivering the vaccine on the front line and everyone who worked behind the scenes.

Next Steps for the ICS

The Accountable Officer had been appointed as Geographic Partnership Director for the Humber and would be supporting the transition to an Integrated Care System over the next 12 months. She reported that all staff, below Board level, would be issued with a letter outlining what would be happening to them over the next 12 months and she stated that she wished to make the transition as seamless as possible for CCG staff across the Humber. In the meantime, she was working on the operating model for the Humber which put Place firmly at the centre, working with local authorities. There had been a number of sessions with PCNs, providers and with local authority providers in terms of what this might mean. She stated that there would be opportunities to shape things moving forward and there would be many benefits of having partners around the table in addressing the wider determinants.

New Long Covid Service

The Humber Long Covid Triage and Assessment Service had been launched and would be operating from the Jean Bishop Centre.

David Heseltine

The Accountable Officer conveyed her personal thanks to Dr Heseltine for his skills and expertise and all his support and guidance provided to the CCG.

Thank you

The Accountable Officer also wished to say a big thank you to everyone who had pulled together over the last 12 months. The pressure people have been under, the work that they have been doing over and above their day jobs and the risks they have been taking has been selfless. She stated that she was really proud to lead an organisation that had stood up and done what it needed to do and; everyone had played a part in supporting the health and wellbeing of the people in our city through this difficult time, including the voluntary sector.

The Chair wished to acknowledge the amount of work that people were putting into the reorganisation around the ICS. He stated that, as an organisation, the CCG was aware of the pressure not just on staff, but also on clinicians, particularly with regards to PCN development and vaccine delivery. This was being monitored and thought would need to be given to the need to do things in a different way.

Resolved

(a)	Board Members noted the content of the Accountable Officers Update Report and the key areas highlighted.
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6.5 ANNUAL EQUALITY INFORMATION REPORT 2020/21

The Associate Director of Communications and Engagement presented the Annual Equality Information Report 2020/21 for approval.

Thanks were conveyed to Amanda Heenan, the CCG's independent Equality, Diversity and Inclusion (EDI) consultant who provides the organisation with expertise, advice and support and was the co-author of this report.

A draft of the document had been taken to the Q&PC in September 2020 and the CCG was required to publish the final report by the end of March 2021.

It was acknowledged that the Associate Director of Communications and Engagement had taken over the EDI agenda from September 2020 and up to that

point the Associate Director of Corporate Affairs had been the responsible executive for this area of work.

Members were advised that the beginning of the report contained an overview of the CCG's statutory duties and particular attention was drawn to the following areas:

5 Governance and Management Arrangements

The EDI Steering Group had been refreshed and the membership had been expanded to include representatives from directorates across the organisation and this was reflected in the outcomes reported against. The level of engagement in the group was very positive.

6 Reporting Information

In terms of mandatory reporting, the CCG was required to report against the Workforce Race Equality Standard (RES) and the Board had received a report in September 2020 outlining the CCG's RES submission.

This year the CCG would also be reporting against Disability Equality Standards in relation to our workforce and this would be compiled and presented to the Board in September 2021.

7 Equality Objectives

The equality objectives were outlined, these had been refreshed in September 2020 to reflect current events. As an organisation, progress against these outcomes would be monitored.

The approach taken was to target the focus on a set of outcomes, matched to the equality objectives and aligned to the functions of the CCG. The outcomes were broken down into directorate level and were embedded within their own delivery plans. There was an outcomes framework for equality and diversity and each of the area leads reported against the progress made on their particular outcomes.

7.1 Summary of progress – the CCG as a Commissioner

This section broke down the outcomes per area and detailed the progress against each of these. It was reported that there had been some significant progress made in the last year. It was further reported that there was still a considerable amount of work to be done and, as we moved to an ICS, there would be more collaborative working across the Humber and the wider patch, whilst not losing sight of the local level work.

Partnerships had started to be established, working across both the Hull and Humber area. The CCG was an active member of the Yorkshire and Humber EDI Leads Network and there was also a Humber EDI Partnership Group which included providers.

More collaborative work was taking place with the local authority to look at harmonising some processes, particularly in relation to Equality Impact Assessments and standardising the data being used to complete assessments.

Equality Delivery System

Guidance was awaited around the implementation of the new Equality Delivery System which would enable progress to be more effectively measured along with outcomes and would also enable the impact that this was making across our communities to be measured.

Members were advised that a new Equality and Diversity Inclusion Manager was now in post working across Hull and North Lincolnshire. This was a much needed resource and would strengthen the ability of our organisation to focus on equality issues and carry out some meaningful work with our communities, working with PCNs and other providers to ensure people were able to access the services they deserve.

The Chief Finance Officer welcomed the report, but felt that the CCG's approach to differential resource allocation in line with our ambitions and health inequalities, needed to be reflected in this report. The Associate Director of Communications and Engagement was happy to include this and would work with the Chief Finance Officer to ensure this was reflected appropriately within the report.

Resolved

(a)	Board Members approved the Annual Equality Information Report 2020/21, subject to the inclusion of the CCG's approach to differential resource allocation in line with our ambitions and health inequalities which would be provided by the Chief Finance Officer.
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6.6 RISK REGISTER

The Associate Director of Corporate Affairs presented the Corporate Risk Register for consideration.

Members were reminded that both the Risk Register and the Board Assurance Framework (BAF) were scrutinised to a high degree on behalf of the Board by the Integrated Audit and Governance Committee at each of its meetings and there was a robust confirm and challenge process in place in terms of the updates.

It was reported that of the 34 current risks on the Risk Register, 16 had a current risk rating of high or extreme and were included within the report for the Board's attention.

The following risk was highlighted:

Members attention was drawn to Risk 902, which was in relation to being able to maintain a resilient primary care workforce. This risk had been updated further to reflect the sustained risk in relation to the resilience caused by Covid and the response of primary care staff to that; not least because of the response to the vaccine programme and the potential for ongoing commitment to that. Some of the mitigations and plans in place were set out but it was reported that it was likely that this risk may well increase if we are unable to support an increase in the mitigations in relation to how we offset the sustained pressure in primary care. This work was ongoing and a review date would be re-set.

The Accountable Officer commented that there was a key risk around loss of CCG staff and trying to maintain business as usual as we moved into the new system and thought would need to be given to how the organisation would manage the risk of increased pressure on people. The Associate Director or Corporate Affairs advised that this would be addressed in the following agenda item on the BAF.

Karen Marshall wished to make the Board aware that the risk around patient safety which focused on Never Events (Risk 861) had been replaced by Risk 963 which

related to SIs. Through discussion at both IAGC and Q&PC, this risk was currently being revised and broadened to articulate SUIs in total to reflect the current situation and would be reviewed and brought back to the next IAGC meeting.

Resolved

(a)	Board Members noted the content of the Risk Register.
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6.7 BOARD ASSURANCE FRAMEWORK (BAF) 2020/21

The Associate Director of Corporate Affairs presented the current Board Assurance Framework for approval.

Members were advised that the CCG had commenced the process of re-casting the BAF for 2021/22 to reflect the updated strategic objectives that are set at the start of each financial year. The revised strategic objectives would go through the executive team and then would come to the Board Development Session in April with a view to establishing the primary risks against those which would then form the BAF. One aspect of this would be around managing the closedown and the transition and the demands on workforce which would form part of one of the key strategic objectives for next year. The workforce risks, both for staff and clinical leadership etc., across the system would be reflected in an updated BAF and the risks and mitigations would be discussed at the April Board Development Session.

Members were advised that, in relation to Strategic Object 4 which was “to successfully and effectively commission health services to meet the reasonable health needs of the people of Hull”, further narrative had been included to reflect the on-going work that was being done in relation to the 52 week waits in particular and the process of oversight and assurance in terms of the recovery plans of the provider in the system. Further work was required in this area, particularly in terms of the current risk rating and the likelihood of making significant progress against that. This would be further considered at the April Board Development Session.

Ian Goode questioned what work was being done in relation to Strategic Objective 5 with regard to the vaccine programme, in targeting the harder to reach parts of the community. The Chair provided assurance that a lot of work was being done to encourage a high level of uptake in these groups. The Associate Director of Communications and Engagement advised that a local Vaccine Inequalities Group had been established and provided reassurance that there was a whole programme of engagement at a multi-agency approach between the CCG, local authority, Healthwatch and various Voluntary Sector organisations which were evidence led and enabled a local picture to be built up in order to target the key groups.

The Chair stated that careful thought would need to be given to the BAF at the Board Development Session in April, to look at what our risks are over the next 12 months which may require a radical re-think given it was the CCG’s last year.

Resolved

(a)	Board Members noted the updates provided and approved the BAF 2020/21,
(b)	The re-cast BAF for 2021/22 would be discussed at the Board Development Session in April 2021

7. STRATEGY

7.1 INTEGRATING CARE: NEXT STEPS

- Humber Coast and Vale
- Humber
- Hull

The Accountable Officer provided a verbal update with regard to this item and advised that the recently published Government White Paper would be going through a legislation process in May 2021.

She reported that there was a lot of work to be done; guidance was expected to be issued in the next few weeks around the appointment of the Chair and Accountable Officer of the ICS and further guidance was expected in April from an HR perspective in terms of how this would be managed moving forward. It was further reported that there was an on-going discussion in relation to the executive level posts to be included.

A model for the Humber was being looked at which had a similar operating model very much based on Place and thought was being given as to how Clinical Leadership and Lay input would be directed into that.

There was still a lot of work to be done on Provider Collaboratives and their role in this. Thought would need to be given to the minimum 'business as usual' we should be doing as an organisation in the next 12 months as we build the new architecture. Work was taking place with the Interim Chief Operating Officer in terms of what the health and care offer could look like at Place moving forward and what delegated responsibility we may get from the ICS to help us to change and reduce health and inequalities. There was a lot of scope in the new guidance for improvements but we would need to ensure that we had the right delegated authority and that we didn't lose the clinical leadership role.

The Accountable Officer stated that good progress was being made and advised that, as part of the ICS development strand of work, she had been leading regional work on Strategic Commissioning. It was reported that there was still some uncertainty around governance, delegation and authority to act and there would be some form of assurance process from NHSE in terms of how we were measuring ourselves against that.

Resolved

(a)	Board Members noted the update provided.
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7.2 BUILDING FORWARD TOGETHER UPDATE

Jason Stamp declared an interest in this item in relation to his role as Chief Officer, North Bank Forum for Voluntary Organisations. The declaration was noted and, as no decisions were required to be made at this meeting, no further action was required to be taken.

Jason Stamp gave a presentation on the role of the Voluntary and Community Sector going forward and, in particular, in relation to the transformation programme in Hull.

Members were advised that the “Building Forward Together” programme of work, which was Hull-focussed, was around transforming the relationship between the wider Public Sector and the role of the Voluntary Sector moving forward in terms of the changing landscape we were all facing.

The programme of work had come down via the Hull Place Board and the CCG had been very active in shaping and moving this forward. This was about thinking and working differently, reviewing current ways of working and starting to develop a new relationship between the public sector (including the CCG) and its Voluntary and Community Sector partners. There was an opportunity to think about how we use existing money differently and some of this was about the culture shift to start to think about the opportunities that could be maximised with the Voluntary Sector through partnership and collaboration.

Historically the Voluntary Community Sector had been under-resourced and under-funded compared to other areas. There was no commissioned service to develop and support the Voluntary Sector which was currently funded through a mix of grants and contracts.

A recent report into the Voluntary Community Sector response to Covid had highlighted the need and opportunity to reset relationships and partnerships and look at how the sector could support and enhance other pressures in the system.

A senior Public Sector Working Group had been established to progress the key recommendations and agree the next steps and there had been a high level Public Sector commitment through the Hull Place Board to support and participate in the transformation programme.

The four priority areas were:

- Commissioning, Investment and Sustainability
- Volunteering
- Workforce
- Support and Development

This work had been delivered through a series of four task and finish groups which had been made up by Public Sector and Voluntary Sector representatives and had provided an opportunity for cross sector working. The groups had met three times and had begun to pull together the key recommendations to carry this work forward. There had also been engagement with 85 Voluntary and Community Sector (VCS) groups and organisations to test the recommendations.

The final report and recommendations would be presented to the Hull Place Board at the end of April 2021 which would also support the development of the Place Board arrangements and the role of the Voluntary Community Sector within the wider ICS and at Place level.

The Chief Finance Officer stated that there would need to be robust governance arrangements as the proposed changes provided both a level of risk and opportunity, dependent upon who had the responsibility for decision making around resource allocation.

The Accountable Officer commented that one of the biggest barriers moving forward would be the two different systems operating: the NHS would be more about strategic planning than commissioning, whilst the local authority still had a procurement system in place.

Dr Ali stated that some voluntary organisations may be offering services and support that might not necessarily be what a clinician who has expertise in that area feels is the most appropriate and we would just need to be conscious of that, whilst not wanting voluntary organisations to lose what was brilliant about them.

In response to the above comments, Jason Stamp advised that we would need to think about this piece of work sitting alongside the bigger overarching piece of work within the HCV around the role of the Voluntary Sector, for which he was the SRO, and it was about how we translate that high level commitment to Place. Whilst the Voluntary Community Sector had a role to play, we would need to be very clear about what they can and can't do.

The Associate Director of Corporate Affairs stated that one of the challenges faced whilst wanting to support the Voluntary Sector to be on a more "professional footing" would be to not lose some of the innovation and the way that small flexible enterprises can relate to people according to the need that they have, whilst at the same time being able to consistently assess the impact and the difference that some of these organisations make.

Resolved

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

8.1 QUALITY AND PERFORMANCE REPORT

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

The Chief Finance Officer advised members that, as we moved towards the year-end, she was not anticipating any adverse impact on the delivery of financial duties. The unusual arrangements that had been in place had been referenced, conversations continued to take place with external auditors to work through and understand the implications for our close-down processes and there continued to be really good and robust discussions through the IAGC.

Attention was now starting to turn to 2021/22 and the Chief Finance Officer advised that she would be joining a nationally-convened Director of Finance call with Julian Kelly following this meeting on the back of the planning guidance released yesterday. She reported that a positive and more pragmatic approach was being taken to financial planning for 2021/2022; however, the processes for some of the approaches were complex with tight timescales.

The process for undertaking the planning arrangements across the country were due to be submitted on 6 May 2021 and there would be a process in advance of that where we were required to submit into region which would fall right on year-end and closedown. There was some concern around capacity as all of the asks would fall on

a very small number of people and there would be a requirement to do things as efficiently as possible, particularly across the four CCGs in relation to some of that work.

Members were advised that a piece of work had also been carried out to assess our Exit Run Rate for 2021, by organisation, in order to take a view of what the underlying recurrent impact of everything that we had gone through this year looked like; looking at forecasting what activity levels we might be able to get back to, and the recurrent impact of Covid - trying to assess what the financial consequences of that looked like, along with the capital investment that had gone into organisations and the recurrent revenue consequence of that.

The above three things alone were huge in terms of trying to get a sense of what the financial bill for that looked like. It was reported that the first cut for Humber was showing a huge deficit from an underlying perspective before we start to plan what recovery looked like.

In terms of performance, Members' attention was drawn to the performance and constitutional targets which showed that the patients that received care within Hull CCG almost consistently get poorer outcomes and delivery against almost every standard that was presented within this document. The quality review process would be crucial, particularly around 52 week waits, and the consequence of having our patients sat on those long waiting lists and also, in relation to finance, how we balance recovery and efficiency in that context.

The Chief Finance Officer reported that, for our own oversight purposes, we do need to be flagging our significant concern, particularly in regard to the outcomes that are continuing to show for our patients.

Karen Marshall thanked the Chief Finance Officer for her honesty and fully appreciated the pressures people were under. She went on to say that the Board would do everything it could to provide help and support, where needed, to assist in delivering the required outcomes.

The Chair advised that in relation to the Acute Care Navigation Hub (referred to on page 3) there was still a lot of work to be done to embed this successfully. The pilot was progressing and had the potential to be really effective but some issues were still being worked through.

The Deputy Director of Nursing and Quality provided assurance to the Board that the quality meetings and the forums that were existing prior to Covid have continued during the last year under revised arrangements, with the priority being around patient safety and the lens around harm, patient safety impact and outcomes. We are still dealing with responding to Covid and the impact of Covid and from a quality team perspective very much working on what that looks like and ensuring that we have got real robust processes in place to be able to validate, prioritise and manage patient outcomes to the best of everybody's ability.

Resolved:

(a)	Board Members noted the contents of the Quality and Performance Report and the verbal updates provided.
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8.2 RESEARCH AND DEVELOPMENT UPDATE REPORT

The Deputy Director of Nursing and Quality presented the Hull CCG Research and Development Status Report for April 2020-October 2020 to provide Board members with an update on some of the schemes, programmes and research that were ongoing and active across Hull, regionally and nationally.

Members were advised that the updates had been through the Q&PC and that Marie Girdham provided regular updates to that committee in relation to the progress of work that has been undertaken.

It was highlighted that in March last year, when we entered into the pandemic, there had been a pause in some of the work, which had been a national directive, with a real focus on ensuring that clinical trials and Covid response research and development was prioritised which had been reflected in the report, along with some of the work that the team had been involved with in progressing, supporting and having an influence over.

The report also drew out what was funded and what was running at the CCG and some of those projects and programmes around development and focusing on Place and patient and population outcomes, some work around which had continued during the pandemic in a project position.

It was reported that there was a vision for research and development which had been signed off in March 2020 which, due to Covid, had not progressed as planned. However, the team were continuing to pick that up and would re-set their key objectives as part of their annual report which would be around supporting research at Place and within population.

The Chair advised that there was a developing HCV ICS Research Strategy.

Dr Moulton enquired, in relation to the studies funded by Hull CCG referred to in 3.3.3 and 3.3.4, which had a status of progressing; what the deadline for outcomes was on these two funding allocations. The Deputy Director of Nursing and Quality would report back to the Board with the dates which had been agreed for these.

Resolved

(a)	Board Members noted the contents of the Research and Development 6 monthly Status Report – April 2020- October 2020, and
(b)	The Deputy Director of Nursing and Quality would report back to the Board with the dates for the deadline of outcomes which had been agreed for the studies funded by Hull CCG referred to in 3.3.3 and 3.3.4 of the report.

8.3 HULL SAFEGUARDING CHILDREN'S PARTNERSHIP ANNUAL REPORT 2019/20

The Deputy Director of Nursing and Quality presented the Hull Safeguarding Children's Partnership (HSCP) Annual Report 1 October 2019- 30 September 2020 for approval.

Members were advised that this was the first annual report that had been published by the HSCP which was under revised arrangements following the replacement of the local Safeguarding Children's Board. It was outlined that this was a partnership approach going forward, working with the local authority, the police and the CCG as three key partners in focusing on children, safeguarding and ensuring that there are arrangements in place within Hull and for the future. Priorities for the past year had

been very much in ensuring there had been good governance arrangements in place and that there was a framework for working, along with recruitment to the key roles and in particular the leadership roles within that partnership. One of the key areas, and the reasons for establishing the partnership, was around learning and sharing learning and ensuring that that has impact at Place and makes a difference in terms of peoples' experiences and the safety of our children within the city.

The Learning Hub, which had been paused during Covid, was expected to restart with some real engagement into the community via schools and other organisations, learning from incidents and case reviews and sharing that learning across partners and being clear what the priorities are in terms of the safety of children within Hull. There was a real drive to ensure there was involvement going forward and there was recruitment into a network of young people as advisors to be able to support the partnership and to be able to work with the Learning Hub to get both their experience and perception but also to be able to champion change across Hull.

Karen Marshall queried whether an increase in safeguarding cases had been seen as a result of the pandemic. The Deputy Director of Nursing and Quality's response was that change had been seen from the profile prior to the pandemic in a number of different areas around both children and also adult safeguarding, e.g. vulnerability on a far wider scale because of the circumstances imposed by Covid. The numbers and outcomes of which were still being worked through and the Board would be provided with a more detailed analysis when this became available, the learning from which would form the focus of the HSCP.

The Accountable Officer welcomed the governance arrangements described in the report but stated that she would like to see a lot more information with regard to the outcomes, particularly as a result of the impact of Covid and what we were going to do collectively to respond to this as many children may have been affected as a result of this.

It was noted that this report covered the period up to 30 September 2020 and the Deputy Director of Nursing and Quality stated that she would be happy to pick up on the questions raised and provide a paper to the next Board meeting with an analysis of what had been seen during Covid from a safeguarding perspective and what some of those priorities are.

Jason Stamp expressed concern around the effectiveness of the arrangements of the HSCP and stated that, as one of statutory partners, the CCG would need to be assured that any matters flagged had been addressed. Ian Goode advised that he had been invited onto this Board and had attended two meetings and he assured members that the commitment, approach and determination within the Board itself was very positive.

Resolved

(a)	Board Members noted the Hull Safeguarding Children's Partnership Annual Report 2019/20, but due to the concerns raised, this would be brought back to the Board at a later date for subsequent approval, and
(b)	A further more detailed report, providing an up to position statement would be presented to the next Board meeting.

8.4 COVID UPDATE

The Interim Chief Operating Officer provided a verbal update and overview of some of the work that was taking place.

It was reported that NHSE had stepped down the incident level this week and we had now transitioned to incident level 3 which really only affected our national reporting, for local purposes daily system calls would continue. Less of an impact was being seen across health and social care and the number of beds occupied by Covid patients at Hull Hospital had reduced to 5% and the Trust had begun to transfer some of those services, staff and care back over to delivering more of their elective work. Over the last few weeks, as the numbers of Covid cases going into hospital had started to reduce, non-elective A&E attendances had started to increase Communications had been increased reinforcing the message to access NHS111 first and use community alternatives.

In terms of vaccine uptake, the figures from PCNs demonstrated a strong uptake across the cohorts of patients that had been offered the vaccine to date as follows:

- 90% of people over 70
- 90% of people over 80
- 87% of care home residents
- 85% of people in the high risk 16-69 age group

There had been no indications that there was a hesitance, particularly in those older groups, and as outlined earlier there was a lot of pro-active work taking place with the lower age groups or groups that might need some more information to address any concerns and ensure they access the vaccinations.

It was reported that Long Covid clinics would be offered to patients who have had Covid related symptoms for 12 weeks or more, this was an integrated service and a joint approach with respiratory physicians, frailty, mental health and rehab services which would be a triage and assessment and care co-ordination offer to those patients. It was noted that there would be further discussion at PRG to make sure that due process had been followed and everyone was in agreement with the pathway. This had been established as an evaluation programme and there would be some opportunity to influence.

Members were advised that part of the work being done now was looking at the impact of Covid in terms of those disadvantaged groups and work was underway with both the Health and Wellbeing Board sub group and across the CCG to make sure that as those services are restored, we prioritise where we need to establish services going forward and that health and inequalities are addressed throughout that work and those plans.

The Chair reported that NHSE had extended the Covid support fund for primary care and advised that it had just been announced that a further £120m would be released over the next few months

Resolved

(a)	Board Members noted the update provided in relation to some of the work that was taking place in response to Covid.
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9. STANDING REPORTS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 8 JANUARY 2021

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 8 January 2021..
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9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT - 11 DECEMBER 2020

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

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Report for December 2020
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 12 JANUARY 2021

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 12 January 2021.
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9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 9 DECEMBER 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 9 December 2020
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10. GENERAL

10.1 POLICIES

10.1i EQUALITY AND DIVERSITY INCLUSION POLICY

The Associate Director of Communications and Engagement presented the Quality, Diversity and Inclusion Policy for approval. This policy had been reviewed and updated in consultation with the members of the Equality Diversity and Inclusion Steering Group and had been ratified by the Q&PC on 19 February 2021. Members were advised that this was a historic policy which had required bringing up to date.

Resolved

(a)	Board Members approved the updated Equality and Diversity Inclusion Policy
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11. REPORTS FOR INFORMATION ONLY

11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 8 January 2021

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 8 January 2021.
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11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 11 DECEMBER 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 11 December 2020
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11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 12 JANUARY 2021

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 January 2021
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11.4 PRIMARY CARE COMMISSIONING COMMITTEE PART 1 APPROVED MINUTES – 9 December 2020

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

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Part 1 approved minutes for 9 December 2020.
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12. ANY OTHER BUSINESS

There were no items of Any Other Business discussed.

Resolved

(a)	There were no items of Other Business to be discussed at this meeting.
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13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Friday 28 May 2021 at 9.30am

Signed:

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date:

DRAFT

Abbreviations

ADCA	Associate Director of Corporate Affairs
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
D diff	Clostridium Difficile
CLES	Centre for Local Economic Strategies
CoM	Council of Members
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
ED	Emergency Department
E.coli BSI	Escherichia coli Blood Stream Infections
EIA	Equality Impact Assessment
IDOIC	Director of Integrated Commissioning
HASR	Humber Acute Services Review
HCC	Hull City Council
HCV	Humber Coast & Vale
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
IPC	Infection Prevention and Control
JCC	Joint Commissioning Committee
JCVI	Joint Committee on Vaccination and Immunisation
LA	Local Authority
LRF	Local Resilience Form
LTP	Long Term Plan
MD	Managing Director
MRSA BSI	MRSA Blood Stream Infections
NHSE/I	NHS England/Improvement
NL	North Lincolnshire
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
QIPP	Quality, Innovation, Productivity and Prevention
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership